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Abstract Book

Association between Previous Perinatal Death and Subsequent Pregnancy Outcomes in LMICs.

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4D - Sociocultural Determinates and Health Equity, Monngarrk Room A&B (Combined), September 17, 2026, 11:00 AM - 12:30 PM

Abstract
Background: Perinatal death remains a major public health concern globally and serves as a key indicator of maternal and neonatal health. However, limited research exists on how previous perinatal death influences subsequent pregnancy outcomes in low- and middle-income countries (LMICs). Therefore, understanding the association of previous perinatal deaths with subsequent pregnancy outcomes is essential in this area.
Objective: The review aimed to assess the association between perinatal death and subsequent adverse pregnancy outcomes in LMICs.
Methods: A systematic search was conducted across eight databases (Scopus, Emcare, Medline, Cochrane Library, ProQuest Dissertations, CINAHL, Web of Science, and PsycINFO) from inception to May 2, 2024. Eligible studies were observational in design. Data extraction was conducted using the Joanna Briggs Institute tool, and study quality was appraised using the GRADE framework. Meta-analysis was performed using STATA 18 software, applying a random-effects model to estimate pooled odds ratios (ORs) with 95% confidence intervals (CIs). Heterogeneity was assessed using the I^2 statistic.
Result: Fifty articles were included in this systematic review and meta-analysis. The finding revealed a perinatal death rate was 29.7 deaths per 1000 births across the included studies. The risk of preterm birth (OR = 1.47, 95%CI: 1.13-1.81), low birth weight (OR = 1.86, 95%CI: 1.48-2.24), preeclampsia (OR = 1.34, 95%CI: 1.18-1.5), perinatal death (OR = 1.9, 95%CI: 1.23-2.57), stillbirth (OR = 2.07, 95%CI: 1.6-2.53), miscarriage (OR = 1.55, 95%CI: 1.07-2.02), and early neonatal death (OR = 1.88, 95%CI: 1.74-2.01) were increased after perinatal death.
Conclusions: Previous perinatal death significantly increases the risk of adverse pregnancy outcomes in subsequent pregnancies in LMICs.
Recommendations: These findings underscore the need for targeted assessment and monitoring of pregnant women with a history of perinatal loss in LMICs. Healthcare professionals must be equipped with evidence-based protocols to deliver appropriate care strategies that can mitigate risks in subsequent pregnancies.
Keywords: Perinatal loss, stillbirth, early neonatal death, subsequent pregnancy outcomes

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Workplace Health Promotion in Australia: A New Direction

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5C - Translating Evidence into Health System Improvement, Darrwal Room B, September 17, 2026, 1:15 PM - 2:30 PM

Background:
This study investigated the current realities, challenges, and future opportunities for workplace health promotion (WHP) professionals in Australia, a group whose contributions remain essential yet often undervalued within organisational systems.
Methods:
Drawing on 40 interviews and three focus groups with workplace health and safety professionals and employers, this study applied an inductive thematic analysis to examine how WHP is understood, implemented, and constrained in contemporary workplaces.
Results:
Participants consistently reported that WHP is frequently marginalised. Many WHP professionals described a mismatch between advertised job descriptions and actual duties, with some experiencing "limited duties in their WHP job practice differed from the job description", reflecting structural barriers that restrict their ability to apply core health promotion competencies. Findings highlight several systemic issues: low worker engagement in traditional WHP activities, limited organisational recognition of health promotion skills, insufficient integration with occupational health and safety processes, and a lack of regulatory frameworks to support professional identity and quality assurance. Despite these challenges, significant opportunities for WHP professionals across the employment cycle surface—from pre-employment assessments to return-to-work support—particularly when WHP is reframed as an embedded, everyday component of organisational culture rather than a standalone element.

Conclusion:
The study argues that strengthening WHP practice in Australia requires multi-level advocacy, enhanced collaboration with occupational health and safety professionals, and improved professional preparation, including potential dual-degree pathways. Overall, WHP remains important but overlooked in many Australian workplaces, and its future development depends on elevating its visibility, clarifying its scope, and building organisational systems that recognise its strategic value.

Emotional Fluency as Prevention: Teaching People How to Work with Feelings

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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

Psychological stress is a major contributor to population health burden. Chronic stress is associated with increased risk of mental illness, cardiovascular disease, immune dysfunction, and workplace burnout, and it plays a role in many behavioural and relational difficulties that affect wellbeing across the lifespan. Despite widespread recognition of these impacts, most prevention strategies focus on increasing awareness of mental health issues, promoting help-seeking, or teaching cognitive coping strategies. While these approaches are valuable, they often leave a significant gap: most people are never taught practical skills for working with emotional reactions as they arise in everyday life.

In many settings, individuals are encouraged to talk about emotions, analyse them, or regulate them through cognitive strategies. However, emotional reactions themselves are primarily felt experiences arising in the body. When these felt responses are avoided, suppressed, or repeatedly analysed without resolution, emotional load may accumulate over time. This accumulation can contribute to ongoing psychological stress, behavioural patterns that are difficult to change, and physical symptoms linked to chronic stress activation.

This presentation introduces the concept of emotional fluency as a practical capability that may complement existing mental health promotion strategies. Emotional fluency refers to the ability to recognise, access, and work directly with felt emotional states rather than primarily engaging with the narratives or interpretations surrounding them. When individuals develop the capacity to notice and engage with feelings as they arise, emotional reactions can move through more efficiently rather than remaining unresolved or repeatedly reactivated.

Although emotional experiences are universal, the skill of working with feelings is rarely taught explicitly in education, health promotion, or workplace wellbeing programs. As a result, many people rely on avoidance strategies, suppression, or repeated discussion of emotional difficulties without gaining practical tools for responding to the underlying feeling states. Strengthening emotional fluency may therefore represent an important and underdeveloped area of preventive health.

Developing emotional skills earlier in life and across community settings may offer a way to reduce the build-up of psychological stress before it escalates into more significant distress or health problems. Emotional fluency could be incorporated into mental health literacy programs, workplace wellbeing initiatives, and educational settings as a simple and accessible capability that supports resilience and adaptive responding.

This presentation explores emotional fluency as a potential prevention-oriented concept within public health. By shifting attention from analysing emotions to learning how to work with feelings directly, it may be possible to support individuals in responding to stress in a more effective and sustainable way. Strengthening this capacity across populations may contribute to improved wellbeing, reduced stress burden, and greater emotional resilience in everyday life.

The importance of social context in Dry January and Meat-Free Monday

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5C - Translating Evidence into Health System Improvement, Darrwal Room B, September 17, 2026, 1:15 PM - 2:30 PM

Background: Temporary abstinence challenges (TACs) continue to grow in popularity, and can help people to have healthier lifestyles. Two well-established TACs are “Dry January” (DJ) which challenges people to have no alcohol for one month, and “Meat-Free Monday” (MFM) which challenges people to have no meat on at least on day per week. These campaigns focus on individual behaviour, and provide valuable support for individuals. However, it is also important to consider social influences on TAC participants.
Methods: This paper presents the results of a mixed-method study conducted in the UK. Online surveys with a one-month follow-up were sent to participants by the campaign organisers. Follow-up data were available for 410 DJ participants and 334 MFM participants. Participants were also invited to complete an individual interview. Transcripts of interviews with 10 DJ participants and 10 MFM participants underwent Interpretative Phenomenological Analysis.
Findings: In multivariate analyses, social contextual factors including the drinking and eating practices of other people explained unique variance in behaviour over and above participants’ attitudes and beliefs. Interviewees noted that because drinking alcohol and eating are commonly social behaviours, changing them often requires changes to with whom, where, when, and how they socialise social interactions. Some aspects of social contexts were reported to be supportive of behaviour change - e.g., buddy systems for social support, but interviewees also reported the need to manage deliberate or unintentional undermining of their behaviour change efforts.
Discussion: Despite the TACs having different behavioural foci and different approaches to health behaviour change, participants in both DJ and MFM identified similar social challenges. In addition to providing support to develop skills and to manage individual cravings and temptations, there is a need for the organisers of TACs to help participants to develop the skills required to manage social interactions.

Meat and Media: A Content Analysis of Carnivore Influencers on Social Media

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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

Social media platforms are saturated with so-called healthy food content, much of which contradicts official nutrition guidelines (Denniss et al., 2023). Influencers, particularly those without formal nutritional qualifications, play a key role in disseminating such information, shaping followers' beliefs and behaviours around food (Zeng et al., 2025). One recent trend that has attracted considerable attention on social media, and is characterised by striking dietary prescriptions, is the carnivore diet, which advocates the near-exclusive consumption of animal-based products (i.e., meat, eggs, dairy) while excluding all other food groups. As this trend raises substantial concerns from both health and environmental perspectives, research is needed to examine how these carnivore influencers are promoting this diet.

To address this gap, this study analysed 220 Instagram posts using a mixed-methods approach, sampling the 20 most recent food-related posts from 11 prominent carnivore influencers. Across the sample, we identified several recurring themes: animal-based foods such as meat were (1) visually glorified in excessively large quantities; (2) framed as medicinal and necessary for health and appearance; (3) portrayed as suppressed by industry-funded research and elite institutions; and (4) presented as an ancient, "natural" human food. Although less prominent, we also observed subtle references to (5) manosphere ideology and (6) broader alt-right discourses.

These findings highlight how carnivore influencers construct persuasive narratives around animal-based diets, normalising extreme and potentially harmful eating behaviours, while reinforcing the perception that doing so is not only desirable but necessary for health.

Denniss, E., Lindberg, R., & McNaughton, S. A. (2023). Quality and accuracy of online nutrition-related information: A systematic review of content analysis studies. Public Health Nutrition, 26(7), 1345-1357. https://doi.org/10.1017/S1368980023000873

Zeng, M., Grgurevic, J., Diyab, R., & Roy, R. (2025). #WhatIEatinaDay: The Quality, Accuracy, and Engagement of Nutrition Content on TikTok. Nutrients, 17(5), Article 5. https://doi.org/10.3390/nu17050781

A mixed-methods approach on emerging adults' actual social media food exposure

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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

Healthy eating is a complex and often confusing topic, especially for young people. Conflicting advice, trends, and body ideals contribute to a stigmatising food environment in which social media influencers (SMIs) strongly shape perceptions of what counts as a 'healthy' diet. However, little is known about the specific food content that emerging adults encounter in their own social media feeds and how this influences their understanding of healthy eating.
Guided by Source Credibility Theory and Expectancy-Value Theory, this study used a photo-voice approach combining content analysis and focus group discussions. Emerging adults collected 559 food-related images from their social media feeds, which were later used as discussion prompts. This multi-method design enabled an in-depth examination of the health-promoting food content shared by influencers, its alignment with dietary guidelines, and the features shaping perceived credibility.
Results showed that 30% of analysed posts contradicted dietary guidelines, mainly by featuring too large portions of red meat. Most inaccurate content (78.3%) appeared in recipe posts and was almost exclusively shared by uncredentialed influencers (90.7%). Focus group discussions revealed that participants often overlooked subtle misinformation due to shortcomings in credibility evaluation. Many relied on perceived expertise, such as scientific language or a "healthy" appearance, rather than formal credentials, while others viewed recipe posts as harmless, underestimating their impact on perceptions of healthy eating.
Overall, findings suggest that although influencer content can promote healthier food choices, improving digital literacy is crucial to help emerging adults recognise and critically assess misleading nutritional information.

Systems-level Innovation for Screening: Evaluating the Impact of the Screening Shawl Trial

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5D - Embedding evidence into Policy and Practice, Monngarrk Room A&B (Combined), September 17, 2026, 1:15 PM - 2:30 PM

BreastScreen Victoria (BSV) conducted a Screening Shawl Trial with the goal of improving overall breast screening experiences for women, particularly those who face barriers related to past trauma, cultural safety, modesty and anxiety.

The trial was implemented at BSV's Bendigo (rural) and Burgundy Street (metropolitan) services from October 2025 – February 2026, and all clients were offered a choice of 2 shawl designs to enhance privacy, comfort and dignity during screening.

Uptake reached 18.9%, with 1,035 clients choosing to use a shawl when screening. Our client feedback insights indicated that shawls reduced anxiety, improved perceptions of modesty and comfort.

This initiative was designed to improve breast screening experiences, through systems-level innovation, practical solutions for communities facing the greatest barriers to preventative care.

The Screening Shawls create simple, culturally sensitive modifications to screening processes to enhance comfort and support for women who might otherwise delay or avoid screening, so they can continue to live long, healthy lives.

Unequal reach: health service provider reflections on COVID antivirals in multicultural communities

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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

The COVID-19 pandemic catalysed the rapid development of new antiviral therapies to reduce disease severity, hospital admissions, and mortality, particularly among high-risk populations. Despite their benefits, disparities in COVID antiviral prescribing persist by race and ethnicity. The evidence base addressing barriers and enablers to COVID antiviral access in multicultural communities remains limited, reinforcing concerns about ongoing health inequalities in Australia. This study explored the perspectives and experiences of frontline and multicultural support workers on barriers and enablers to antiviral access of multicultural communities in New South Wales (NSW) during COVID-19. Further, we identified ways to optimise access and clarified what matters most to diverse communities when making decisions about the rollout of novel medications during public health emergencies. We conducted three focus groups with 13 frontline and multicultural support workers employed by NSW Health in three local health districts between February and April 2025. Perspectives and experiences from frontline and multicultural support workers highlighted emerging barriers and enablers within multicultural communities. Participants highlighted the extensive and rapid provision of information related to vaccination during the COVID pandemic. In comparison, they received little information and had limited awareness about the rollout of COVID antivirals. Emerging barriers were identified including no training for multicultural support workers related to antivirals, health system strain from COVID fatigue, and lack of community trust in novel medications. Persistent health inequities were evident in how multicultural communities were supported to access antivirals, even though these groups experienced disproportionate impacts across multiple dimensions of the pandemic. Trusted relationships within community were recognised as a key enabler in facilitating access to health information during the public health emergency. Early engagement with these communities, coupled with clear communication at multiple levels, is imperative during public health emergencies.

Independent and comorbid effects of depression, GDM, and HDP on postpartum readmission

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4E - Mental Health and Wellbeing, Barbarka Room, September 17, 2026, 11:00 AM - 12:30 PM

Abstract
Background: Antenatal depressive symptoms commonly co-occur with hypertensive disorders of pregnancy and gestational diabetes mellitus (GDM). While each condition has been independently associated with adverse maternal outcomes, the extent to which their co-occurrence increases the risk of early postpartum psychiatric and physical morbidity requiring hospital readmission remains unclear. This study examined the associations between antenatal depressive symptoms, alone and in combination with HDP and/or GDM, and early postpartum readmissions.
Methods: We analysed population-based linked administrative health data from 149,025 mother–offspring pairs in Queensland, Australia. The cohort included all women who gave birth between July 2015 and December 2021 and had recorded Edinburgh Postnatal Depression Scale (EPDS) scores assessing antenatal depressive symptoms. HDP and GDM were identified using ICD-10-AM codes. Logistic regression models were used to estimate adjusted odds ratios (AORs) for postpartum psychiatric and physical readmissions. Mediation analyses examined the contribution of adverse birth outcomes, and interaction analyses assessed the robustness of combined exposure effects.
Results: Antenatal depressive symptoms were independently associated with markedly increased risks of postpartum psychiatric (AOR 3.07, 95% CI 2.81–3.36) and physical readmission (AOR 3.09, 95% CI 2.85–3.35). In contrast, HDP alone was not associated with either outcome, while GDM alone was modestly associated with psychiatric readmission (AOR 1.15, 95% CI 1.03–1.28). Comorbid antenatal depressive symptoms with HDP or GDM were associated with substantially higher risks of both psychiatric and physical readmission than pregnancy complications alone. Depression co-occurring with HDP was associated with increased odds of psychiatric (AOR 3.17, 95% CI 2.49–4.04) and physical readmission (AOR 3.17, 95% CI 2.56–3.91), while depression co-occurring with GDM was associated with elevated risks of psychiatric (AOR 3.45, 95% CI 2.92–4.07) and physical readmission (AOR 2.53, 95% CI 2.18–2.95). Mediation analyses indicated that these associations were largely driven by direct effects, with adverse birth outcomes accounting for up to 9% of the total effect.
Conclusions: Antenatal depressive symptoms, particularly when co-occurring with gestational diabetes or hypertensive disorders of pregnancy, are associated with a markedly increased risk of early postpartum psychiatric and physical readmission beyond the independent effects of each condition. These associations are largely driven by direct pathways, with adverse birth outcomes contributing only a modest mediating effect. The findings underscore the need for integrated antenatal care that combines routine mental health screening with surveillance for pregnancy complications, as well as targeted, risk-stratified postpartum follow-up to reduce preventable readmission.
Keywords: Depression, Diabetes, Hypertension, Comorbidity, Postpartum readmission

Adverse birth outcomes in mothers with depression comorbid with GDM/HDP: The_Born_in_Queensland Study

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4E - Mental Health and Wellbeing, Barbarka Room, September 17, 2026, 11:00 AM - 12:30 PM

Abstract
Background: Depression, hypertensive disorders of pregnancy (HDP), and gestational diabetes mellitus (GDM) are common pregnancy complications that often co-occur, but their combined effects remain underexplored. In this study, we aimed to assess the joint impact of antenatal depressive symptoms comorbid with either HDP or GDM on adverse birth outcomes.
Methods: In this population-based retrospective cohort study, we analysed 149,025 mother–child pairs in Queensland, Australia. Eligible participants were all women who gave birth between July 2015 and December 2021 and had recorded scores on the Edinburgh Postnatal Depression Scale (EPDS). Logistic regression models estimated adjusted odds ratios (AORs) for adverse outcomes, including preterm birth, low birthweight (LBW), neonatal resuscitation, congenital anomalies, low Apgar scores, and admission to intensive or special care nurseries (ICN/SCN), associated with prenatal depressive symptoms alone or in combination with HDP or GDM. We also assessed potential interaction effects.
Results: Depression, HDP, and GDM were each independently associated with increased risks of adverse birth outcomes. Risks were greatest when depression co-occurred with either HDP or GDM. Depression with HDP was strongly associated with preterm birth (AOR 3·08, 95% CI 2·70–3·53), LBW (AOR 3·05, 95% CI 2·62–3·53), neonatal resuscitation (AOR 1·55, 95% CI 1·40–1·73), congenital anomalies (AOR 1·24, 95% CI 1·05–1·46), low Apgar score (AOR 1·80, 95% CI 1·41–2·28), and ICN/SCN admission (AOR 1·85, 95% CI 1·67–2·06), with risks consistently exceeding those for either condition alone. Similarly, depression with GDM was associated with increased risks of preterm birth (AOR 2·60, 95% CI 2·27–2·98), LBW (AOR 2·44, 95% CI 2·10–2·83), neonatal resuscitation (AOR 1·51, 95% CI 1·36–1·68), congenital anomalies (AOR 1·28, 95% CI 1·09–1·51), low Apgar score (AOR 1·64, 95% CI 1·29–2·08), and ICN/SCN admission (AOR 1·94, 95% CI 1·75–2·16).
Conclusions: Antenatal depression comorbid with HDP or GDM is associated with an increased risk of adverse birth outcomes, exceeding the independent additive effects of each condition, underscoring the need for integrated care. Incorporating mental health into routine obstetric practice and evaluating targeted interventions for high-risk women remain key priorities.
Keywords: Depression, Diabetes, Hypertension, Comorbidity, Neonatal Outcomes

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SlimeLab: A Community Outreach to Teach Children About Antimicrobial Resistance

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2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

Background:
Antimicrobial resistance is predicted to overtake cancer as the leading cause of death globally by 2050. Antibiotic use is common in early childhood and unnecessary exposure can contribute to the development of bacterial resistance. Educational interventions engaging children and families may help improve understanding of responsible medicine use and support children's emerging role in health decision-making.

Purpose:
To design and pilot a pharmacist-led, play-based learning intervention (SlimeLab) for children and their carers and, evaluate program delivery by identifying key enablers and tension areas.

Methods:
SlimeLab utilises slime as a tactile tool, with the core activity representing the accumulation of mutations and following a structured format that prompts participant decision-making. Program content was developed by a pharmacist and quality use of medicines researcher using public health resources and reviewed by two external experts in paediatric pharmacy and general medicine.

SlimeLab was first piloted in Adelaide, South Australia during Australia's National Science Week 2025. Subsequently, an external expert in science communication and educational design observed three additional sessions to evaluate delivery and identify enablers and tension areas.

Results:
The program was delivered for children aged ≥8 years and their carers across six sessions with a total of 39 participants. Enablers included the facilitator's expertise in pharmacy practice and quality use of medicines, the narrative format helped break down complex concepts into relatable actions and tactile slime-based activities modelled scientific ideas supporting embodied learning and connecting concepts to action. Tension areas included, a dichotomous "right/wrong" decision format, some content required higher-order thinking beyond the developmental level of the audience and parental involvement was sometimes limited due to cultural expectations.

Conclusion:
SlimeLab was perceived as well positioned to support the development of skills and agency enabling children to engage with decisions about their own health.

Synthesising Evidence on Interventions to Improve Perinatal Outcomes in Australia: Scoping Review

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5D - Embedding evidence into Policy and Practice, Monngarrk Room A&B (Combined), September 17, 2026, 1:15 PM - 2:30 PM

Background
Adverse birth outcomes remain a significant public health concern in Australia. Despite a range of perinatal health interventions, no comprehensive review has explored the types of interventions, target populations, and inclusiveness. This scoping review synthesises existing evidence on perinatal health interventions available in Australia.
Methods
The scoping review was conducted using Arksey and O'Malley's methodological framework, refined by the Joanna Briggs Institute (JBI). Literature searches were conducted in PubMed, Embase (Ovid), Scopus, Web of Science, and CINAHL for articles published since 2000. The review was structured using the Population-Concept-Context framework to explore the interconnections between adverse perinatal outcomes and perinatal health interventions in Australia. Interventions such as structured programs, models of care, or policy initiatives aimed at improving perinatal outcomes were included. Reporting followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR) guidelines. A narrative synthesis was conducted to map and summarise the intervention type.
Results
Of the 3,649 records identified from five databases and grey literature sources, 59 studies were included in the final analysis. Observational cohort designs were common 18 (30.5%). More than half, 31 (52.5%), of the study was conducted in New South Wales (NSW), Victoria, and Queensland, whereas a smaller proportion, 8 (13.6%), was conducted in remote settings. Midwifery continuity-of-care models were the most common interventions 16 (27.1%), followed by Clinical risk-targeted interventions 15 (25.4%). Preterm birth 12 (20.3%) was the most frequently reported early neonatal outcome. More than half (52.5%) of the studies reported positive outcomes based on the authors' reported findings. Only 23 (39%) studies focused specifically on First Nations women.
Implications
Australian perinatal interventions emphasise continuity of care and risk-based models, yet evidence is metropolitan-focused, with limited population-level impact data. Significant geographic, equity, and Indigenous gaps persist, requiring inclusive, culturally grounded, community-led approaches.

Digital Health Interventions in reducing Cardiovascular Risk among South-Asian Migrants: Systematic Review

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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

Background
South Asian migrants experience a disproportionately high burden of cardiovascular disease (CVD), driven by genetic susceptibility, lifestyle changes post-migration and barriers to healthcare access. Digital health interventions (DHIs) including telehealth, mobile applications, SMS programs, wearable monitoring and web-based platforms are increasingly used to modify lifestyle behaviours and manage chronic disease. However, evidence on their effectiveness among South Asian migrants living in high-income countries remains limited. The aim of the study is to evaluate the effectiveness, feasibility, acceptability and engagement of DHIs aimed at reducing CVD risk factors among South Asian migrants residing in high-income countries.
Methods
A systematic review was conducted following PRISMA 2020 guidelines and registered in PROSPERO (CRD420251120245). MEDLINE, Embase, CINAHL and Scopus were searched to September 2025 for experimental studies evaluating DHIs targeting cardiovascular or behavioural outcomes among South Asian migrants aged ≥18 years. Eleven studies met inclusion criteria (nine RCTs, two quasi-experimental). Interventions were classified as non-interactive, interactive or hybrid. Due to substantial heterogeneity, findings were synthesised narratively.
Results
Non-interactive DHIs (SMS, email, multimedia) improved knowledge, adherence and monitoring, with limited cardiometabolic impact except in one trial. Interactive DHIs such as telehealth, phone coaching and Electronic Health Record (EHR) and Community Health Worker (CHW) models produced consistent improvements in blood pressure, weight, lipids, glucose, diet and physical activity. Hybrid interventions combining reminders with personalised support enhanced engagement and yielded meaningful clinical benefits. Overall, DHIs were feasible and acceptable, though digital literacy barriers remained.
Conclusion
DHIs show strong potential for reducing CVD risk among South Asian migrants, particularly when interventions incorporate interactive components, culturally tailored content and personalised human support. Future research should explore long-term outcomes, cost-effectiveness and scalability across diverse South Asian subgroups to strengthen equitable digital cardiovascular prevention strategies.

Exploration of social gradients in public health research: A State-of-the-art review

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5A - Advancing Health Equity Across Diverse Communities, Wala mirr Theatre (Plenary room), September 17, 2026, 1:15 PM - 2:30 PM

Background: Social determinants of health - the conditions in which people are born, live, work, and age - have clear influences on access to healthcare and health outcomes. Members of disadvantaged or minoritised groups have poorer health, but there appears to be inconsistent reporting of analyses of demographic differences in public health research.
Methods: A state-of-the-art review (SotAR) was conducted on papers published in 2024 in four leading public health journals: Lancet Public Health, Journal of Public Health, American Journal of Public Health, and Journal of Epidemiology and Community Health. Eligible studies reported quantitative individual-level data: commentaries, reviews, modelling studies and purely qualitative studies were excluded. The SotAR did not summarise study findings; it assessed their methods. The 227 papers were assessed for their inclusion of gender, ethnicity, SES, sexuality, and disability: these were coded as 'not measured', 'descriptive only', 'covariate' or 'predictor of outcome'. We also assessed whether intersectional analyses were conducted.
Results: There was significant variation in how demographic variables were used: most papers included gender (87%) or SES (76%) as a predictor or covariate; most did not measure ethnicity (61%), sexuality (96%) or disability (92%), or their associations with health outcomes. There was also significant variation between journals in how demographic variables were used: AJPH was significantly more likely to include analyses of ethnicity as a predictor of outcomes, but significantly less to include analyses of SES differences. Analysis of the impact of demographic variables was not significantly related to sample size. Intersectional analyses were reported in only 4% of papers.
Conclusion: Analyses of social gradients in health are not common in leading public health journals. There is a need to explore how to encourage or mandate analyses of social gradients. Additional intersectional analyses are needed to understand the combined health effects of multiple marginalisation.

Nutritional Interventions to Reduce Cardiometabolic Risk among South Asian Migrants: Systematic Review

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2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

Background
South Asian migrants experience disproportionately high rates of cardiometabolic disease, yet the effectiveness of nutrition-focused interventions for this population remains unclear. This systematic review synthesises evidence on culturally tailored and standard nutrition interventions to identify effective strategies for reducing cardiometabolic risk in South Asian adults living in high-income countries.
Methods
Conducted in accordance with PRISMA 2020 and registered with PROSPERO (CRD42025114552), this review searched MEDLINE (Ovid), Embase (Ovid), Cumulative Index to Nursing and Allied Health Literature (CINAHL) (EBSCOhost), and Scopus (Elsevier) from inception to September 2025. Thirteen studies met the inclusion criteria, comprising seven individual randomised controlled trials, three cluster randomised controlled trials, and three pre–post intervention studies. Outcomes included weight, BMI, systolic and diastolic blood pressure, and HbA1c.
Results
Culturally tailored nutrition interventions consistently produced the most significant improvements. Community health worker-led programs achieved the most significant reductions in blood pressure. Dietitian-led and community-engaged programs resulted in moderate reductions in weight and BMI. HbA1c improvements were modest but favourable for culturally adapted interventions. In contrast, digital interventions appeared less effective when cultural tailoring and interpersonal support were limited.
Conclusion
Nutrition interventions led by community health workers, incorporating cultural relevance, bilingual delivery, and community engagement, demonstrated the greatest cardiometabolic benefits for South Asian migrants. Digital-only programs without culturally grounded or interpersonal support appeared insufficient. Integrating these culturally tailored approaches into primary care and migrant health services may strengthen prevention efforts and reduce cardiometabolic disparities in this high-risk population.

Closing the gap: 30 years of nurse-led cardiovascular care in Australia

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2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

Cardiovascular disease continues to place a significant burden on individuals, communities and the Australian health system. While prevention and early detection are widely recognised as priorities, they are not yet consistently embedded in everyday primary care. Nurses are uniquely positioned to bridge this gap, yet their role in prevention-focused cardiovascular care remains underutilised. This review brings together 30 years of Australian evidence to better understand what works, and where we are still falling short.

A systematic review of randomised controlled trials published between 1995 and 2025 was conducted across major databases and clinical trial registries. Twenty-one studies (n=9,815 participants) were included, most focusing on secondary and tertiary prevention, with only two addressing primary prevention. Across these studies, nurse-led interventions consistently improved system-level outcomes. Participants experienced more days alive and out of hospital, shorter hospital stays (by 6–12 days), and reductions in healthcare costs of up to 40%. Some improvements in clinical measures such as weight and HbA1c were observed, although changes in lifestyle behaviours and mortality were limited.

What stands out, is not just what works, but what is missing. There is very little evidence of nurse-led approaches in primary prevention, and limited attention to rural and underserved populations, where the need is often greatest. This points to a clear gap between what we know and what we do.

Moving forward, there is an opportunity to rethink how cardiovascular prevention is delivered in Australia. Scaling nurse-led, risk-stratified approaches within primary care, particularly in rural and regional settings to support earlier identification, reduce avoidable hospitalisations, and improve quality of life. Translating evidence into practice will require not only policy support, but a shift in how we value and embed nursing roles within prevention-focused care.

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Barriers and Enablers of Preconception Care Use Among African Women in Victoria

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1A - Enhancing Equity through Engagement, Wala mirr Theatre (Plenary room), September 15, 2026, 11:00 AM - 12:30 PM

Background
Preconception care (PCC) supports women's health, informed reproductive decision-making, and healthier pregnancies, yet access remains inequitable for migrant and refugee women. This study explored barriers and enablers to PCC use among African migrant and refugee women living in Victoria, Australia.
Methods
A qualitative descriptive study was conducted using semi-structured interviews with 12 African migrant and refugee women of reproductive age between August 2024 and March 2025. Data were analysed using a hybrid deductive-inductive thematic approach informed by the Theoretical Domains Framework and mapped to the Capability, Opportunity, Motivation-Behaviour model.
Results
Women reported limited awareness of PCC as a distinct preventive service and often relied on fragmented informal knowledge. Previous pregnancy experience and self-directed learning supported confidence and self-regulation. PCC use was constrained by limited proactive discussion in primary care, short consultations, language and cultural barriers, financial pressures, and difficulty navigating the health system. Social influences acted as both enablers and barriers: partner support and peer role models encouraged PCC use, while cultural and religious norms, privacy concerns, and gendered expectations discouraged care-seeking. Although most women valued PCC and intended to seek it before future pregnancies, unplanned pregnancy and competing settlement priorities often limited action.
Conclusions
PCC use was shaped less by lack of motivation than by structural and service-level barriers. Improving equity will require PCC to be proactively offered, embedded in routine primary care, and delivered through culturally safe, interpreter-supported, and community-informed approaches. These findings highlight the need for more inclusive preventive sexual and reproductive health systems for migrant and refugee communities.

Primary Care Providers' Perspectives on Preconception Care for African Women in Victoria

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1A - Enhancing Equity through Engagement, Wala mirr Theatre (Plenary room), September 15, 2026, 11:00 AM - 12:30 PM

Background
Preconception care (PCC) is an important preventive strategy for improving maternal and child health, yet its routine provision in primary care remains inconsistent, particularly for populations experiencing inequities. This study explored primary care providers' perspectives on barriers and enablers influencing PCC provision for African migrant and refugee women in Victoria, Australia.
Methods
Eleven primary care providers, including four general practitioners, four practice or refugee health nurses, and three maternal and child health nurses, participated in semi-structured interviews between August 2024 and March 2025. Interviews were transcribed verbatim, de-identified, and analysed using a hybrid deductive-inductive thematic approach guided by the Theoretical Domains Framework, with subthemes mapped to the Capability, Opportunity, Motivation-Behaviour model.
Results
Providers viewed PCC as important, but reported that its provision was inconsistent and usually embedded within routine consultations rather than delivered as a distinct service. Enablers included preventive orientation, clinical and communication skills, teamwork, continuity of care, trusted relationships, and staged use of routine visits to introduce PCC over time. Barriers included limited consultation time, funding and clinic resources, gaps in PCC training, inconsistent interpreter access, and broader social and structural factors affecting women's engagement with PCC. Providers' accounts suggested that motivation to provide PCC was generally strong, but capability and opportunity constraints limited consistent practice.
Conclusions
Improving equitable PCC provision for African migrant and refugee women requires strategies that strengthen provider capability and address organisational, relational, and system-level conditions supporting routine, culturally responsive PCC in primary care.

Preconception Care Use and Determinants Among African Women in Victoria

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5A - Advancing Health Equity Across Diverse Communities, Wala mirr Theatre (Plenary room), September 17, 2026, 1:15 PM - 2:30 PM

Background
African migrant and refugee women are recognised as a priority group for preconception care (PCC) in Australia, yet little is known about PCC use in this population. This study assessed PCC use and factors associated with its uptake among African migrant and refugee women living in Victoria, Australia.
Methods
A cross-sectional study was conducted using an online survey distributed through community settings and digital platforms. Logistic regression was used to examine associations between PCC use and selected factors. Adjusted odds ratios (aORs), 95% confidence intervals (CIs), and p-values were reported.
Results
Among 114 women surveyed, 42.1% reported using PCC before their current or most recent pregnancy. Most participants reported a planned pregnancy (75.0%) and generally positive attitudes towards PCC, with a mean attitude score of 31.6 (SD 5.45). Planned pregnancy was associated with higher odds of PCC use (aOR 3.5, 95% CI 1.33-9.13, p=0.011). Living in Australia for 5 years or less was associated with lower odds of PCC use (aOR 0.16, 95% CI 0.03-0.95, p=0.044). More positive attitudes towards PCC were also associated with higher odds of use (aOR 1.90, 95% CI 1.15-3.10, p=0.012).
Conclusions
Despite high rates of planned pregnancy and generally positive attitudes, fewer than half of women reported using PCC. Strategies that promote pregnancy planning, strengthen positive attitudes towards PCC, and improve access for recently arrived women may help increase uptake and reduce inequities in preconception health care.

Building Digital Capacity in Public Health: Evaluating a Social Media MOOC

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5E - Navigating Digital Health through Trust Communication, Barbarka Room, September 17, 2026, 1:15 PM - 2:30 PM

Social media plays an increasingly important role in health promotion, public health communication and advocacy. Despite widespread professional use, evidence suggests that many public health professionals have limited formal training, variable confidence, as well as concerns about misinformation, online behaviour and professional risk. Together, these gaps highlight the need for flexible, accessible training that supports effective use of social media in public health practice.

In response to this need, a six-module massive open online course (MOOC), Using Social Media for Effective Health Promotion, Communication and Advocacy, has been developed to build public health professionals' knowledge, skills, and confidence in using social media for professional practice. This presentation outlines the design and evaluation framework of the MOOC and presents preliminary evaluation findings.

The MOOC is being evaluated through a wait-list randomised controlled trial with Australian public health professionals. Guided by selected elements of the RE-AIM and Kirkpatrick evaluation models, the mixed-methods evaluation examines effectiveness, learner reaction, learning and behaviour change. Quantitative data are collected at baseline, interim post-test and final post-test to measure changes in social media context awareness, competency and perceived impact on professional practice, alongside qualitative exit interviews exploring participant experiences and application of learning.

The presentation will report on preliminary evaluation insights, highlighting key learning domains assessed and summarising emergent qualitative themes related to participant experience, relevance and perceived applicability to public health practice.

Overall, this evaluation addresses an important gap in workforce development by examining whether a MOOC can support public health professionals to engage ethically and effectively in complex digital environments. Findings are intended to inform ongoing professional development initiatives and contribute to emerging evidence on the role of flexible online training in supporting public health communication and advocacy.

Governing Vaping Promotion in Digital Environments

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5E - Navigating Digital Health through Trust Communication, Barbarka Room, September 17, 2026, 1:15 PM - 2:30 PM

Social media platforms have become central environments for the promotion, normalisation and circulation of e-cigarette content. This presentation examines how e-cigarette content has been governed through platform-led self-regulation and whether Australia's recently enacted Public Health (Tobacco and Other Products) Act 2023 (Cth) is beginning to shift social media practices and population exposure to e-cigarette promotion.

Part 1: Pre-legislative evidence examined e-cigarette promotion on TikTok and Instagram alongside expert perspectives on social media content governance. Content analyses demonstrated that e-cigarette content was overwhelmingly positive, highly visible and widely engaged with, characterised by minimal health warnings, limited disclosure of commercial relationships and frequent violations of platform content policies. Expert interviews framed social media as a commercially driven, opaque and cross-border system in which platform-led self-regulation was widely viewed as ineffective, prompting calls for statutory governance frameworks supported by meaningful enforcement and oversight.

Part 2: Post-legislative evidence examined the early impacts of the Public Health Act, providing initial indications of regulatory effect. Findings include strengthened platform policies incorporating explicit local law compliance obligations, increased government-directed content removal activity, and post-legislative declines in self-reported adolescent exposure to e-cigarette promotion across major social media platforms. Industry disclosures further identify marketing restrictions as a material regulatory risk.

Taken together, these findings suggest that Australia's Public Health (Tobacco and Other Products) Act 2023 (Cth) demonstrates how prescriptive legislation, supported by enforcement capacity, can begin to reshape digital marketing environments. The presentation underscores the importance of moving beyond policy intent and platform self-regulation toward sustained implementation, monitoring and accountability to protect public health in rapidly evolving digital spaces, and offers lessons for other jurisdictions considering comparable regulatory approaches.

International Approaches to Regulating E-Cigarette Advertising on Social Media: A Scoping Review

Dr Kahlia McCausland[1], Ms Josephine Umbella[1], Dr Renee Carey[1], Dr Jonine Jancey[1]
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5E - Navigating Digital Health through Trust Communication, Barbarka Room, September 17, 2026, 1:15 PM - 2:30 PM

Social media platforms have become significant channels for the marketing of e-cigarettes, exposing young people to commercial content associated with increased uptake and harm. While the World Health Organization (WHO) Framework Convention on Tobacco Control recommends comprehensive bans on tobacco advertising, promotion and sponsorship, the regulatory approaches to e-cigarette advertising on social media lack consistency across countries. This scoping review identified and mapped existing and recommended legislation governing e-cigarette advertising on social media in five high-income countries: Australia, Canada, New Zealand, the United Kingdom and the United States.

Guided by the PRISMA-ScR framework and Arksey and O'Malley's methodology, peer-reviewed and grey literature were systematically searched to identify in-force legislation and policy recommendations addressing e-cigarette advertising, promotion and sponsorship on social media, including cross-border provisions. Data were charted and synthesised to describe regulatory approaches, enforcement mechanisms and areas of policy convergence and divergence. Eighteen documents met the inclusion criteria, comprising in-force legislation (n=8) and peer-reviewed studies proposing regulatory responses (n=10).

The review identified substantial variation in how e-cigarette advertising on social media is regulated across countries. Only a limited number of countries had comprehensive prohibitions aligned with WHO recommendations, while others relied on partial restrictions or regulatory frameworks with discretionary powers. Cross-border advertising and enforcement mechanisms were inconsistently addressed, creating regulatory gaps within a globalised digital media environment. Recommendations from the peer-reviewed literature consistently called for stronger government leadership, clearer statutory definitions of advertising and promotion, platform accountability, and enhanced enforcement capacity.

This scoping review synthesises in force and recommended legislation regulating e-cigarette advertising and sponsorship on social media across five countries and identifies gaps between Article 13 of the WHO Framework Convention on Tobacco Control and current national regulatory approaches.

AI Chatbots Supporting Mental Health in Older Adults: A Mixed-Methods Systematic Review

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5E - Navigating Digital Health through Trust Communication, Barbarka Room, September 17, 2026, 1:15 PM - 2:30 PM

Objectives:
Mental health challenges among older adults are growing globally. Around 14% of adults aged 60+yrs live with mental disorders, and in Australia 9.6% of people aged 65-85 report a mental health condition. This review mapped evidence on how artificial intelligence (AI) chatbots support older adults' mental health, including help-seeking, and developed a practice-oriented conceptual framework.

Methods:
We conducted a prospectively registered mixed-methods systematic review. Six databases (MEDLINE, Embase, PsycINFO, CINAHL, Scopus, Web of Science) were searched for English-language, peer-reviewed empirical studies from 1 January 2014 onward. Eligible studies included qualitative, quantitative, and mixed-methods designs with participants aged 60+, or mixed-age samples with separable/majority older-adult data. Chatbots were classified by architecture and interaction modality. A convergent integrated mixed-methods synthesis was used.

Results:
A total of n=28 studies were included: quantitative (n=13), mixed methods (n=12), and qualitative (n=3). Most were published in 2024-2026 (20/28), conducted in Asia (18/28), and had small samples (median n=23; range 12-2896). Chatbots were classified by architecture and interaction modality. By architecture, studies examined large language model-enabled systems (n=11), rule-based systems (n=5), hybrid systems (n=1), and other/unspecified systems (n=11). By modality, chatbots were delivered via text (n=11), voice/call (n=5), embodied/avatar interfaces (n=3), and multimodal formats (n=9). Implementations spanned community, residential aged care, and clinical/caregiver contexts, most often for companionship, psychoeducation, self-management, and symptom support. Four consistent patterns emerged: older adults valued companionship and emotional support; engagement depended on usability, accessibility, and personaliszation; mental health effects were generally promising but mixed across studies; and chatbot value was highest when used to complement, not replace, human care. Evidence on long-term outcomes remained limited.

Conclusions:
AI chatbots show practical potential as adjunct supports for older adults' mental health across diverse settings. Their contribution appears strongest when design prioritizes accessibility and personalization and when implementation is integrated into person-centered care pathways.

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Determinants of diet quality among adolescent girls in Bangladesh: A rapid review

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4D - Sociocultural Determinates and Health Equity, Monngarrk Room A&B (Combined), September 17, 2026, 11:00 AM - 12:30 PM

Aim: In Bangladesh, adolescent girls face multiple challenges that negatively influence diet quality. Understanding the determinants of their diet quality is essential for informing effective nutrition interventions. This rapid review synthesised evidence on determinants of diet quality among Bangladeshi adolescent girls using the socio-ecological model (SEM).
Subjects and methods: We searched MEDLINE (Ovid), CINAHL Complete and Web of Science. Eligible studies examined determinants of diet quality-related indicators, such as dietary diversity, nutrient intake, or food choices among adolescent girls in Bangladesh. Fifteen studies met the inclusion criteria. We conducted a narrative synthesis.
Results: The studies identified the determinants across five SEM levels. At the individual level, adolescent girls' diet quality was influenced by their taste preferences, perceived body image, knowledge of nutrition and health, self-efficacy, food choice motives, dieting concerns, and misconceptions during menstruation. At the interpersonal level, family decision-making dynamics, gender-biased food allocation, household wealth and food security status, expenditure on food, low parental education, family and peer influence, and women's empowerment significantly influenced diet quality. At the organisational level, lack of dedicated lunchrooms, availability of unhealthy food near schools, nutrition education by community organisations, and advice from healthcare providers influenced diet quality. Community-level determinants included cultural norms, rural-urban disparities, and geographic variations. At the policy/macro level, food prices and seasonal food availability emerged as critical determinants.
Conclusion: Diet quality among adolescent girls in Bangladesh is shaped by complex multi-level factors spanning individual to policy-level influences. These insights can guide context-appropriate programs to improve diet quality in this population.

Co-designing the ideal cervical screening program with and for people with disability

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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

Objective: The Australian cervical cancer screening program invites eligible people to participate in this free program, every 5 years. It is estimated that only one third of people with a disability, participate in the program. Low participation has been attributed to barriers, such as inaccessible services, stigma, and poor communication with health professionals. Sexual Health Quarters is seeking to co-design the ideal cervical screening program with and for people with disability.

Methods: Between March and August 2025, SHQ consulted with 98 individuals with disability, 11 carers of people with disability and 18 service providers, to explore barriers and enablers of participation in cervical screening and the components for the ideal model of care. Data were collected via surveys, interviews, and focus groups, and analysed using descriptive statistics and thematic analysis.

Results: Four key themes emerged: 1) previous experiences with cervical screening tests; 2) knowledge of importance of screening; 3) recommendations for a home-based outreach model; and 4) elements of the ideal model of care. While most participants called for outreach screening due to increased comfort and accessibility, others expressed some concern about privacy in shared accommodation, safety of home visits, and the need for culturally sensitive care. Overall participants recommended provision of trauma-aware, person-centred care; flexibility in appointment location; use of accessible and inclusive communication formats; female clinicians; interpreter availability; and allowance for support persons during procedures.

Conclusion: The findings indicate strong recommendation for an outreach service, provided it is designed around individual needs and community preferences. This consultation represents the first stage of a co-designed program and offers practical guidance for developing equitable and scalable cervical screening services for people with disability.

Transcendental Meditation on Mental and Cardiometabolic Health: A Randomised Controlled Trial

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4E - Mental Health and Wellbeing, Barbarka Room, September 17, 2026, 11:00 AM - 12:30 PM

Background
Mental disorders and cardiovascular diseases are the major global burden of diseases, and chronic stress has been recognised as one of the risk factors. This study examined the effects of Transcendental Meditation (TM), a stress-reduction technique, on mental and cardiometabolic health outcomes, and stress-related physiological markers in working adults.

Methods
A two-arm open-level randomised controlled trial (RCT) was conducted among staff at an Australian university, comparing TM (n = 65) with a control (usual wellbeing resources, n = 64). The primary outcome of the study was the change in perceived stress over six months. Secondary outcomes included burnout, anxiety and depression symptoms, wellbeing, work-impairment, blood pressure (BP), glucose metabolism (fasting blood glucose, insulin resistance), lipid profile, cardiometabolic composite score, C-reactive protein and cortisol, autonomic regulation, and quality of life (QoL). Exploratory analyses examined heart rate variability (HRV), diurnal cortisol slope, and insulin resistance for potential effect modification by burnout, gender, and metabolic risk, respectively. Primary analyses followed intention-to-treat; exploratory analyses used complete cases.

Results
TM significantly improved perceived stress, symptoms of burnout, anxiety, and depression, well-being, QoL, diastolic BP, and cardiometabolic composite score (all $p<0.05$). Other cardiometabolic outcomes and stress-related physiology were not improved (all $p>0.05$). There was a significant intervention x burnout interaction ($p=0.032$), with greater improvement in HRV among participants with higher burnout. TM shows a trend toward a steeper diurnal cortisol slope among men ($p=0.023$) and improved insulin resistance among participants with higher metabolic risk ($p=0.029$). A dose-response relationship was observed for perceived stress, QoL, well-being, depression, and burnout ($p < 0.05$) with twice-daily TM practice.

Conclusion
TM can improve the mental and cardiometabolic health of working adults. The TM may alter autonomic and neuroendocrine markers of stress regulation, with greater responsiveness among individuals with higher psychological or metabolic risk.
Keywords: Meditation, Sympathetic Arousal, Homeostatic Model Assessment (HOMA), Cardiometabolic Health (CMH)

Specialist outpatient waiting times before and after COVID-19 pandemic

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2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

Objectives:
To evaluate changes in specialist outpatient referral characteristics and waiting times before and after the onset of the COVID-19 pandemic in a regional Australian health service.

Methods:
A retrospective study used routinely collected administrative data from Central Queensland Hospital and Health Service. All patients attending at least one public specialist outpatient consultation between January 2017 and December 2023 were included. Periods were classified as pre-COVID (January 2017 to February 2020) and post-COVID (March 2020 to December 2023). Outcomes were waiting time from referral to first appointment, referral urgency, consultation mode, and specialty distribution. Interrupted time series and mixed-effects regression models examined immediate and ongoing impacts of COVID-19.

Results:
A total of 159,556 specialist outpatient consultations were included, with similar numbers pre-COVID (n=79,779) and post-COVID (n=79,777). After COVID-19, urgent (≤30 days) referrals increased from 40.3% to 46.7%, while non-urgent referrals declined from 15.2% to 10.7% ($p<0.001$). Mean in-person waiting time increased from 95.0 days in 2017 to 164.8 days in 2023, and the 95th percentile rose from 357.0 to 812.1 days. Ophthalmology had the longest median waiting time (140.0 days, IQR 41.0–377.0), while psychiatry had the shortest (8.0 days, IQR 3.0–27.0). Interrupted time series analysis showed sustained post-COVID increases in waiting times, with median waiting time rising by 0.4 days per month ($p=0.001$) and mean waiting time by 2.1 days per month ($p<0.001$). In adjusted mixed-effects models, waiting time increased immediately by 168.6 days (95% CI 164.7–172.5) at COVID onset and continued to rise by 17.3 days per quarter thereafter (95% CI 16.8–17.7; $p<0.001$).

Conclusions:
Specialist outpatient waiting times in regional Queensland increased substantially following the COVID-19 pandemic, with marked variation across specialties. These findings highlight persistent system pressures and the need for targeted strategies to improve timely access to specialist care.

LiveLighter Counter-Messaging Suppresses Consumption Intentions Below Baseline After Targeted Junk Food Advertising

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5C - Translating Evidence into Health System Improvement, Darrwal Room B, September 17, 2026, 1:15 PM - 2:30 PM

Background
Targeted junk food advertising across social media and streaming platforms represents a growing public health challenge in Australia, particularly for populations with health inequities. Counter-advertising, such as Cancer Council's LiveLighter initiative, are critical for addressing systemic influences on dietary behaviour. However, limited experimental evidence demonstrates whether anti-junk food messages can counteract and suppress the effects of targeted junk food advertising. This study evaluates the capacity of LiveLighter counter-messaging to reverse and reduce junk food craving and consumption intentions following targeted advertising exposure.

Methods
Using an online experimental design, participants (N = 340) completed baseline measures before exposure to a 15-30 second junk food video advertisement matched to their junk food preferences, followed by a randomly selected 15-30 second LiveLighter video from one of two consecutive campaigns. Junk food craving and consumption measures were assessed at baseline, post-junk exposure and post-LiveLighter exposure. BMI, eating habits and body image were measured to examine individual differences in responsiveness to junk food advertising and counter-messaging.

Results
Targeted junk food advertising significantly increased junk food craving and consumption intentions. Exposure to LiveLighter messages not only reversed these increases but reduced both outcomes to below baseline levels. These effects were similar across BMI groups. However, lower body image scores predicted greater reductions in craving and consumption intentions following LiveLighter exposure among participants with BMI in the overweight or obese range. LiveLighter messages from both campaign periods demonstrated comparable effectiveness.

Conclusions & Implications
LiveLighter counter-advertising demonstrated strong potential as a system-level intervention capable of offsetting the effects of targeted junk food advertising. Findings highlight the importance of sustained, high-frequency public health messaging and identify body image as a key factor shaping responsiveness among higher-risk groups. This evidence supports continued public investment in anti-junk food campaigns as part of broader strategies to ensure healthier futures in Australia.

Antidepressant effects of semaglutide and tirzepatide in Type 2 Diabetes with depression.

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4E - Mental Health and Wellbeing, Barbarka Room, September 17, 2026, 11:00 AM - 12:30 PM

Abstract
Background: Depression remains a leading cause of global disability, with high rates of antidepressant nonresponse. Glucagon-like peptide-1 receptor agonists (GLP-1RAs) improve metabolic health and may influence mood and addictive behaviours, although existing evidence is inconsistent. We aimed to evaluate the associations between GLP-1RAs and depression severity, psychiatric service utilization, and suicidal outcomes, compared with initiators of SGLT-2 inhibitors, DPP-4 inhibitors, and non-initiators of these agents.

Methods: We used de-identified electronic health records from the NeuroBlu to synthesise a cohort of adults with type 2 diabetes (T2DM) and depression between Jan 2018, and Dec 2024, and were followed until May 2025. Inverse probability treatment weighting (IPTW) was used to balance treatment groups using predefined and high-dimensional covariates. IPTW-adjusted models were used to estimate the risk of each outcome.

Results: The cohort included 133,591 individuals (including 12,696 with bipolar depression) of whom, 24,552 were GLP-1RA initiators, 25,848 SGLT2i initiators, 19,094 DPP-4i initiators, and 64,097 non-initiators. Compared with non-initiators, DPP-4i inhibitors, and SGLT2i inhibitors initiators, GLP-1RA was associated with lower depression severity (risk ratio (RR), 0.80 [95% CI, 0.78–0.81]; 0.79 [95% CI, 0.77–0.81]; and 0.88 [95% CI, 0.85–0.90], respectively) and psychiatric hospitalization or ED presentation (RR, 0.60 [95% CI, 0.59–0.62]; 0.88 [95% CI, 0.85–0.90]; and 0.88 [95% CI, 0.85–0.90], respectively). Findings were consistent for separate analysis of GLP-1 agents, semaglutide and tirzepatide and across unipolar and bipolar depression. No significant associations were observed for suicidal events and length of hospitalization.

Conclusions: GLP-1RA initiation was associated with reduced depressive symptom severity, as well as lower rates of psychiatric service use, without evidence of increased risk for suicidal events. These findings suggest a potential antidepressant effect of GLP-1RAs, which may inform antihyperglycemic choice in individuals with T2DM and depression, and warrant confirmation in large-scale randomized clinical trial.

Safe Sleep, Shared Responsibility: Reframing SUDI prevention through Indigenous-led messaging.

Miss Jacqui Harema[1], Mrs Fay Selby-law
[1]Hapai Te Hauora, Henderson, New Zealand

3E - First Nation Matters and Inclusive Communication, Barbarka Room, September 16, 2026, 1:30 PM - 3:00 PM

Safe Sleep, Shared Responsibility: Reframing SUDI prevention through Indigenous-led messaging. Sudden unexpected death in infancy (SUDI) remains a persistent and inequitable public health issue in Aotearoa New Zealand, with around 50 babies dying each year, with early 2026 trends indicating this may rise. Māori infants remain disproportionately affected, accounting for approximately 65–70% of these deaths. While safe sleep guidance is well established, prevention messaging has often been clinically framed and poorly aligned to whānau realities, limiting trust, relevance, and consistent uptake.

In 2024, Hāpai Te Hauora, a Māori public health organisation, led a national safe sleep messaging refresh shaped by whānau and communities, ensuring those most impacted shaped how safe sleep practices were understood, communicated, and applied. What began as a messaging review quickly exposed a broader systems issue: fragmented implementation, variable workforce confidence, and messaging often perceived as judgemental. National stakeholder engagement, Expert Advisory Group input, whānau voice, and iterative testing informed a redesign of safe sleep messaging and supporting resources. Messaging was reframed away from compliance-based instruction toward a whānau-informed approach grounded in shared responsibility, practical prevention, and culturally relevant communication.

This presentation explores how a whānau-led messaging refresh became a broader systems intervention, using community-informed redesign to strengthen trust, improve workforce consistency, build capability, and support more equitable prevention delivery. It also highlights the role of community champions in reinforcing messages, supporting local delivery, and strengthening community-led prevention infrastructure. It offers a practical example of how Indigenous-led approaches can move public health beyond information provision toward prevention practice that is more trusted, scalable, and effective.

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Qualitative exploration of barriers and enablers to specialist outpatient access

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2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

Aims:
To explore barriers and enablers influencing access to specialist outpatient appointments in Central Queensland Hospital and Health Service (CQHHS).

Methods:
A qualitative study was undertaken using semi-structured interviews with key CQHHS stakeholders. Participants were recruited through CQHHS staff email networks, the General Practitioner Liaison Officer, consumer advisory groups, and social media. Fourteen participants completed interviews: specialists (n=3), general practitioners (n=3), nurses/administrative staff (n=5), and patients (n=3). Interviews were audio-recorded, transcribed verbatim, and analysed using a framework approach informed by the Consolidated Framework for Implementation Research (CFIR).

Results:
Seven major themes were identified: (1) workforce challenges, including specialist and nursing shortages, delayed accreditation of overseas-trained doctors, and burnout; (2) referral system quality, including incomplete referrals and limited uptake of electronic Smart Referrals; (3) structural barriers such as funding and infrastructure constraints; (4) COVID-19-related disruption and persistent backlogs; (5) patient impacts, including clinical deterioration during prolonged waits; (6) organisational culture and inter-professional communication; and (7) short- and long-term improvement strategies. Participants reported waits exceeding 900 days for Category 2 ophthalmology appointments, with associated vision loss, and delays of 3–4 months in referral categorisation leading to Category 1 breaches before formal waitlisting.

Conclusions:
Access to specialist outpatient care in regional Queensland is constrained by interrelated workforce, referral, and system barriers, compounded by ongoing COVID-19 backlogs. These findings highlight the need for coordinated reforms to improve referral processes, strengthen workforce capacity, and reduce delays that may lead to avoidable patient harm.

When AI Misses Vulnerable Populations in Public Health

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2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

Public health agencies should use an algorithmic visibility test before deploying AI-assisted prioritisation in prevention, outreach, surveillance or resource allocation. Predictive systems are increasingly promoted as tools for making public health more precise and efficient. However, their value depends on a prior equity question: who becomes visible to the system, and who remains missing?

This Ideas in Action presentation argues that AI models trained on routine health, service-use or administrative data may mistake recorded need for actual need. Populations with high underlying risk but weaker data visibility, including people with limited service contact, language barriers, unstable housing, low institutional trust or migration-related exclusion, may be under-prioritised because they are less legible to existing systems. The problem is not that AI is inherently inequitable, but that models can reproduce the blind spots of the systems that generate their data.

The proposal is grounded in evidence from health algorithm bias showing that apparently neutral proxies, such as healthcare cost, can produce inequitable allocation when they reflect unequal access rather than underlying illness. It also aligns with public health concerns about fairness, accountability, transparency and human rights in AI for health.

The presentation offers a practical algorithmic visibility test for public health teams. Before deployment, agencies should ask: What decision will the tool influence? Which groups may be missing, misclassified or under-recorded? Which proxy variables may encode structural inequity? Who remains accountable for final decisions? What distributional outcomes will be monitored after implementation?

The intended outcome is a shift in how public health evaluates AI: not only by accuracy or efficiency, but by whether predictive systems expand or narrow the populations seen, prioritised and protected.

Safe homes: Co-designing evidence for individualised support for people with intellectual disability

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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

Background
People with intellectual disability and complex support needs in Australia experience violence, abuse and neglect, particularly in congregate settings. Some families report that individualised living and support models, such as “service-for-one,” where support workers are directly employed by the family instead of through an agency, offer greater safety and autonomy, but there is limited formal evidence.

Methods
This pilot project co-designed a research strategy to evaluate service-for-one, with a focus on safety. The study was a partnership between University of Melbourne and Inclusion Australia, the peak body for people with intellectual disability and their families. A governance group comprising researchers, community organisation representatives, and people with lived-experience guided the design. Semi-structured interviews were conducted with family members, while flexible, tailored approaches were used with people with intellectual disability. Collaborative case studies were developed.

Results
Four families completed interviews, including two parent–person dyads (n=6). Findings highlight the feasibility of co-designed methods and early insights into how safety, choice, and control are understood service-for-one arrangements.

Main messages
- People with intellectual disability face heightened risks of violence and neglect in congregate settings, prompting interest in individualised alternatives such as service-for-one.
- This pilot study co-designed and tested a research approach to evaluate the safety of service-for-one through lived experience–led governance and flexible methods.
- Early findings suggest co-designed methods are feasible and provide valuable insights into how safety, choice, and control are experienced in service-for-one arrangements.

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Consumer testing in FBDG development and revision worldwide- what can Australia learn?

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1E - Data-driven Population Health Prevention, Barbarka Room, September 15, 2026, 11:00 AM - 12:30 PM

Public health nutrition messages are a powerful way to convey population-wide information and advice to support individual food choices. Food-based dietary guidelines (FBDGs) are one example of public health nutrition messaging that translate scientific evidence into easy-to-understand food-based recommendations. Nonetheless, not everyone in Australia finds the Australian FBDG messaging helpful or useful. The current Australian FBDGs assign responsibility of food choices to individuals, yet for contemporary Australians, food choice is significantly impacted by many barriers, some of which operate at the structural level e.g. food availability, accessibility and affordability. Hence, FBDG messages must be carefully reviewed to ensure cultural acceptability, relatability, usability, as well as earn trust of the general public. Consumer testing can be a way to achieve this. The presentation will 1) present evidence from FBDG development globally, highlighting the countries that have incorporated consumer testing in the development or revision of FBDG messaging; 2) use case studies of two selected countries to illustrate how consumer testing was done; and 3) discuss the impact of consumer testing on the final FBDG messaging of these countries. Our presentation seeks to demonstrate the importance of consumer testing in any FBDG development or revision, call for the current Australian FBDG revision to include consumer testing as a non-negotiable part of the process, and for greater transparency of the consumer testing process and associated outcomes on final FBDG messaging as a means of building consumer trust.

Depression Comorbid with GDM or HDP and Offspring's Infection and Allergic Diseases

Mr Biruk Beletew Abate[1], Dr Berihun Dachew[1,3], Dr Getinet Yaya[1], Associate Professor Kim Betts[1], Mr Biruk Shalmeno Tusa[1,4], Professor Rosa Alati[1,5]
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4A - Turning Evidence into Actionable Mental Health Practice, Wala mirr Theatre (Plenary room), September 17, 2026, 11:00 AM - 12:30 PM

Abstract
Background: Maternal depression, gestational diabetes mellitus (GDM), and hypertensive disorders of pregnancy (HDP) are each associated with increased risks of infections and allergic diseases in offspring. However, their combined effects, common in clinical practice, remain poorly characterised. We examined whether maternal depressive symptoms co-occurring with GDM or HDP are associated with increased risks of infections and allergic diseases in offspring.
Methods: In this population-based cohort study, we analysed linked administrative data from the Born in Queensland Study, including all births between 2015 and 2021. The primary exposure was maternal depressive symptoms comorbid with GDM or HDP. Depressive symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS), and GDM and HDP were identified using ICD-10-AM codes. Outcomes were neonatal and early childhood infections and allergic diseases, also ascertained using ICD-10-AM codes. Adjusted risk ratios (aRRs) were estimated using generalised linear models with a binomial distribution and log link, adjusting for sociodemographic, maternal, and infant characteristics.
Results: A total of 149,025 mother–child pairs were included in the analysis. Offspring of mothers with comorbid depressive symptoms and HDP had a higher risk of neonatal infections (aRR 1·22, 95% CI 1·07–1·39), as did those exposed to comorbid depressive symptoms and GDM (1·30, 1·19–1·42). Risks of early childhood infections were also ele[GY1.1]vated for both comorbid exposures (HDP: 1·15, 1·10–1·21; GDM: 1·15, 1·12–1·19). For allergic diseases, comorbid depressive symptoms and GDM were associated with increased risk (1·20, 1·06–1·37), whereas the association with HDP was not statistically significant (1·17, 0·95–1·44). Effect estimates for comorbid exposures were consistently greater than those observed for each condition alone.
Conclusion: Maternal depressive symptoms co-occurring with GDM or HDP are associated with increased risks of infections and allergic diseases in offspring, with stronger effects than individual conditions alone. These findings highlight the importance of integrated antenatal care that simultaneously addresses maternal mental health and cardiometabolic conditions to improve early-life health outcomes.
Keywords: Antenatal depression; Gestational diabetes mellitus; Hypertensive disorders of pregnancy; Pregnancy comorbidity, Infections; Allergic diseases

Transition and tribes: how the physical activity initiative parkrun supports veteran wellbeing

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4E - Mental Health and Wellbeing, Barbarka Room, September 17, 2026, 11:00 AM - 12:30 PM

Introduction:
Transitioning from military to civilian life can be challenging for veterans, who may experience a loss of a sense identity and structure as conferred by military life, fragmentation of social networks, detachment disconnection from civilian society and employment and financial stressors. Key intervention priorities to improve military veterans' long-term mental and physical health and wellbeing include promoting physical activity and reducing social isolation. parkrun is a free, weekly, timed, community-based 5km walk/run event. Our qualitative study explored parkrun engagement experiences and perceived impacts among veterans and non-veterans attending a parkrun in an area with a high veteran population.
Methods:
We conducted semi-structured interviews with 16 (10 veteran; 6 non-veteran) participants (including volunteers, runners and walkers). We used an interpretivist approach and generated two themes that help explain the value and impact of the selected parkrun and parkrun more broadly.
Results:
The first theme "Aligned but distinct from military" (with two subthemes "Health, teamwork and purpose" and "Casual, self-directed and equalizing") illustrates how parkrun affords some of the positive aspects of being in the military such as structure, physical challenge and a unifying identity, but without commitment, obligation or performance pressure. A second theme "Implicit, unconditional support" conveys the tacit and passive support parkrun affords to veterans' well-being through broadening social connection, camaraderie and knowledge sharing. Importantly though, neither the appeal nor value of parkrun is contingent on military affiliation.
Discussion:
The features of parkrun attractive to veterans and non-veterans are the same, but the value for veterans is both as echoing military life (structure, physical challenge, team work) but also being different to it. Our findings suggest that a non-targeted and highly replicable service model, when locally driven, can successfully engage veterans and enhance their social connection and well-being.

Invisible Shields: How Environmental Health Prevents Illness / Harm Before It Happens

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5C - Translating Evidence into Health System Improvement, Darrwal Room B, September 17, 2026, 1:15 PM - 2:30 PM

Environmental health is one of the least visible yet most critical components of public health protection. While healthcare systems often focus on treatment and response, environmental health functions primarily as an upstream preventive system, reducing risks before illness, injury, and system failure occur. However, the contribution of environmental health frequently becomes recognised only after breakdowns in housing, food safety, air quality, water systems, waste management, climate resilience, or regulatory oversight lead to significant health and social impacts. This paper argues that environmental health should be repositioned nationally as part of the essential prevention infrastructure central to resilient, equitable, and people-centred health systems. Drawing on international environmental health practice, disaster risk reduction principles, systems thinking, and public health prevention frameworks, this paper examines how environmental health interventions prevent downstream clinical, economic, and societal burdens. Using a "Follow the Failure → Achieve Prevention" analytical framework, the paper explores how major public health incidents can be traced backwards to missed preventive opportunities, weak surveillance systems, regulatory failures, workforce constraints, commercial determinants, governance fragmentation, and insufficient community engagement.

The paper analyses a series of environmental health case studies including bushfire smoke exposure, hazardous air quality events, water contamination incidents, foodborne disease outbreaks, unsafe housing conditions, overcrowding, and delayed infrastructure repair. These examples demonstrate how vulnerable populations—including low-income communities, Indigenous populations, older persons, children, and marginalised groups—experience disproportionate impacts when preventive systems fail. Particular attention is given to the role of environmental health practitioners in translating evidence into practical action through monitoring, inspection, risk communication, enforcement, community engagement, and intersectoral coordination.

The paper also examines the growing role of technology and environmental health intelligence systems, including digital surveillance, low-cost environmental sensors, predictive analytics, and real-time communication systems, in strengthening preventive capacity. However, it argues that technology must support—not replace—professional judgement, culturally responsive engagement, and trusted local public health relationships.

Aligned with the conference themes of Centring Prevention in People, Culture, and Connection and Translating Evidence into Action: Implementing What Works, this paper proposes a stronger international policy focus on preventive environmental health investment, workforce capability, integrated surveillance systems, and cross-sector governance. It concludes that prevention becomes visible only when systems fail, and that strengthening environmental health capacity represents one of the most cost-effective and equitable strategies available for protecting population health, improving resilience, and reducing long-term pressure on healthcare systems.

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Effective Health Communication: Voices from Southeast Asian Migrant Children and Their Families

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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

Effective health communication with children is a public health challenge. In practice, children are predominantly positioned as topics in health communication between health professionals and their families, rather than being part of it. Drawing on a study exploring what New Zealand Southeast Asian migrant children and their families need for effective health communication, this presentation proposes a shift to centring children as primary interlocutors alongside their families in health communication. By doing so, health communication with children is moving beyond simply providing information to empowering them to be active in their own healthcare, which is a step towards ensuring children have healthier futures.

A “CHILD” approach (Clarify, Health education materials, Interactive and inclusive approach, Language, and Decoration), crafted from insights from children and their families to guide health communication practice for health professionals, is provided to offer practical guidance on communicating health information to migrant children, focusing on how to deliver it effectively to foster comprehension. Such a child-oriented approach is solution-focused and feasible, as it supports small, manageable shifts in health professionals’ practice, rather than large system shifts. Therefore, immediate impact can be achieved at the individual level by meeting the health communication needs of Southeast Asian migrant children.

This presentation, which foregrounds children’s voices to inform practice from a health communication perspective, has the potential to address health inequity, support children towards healthier futures, and strengthen health professionals’ roles, especially those who work closely with children, by moving from working for children to working with children.

Using consumer sentiment to monitor health system reform: Insights from the NCSS

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1D - Evidence-based Community Inclusion, Monngarrk Room A&B (Combined), September 15, 2026, 11:00 AM - 12:30 PM

Health system reforms are often evaluated using administrative and service data, yet these sources provide limited insight into how reforms are experienced by the populations they are intended to benefit. Consumer-reported data offers a complementary perspective, particularly for understanding access, affordability, and equity in real-world settings.

This presentation draws on findings from the Australian National Consumer Sentiment Survey (NCSS), a large, nationally representative survey conducted annually to capture consumer experiences of primary care. The NCSS has been integrated into the Monitoring and Evaluation Framework for Australia's Strengthening Medicare reforms, enabling assessment of consumer-reported outcomes alongside administrative and workforce data.

Results from the 2024-2025 waves show a complex picture. While some aspects of care experience appear to be improving, including perceptions of respectful and inclusive care, affordability remains the dominant barrier to access, with around half of respondents reporting at least one unmet healthcare need. Patterns of access and experience vary across population groups, with differences by financial stress, geography, and gender indicating potential risks of uneven reform impact.

Importantly, these findings are shaped by both reform initiatives and broader external factors, including cost-of-living pressures and workforce constraints. As such, the NCSS is not designed to attribute effectiveness to individual policy measures, but to provide early signals of system performance, identify equity risks, and inform where further, targeted evaluation is required.

This work demonstrates how consumer sentiment data can be embedded within evaluation frameworks to support policy learning and adaptive implementation. Integrating consumer-reported insights with administrative and qualitative data strengthens the evidence base needed to translate reform into improved health outcomes at scale.

The PRECIS study: Exploring the broader benefits of community-based obesity prevention

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1B - Sustainable Healthy Communities, Darrwal Room A, September 15, 2026, 11:00 AM - 12:30 PM

Purpose: Decades of research has explored whether community-based interventions (CBIs) for obesity prevention are effective, feasible and acceptable to stakeholders. However, evidence on their economic credentials remains limited and often fails to capture the full range of benefits arising from intervention. An objective of the Precision Evidence for Childhood Obesity Prevention Interventions (PRECIS) study was to identify and quantify these broader impacts to strengthen the business case for community-based prevention.

Methods: A mixed-methods approach was adopted. A systematic review summarised evidence on the cost-effectiveness of CBIs, while a scoping review identified the breadth of outcomes evaluated in CBI studies. Semi-structured interviews with stakeholders explored the perceived broader benefits and relevant indicators. Four studies explored potential environmental benefits. Finally, pooled results were modelled using a validated economic model to estimate potential health gains and healthcare cost-savings.

Results: The systematic review identified 17 studies, including five economic evaluations incorporating a narrow range of benefits. The scoping review identified 140 outcomes across 18 outcome domains, reflecting the multidimensional nature of community-based prevention. Stakeholders identified community networks as critical, yet under-recognised, benefits. Actions addressing both obesity and climate change (“double-duty actions”) were evident but were not incorporated into existing economic evaluations. Modelling using pooled effectiveness estimates indicated the potential value-for-money of CBIs (50,886 health-adjusted life years saved (95% UI 44,019-58,729); AUD$496M in healthcare savings (AUD$421M-$574M) over the lifetime of the Australian population aged 5-18 years).

Conclusions: This program of work demonstrated that CBIs can have broad social, economic and environmental benefits that extend beyond traditional health outcomes. Expanding economic evaluation frameworks to include wider impacts could provide a more comprehensive assessment of value. However, achieving this requires overcoming significant challenges, including the lack of standardised methods and data to capture non-health benefits, and the complexity of aligning accountability and investment across multiple sectors.

Antidepressant Use and Recurrent Serious Falls and Fractures in the Aging Population

Mr Temam Raru[1], Dr Najmeh Davoodian[1], Professor Julie Pasco[1,3], Dr Mojtaba Lotfaliany[1], Dr Shiva Ganjali[1], Dr Robyn Woods[3], Dr Suzanne Orchard[3], Professor Joanne Ryan[3], Dr Alice Owen[3], Professor Michael Berk[1], Dr Mohammadreza Mohebbi[1,4]
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3B - Physical and Psychological Wellbeing, Darrwal Room A, September 16, 2026, 1:30 PM - 3:00 PM

Background: Although antidepressants are commonly used for the treatment of depression, adverse outcomes are common in older adults. This study aimed to investigate the long-term association between antidepressant classes and recurrent falls and fractures among older adults, while addressing confounding by indication of depression.
Methods: This study used data from a well-characterised cohort of relatively healthy community-dwelling Australian older adults aged ≥ 70 years. Participants using antidepressants at baseline were included in the exposed group, and the non-exposed group comprised participants with depressive symptoms, defined by the 10-item Center for Epidemiologic Studies scale or increased genetic susceptibility identified by polygenic risk score at baseline. Antidepressant use was treated as a time-updating exposure. Outcomes were recurrent serious falls and fractures. The Andersen-Gill model was used to estimate adjusted hazard ratios (aHRs), adjusting for potential confounders.
Results: Over a median (IQR) follow-up of 4.7 (3.8-5.7) years, 528 participants experienced recurrent serious falls and 548 experienced recurrent fractures (incidence rates 30.3 and 31.6 per 1000 person-years, respectively). Antidepressant use was associated with increased risks of recurrent serious falls (aHR = 1.44; 95%CI: 1.21-1.72) and recurrent fractures (1.32; 1.11-1.56). In analyses by antidepressant class, SSRIs were associated with a higher risk of recurrent serious falls (1.66; 1.33-2.06) and fractures (1.49; 1.20-1.85), whereas TCAs and other antidepressants were not associated with these outcomes. Effect modification was observed by social isolation for serious falls, and by obesity and osteoarthritis for fractures.
Conclusions: In this longitudinal study of community-dwelling older adults, antidepressant use, particularly SSRI use, was associated with an increased risk of serious falls and fractures. Our findings suggest that antidepressant-related fall and fracture risk in older adults may vary across antidepressant classes and individual agents. This heterogeneity should be considered when prescribing antidepressants to high-risk older adults, alongside the clinical indication, anticipated benefit, and individual susceptibility to falls and fractures.

Keywords: Antidepressants; Depression; Falls; Fractures; Geriatrics; Bone Health

Unsafe at the start: IPV during pregnancy and birth outcomes in Australia

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4C - Sustainable Healthy Living, Darrwal Room B, September 17, 2026, 11:00 AM - 12:30 PM

Background: Intimate partner violence (IPV) during pregnancy is associated with adverse birth outcomes, yet Australian evidence remains fragmented. This systematic review and meta-analysis synthesised Australian studies examining the association between IPV during pregnancy and preterm birth (PTB), low birth weight (LBW), small for gestational age (SGA), stillbirth, and miscarriage.
Methods: Five databases (Scopus, Medline, Emcare, Web of Science, and CINAHL) were searched from inception to March 2026. Eligible studies were original, peer-reviewed, conducted in Australia, and reported IPV or DFV as the exposure with at least one specified adverse birth outcome. Study quality was assessed using Joanna Briggs Institute critical appraisal tools. Pooled odds ratios (ORs) and adjusted odds ratios (AORs) with 95% CIs were estimated using random-effects meta-analysis, with heterogeneity quantified by I^2 and Cochran's Q, and publication bias assessed using Egger's test and trim-and-fill analysis.
Results: Ten studies comprising 230,601 women (2001–2024) met the inclusion criteria. The pooled prevalence of IPV during pregnancy was 7.20% (95% CI: 3.75–13.37; I^2 = 99.9%). IPV was significantly associated with PTB (AOR 1.30; 95% CI: 1.14, 1.48; I^2 = 29.7%; k = 7) and LBW (AOR 1.70; 95% CI: 1.07, 2.69; I^2 = 36.0%; k = 3). Although higher odds were observed for the pooled evidence for stillbirth (AOR 1.29; 95% CI: 0.21, 7.86; k = 3) and SGA (AOR 1.37; 95% CI: 0.18, 10.43; k = 2), these were statistically insignificant. One study reported an unadjusted association between IPV and miscarriage (OR 2.00; 95% CI: 1.55, 2.55).
Conclusions: IPV during pregnancy is associated with increased odds of adverse birth outcomes, with significant associations with PTB and LBW in Australia, supporting the case for routine antenatal IPV screening and integration of targeted support within maternity care. Additional research is needed to investigate strategies across the upstream, midstream, and downstream continuum.

Governing food companies for sustainable food systems: an Australian policy coherence analysis

Ms Genevieve James-Martin[1], Dr Erica Reeve[1], Professor Adrian Cameron[1], Associate Professor Alexandra Jones[2], Dr Sinead Boylan[3], Professor Gary Sacks[1]
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1C - Climate Risk and Resilient, Darrwal Room B, September 15, 2026, 11:00 AM - 12:30 PM

Current corporatised food systems in Australia are dominated by unhealthy foods, which collectively have a high environmental footprint. Policy efforts to support good nutrition, health and environmental sustainability will require a coherent approach to regulating food environments and the food industry across multiple government sectors. The study aimed to 1) identify Australian federal and selected state government policies that shape food company behaviour; and 2) identify opportunities to improve alignment between these policies and the government's stated commitments for addressing nutrition and environmental sustainability. Method: Government websites were systematically searched to identify Australian federal and selected state policies that shape food company behaviour in relation to food environments. Documents were analysed for their inclusion of nutrition and health, environmental sustainability and economic concepts, and their alignment with existing government commitments, using food systems frameworks. Results: 101 policies (54 federal, 47 state) were identified, with more than half (59/101) from outside the health and environment sectors, and most (67/101) not specific to the food industry. Nutrition, health and environmental sustainability were rarely explicitly addressed in industry, trade and finance policies. Where nutrition, health and/or environmental sustainability concepts were included, they were generally addressed through separate policy instruments, with few considering these issues simultaneously. Policy objectives were frequently misaligned with government commitments, with economically-oriented policies in particular conflicting with nutrition and health goals. Conclusions: Coherence could be improved by systematically embedding existing government nutrition, health and environmental sustainability commitments across the broad array of policies shaping the food industry and food environments. Cross-sectoral policy mapping provides a transferable approach for identifying opportunities to strengthen coherence between commercial food systems and government commitments for planetary and human health.

Australian women's menopause experiences shaped by the commercial determinants of health

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1E - Data-driven Population Health Prevention, Barbarka Room, September 15, 2026, 11:00 AM - 12:30 PM

Public interest in menopause has grown rapidly, accompanied by an expanding marketplace of products and services promising relief, support, or 'solutions' for menopausal symptoms. While research has begun to map this commercial landscape, far less attention has been paid to how women themselves interpret these developments, or how commercial activity shapes (mis)information about menopause. This study explored the perspectives of 509 Australian women aged 45–64 about the factors influencing their engagement with menopause related products and services, the perceived risks of intensified commercial promotion, and views about pharmaceutical industry involvement in women's health events.

An online qualitative survey was used, and data were analysed reflexively to construct three themes. First, participants described a commercial environment that amplified anxieties about ageing and wellbeing, often through dramatic or emotive messaging. Many felt that companies positioned themselves as attentive to women's needs while simultaneously leveraging fear and uncertainty, making it difficult to distinguish genuine information from marketing claims. Second, women highlighted how accessibility, cost, and personal experiences of menopause intersected with targeted advertising to heighten susceptibility to commercial persuasion. These dynamics shaped who they trusted how they evaluated competing claims and a broader concern about misinformation in a crowded and commercially driven information ecosystem. Third, views about pharmaceutical sponsorship of women's health events were divided. Some participants questioned the credibility and motives behind industry involvement, expressing concern about biased or incomplete information. Others valued increased visibility and access to resources, even when commercial interests were present.

Overall, the findings illustrate how commercial determinants shape women's understandings of menopause and influence trust, communication, and exposure to misinformation. Strengthening public health responses requires critical attention to these dynamics to ensure women have access to credible, independent, and equitable sources of information.

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Australian women's menopause experiences shaped by midlife pressures

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1A - Enhancing Equity through Engagement, Wala mirr Theatre (Plenary room), September 15, 2026, 11:00 AM - 12:30 PM

Menopause is a significant public health issue yet is often positioned predominantly as a biomedical problem defined by symptoms, deficit, and decline. Such narrow framings obscure the social, cultural, and economic forces that shape how women understand and live through this transition and limit the field's capacity to develop approaches grounded in equity, diversity, inclusion, and resilience. This study explored how Australian cisgender women aged 45-65 interpreted menopause within the broader landscape of midlife pressures and expectations.

A qualitative survey was completed by 362 women, generating wide-ranging accounts across diverse locations, work arrangements, caregiving roles, and economic circumstances. Using a social constructionist approach, data were analysed using reflexive thematic analysis. Four themes captured the breadth of women's experiences: disruption and destabilisation; intensifying demands of productivity; moments of ease, acceptance, and positive midlife re-orientation; and the emergence of freedom, resilience, and personal strength.

Across the data, menopause was interpreted as an experience shaped by expectations, environments, relationships, and workplaces in women's everyday lives. For many participants, symptoms intersected with inflexible workplaces, unequal domestic labour, and limited healthcare support, intensifying existing inequities and affecting their sense of competence. For others, menopause was less disruptive than expected, or opened space to re-evaluate priorities, redistribute responsibilities, and cultivate new forms of resilience and confidence.

These findings demonstrate that menopause is shaped by the structural and relational contexts of women's lives, including intersecting forces of gender, labour, and expectations. Recognising the diversity of women's accounts, and the inequities that contour them, is essential for developing inclusive public health approaches that move beyond biomedical narratives. Attending to the supports and barriers shaped by gendered, economic, and cultural contexts is critical for promoting equitable experiences of menopause across diverse communities and for guiding public health approaches that address the structural determinants shaping women's wellbeing in midlife.

Embracing size-inclusive care in health services

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2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

Weight bias is widespread in healthcare services and there is increasing evidence that healthcare professionals hold internalised and externalised negative attitudes and stereotypes about larger-bodied people. Peninsula Health staff and higher-weight patients (n=30) were surveyed in 2021 regarding their experience providing and receiving care for those over 100kg in an inpatient setting. The results identified that staff would like training on non-weight bias care and patients would like staff to be aware of trauma informed care. Using a co-design approach, an online education package was developed in 2025-26 and promoted for all staff (n=7500) to complete. Interviews were undertaken with consumers and staff (n=11) to design course content, informed by lived experience. The education package provides an understanding of how weight stigma and weight bias impact health outcomes and provides evidence-based, practical strategies and approaches to provide safe, equitable, size-inclusive care. The course was reviewed by experts in the field and tested by consumer and staff advisors. Evaluation of the course will include completion rate, feedback from staff, targeted focus groups, and patient and staff surveys. The course is now live and being actively promoted in the health service.

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Psychological distress and healthy lifestyle behaviours among young Australians aged 15–34 years

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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

Background
Young people aged 15 to 34 years are in critical developmental periods where health related behaviours are established and reshaped in response to major life transitions. Although this age group bear the greatest burden of psychological distress among Australians, population-level evidence on how lifestyle behaviours relate to psychological distress over time remain underexplored.

Aim
To assess the prevalence of psychological distress and lifestyle behaviours, and their associations, among young people aged 15–34 years using the Australian National Health Survey 2014–15, 2017–18, and 2022.

Methods
Using data from the Australian National Health Survey 2014–15, 2017–18, and 2022, this repeated cross-sectional study examined associations between lifestyle behaviours (physical activity, fruit and vegetable intake, smoking status, alcohol consumption) and psychological distress (Kessler 10 ≥ 22). Weighted prevalence estimates were calculated for each cycle and pooled. Multivariable logistic regression accounting for complex survey design was conducted, adjusting for sociodemographic covariates and survey year.

Results
The pooled sample comprised 9,426 participants. The 15–19 age group reported the highest mean psychological distress (M = 16.92), with 13.33% and 5.45% classified as experiencing high and very high psychological distress respectively. In adjusted multivariate models, meeting fruit intake guidelines (2–3 serves), meeting physical activity guidelines, having never smoked/vaped, and having never consumed alcohol were each significantly associated with lower odds of high psychological distress, after controlling for sociodemographic covariates and survey year.

Conclusion
This study provides population-level evidence that modifiable lifestyle behaviours are significantly associated with psychological distress among young Australians. Findings highlight the potential for integrating lifestyle-focused interventions into early mental health strategies targeting young people during a period when both health behaviours and psychological wellbeing trajectories are being established.

Assessing the scalability of physical activity interventions within childcare: A systematic review

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3A - Empowering Diversity in Health Systems, Wala mirr Theatre (Plenary room), September 16, 2026, 1:30 PM - 3:00 PM

Background: Early childhood education and care (ECEC) is a recommended setting for the implementation of physical activity interventions 'at scale' (i.e. to large numbers of ECEC services) to improve child physical activity at a population level. Appraisal of intervention scalability, defined as suitability for delivery at scale, is recommended to support evidence-informed public health decision-making. This study examined the extent to which factors recommended to assess scalability are reported among ECEC-based physical activity interventions.

Aim: To determine the extent to which factors recommended to assess scalability are reported among ECEC-based physical activity interventions.

Methods: This was a secondary analysis of a systematic review. Included studies were randomised controlled trials within ECEC settings that assessed physical activity outcomes in children aged 0-6 years. The Intervention Scalability Assessment Tool (ISAT) was used to assess the extent to which recommended factors of scalability (the problem, the intervention, strategic and political context, effectiveness, costs, fidelity and adaptation, reach and acceptability, delivery setting and workforce, implementation infrastructure, and sustainability) were reported in each study. Data were synthesised narratively.

Results: Of the 53 included studies, none reported all scalability factors within the ISAT. All studies reported the problem, the intervention, effectiveness and delivery setting and workforce. The lowest reported factors were costs (19% of studies) and sustainability (11% of studies).

Conclusions: Findings indicate poor reporting of some important factors of scalability within ECEC-based physical activity interventions, particularly cost and sustainability. Future studies should both measure and report such factors to enable policy and practice decision-makers to select the most appropriate interventions for scale-up.

Informing improvements to the BreastScreen NSW program: 2026 client survey insights

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4D - Sociocultural Determinates and Health Equity, Monngarrk Room A&B (Combined), September 17, 2026, 11:00 AM - 12:30 PM

Introduction
Breast cancer is the most commonly diagnosed cancer among women in New South Wales (NSW)1. Early detection through population-based screening significantly improves outcomes. BreastScreen NSW (BSNSW) provides free mammography for women aged 40 and over, with women aged 50–74 actively invited every two years. A statewide client survey was conducted in 2017 and repeated in 2026 to assess service quality and how the program meets evolving client needs.

Methods
The 2026 survey invited clients attending fixed or mobile screening services (and not recalled for assessment) to complete an online survey between 30 March and 30 May 2026, with invitations sent via SMS. The original 2017 survey, conducted via a paper-based format, captured feedback on the full screening journey from booking to post-appointment. In 2026, the questionnaire was updated to reflect program changes including online booking and breast density reporting and expanded demographic measures (including gender, sexuality, transgender status, disability, and mental health) to support more inclusive service planning. The survey was offered in multiple languages. Quantitative and qualitative analyses will be undertaken, with results weighted to represent the screening population.

Results
Within four weeks of the 2026 survey launch, over 9,000 responses had been received (33% response rate). In 2017, 10,342 responses were received. Overall, 98% of respondents rated their experience as good or very good, 93% stated they would definitely continue screening. While communication and appointment access were highly rated, 64% reported some discomfort or pain. 2026 results, changes since 2017, and subgroup analyses by age groups, screening status, service type and language background will be presented.

Conclusion
The 2026 survey findings provide population-level insights into BSNSW client experience. These insights will inform strategies to improve access, reduce discomfort, and address the needs of diverse population groups, supporting enhancements in the quality of BSNSW services across NSW.

1 Cancer Institute NSW. Cancer Statistics NSW. www.cancer.nsw.gov.au/cancer-types-data-nsw [cited: 7/05/2025]

Food Industry Cost Estimates in Nutrition Policy: Evidence and Assumptions

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5C - Translating Evidence into Health System Improvement, Darrwal Room B, September 17, 2026, 1:15 PM - 2:30 PM

Nutrition policies targeting food labelling and product reformulation are increasingly proposed to improve population diets, yet concerns about costs to industry are frequently raised in policy debates. However, little is known about how these costs are estimated, framed, and communicated across the evidence base. This scoping review synthesised reported financial and economic costs to food companies associated with implementing nutrition-related labelling and reformulation policies, and examined whether the source of cost estimates was associated with differences in cost magnitude or framing.

Academic databases and grey literature sources were searched from January 2000 to December 2025. Eligible studies included economic evaluations, costing studies, regulatory impact assessments, consultancy reports, and other publications reporting direct industry costs associated with nutrition-related labelling or reformulation policies. Data extracted included policy type, costing methodology, unit of analysis, cost components, discounting, funding source, and source of cost estimates. Findings were synthesised narratively.

Of 19,101 records identified, 32 studies were included (13 academic; 19 grey literature). Studies were highly heterogeneous in policy type, costing methods, assumptions, and reporting practices. Reported costs varied substantially depending on whether studies estimated costs per stock keeping unit, product formula, establishment, or national implementation. Cost estimates were highly sensitive to assumptions regarding business-as-usual packaging cycles, the proportion of products affected, and whether reformulation could be coordinated with routine product updates. Many academic and government studies relied on industry-derived or consultancy-derived costing assumptions, including regulatory models originally developed for government agencies.

Industry cost estimates used in nutrition policy debates are methodologically inconsistent, and assumption sensitive. Greater transparency and standardisation in the development and reporting of industry cost estimates may improve the interpretation of economic evidence used to inform nutrition policy implementation and regulatory decision-making.

Bullying pathways between racism and mental health among Indigenous adolescents

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4E - Mental Health and Wellbeing, Barbarka Room, September 17, 2026, 11:00 AM - 12:30 PM

Background: Racism is a recognised social determinant of poorer mental health among Indigenous children and adolescents, yet the mechanisms underlying this relationship remain poorly understood. This study examined whether school bullying mediates the longitudinal association between family racism and later mental health outcomes among Aboriginal and Torres Strait Islander adolescents.

Methods: Data were drawn from three waves of the Longitudinal Study of Indigenous Children (LSIC; Waves 11, 12, and 14), comprising 694 Indigenous adolescents. Family racism was measured at Wave 11, school bullying at Wave 12, and behavioural or psychological conditions at Wave 14. Lagged logistic regression and causal mediation analyses were conducted adjusting for relevant covariates.

Results: Overall, 43.8% of participants reported exposure to family racism at Wave 11, 33.0% experienced school bullying at Wave 12, and 10.2% reported a behavioural or psychological condition at Wave 14. In adjusted lagged logistic regression models, school bullying was strongly associated with later mental health conditions (AOR=3.28, 95% CI: 1.98–5.53, $p<0.001$). Mediation analysis identified a significant indirect effect through bullying (ACME=0.015, 95% CI: 0.001–0.025, $p=0.034$), with approximately 28.8% of the association operating through school bullying.

Conclusions: School bullying may represent an important psychosocial pathway linking family racism to later mental health outcomes among Indigenous adolescents. These findings highlight the interconnected impacts of racism, bullying, and mental health, and support the need for culturally safe anti-racism and anti-bullying strategies within schools and communities to strengthen Indigenous adolescent wellbeing.

This study used data from the Longitudinal Study of Indigenous Children (LSIC), a national study developed and conducted with strong Aboriginal and Torres Strait Islander leadership and governance. LSIC is guided by Indigenous data sovereignty principles, including community engagement, cultural respect, and Indigenous oversight throughout data collection and management processes. The present research was conducted using ethically approved LSIC data and aimed to ensure culturally respectful interpretation and reporting of findings related to Indigenous adolescent wellbeing. Findings are presented to support evidence-informed public health strategies aimed at improving mental health outcomes among Aboriginal and Torres Strait Islander young people.

Addressing the barriers and promoting physical activity amongst low-income mothers

Dr Jessica Watterson[1,2], Dr Kate Magsamen-Conrad[3], Dr Kajal Gokal[4], Dr Ingrid Oakley-Girvan[5], Dr Jennifer Hirsch[6], Dr Min Qian[6], Mr Richard Buchsbaum[6], Ms Charlene Niles[7], Ms Kendra Van Horn[8], Ms Stephanie Moshier[9], Mx Avery Garcia Flores[6], Ms Zirui Zhang[6], Ms Mayerly Lara[6], Mr Andre Nyugen[6], Ms Johanna Guerrero Gonzalez[6], Ms Johanna Silva[6], Ms Valdiva Da Silva[6], Ms Martha Espinal[6], Ms Sherece Laine[6], Dr Lauren Houghton[6]
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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

Introduction
Expanding access to free childcare alongside community-based physical activity programs is a potential strategy to reduce inequities in physical activity among low-income mothers. This study targets mothers experiencing socioeconomic disadvantage, a population with consistently low physical activity levels due to structural barriers such as cost, lack of time, and caregiving demands. Without addressing these barriers, physical activity interventions risk low engagement and limited impact.

Methods
This presentation will share early insights from an in-progress cluster randomised controlled trial in New York City testing three approaches: (A) free weekly fitness classes; (B) fitness classes plus free childcare; and (C) fitness classes, free childcare, and structured peer support. Physical activity is assessed via accelerometers and self-report, with additional measures of mental health, social support, and program participation. Ethnographic methods are used to understand who the intervention works best for and why.

Results
To date, 682 participants have enrolled across seven waves, and data collection is ongoing for the final wave. In the first pilot wave (n=67), self-reported moderate to vigorous physical activity increased by 37% in arm A, 53% in arm B and 96% in arm C. Among the first six waves (n=689), retention was 75%. While analysis of the RCT outcomes will not be undertaken until data collection is complete, emerging insights from qualitative data highlight childcare as a critical enabler of participation. In its absence (Arm A), participants often bring their children to fitness classes, underscoring unmet need. Participants also report benefits extending beyond attendance to fitness classes, including social connection and improved wellbeing.

Conclusion
We will use this Ideas in Action session to share learnings from this ongoing study and spark conversations on how similar models integrating free childcare, accessible fitness programs, and community-building could be adapted and scaled in the Australian context to address health inequities.

Using social practice theory to investigate sugar consumption in children's organised sport

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5C - Translating Evidence into Health System Improvement, Darrwal Room B, September 17, 2026, 1:15 PM - 2:30 PM

Parents are central in regulating children's sugar intake by gatekeeping discretionary foods and influencing children's dietary knowledge and attitudes. However, parental practices are also constrained by social traditions which can challenge agency and normalise unfamiliar behaviours. Many Australian children participate in organised sport, with parents often tasked with sourcing refreshments. This situates children's organised sport as ideal for cultivating social practices involving sugar. Overall, this study sought to explore social practices involving sugar consumption in children's organised sport through the perspectives of parents. Eight in-depth semi-structured interviews were conducted with six fathers and two mothers of children aged 7-17 years in Perth, Western Australia; parents collectively had 16 children involved in 14 sports. We were guided by Shove et al.'s (2012) social practice theory as a context-based lens focusing on key elements of materials (objects, infrastructure), competences (skills, rules) and meanings (emotions, beliefs) that are linked and integrated into the performance of the practice, which is the unit of analysis rather than individual behaviour. Findings indicated that social practices involving sugar were occurring during and around exercise activities, while relevant materials included fruit, confectionary, on-site vendors and club fundraisers. Competences in gatekeeping children's sugar intake were noted as challenging due to the social popularity of discretionary foods. Meanings behind sugar were complex and reflected an internal conflict in parents between wanting to limit their children's sugar intake and support their social engagement. This research reinforced that some drivers of sugar consumption among child sport participants are influenced by sociocultural norms, independent of parental nutritional knowledge or other individual factors. Policy and health promotion reform should consider addressing cultural change within sporting communities to improve children's dietary intake.

Reference: Shove E, Watson M, Pantzar M. The dynamics of social practice: everyday life and how it changes. SAGE Publications Ltd; 2012.

The food and bodies project

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2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

In the last ten years, the prevalence of eating disorders in Australia has increased by 21% (1). Up to 70% of pre-school children (3-5 years) report body dissatisfaction; including food restriction and wanting to be thinner (2-4). Learning environments are central to the development of negative and positive weight attitudes (3). The aim of this study was to complete a needs assessment (NA) to inform an intervention to address educator knowledge and access to weight-inclusive resources in Early Childhood Educational Settings (ECES).

The NA was completed via online survey and in-person interviews of ECES staff (n=11) in the Frankston and Mornington Peninsula local government areas. The 12-month pilot trialled over 36 resources promoting sensory learning, neutral food language and body diversity in ECES. At pilot completion (n=28) services were included in the analysis.

Results indicated that fundamental National resources used for ECES curriculum included weight-stigmatising language, and limited awareness of these issues amongst educators. Evaluation of the pilot after one year of implementation found 77% of participating ECES (n=22) engaged with the provided resources. Of these, 80% reported a change in body talk, and 94% reported an increase in neutral food language. Recommendations have led to the development of a new website, with the project to be expanded across the catchment in 2026.

This NA and pilot demonstrate that ECES can successfully implement weight-inclusive information to change language and body talk in their settings.

We thank Monash University and Deakin University students for their dedicated efforts on this project.

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AI in Healthcare: Examining Integration in Western Australia's Metropolitan Public Health Services

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4B - Advancing Digital Public Health, Darrwal Room A, September 17, 2026, 11:00 AM - 12:30 PM

Artificial intelligence (AI) is increasingly being explored within healthcare systems to support clinical decision-making, service delivery, and organisational efficiency. However, the preparedness of Western Australia's public health system to adopt and implement AI technologies remains underexplored. This study examines organisational readiness for AI adoption across Western Australia's metropolitan public health services.

The research draws on a qualitative study of 12 senior leaders and executives across WA's metropolitan public health system. Semi-structured interviews were conducted between October 2024 and February 2025 and analysed using the Non-adoption, Abandonment, Scale-up, Spread, and Sustainability (NASSS) framework, with a particular focus on the organisational domain.

Findings show that AI adoption across health services is uneven and fragmented. While participants identified clear opportunities for AI to improve data analysis, service efficiency, and aspects of patient care, they also described significant barriers to implementation. These included limited workforce capability and AI literacy, uneven digital infrastructure, funding constraints, governance uncertainty, and concerns relating to privacy, accountability, and risk management. Participants also identified challenges associated with attracting and retaining specialised AI capability within the public sector.

Despite these barriers, participants described a growing culture of innovation, leadership interest in AI, and examples of early implementation across some services. However, the findings suggest that the WA health system does not yet have the consistent organisational foundations required to scale AI safely and effectively across the sector.

This research contributes new empirical insight into the organisational and governance challenges associated with AI adoption in public healthcare systems and highlights the importance of coordinated leadership, workforce development, infrastructure investment, and governance reform in supporting responsible AI implementation.

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Enhanced detection of cryptosporidiosis outbreaks and dissemination of advice using digital communications

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5E - Navigating Digital Health through Trust Communication, Barbarka Room, September 17, 2026, 1:15 PM - 2:30 PM

Context and Aim
Early detection of cryptosporidiosis outbreaks and providing public health advice is crucial to preventing transmission, particularly in aquatic facilities. However, interviewing cryptosporidiosis cases is time-consuming, and interviews are often not prioritised. In 2024, 60% (393/659) of cryptosporidiosis cases were interviewed by the North Eastern Public Health Unit (NEPHU). To improve the timeliness and effectiveness of the public health response, NEPHU now sends text messages to cases with advice and a link to a survey capturing demographic, exposure, and acquisition history.

Methods and Analysis
From 10 November 2025 – 9 April 2026, all confirmed cryptosporidiosis cases were sent the text message and survey link. Existing epidemiological tools analysed survey results and identified outbreaks. The evaluation utilised administrative data and a case evaluation questionnaire.

Outcomes
Text messages were sent to 81/93 (87%) cases, representing an increase of 27% of cases receiving public health advice. Six cases did not have a phone number and 6 cases were not sent a message due to a reporting issue. The survey was completed by 58% (47/81). At least one acquisition risk factor was identified in 41 cases (53%). Two aquatic facility outbreaks were detected at earlier timepoints than previously, enabling early intervention.
Nineteen percent (15/81) of cases competed the evaluation questionnaire. Ninety-four percent of respondents reported that the message prompted at least one public health action (e.g. avoiding swimming) and 87% reported improved understanding of cryptosporidiosis. Nearly all respondents (94%) would be happy to receive similar text messages in the future.

Future action
For cryptosporidiosis the combination of a text message and online survey is an efficient, feasible and acceptable way to screen cryptosporidiosis cases for outbreak detection and to disseminate public health information at scale. This strategy can be employed for other communicable diseases.

Path Dependence and Policy Layering in Childhood Obesity: Explaining Individual Responsibility

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4A - Turning Evidence into Actionable Mental Health Practice, Wala mirr Theatre (Plenary room), September 17, 2026, 11:00 AM - 12:30 PM

Despite growing evidence supporting systemic approaches to childhood obesity, Australian policies continue to emphasise individual responsibility. This paper examines how institutional processes have shaped and reinforced this policy trajectory over time. Drawing on Historical Institutionalism, the study uses the concepts of path dependence and policy layering to explain the persistence of individual responsibility within Australia's childhood obesity response.

The research is based on a systematic analysis of Australian parliamentary debates (Hansard) spanning 1970 to 2022. It traces how ideas, policy actors, and institutional arrangements interacted across time to shape the development and evolution of childhood obesity policies. Three distinct phases are identified: the origins of the individual responsibility narrative (1970–1989), the embedding of this narrative through incremental policy development (1990–2009), and its consolidation within established policy frameworks (2010–2022).

Findings show that policy change within childhood obesity has largely occurred through layering processes that added new initiatives onto existing policy settings rather than fundamentally changing the policy trajectory. While broader environmental and social determinants approaches periodically emerged within policy discussions, they were consistently filtered through existing institutional frameworks centred on individual behaviour change.

The paper argues that incremental policy change has reinforced, rather than disrupted, the dominant policy narrative surrounding childhood obesity in Australia. In doing so, it contributes to broader public health and policy debates by demonstrating how institutional processes can constrain reform and limit engagement with alternative policy approaches despite growing evidence supporting systemic interventions.

Test, Don’t Stress: Attitudes towards STI/BBV testing solutions within a university setting

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3B - Physical and Psychological Wellbeing, Darrwal Room A, September 16, 2026, 1:30 PM - 3:00 PM

Background

Universities are critical settings for health promotion, with significant potential to advance health equity for staff, students, and surrounding communities. In Australia, the prevention and control of sexually transmitted infections (STIs) and blood-borne viruses (BBVs) remain an important public health priority. University communities include populations disproportionately affected by STIs/BBVs as well as those that face major barriers to seeking care. Self-testing offers an accessible alternative to clinic-based testing that can reduce these barriers.

This study aimed to explore university stakeholders' perceptions and barriers towards STI/BBV testing, to inform the design of a self-testing service.

Methods

Semi-structured interviews were conducted with students (n=6) and staff/professionals (n=5) from a Victorian university. Students were opportunistically recruited using on-campus and online advertisements, whilst snowball sampling was utilised to recruit key staff across the university. Transcripts were analysed in NVivo (v15) using Braun & Clark’s thematic analysis.

Results

Eleven students (n=6) and staff/professionals (n=5) participated. Students ranged in age from 18 to 45 years and attended urban (n=2) and regional (n=4) campuses. Domestic (n=4) and international (n=2) students were represented alongside those who identified as sexually or gender diverse (n=4). Professional roles included health-service delivery, health and wellbeing coordination and student association representation.

Stigma and service accessibility were identified as key barriers to testing. Perceived sexual health knowledge among students was mixed, and awareness of self-testing was low, although interest was high. Participants recommended that services align with student life by being distributed in private, accessible, and non-stigmatising locations, with clear guidance on pathways to care and a balance between privacy, visibility and education, to reduce stigma.

Implications

Universities are critical settings for health promotion, with significant potential to advance sexual health equity for priority populations in Australia. Implementing accessible self-testing services that balance privacy and support education can reduce barriers to STI/BBV testing.

Prevalence of Antimicrobial Resistance in Dental and Oral-Maxillofacial Infections in Bangladesh

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2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

Prevalence of antimicrobial resistance and the spectrum of pathogens in dental and oral-maxillofacial infections at a tertiary-level hospital in Chattogram

Abstract:
The escalating threat of antimicrobial resistance (AMR) presents a critical challenge to global public health, particularly in developing countries like Bangladesh. This study aimed to investigate the prevalence of pathogens and patterns of antimicrobial resistance in dental and oral-maxillofacial infections in Chattogram, Bangladesh. A cross-sectional, descriptive study was conducted at Chittagong Medical College Hospital from January to December 2023. Socio-demographic and clinical data were collected from 85 participants, and samples were obtained for culture and sensitivity testing.
Results revealed a predominance of Pseudomonas aeruginosa (27%) among isolated pathogens, followed by Klebsiella species (21%) and Staphylococcus aureus (19%). Analysis of antibiotic resistance patterns demonstrated high resistance rates to commonly prescribed antibiotics, with erythromycin and aztreonam showing complete resistance. Additionally, antibiotics such as oxacillin, azithromycin, and ceftriaxone exhibited moderate to high resistance rates (above 70%). Conversely, some antibiotics, including cloxacillin, netilmicin, and chloramphenicol, showed high sensitivity rates (above 80%), suggesting effective treatment options.
The study highlighted the urgent need for comprehensive surveillance and effective antimicrobial stewardship programs in dental care settings to combat the rising threat of AMR. Findings underscore the importance of rational antibiotic use, access to healthcare, and public health education in mitigating AMR. Further research is warranted to better understand resistance mechanisms and optimise antibiotic therapy in dental and oral-maxillofacial infections.

'What you do, not what you are’: rethinking public health workforce planning

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2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

What if we planned for public health workforces based on what people actually do, rather than what their job title says? A function-based approach to workforce classification could make Australia's public health workforce more visible. This would enable surge capacity for public health emergencies, equitable workforce entry, and workforce investment decisions grounded in evidence rather than assumption.

Australia lacks a reliable mechanism to count, describe, or plan for its public health workforce. The Occupation Standard Classification for Australia (OSCA) groups workers by occupational title and credential rather than by function. This means epidemiologists as one example are classified as statisticians, health promotion officers, or community workers. Many public health roles are scattered across unrelated occupational categories or absent entirely. The workers most disadvantaged are those whose capabilities exceed their formal credentials. These include internationally trained practitioners, community health workers, and people entering public health through non-traditional pathways.

PhD research currently underway at the Australian National University uses the applied epidemiology workforce as a proof of concept for a function-based approach to workforce classification. Preliminary findings from a systematic rapid review of global literature reveal that the same workforce functions are described as competencies, tasks, scope of practice, and essential public health services across different frameworks with no nationally consistent definition. A modified Delphi consensus study with Australian epidemiology practitioners will consolidate these findings into a function-based taxonomy of applied epidemiology work, designed to be replicable across public health domains.

Key outputs include a taxonomy of workforce functions that makes the epidemiology workforce visible and enumerable. This supports equity in workforce entry, workforce investment, and planning for the next public health emergency.

Pooled analysis of 11 Australian and Pacific childhood obesity prevention community-based interventions

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3B - Physical and Psychological Wellbeing, Darrwal Room A, September 16, 2026, 1:30 PM - 3:00 PM

Background: Community-based interventions (CBIs) targeting childhood obesity prevention show promise in reducing body mass index z-scores (BMIz) and improving weight-related behaviours. The Precision Evidence for Childhood Obesity Prevention Interventions (PRECIS) project analysed pooled individual level data to further explore sub-group impacts and provide intervention success factor insights.

Methods: Individual level participant data from 11 large obesity prevention CBIs conducted in Australia, New Zealand and the Pacific between 2003-2022 were collated and harmonised. Pooled analyses were conducted using multi-level linear and logistic regressions to understand intervention effects on measured anthropometric outcomes, self-reported weight-related behaviours (physical activity, sedentary behaviour and dietary intake) and health related quality of life (HRQoL). Further analyses by socio-economic position were conducted in Australian studies.

Results: Pooled analysis of participant-level data from six Australian, one New Zealand and three Pacific studies (n= 25,077 baseline; n= 22,580 end of study observations) found no overall intervention effect. Sub-group analyses found CBIs slowed weight gain in Australian studies (BMIz mean difference (md) -0.035 (95%CI -0.064, -0.007)), and among all girls (BMIz md -0.031 (95%CI -0.058, -0.003). Additionally, effectiveness was detected in studies with longitudinal design, but not repeat cross-sectional design, and for children within the healthy weight range, but not those with overweight or obesity at baseline. Within Australian studies, CBIs were more effective for students from lower compared to higher socio-economic areas (BMIz md = -0.10 (-0.18, -0.02)). Few significant results were found for behavioural outcomes. Obesity prevention CBIs had a positive impact on HRQoL, particularly in younger children, boys and those from lower socio-economic areas.

Conclusions: Obesity prevention CBIs were effective in slowing weight gain for some populations, in some settings, and were generally more effective in low compared to high socio-economic areas. Future work could focus on identifying key action areas within CBIs that contribute to intervention success.

Making the sun safe choice the easy choice: systems-based design for schools

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5B - Designing Innovation for Healthier Communities, Darrwal Room A, September 17, 2026, 1:15 PM - 2:30 PM

The challenge: Queensland is the skin cancer capital of the world, yet school sun safety efforts have traditionally focused on individual behaviour change rather than the systems shaping daily choices. The Sun Safety Partnership Initiative (SSPI) responds by shifting responsibility upstream, redesigning policies, environments, and routines so sun protection is normalised, supported, and sustained across the education system, rather than relying on individual schools or champions.
The evidence: High ultraviolet exposure during childhood and adolescence significantly increases lifetime skin cancer risk. Schools are critical prevention settings, yet system-level gaps mean the sun-safe choice is often the harder choice. School-by-school approaches are difficult to scale and sustain and can exacerbate gaps particularly identified in secondary schools and rural and remote settings.
Real-world action: SSPI is a five-year Queensland Health funded initiative that brings together health, education, and sector partners through formal governance structures and working groups. This partnership model supports shared ownership and coordinated decision-making to enable system-level change that no single organisation could achieve alone.
SSPI prioritises scalable system levers, including policy, procurement, shade infrastructure, curriculum, youth leadership, equity, and communications, to embed sun safety into existing education systems and ensure equitable access to protective environments, regardless of location or school resources. An implementation science approach and the WHO Health Promoting Schools Framework underpins its success in achieving real-world changes.
Learning objectives and outcomes: Using SSPI as a case study, attendees will develop an understanding of the impact and importance of a multi-partner approach to creating systems-based action for health promotion, particularly in school settings.
Contribution to policy, practice, and system-level changes: While systems thinking is well described in theory, few practical examples exist in school sun safety. Through cross-sector partnerships, SSPI will identify, test, and embed high impact system-level actions, offering a transferable model for other school-based prevention priorities.

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An AI Assistant for Implementing Food Classification in Outdoor Advertising Restriction Policies

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2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

Unhealthy food and drink advertising influences food preferences and consumption, making it a priority for public health policy interventions. WA local governments are exploring adopting policies to restrict unhealthy food and drink advertising on government-owned assets such as bus shelters, billboards, and street furniture. During policy implementation, multiple users (i.e. street furniture providers, advertising agencies, and local governments) will rely on the Food Advertising Classification Tool (FACT) to understand whether advertisements are permitted or restricted.

FACT is a rigorous, transparent, and practical classification system designed to consistently assess outdoor food advertising. It includes 18 food categories and extensive examples of permitted and restricted products. However, end-user testing demonstrated that the technical burden of navigating the tool sometimes led to decisions inconsistent with the intended classification criteria.

To improve implementation and policy compliance, we developed an AI-powered conversational implementation assistant using Google Gem. The assistant enables users to ask natural-language questions about whether a proposed advertisement is permitted by FACT. It provides immediate guidance, synthesizing all information from the relevant sections of FACT in responses. The assistant is programmed to rely exclusively on FACT and to clearly indicate when it cannot answer a question.

By embedding FACT into an accessible AI interface, the assistant has the potential to make implementation easier, improve consistency in decision-making, and increase confidence among users responsible for applying food advertising restrictions in real-world settings. To support broader institutional adoption, the prototype will transition from the restricted Gemini Gem environment to an enterprise cloud framework (e.g., Vertex AI or equivalent). This transition will eliminate user authentication constraints and establishes a secure, public-facing digital utility suitable for broad user rollout. This project demonstrates how AI can support implementation of complex public health policy tools that may otherwise be difficult to interpret, inconsistently applied, or under-used in practice.

The Australian Food Atlas: Turning Local Data into Local Action

Dr Clare Whitton[1,2], Ms Michelle Broom[1], Ms Frith Klug[1], Dr Claire Pulker[1,2], Mr Geethaka Fernando[1], Dr Matthew Cooper[3], Dr Lukar Thornton[4], Dr Alexia Bivoltsis[1], Dr Dan Weiss[2,3], Dr Susanna Cramb[5], Ms Justine Howard[6], Dr Gina Trapp[1,3,7]
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2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

What if every Local Government could instantly see, understand, and track their community food environment? Poor food environments are consistently linked to diet-related disease and health inequities. Yet Australia lacks the national infrastructure needed to routinely monitor these environments or support evidence-based local action. In contrast, some jurisdictions in the UK have used food environment mapping and geospatial metrics to restrict new fast-food outlets within walking distance of schools, or in areas already saturated with fast-food outlets. We want similar policies in Australia, but currently Australian decision-makers lack comparable, routine, quantifiable data on food access.

The Australian Food Atlas was developed to fill this critical gap. Developed with Local Governments, the platform draws on official food business registration data to generate comprehensive insights into local food environments. We conducted a pilot in Western Australia which mapped more than 15,000 food businesses across 32 metropolitan Perth Local Government Areas. Building on insights and user input from the pilot, the Atlas has now been expanded throughout WA and will soon be available for Victoria, with the long-term vision of achieving full national coverage to generate the most comprehensive, policy-relevant picture of food access ever created in Australia. The Atlas uses validated nutrition-focused classifications, geospatial analytics, and AI-enabled processing for address validation and classification of hundreds of thousands of food businesses. The platform presents tailored dashboards (e.g., fast-food outlets, fruit and vegetable access) and many policy-ready indicators, such as number of outlets within 800m. User surveys will be administered this year to evaluate usability and impact, to further refine and improve the platform.

By making local food environments visible, measurable, and comparable, the Australian Food Atlas provides the infrastructure needed to support healthier and more equitable communities.

Measuring technology-supported physical activity: current methods, reliability and validity – Scoping review

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5E - Navigating Digital Health through Trust Communication, Barbarka Room, September 17, 2026, 1:15 PM - 2:30 PM

Physical activity (PA) is considered a key focus of public health. Technology-supported PA, interactive technology designed to encourage PA is increasingly being explored as a tool to promote PA behaviour across population groups. However, little is known about how technology-supported PA use is being measured in research and/or the validity/reliability of these measurement tools. Without an understanding of how technology-supported PA use is measured researchers understanding of its potential effectiveness as a health promotion tool is limited. The objective of this scoping review was to identify the tools used to measure technology-supported PA use in research as well as their reported validity and reliability (if any).

A systematic search was conducted for articles published after 2010 (year the first mobile fitness apps were released). Eligible studies were peer reviewed research which included the measurement of technology-supported PA use. Two reviewers synthesised the results by type of use (e.g., self-report, objective use), reported reliability/validity of the measurement tools and if or how a session of technology-supported PA use (e.g., minimum number of minutes) was defined.

In total, 74 studies from 3976 records were included: mobile apps (n=31), wearable activity trackers (n=13), interactive websites (n=5), social media (n=4) and multiple types (n=18). Most were conducted in a community setting (n=43) with non-specialised populations (n=60). Technology-supported PA use was measured via self-report (yes/no, frequency) (n=44), objective analytics data (n=29) or both (n=1). There was minimal discussion of the tool's validity (n=17), reliability (n=13) or how a session of use was defined (n=2).

Despite its widespread use in health promotion there is limited evidence that technology-supported PA use is being measured in a valid/reliable way. Future research needs to consider how tools that accurately measure technology-supported PA use across populations could be developed to effectively assess its potential as a health promotion tool.

Photovoice as a Method to Examine Pregnant Adolescents' Experiences in Rural Bali

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3A - Empowering Diversity in Health Systems, Wala mirr Theatre (Plenary room), September 16, 2026, 1:30 PM - 3:00 PM

Introduction
Adolescent pregnancy is often framed as a public health problem, overlooking how it is experienced within adolescents' social and cultural context. Using photovoice as a participatory visual method, this study examined how socio-cultural factors in rural Bali shape adolescents' experiences of pregnancy.

Methods
From a larger study of adolescent pregnancy in rural Bali, five pregnant adolescents aged 16-19 participated in Photovoice. Photovoice is a participatory research methodology that enables participants to document, reflect on, and raise awareness of their lived experiences. Photovoice participants photographed everyday pregnancy experiences, then participated in focus group discussions, participant-led photo selection and caption writing, and curated a public exhibition. Exhibition fieldnotes contextualised how the images were received. Analysis was abductive, combining visual and thematic approaches. Photographs were examined to identify recurring visual patterns, while the focus group discussion and captions were analysed using reflexive thematic analysis.

Results
Photovoice enabled participants to represent and reflect on the everyday objects, places, and moments through which pregnancy was experienced. Three themes dominated the study findings. First, Photovoice made adolescents' everyday experiences visible, demonstrating how pregnancy reorganised responsibilities and relationships through household roles, economic contributions, and marital adjustments. Second, access to maternal care was shaped by practical and structural barriers, including rural infrastructure, costs, and experiences of age-related discrimination by services. Third, the photographs showed how pregnancy experiences were constructed through Balinese cultural and spiritual practices, where local beliefs and village-specific knowledge shaped how adolescents understood and cared for their pregnancies.

Conclusion
The findings highlight that visual data can deepen public health understandings of adolescent pregnancy. For the participants, Photovoice was a forum for examining the social and cultural norms influencing their attitudes and experiences of pregnancy, and a medium for raising awareness of those experiences among village institutions.

From Harm to Health: Defining Business Roles in Cross Sector Health Action

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5C - Translating Evidence into Health System Improvement, Darrwal Room B, September 17, 2026, 1:15 PM - 2:30 PM

Every day, businesses make decisions that shape how people live and work. These decisions, from workplace conditions to product design, have significant implications for health and wellbeing. To date, much of the research on the commercial determinants of health has focused on harmful decisions, including aggressive marketing and regulatory capture. These are compounded by economic systems structured around profit maximisation, growth, and consumption. As a result, the public health sector has often been sceptical of commercial sector activities to improve health outcomes.

While much is known about the commercial practices that undermine health, far less is known about the practices businesses should embrace to support health and wellbeing. Including, what positive practices already exist and how these can be identified, strengthened, and scaled into a clear aspirational model for businesses operations.

This presentation summarises Swinburne University of Technology and VicHealth research examining how businesses can promote health and wellbeing for workers, consumers, supply chains, and communities. The research applies a mixed methods approach, including a literature review, content analysis of business reports, interviews with public health and business stakeholders, business sector survey, and case studies. This informed the development of a practical framework to identify and assess business practices that genuinely support health and wellbeing. This research builds on VicHealth's investment in commercial and economic systems change via the joint venture with Deakin University; the Commercial and Economic Determinants of Health Research Translation Centre.

This framework offers a tool for the public health sector to navigate values aligned engagement with businesses, while also articulating a vision of what better, health promoting business practice looks like. As momentum grows for rethinking the relationship between health and the economy, this research helps to understand the cross-sector changes needed to embed health promoting practices into business as usual.

How active travel policies work under diverse contexts? a realist analysis

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1B - Sustainable Healthy Communities, Darrwal Room A, September 15, 2026, 11:00 AM - 12:30 PM

Background and Aim
Active travel (AT) - such as walking and cycling - has multiple environmental and public health benefits. Although knowledge abounds on interventions to increase the use of AT modes, policy action to implement this evidence varies across institutional, environmental, and socio-cultural settings. This study aims to examine the contextual factors shaping institutional approaches to AT planning in Australia, with a view to examining institutional influence on the success or failure of implementation outcomes.

Methods
This study used a realist evaluation approach, drawing on empirical evidence from 15 semi-structured online interviews and a subsequent stakeholder workshop used to refine and validate themes. Participants were all stakeholders in the AT policy process, representing transport and public health agencies, local government organisations, advocacy groups, consultancies and research entities. Interviews informed the development of realist theory-based recommendations, as well as challenges and opportunities in integrating public health considerations into AT planning.

Preliminary findings
AT policy implementation is influenced by regulative, cultural-political, financial, organisational, environmental and social factors. Key barriers include institutional silos, car-centric social norms, and limited financial and organisational capacity to support AT projects. Tailored responses include strategic and inclusive policy design, interagency collaboration, people-centred interventions, organisational capacity building, and improved communication and public engagement. Public health considerations are not explicitly or consistently embedded in transport planning due to siloed governance structures, misaligned sectoral priorities, and weak translation of health evidence into policy and practice. Strengthening cross-sector collaboration requires better use of health evidence and economic modelling of co-benefits to demonstrate the value of AT.

Conclusion
The success of AT policy implementation depends on complex interactions between institutional, environmental and social factors, as well as targeted government responses and investment. Integrating existing public health evidence into transport decision-making can enhance cross-sectoral collaboration, align priorities and improve AT policy effectiveness.

Collaborative health program handover: staff experience and insights from Sierra Leone

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3C - Future Public Health Workforce, Darrwal Room B, September 16, 2026, 1:30 PM - 3:00 PM

Introduction: From 2016 to 2025, Médecins Sans Frontières (MSF)-Operational Centre Amsterdam (OCA) collaborated with the Sierra Leone Ministry of Health (MOH) to implement a maternal and child health program in the Tonkolili district of Sierra Leone. The handover of the program to the MOH took place throughout 2024–2025. This study aimed to explore the perspectives of MSF and MOH staff during the 2024–2025 handover and a prior handover in 2007.

Methods: We conducted key-informant interviews with 60 purposively selected participants at the mid-point of the 2024–2025 handover. Participants included managerial staff from MSF and MOH, medical staff, District Health Management Team staff, and individuals who experienced the 2007 handover. The data were analysed thematically.

Results: The study included 25 (41.7%) female and 35 (58.3%) male participants. Participants reported that the 2007 handover was unstructured and ineffective, leading to declining service quality and health outcomes, unaffordable care, reduced health-seeking behaviour, unemployment among locally recruited MSF staff, limited medical supplies, and inadequate patient referrals. Similar changes were observed in the initial facility handed over in March 2024. The 2024–2025 handover was communicated early, executed in phases, involved task shifting, and was guided by a closure document. Participants recommended facility renovations; donation of medical supplies and equipment; mental health support for stressed staff; recruiting volunteers; continuous monitoring; involving other non-governmental organisations; supporting MOHs' initiatives; sustained community and stakeholder engagement through committees; and incorporating lessons through post-handover evaluations.

Conclusions: The study—conducted during the handover—identified challenges and opportunities to improve the handover's effectiveness and highlighted key activities for MSF and the MOH's implementation. Our study demonstrated the utility and feasibility of integrating staff insights into health program handovers in Sierra Leone and similar contexts globally.

Community-Engaged Systems Approach to Safer Primary Healthcare Spaces for Rural LGBTQA+ Youth

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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

Rural LGBTQA+ youth continue to experience significant barriers to safe and inclusive primary healthcare, including stigma, discrimination, limited service availability and a scarcity of youth-specific care. The overall limited availability and capacity of rural healthcare providers is further compounded by the paucity of safe LGBTQA+-inclusive spaces. Despite growing calls for the development of safer primary healthcare spaces (S-PHC-S), evidence-based intersectional approaches remain largely absent, particularly in Australia. This project applies an innovative community-engaged systems approach, combining community-based system dynamics and co-design, to collaborate with LGBTQA+ youth aged 12–25, healthcare professionals, and other system-level stakeholders across rural Western Victoria to create a qualitative and quantitative systems model of S-PHC-S.

Across five group model building (GMB) workshops, participants will co-design a systems map of S-PHC-S by identifying the interacting structures, relationships, and feedback loops shaping healthcare safety for rural LGBTQA+ youth, alongside community-prioritised action areas. The qualitative systems modelling will be complemented by a systematic literature review examining effective primary healthcare initiatives for LGBTQA+ populations, as well as quantitative simulation modelling to test the potential impacts of the co-designed model and action ideas on primary healthcare safety over time. Together, the approach aims to support evidence-informed planning, community-led action, and sustainable systems change. Lived experience, region-wide collaboration, and community ownership are prioritised to support meaningful participation and power-sharing throughout the process. To date, an accessible, youth-centred GMB process has been co-designed, and recruitment of additional workshop participants beyond existing collaborators commenced in February 2026 through the previously established trusted networks - the Queer Health Alliance and Young Queer Collective. This work aims to demonstrate how systems thinking can support collaborative and empowering public health action. By co-designing S-PHC-S, the project addresses healthcare disparities, supports health equity, and provides practical guidance for inclusive, community-centred systems change for marginalised communities in Australia and beyond.

Empowering Indigenous community store directors to transform remote stores through health benchmarking

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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

Solution/Proposal/Insight
The co-designed Benchmarking for Healthy Stores model utilises a continuous improvement cycle of annual assessment, feedback, action planning and implementation to support health-enabling policy and best-practice in food retail in remote Aboriginal and Torres Strait Islander communities. Implementers of the model (store directors, store owners, managers and nutritionists) report it provides structure for Aboriginal and Torres Strait Islander store directors to exercise leadership around prioritising community health in store policy, and positive changes in the healthiness of store policy, operations, and relationship building between nutritionists and store personnel.

Evidence/Research
Aboriginal and Torres Strait Islander leadership in decision-making to improve food systems in remote Australia is fundamental to closing the gap in diet-related ill-health and food security. While there is great diversity in the governance of community stores, many have a community-elected board of Aboriginal and Torres Strait Islander directors with decision-making responsibilities for the pricing, promotion, placement and products in stores. With access to data through health benchmarking, store directors can exert considerable influence over healthiness of remote community store food environments. Interviews with 38 Benchmarking implementers representing 14 Northern Territory remote community stores explored the feasibility (defined as acceptability, practicality and implementation [1]) and benefits of Benchmarking from implementers' perspectives.

Impact/Application/Action
In its application to the remote stores' context, the evidence generated through the Benchmarking model strengthened health-enabling best-practice and policy adoption by remote community store directors and/or owners. 'It's good that we get your information… so we can see what we are doing... Now that I've seen the result it's going good. I think I'm on the right track with what I need' – Store director. The non-remote Australian and global food retail sectors could follow this powerful example from remote community store directors to address global community and planetary ill-health.

[1] Bowen et al. (2009) AmJPrevMed 36(5):p452-7.

Aboriginal and Torres Strait Islander Governance
The Benchmarking for Healthy Stores in Remote Aboriginal and Torres Strait Islander Communities project was co-designed in response to calls from community-controlled health organisations and remote retail store groups for benchmarking in remote stores to improve health promoting policy and practice. It was informed by decades of collaboration between researchers and Aboriginal and Torres Strait Islander-led organisations and communities, many of whom were active partners in the research. The collaborative and diverse team spread across many remote communities includes Indigenous Allied Health Australia, Arnhem Land Progress Aboriginal Corporation, Outback Stores,

Sunrise Health Service, Katherine West Health Board, and Miwatj Health Aboriginal Corporations, Monash University, Menzies School of Health Research, The University of Queensland, Curtin University, and the Northern Territory Government. The Benchmarking project is governed by a steering group, executive team, and codesign working group, all comprised of Aboriginal and Torres Strait Islander and non-Indigenous researchers and representatives of partner organisations, who ensure that all research processes are culturally appropriate and meaningful, and Aboriginal and Torres Strait Islander data sovereignty principles are upheld.

Embedding in national policy a benchmarking approach to strengthen healthy retail practices.

Dr Emma Tonkin[1,2], Professor Julie Brimblecombe[2,7], Mr Adam Barnes[3,8], Dr Simone Nalatu[4,1], Professor Christina Pollard[5], Professor Bronwyn Fredericks[1], Professor Amanda Lee[1], Mr Eddie Miles[6], Associate Professor Megan Ferguson[1,2,7]
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3E - First Nation Matters and Inclusive Communication, Barbarka Room, September 16, 2026, 1:30 PM - 3:00 PM

Challenge
There is global pressure for food systems to adopt policy and practice that shifts consumer purchasing towards foods that positively impact human and planetary health. Members of the remote Aboriginal and Torres Strait Islander community food retail sector have demonstrated strong leadership in this area. A co-designed benchmarking model implemented in remote community stores to strengthen health-enabling food retail policy and practice was considered valuable by stakeholders. In 2025, the model was embedded Australia-wide through its positioning as a policy implementation strategy for The National Code of Practice for Remote Store Operations. From this presentation delegates will learn the key considerations for embedding in national policy a benchmarking approach to strengthen healthy retail practices.

Evidence
We conducted a prospective qualitative policy analysis including mapping of relevant policy, interviews with 15 national and jurisdictional policymakers and 38 implementers of the benchmarking model, and guided roundtable discussion with 47 delegates at the 2025 Benchmarking project workshop. Key considerations for whether the model can be effective in this pathway were ensuring equitable uptake of the voluntary policies within which the model is embedded, and the workforce capacity to implement it. Key actions suggested to support successful implementation included strengthening community governance of stores and industry standards, evolution in the remote food system workforce, and coordinated action and communication between and from national and jurisdictional entities.

Implications for real-word action
Even where there is political will and investment to develop responsive, supportive policy, the underlying conditions – here industry expectations, local workforce and governance – will determine the translation of policy into equitable outcomes. Voluntary policies optimise buy-in from highly motivated operators, where strong community governance and high expectations around best-practice in the industry exist. Where these are weak, voluntary policy approaches must be supported by multiple, coordinated actions to achieve uptake and impact.

Aboriginal and Torres Strait Islander Governance
The Benchmarking for Healthy Stores in Remote Aboriginal and Torres Strait Islander Communities project was co-designed in response to calls from community-controlled health organisations and remote retail store groups for benchmarking in remote stores to improve health promoting policy and practice. It was informed by decades of collaboration between researchers and Aboriginal and Torres Strait Islander-led organisations and communities, many of whom were active partners in the research. The collaborative and diverse team spread across many remote communities includes Indigenous Allied Health Australia, Arnhem Land Progress Aboriginal Corporation, Outback Stores, Sunrise Health Service, Katherine West Health Board, and Miwatj Health Aboriginal Corporations,

Monash University, Menzies School of Health Research, The University of Queensland, Curtin University, and the Northern Territory Government. The Benchmarking project is governed by a steering group, executive team, and codesign working group, all comprised of Aboriginal and Torres Strait Islander and non-Indigenous researchers and representatives of partner organisations, who ensure that all research processes are culturally appropriate and meaningful, and Aboriginal and Torres Strait Islander data sovereignty principles are upheld.

Supporting planetary and population health through foodservice retail monitoring

Ms Bettina Backman[1], Ms Breanna Monck[1], Dr Miranda R Blake[1], Dr Tailane Scapin[1]
[1]Deakin University, Geelong, Australia

2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

Background: Foodservice settings (e.g., cafés, kiosks, restaurants) are increasingly recognised as important environments for supporting both population and planetary health. Maintaining health-promoting and environmentally sustainable practices often requires ongoing monitoring and implementation support. Existing monitoring tools primarily focus on nutritional quality of food offerings, with limited integration of environmental sustainability considerations. Café Scout is an in-store monitoring and implementation support tool developed for foodservice settings. Updating the tool to assess 'double-win' practices that benefit both human and planetary health could facilitate more comprehensive monitoring and implementation support. This study aimed to identify environmental sustainability measures developed for foodservice settings to explore opportunities for integrating these into Café Scout.

Methods: A scoping review was conducted to identify instruments assessing environmental sustainability of foodservice outlet practices aimed at influencing customer food purchasing behaviour (i.e., in-store marketing). Medline Complete, Global Health, and Environment Complete were searched for studies published between 2010 and 2026. Data were charted according to the '4Ps' of marketing (product, placement, promotion, price).

Results: Sixteen instruments were included. All instruments assessed 'Product'-related practices, most commonly the availability of environmentally sustainable 'indicator' foods and drinks (e.g., organic and plant-based options). Promotion-related practices were assessed in nine instruments, while price (n=2) and placement (n=1) measures were less common. Most instruments included at least one measure related to 'double-win' practices, commonly related to product availability and portion sizes. Opportunities for incorporation into Café Scout included measures related to sustainable indicator foods and drinks, portion sizes, packaging, and sustainability-focused product promotion.

Conclusions: Current approaches to monitoring sustainability in foodservice settings provide limited attention to broader food retail practices that can influence customer purchasing beyond product availability. Future work should focus on developing actionable and validated sustainability-related measures across all marketing domains.

Understanding resource requirements for sustaining healthy food retail practices in public settings

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1B - Sustainable Healthy Communities, Darrwal Room A, September 15, 2026, 11:00 AM - 12:30 PM

Background: Healthy food retail policies aim to support population health by improving the nutritional quality of foods and drinks available for purchase in public settings. However, evidence on the resources required to sustain policy-driven changes in product offerings is limited. This study sought to explore retailer and implementation support practitioner perspectives on the resources required to sustain healthy food retail practices in Australian public settings.

Methods: A qualitative study using semi-structured interviews was conducted with eight retailers (including managers and staff) and nine implementation support practitioners (e.g., health promotion practitioners) from six Australian jurisdictions involved in sustaining healthy food retail practices. Participants represented multiple public settings (schools, healthcare facilities, and sport and recreation centres) in both metropolitan and regional areas. Interviews were analysed deductively using a framework analysis approach guided by concepts from implementation science, health economics, and healthy food retail.

Results: Sustaining healthier product offerings was described as relying primarily on human resources, especially practitioner and retailer time and expertise. Resource requirements were perceived often highest during the initial establishment of sustainment processes (e.g., developing monitoring systems or training staff). Recurrent sustainment activities (e.g., ongoing monitoring) were generally described as requiring fewer resources but still depended on retailer and/or practitioner time and skills. Volunteer support and unpaid in-kind contributions were common in some contexts, indicating differences in sustainment resource sufficiency.

Conclusions: Improved understanding of sustainment-specific resource requirements can strengthen future economic evaluations, support selection of most appropriate sustainment strategies, and identify where additional resourcing is needed to maintain healthier food environments over time. These findings can help inform more scalable approaches to supporting healthy food retail policy implementation and sustainment in Australian public settings.

Sustainment of policy-driven healthy food retail practices in Australian public settings

Ms Bettina Backman[1], Dr Shaan Naughton[1], A/Prof Serene Yoong[1], Dr Vicki Brown[1,2], Dr Miranda R Blake[1]
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1B - Sustainable Healthy Communities, Darrwal Room A, September 15, 2026, 11:00 AM - 12:30 PM

Background: Sustained government policy-driven changes to the availability and promotion of healthier food and drinks in foodservice outlets are essential to support population health over time. Limited research has explored whether, why and how healthy food retail practices become easier or more challenging to maintain over time. This study aimed to explore food retailer (managers, staff and volunteers) and implementation support practitioner (e.g., dietitians, health promotion practitioners) experiences with and perspectives on the (i) feasibility of, (ii) key determinants of, and (iii) strategies for sustaining healthy food retail practices in a range of Australian public settings.

Methods: Semi-structured interviews were conducted with seventeen participants (9 practitioners, 8 retailers) representing food outlets with experience sustaining healthy food retail practices in sport and recreation centres, schools, and healthcare facilities across six Australian jurisdictions. Interviews were thematically analysed, using primarily a deductive approach informed by the Integrated Sustainability Framework, sustainment-explicit Expert Recommendations for Implementing Change glossary and Marketing Mix theory.

Results: Key determinants of sustainment (Theme 1) were related to ‘intervention-context fit and outlet capacity’; ‘people and processes driving sustainment’; and ‘top-down leadership and systemic support’. Multiple concurrent and interconnected strategies to support sustainment (Theme 2) were identified, including ‘iterative, evaluative and adaptive strategies to support fit and fidelity’, ‘engagement and behaviour-focused strategies to build capacity and demand’, and ‘embedding healthy food retail within organisational governance and policy systems’.

Conclusions: Sustaining policy-driven healthy food retail practices in public settings is a dynamic process, requiring consistent alignment between inner and outer context, support systems and engagement with key actors. These findings can help inform more sustainable, scalable and systems-focused approaches to supporting healthy food retail policy sustainment in foodservice settings.

A community-led readiness assessment matrix for First Nations local food production

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1B - Sustainable Healthy Communities, Darrwal Room A, September 15, 2026, 11:00 AM - 12:30 PM

Background: First Nations communities across remote Queensland have long demonstrated innovation and leadership in developing local food solutions. Yet a practical gap has persisted: the absence of a structured, culturally grounded tool to assess whether conditions for local food production are appropriate before implementation begins.

Aim: Develop and validate a community-led decision-support matrix, the Local Food Production Assessment Matrix, capable of assessing readiness, feasibility, cultural authority, governance and long-term sustainability for food production initiatives across diverse First Nations contexts in Queensland.

Methodology: The project was delivered across three phases: (1) a structured evidence review of over two decades of First Nations food security strategies and investments; (2) co-design and iterative development of the Matrix through a Steering Committee with Traditional Owner representation, guided by the Five Cultural Pillars framework and Free, Prior and Informed Consent (FPIC) principles; and (3) pilot preparation through a community champion model in two discrete Far North Queensland communities.

Findings: The final matrix integrates seven domains: community readiness, infrastructure and supply chains, cultural alignment and authority, governance, food security and nutrition, economic participation, and environmental stewardship. A flexible reflective scoring model is integrated to inform project progression and/or strengthening. Community champion review from both pilot communities confirmed cultural alignment and practical applicability, affirming the matrix's legitimacy and grounding in lived experience.

Conclusion: The Local Food Production Assessment Matrix offers a replicable, culturally grounded approach to early-stage food security decision-making that centres community strengths, authority and readiness rather than deficit. It represents a transferable model for embedding Indigenous self-determination into food system planning across remote Australia.

Aboriginal and Torres Strait Islander Governance Statement:
Conventional approaches to First Nations food security have often applied governance as an afterthought with community consultation appended to existing frameworks designed elsewhere. This project took a different position from the outset: cultural authority and community control are not procedural steps but foundational requirements, and a matrix designed without communities cannot claim legitimacy regardless of its technical merit.

Organisational leadership was vested in Nirrwara Global, a First Nations-owned company dedicated to building genuine partnerships between government, corporations, Traditional Owners and communities. This ensured Indigenous decision-making authority at the entity level before any community engagement began.

Project governance was held by a Steering Committee with direct Traditional Owner representation from both pilot communities. The Committee exercised genuine decision-making authority throughout, including formal endorsement rights at key milestones. Communities shaped the Matrix; they did not simply review it after the fact.

The matrix was underpinned by a Cultural Protocol Statement developed through Nirrwara's Five Cultural Pillars embedding cultural legitimacy, relational accountability, respect for Country and community self-determination into every phase of design and delivery. FPIC principles were embedded throughout, ensuring communities retained the right to guide, limit or withdraw from any aspect of the process.

Data sovereignty was a core design principle. Participation was voluntary, narrative insight was prioritised over data extraction, and communities retained authority over how their knowledge and context were represented within the matrix.

The Local Food Production Assessment Matrix was reviewed and supported by community champions from both pilot communities affirming the matrix’s cultural integrity, practical applicability and readiness for broader application.

Are we going too digital? The impact of providing physical resources

Ms Helen Scudamore[1], Mrs Dionne Holland[1]
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2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

We all rely heavily on digital materials, in industry and in training, however, some individuals find screens harder to engage with and prefer printed resources (Clinton, 2019). In fact, some people find using electronic resources cognitively demanding, which can lower self-regulation and self-efficacy (Ifenthaler et al., 2023). This suggests that offering alternative resources can enhance wellbeing and equity, acknowledging the diverse needs of learners.
In the current digital climate of the latest app, software and AI development, we explored whether giving a printed handbook can improve the experience, increase engagement and reduce self-reported levels of anxiety of early-career students entering into the workplace. It is crucial to explore ways to reduce these stressors, improve the experience and individual outcomes in relation to stress and anxiety levels.
In our 2025 study, we investigated the effectiveness of printed resources from the perspective of early-career public health students. We used a qualitative approach of pre- and post-questionnaires, and autoethnographic interviews. Data collected through these questionnaires and interviews were thematically analysed manually for recurring themes related to experiences, preparedness, stress, and engagement.
Findings support the theory that not all individuals thrive working with purely digital interfaces. We need to continue to consider the workforce's needs and celebrate the diverse ways we each learn and process information. Pigeonholing everyone with an expectation to work in the same format, by just using digital mediums, is not respectful of equitable access to engage in the workforce in a meaningful way.

Clinton, V. (2019). Reading from paper compared to screens: A systematic review and meta-analysis. Journal of Research in Reading, 42(2), 288–325.
Ifenthaler, D., Cooper, M., Daniela, L., & Sahin, M. (2023). Social anxiety in digital learning environments: An international perspective and call to action. International Journal of Educational Technology in Higher Education, 20(1), 50.

Benchmarking for Aboriginal and Torres Strait Islander remote stores: evidence into action

Dr Corinne Davis[1], Dr Emma Tonkin[1,2], Ms Amanda Hill[1], Dr Meaghan Christian[1], Dr Emma van Burgel[1,3], Dr Asnake Irenso[1], Associate Professor Megan Ferguson[1,2,4], Professor Bronwyn Fredericks[5,6], Dr Emma McMahon[1,2,4], Professor Amanda Lee[2], Professor Christina Pollard[3], Professor Joanna Batstone[7], Professor Louise Maple-Brown[4], Professor Nicole Turner[8,9], Mr Eddie Miles[10], Professor Julie Brimblecombe[1,2,4]

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3E - First Nation Matters and Inclusive Communication, Barbarka Room, September 16, 2026, 1:30 PM - 3:00 PM

Challenge

Aboriginal and Torres Strait Islander leaders have paved the way to promote health-enabling remote food retail [1] to target the gap in health outcomes when compared to non-Indigenous Australians [2]. Evidence shows that health-enabling retail practices that provide/promote healthy food and restrict the provision/promotion of unhealthy food can improve the healthiness of customer purchases and health [3]. The learning objective/outcome for this presentation is to increase awareness of an approach that can advance the integration of health-enabling retail practices into the structures and workflows of remote stores.

Evidence

A co-designed Benchmarking strategy, used with continuous improvement, was implemented across remote stores to promote health-enabling retail. Stores completed two annual cycles of assessment, feedback, action planning, and implementation. We interviewed store directors, store owners, managers and nutritionists to explore perspectives on factors that influence implementation. Perspectives showed that Benchmarking provided additional information to guide decision making, was easily incorporated into usual practice and added accountability. The role of each implementer was key, particularly store directors for decision-making. Skill development and support from research partners and the monitoring aspect of Benchmarking were important. Key barriers included a limited nutritionist workforce, lack of time for implementers, and competition from surrounding stores.

Implications for real-word action

This study advances understanding on how Benchmarking can be utilised to facilitate the uptake of best-practice food retail for health. Ensuring the continued leadership of store directors and the collaboration of implementers is key. Suitable policy frameworks are needed to ensure adoption and commitment, with this research informing recent policy, the Australian Government's National Code of Practice for Remote Store Operations, which may facilitate uptake of Benchmarking across remote stores.

1. Brimblecombe. Lancet Planet Health. 2020;4(10)
2. AIHW (2025). Aboriginal and Torres Strait Islander Health Performance Framework: summary report June 2025.
3. Brooker. Front Public Health. 2024;12

The Aboriginal Governance structures used to ensure that Indigenous data sovereignty principles are adhered to in the research or program development and that the processes were culturally appropriate

The Benchmarking for Healthy Stores in Remote Aboriginal and Torres Strait Islander Communities project responds to a call made by remote Aboriginal and Torres Strait Islander food retail organisations, Aboriginal and Torres Strait Islander health services and academics, for benchmarking to standardise health-enabling retail practice for the benefit of all Aboriginal communities. It is a collaborative project planned and implemented by researchers and research partners, including Aboriginal Community Controlled Health Organisations, remote food retail organisations and government agencies (the Arnhem Land Progress Aboriginal Corporation, Katherine West Health Board Aboriginal Corporation, Miwatj Health Aboriginal Corporation, Sunrise Health Service Aboriginal Corporation, Aboriginal Medical Services Association of the Northern Territory, Apunipima Cape York Health Council, Indigenous Allied Health Australia, Health and Wellbeing Queensland, Katherine West Health Board Aboriginal Corporation, Northern Territory Department of Health, and Outback Stores Pty Ltd). These organisations together with Aboriginal and Torres Strait Islander community members and store directors contributed to the co-design of the Benchmarking strategy through workshops. Three of the ten project Chief Investigators are senior Aboriginal leaders and academics. The Benchmarking project is governed by a steering group, executive team, and codesign working group, all comprised of Aboriginal and Torres Strait Islander and non-Indigenous researchers and representatives of partner organisations, who ensure that all research processes are culturally appropriate and meaningful, and Aboriginal and Torres Strait Islander data sovereignty principles are upheld.

In Her Shoes: Co-Designed Anti-Racism Advancing CALD Women's Health Equity

Abstract

Dr Dima Al Tarsha[1]
[1]Your Community Health, Melbourne, Australia
3A - Empowering Diversity in Health Systems, Wala mirr Theatre (Plenary room), September 16, 2026, 1:30 PM - 3:00 PM

Racism is a recognised social determinant of health that contributes to inequities in mental health, social participation, service access, and overall wellbeing for culturally and linguistically diverse (CALD) communities. Despite growing recognition of racism as a public health issue, there is limited evidence of community-led, co-designed anti-racism initiatives that translate lived experience into local action.

In response, 'In Her Shoes: Women in Darebin Unmasking Racism' was developed through the Our Place Our Purpose health promotion program delivered by Your Community Health in Darebin, Victoria. The initiative emerged from community consultations and anti-racism workshops where CALD migrant women identified racism, exclusion, invisibility, and structural barriers as key determinants impacting wellbeing and belonging. A cross-sector community forum involving Victoria Police, Islamic Council of Victoria, and Darebin City Council reinforced the need for culturally safe, community-led responses to racism.

Using a trauma-informed, participatory co-design methodology, CALD migrant women were positioned as leaders, storytellers, and decision-makers across all stages of the project, including narrative development, framing, and dissemination. This process strengthened leadership, confidence, social connection, and collective agency, while creating safe spaces for critical dialogue on racism and inclusion.

A key outcome was the production of the In Her Shoes video, a community-led advocacy and education resource amplifying lived experience narratives of racism, resilience, and belonging. The video has been used in community engagement and awareness-raising activities to support dialogue and reflection on anti-racism practice.

Project impact extended beyond storytelling into public recognition and leadership. Participants were formally recognised by the Mayor of Darebin City Council at the Colours of Unity Parade hosted by Your Community Health, for their leadership in inclusion and community connection initiatives.

This presentation will explore co-design methodology, implementation learnings, and the role of participatory storytelling in advancing anti-racism and health equity in public health practice.

In Her Shoes video:
Watch here: https://www.youtube.com/watch?v=TLLPdZQfysU
Colours of Unity Parade:
View here: https://www.linkedin.com/posts/your-community-health_yourcommunityhealth-coloursofunity-opop-activity-7333627259720781825-wZmP?utm_source=li_share&utm_content=feedcontent&utm_medium=g_dt_web&utm_campaign=copy

Early childhood educators' perspectives on promoting social-emotional learning during mealtimes and playtimes

Miss Danyu Yang[1], Dr Adyya Gupta[1], A/Prof Serene Yoong[1,2], Dr Gloria Leung[1], A/Prof Lisa Olive[3], Dr Cindy Needham[1], Ms Alison McLaverty[4], Ms Anna Harrison[4], Dr Melanie Lum[1]
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4E - Mental Health and Wellbeing, Barbarka Room, September 17, 2026, 11:00 AM - 12:30 PM

Background: Social and emotional learning (SEL) is the process through which children acquire skills that support mental health, such as managing emotions and behaviours, and building positive relationships with others. Embedding SEL practices within early childhood education and care (ECEC) service routines presents an important opportunity to promote child mental health at the population level.
Aims: To explore ECEC staff's perceptions of (1) opportunities to promote child SEL skills during mealtimes and playtimes within ECEC; and (2) enablers and barriers to implementing these practices.
Methods: We conducted four 90-minute online focus groups with educators and supervisors working across 22 ECEC services in New South Wales. Qualitative data on the opportunities to promote SEL skills were analysed using thematic analysis, and the enablers and barriers to implementing practices were mapped to the Theoretical Domains Framework (TDF). Themes and sub-themes were generated, and consensus among the team was reached for all coding and analysis decisions.
Results: Twenty-three female participants (17 classroom educators and six service managers) from urban and regional long daycare services participated, with 35% from culturally and/or linguistically diverse backgrounds. Participants described varied opportunities for children to understand and demonstrate positive SEL skills during both mealtimes and playtimes. Key themes are promoting prosocial skills in sharing plate activities and take-turning games, and regulating behaviours through mealtime expectations and game instructions. Factors influencing participants' facilitation of these opportunities were mapped across six themes of the TDF, including the capacity to recognise opportunities, staff workload and competing priorities, child-educator relationships, available play-based learning materials and infrastructures, children's engagement with recognised opportunities, and involvement of leadership and children's families.
Conclusion: Findings highlighted the implementation experiences, barriers and enablers of ECEC staff, and identified opportunities at the individual, organisational and contextual levels to improve mealtime and playtime routines promoting SEL within everyday ECEC practice.

Community Health Services Leading Heat Health Action for Climate Resilient Communities

Dr Dima Al Tarsha[1]
[1]Your Community Health, Melbourne, Australia

1C - Climate Risk and Resilient, Darrwal Room B, September 15, 2026, 11:00 AM - 12:30 PM

Extreme heat is an escalating public health threat in Australia, with heatwaves now the leading cause of death from natural hazards. In Victoria, rising temperatures disproportionately impact older adults, people with chronic conditions, low-income households, people with disability, and culturally and linguistically diverse (CALD) communities. This project implemented a community health service-led Heat Health Initiative to improve awareness, prevention, and adaptive capacity among vulnerable populations.

Delivered by Your Community Health over the 2025–2026 summer and funded by Darebin City Council, the initiative embedded heat health outreach within routine service delivery settings, including clinical waiting rooms and community group programs. A bilingual community engagement officer provided culturally responsive accessible education and practical cooling resources through a combination of brief opportunistic conversations and structured group sessions.

Key messages focussed on hydration, cooling the home, reducing exposure during peak heat, recognising early signs of heat-related illness, and checking on vulnerable others. The initiative also connected participants to energy hardship supports and concessions, addressing cost-of-living barriers that directly influence heat safety and health risk.

The program reached 291 participants through 100 individual or small-group interactions and six structured group sessions. Eighty-nine percent of evaluation respondents (47) reported increased confidence in understanding how heat affects health (compared to 18 percent at baseline). Participants reported intended behaviour changes including using cooling aids, environmental adjustments such as shading and ventilation, and improved energy management strategies. Notably, 59 percent identified energy affordability as a key barrier to safe heat adaptation.

Embedding heat health outreach within community health services, combined with practical supports, significantly improves heat-health literacy and intended protective behaviours. The program demonstrates the effectiveness of integrating climate risk education into routine service delivery to reach vulnerable populations. This scalable model highlights how community health services can strengthen equitable climate adaptation and reduce preventable heat-related illness.

Co-designing “Map My Food”

Dr Cindy Needham[1], Dr Jane Jacobs[1], Dr Tracy Schumacher[2,3], Dr Christina Zorbas[1], Dr Laura Alston[4,5], Ms Penny Fraser[1], Dr Ana Horta[6], Ass Prof Michael Johnstone[7], Prof Douglas Creighton[7], Dr Alison Koschel[8], Prof Leanne J Brown[2,3], Ms Annabelle Williams[8], Ms Judy Coates[9], Dr Gina Vereker[9], Dr Carmen Vargas[1], Dr Claudia Strugnell[1,10], Dr Tari Forrester-Bowling[1], Ass Prof Kristy A Bolton[1,10], Dr Jo Cho[7], Dr Burhan Khan[7], Ms Lesley Hendy[1], Ms Chloe Parkins[2], Ms Penny Hands[2], Cr Charles Impey[9], Prof Steven Allender[1]

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4B - Advancing Digital Public Health, Darrwal Room A, September 17, 2026, 11:00 AM - 12:30 PM

Background: Understanding how people interact with their local food environment requires methods that capture the complexity of food access. In-person community engagement approaches can restrict participation for people living in rural areas, those with limited transport access, or constrained time availability. Digitally enabled participatory systems approaches may help overcome these barriers by enabling flexible engagement while capturing factors influencing food purchasing behaviours, travel patterns and decision-making. This study describes the human-centred co-design of Map My Food (MMF), a digital participatory mapping tool designed to capture lived experiences of food access and purchasing behaviours across Australian communities.

Methods: MMF was developed through an iterative human-centred co-design process involving researchers, local government stakeholders, community members, and digital developers working collaboratively to refine the functionality, usability, accessibility, and systems relevance of MMF.

Results: Throughout the co-design process, more than 100 community members and stakeholders were engaged to design, develop, and test MMF. Participants helped shape the questions asked and how they were presented. Geographic location was identified as important, resulting in MMF using online mapping platforms for participants to map food purchasing journeys. The need for MMF to be easy to use and engaging led to the incorporation of colourful click buttons to identify rurally relevant food outlet types and images indicating foods purchased. The need for a low-effort way to capture participant stories led to the development of an AI-prompted sentence builder. Participants could also suggest solutions to increasing access to healthier food closer to home.

Conclusions: The human-centred co-design of MMF provides a digitally enabled participatory systems method for generating place-based understandings of food access while improving opportunities for inclusive community participation. The approach offers a scalable method for supporting local governments, researchers, and communities to identify leverage points for healthier and more equitable food environments.

Preliminary findings from Map My Food

Dr Cindy Needham[1], Dr Tracy Schumacher[2], Dr Jane Jacobs[1], Dr Christina Zorbas[1], Dr Laura Alston[4,10], Ms Penny Fraser[1], Dr Ana Horta[5], Prof Michael Johnstone[6], Prof Douglas Creighton[6], Dr Alison Koschel[8], Prof Leanne J Brown[2,3], Dr Annabelle Williams[8], Ms Judy Coates[9], Dr Gina Vereker[9], Dr Carmen Vargas[1], Dr Claudia Strugnell[1,7], Dr Tari Forrester-Bowling[1], Ass Prof Kristy A Bolton[1,7], Dr Jo Cho[6], Dr Burhan Khan[6], Ms Lesley Hendy[1], Ms Chloe Parkins[2], Ms Penny Hands[2], Cr Charles Impey[9], Prof Steven Allender[1]

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1B - Sustainable Healthy Communities, Darrwal Room A, September 15, 2026, 11:00 AM - 12:30 PM

Background: Traditional food environment measures often focus on geographic access to food retailers but may fail to capture the complex behavioural and systems drivers influencing where, why, and how people obtain food. In-person engagement approaches may also restrict participation from rural communities and individuals with limited transport access or time availability. Map My Food (MMF) is a digitally enabled participatory mapping tool designed to support more inclusive community participation while exploring lived experiences of food access and purchasing behaviours within rural Australian communities.

Methods: Participants used the MMF platform to record food purchasing journeys, including locations visited, foods purchased, modes of transport, travel distances, and reasons for selecting particular food outlets. The tool also captured contextual influences shaping purchasing decisions, including convenience, quality, cultural preferences, and social factors. Spatial and behavioural data were analysed descriptively and interpreted using systems thinking approaches to identify interconnections and feedback mechanisms influencing food access.

Results: Over 320 people across two rural local government areas participated in MMF. Preliminary findings demonstrate substantial variability in the distances participants travelled to obtain food, with many bypassing geographically closer food retailers in favour of outlets perceived to provide better affordability, quality, or product availability. Participants frequently described trade-offs between cost, convenience, time, and food quality when making purchasing decisions. These interactions highlighted the dynamic nature of food access and demonstrated that proximity alone was insufficient to explain food purchasing behaviour.

Conclusions: MMF provides a novel systems-informed approach for understanding food access beyond traditional spatial metrics while improving opportunities for participation across geographically dispersed communities. Early findings highlight the importance of integrating behavioural, contextual, and systems-level perspectives into preventive health and food environment research. The approach offers valuable insights for local governments and policymakers seeking to design equitable and context-responsive food system interventions.

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Cost-effectiveness of interventions to prevent chronic disease in Indigenous populations

Ms Lisa Ely[1,2,3], Dr Nichole (Nic) Lister[1,3], Phuong Nguyen[1,2], Jennifer Browne[2], Jaithri Ananthapavan[1,2]
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3E - First Nation Matters and Inclusive Communication, Barbarka Room, September 16, 2026, 1:30 PM - 3:00 PM

Introduction
Prevention interventions offer opportunities for health gain for Indigenous populations, but evidence on cost-effectiveness to guide investment is limited. This systematic review synthesised global economic evidence on prevention interventions for Indigenous peoples.

Methods
Eleven databases were searched for economic evaluations of interventions targeting modifiable risk factors in Indigenous populations (2003–present). Two reviewers screened studies. Data extraction focused on methods, results and Indigenous-specific adaptations. The Drummond checklist and the Aboriginal and Torres Strait Islander Quality Appraisal Tool assessed research quality from methodological and Indigenous perspectives.

Results
Twenty-four economic evaluations were included (20 Aotearoa/New Zealand, 4 Australia) covering 20 population-based interventions (smoking n=7, diet n=6, physical activity n=4, BMI n=3) and four targeted interventions in remote communities (diet n=3, multiple risk factors n=1).
Most studies incorporated some Indigenous-specific customisations: 22 adjusted model-input parameters, 13 adapted effectiveness estimates and two customised interventions using Indigenous knowledge. None adjusted willingness-to-pay thresholds, or outcome measures, or valued cultural or community benefits. Twelve conducted equity analyses using non-Indigenous mortality and morbidity.
Fourteen population-wide evaluations reported Indigenous-specific cost-effectiveness results (8 cost-saving; 3 cost-effective; 3 not cost-effective). Eighteen of 19 showed greater per-capita health gains for Indigenous populations. Targeted interventions showed mixed results (1/4 cost-effective). Economic evaluation methodological quality was good (7-10/10). Indigenous quality appraisal was poor (0-4/14) with limited evidence of strengths-based approaches, community consultation or Indigenous leadership/governance.

Conclusion
Although economic evaluations met technical rigour criteria, cultural appropriate reporting was not prioritised. Population-wide interventions were generally cost-effective and delivered greater Indigenous health gains. Targeted interventions had mixed results, however evaluations did not value broader benefits like food security and cultural connection.
Future economic evaluations should partner with Indigenous researchers and communities to incorporate Indigenous peoples' priorities, values and knowledges. Such partnership will strengthen evidence quality and ensure investment decisions improve health, wellbeing and equity for Indigenous peoples.

This systematic review was conducted in partnership between Deakin Health Economics and the Deakin Murnong Health Research Mob, a team of Indigenous and non-Indigenous researchers with expertise in food and nutrition policy and the commercial determinants of Aboriginal and Torres

Strait Islander health. Members contributed to study design, screening, analysis and reporting. Indigenous researchers led appraisal of included studies using the Aboriginal and Torres Strait Islander Quality Appraisal Tool, ensuring assessment through an Indigenous lens. The collaboration supported mutual learning and capacity building in both economic evaluation and Aboriginal and Torres Strait Islander health and research methods.

As a systematic review, no new data or samples were collected from Indigenous peoples. Indigenous data sovereignty principles were upheld, as the study used publicly available data only.

Findings will inform future economic evaluation within the Addressing Commercial Health determinants: Indigenous Empowerment and Voices for Equity (ACHIEVE) project. ACHIEVE brings together researchers and Aboriginal Community Controlled Health Organisations to develop solutions addressing the commercial determinants to health. Initial discussions with Indigenous researchers have occurred, with further engagement planned with stakeholders, including Aboriginal Community Controlled Health Organisations. These discussions will explore the role of economic evaluation, including frameworks and study design to better reflect Indigenous priorities, values and knowledges.

Shifting perspectives: adopting community enablement strategies to strengthen rural health outcomes

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2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

At NCN Health, a small rural health service in northern Victoria, the health promotion manager and allied health educator are shifting deficit-focused attention away from rural health inequity to perspectives which are strengths-based. They have adopted community enablement strategies to heighten and utilise the strengths, resources and skills of rural communities.
To apply this approach, they use cross sector collaboration and consultation in the design and development of locally responsive programs. Key strategies include embedding of allied health student placements to grow rural workforce pipelines. Multidisciplinary partnerships actively include parents, schools, preschools, Maternal and Child Health Nurses, school nurses, community members, and the local rural health workforce. This approach enhances local capacity, fosters shared ownership of initiatives and increases possibilities for sustainable gains in health outcomes. The team additionally partner with the Rural Health Academic Network, from the local university department of rural health, to build the evidence base and to disseminate and translate their results.
The projects where the approach has been actioned include priority public health needs and local service gaps. These have been practical, scalable strategies such as, evaluation of the Chill Skills program to support emotional regulation and well-being in primary school aged children. This led to capacity building in offering local facilitator training and scaling in local schools. Another was an inter-generational approach to foster dementia friendly communities. This led to pre-school visits in the aged care facility and a replicable model developed as a social work student community development project. Ongoing partnership work over 2026 is investigating youth sexual health awareness, education and condom access. The local Shire youth councillors are providing their expertise for this project. A new initiative under exploration is traineeships in allied health assistance for local school leavers. This aims to grow our local workforce and offer place-based career pathways.

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Indigenous staff perspectives of support when racism occurs in health settings

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3B - Physical and Psychological Wellbeing, Darrwal Room A, September 16, 2026, 1:30 PM - 3:00 PM

Background: Globally, health services persistently struggle to create workplace environments that support the retention of Indigenous staff, undermining efforts to achieve equity in health outcomes for Indigenous communities. High rates of workplace racism are a significant factor contributing to Indigenous staff attrition from the health workforce. The aim of this review was to describe Indigenous staff views on support when they experience or witness racism within health care settings in four countries, Australia, New Zealand, Canada and the United States.

Methods: This qualitative review employed a reflexive, participatory approach involving Indigenous staff with experience working in health in the research question framing, study design, and data analysis. We searched MEDLINE, Embase, PsycINFO, Scopus, CINAHL, and Informit databases from inception to January 2026. Reference lists of relevant systematic reviews and all included studies were screened to identify additional eligible studies, and author networks were contacted to locate further unpublished or in-press data sources. Included studies were analysed using thematic analysis.

Results: Twenty-five references from Australia, Canada and New Zealand were included for analysis. We identified six main themes: community connection for healing, resisting the erosion of dignity to work freely, seeking relief from the burden of driving change, embedding organisational level responses that facilitate belonging, establishing anti-racism as multi-dimensional grounded in lived experiences, institutional failures to reject work cultures that uphold diminishing conduct.

Conclusion: This study identifies considerations for health services working to create supportive environments for Indigenous staff. Stories shared by respondents highlighted the complex interplay of support strategies at the micro, meso and macro levels established in globally accepted anti-racism frameworks. Understanding how and why staff utilise support strategies across different levels of the framework can transform organisational responses to racism and guide the development of support infrastructures that centre the needs of staff who are the targets of racism.

Aboriginal Governance
The lead author is an Aboriginal and Torres Strait Islander woman who has provided cultural and professional leadership throughout the full project life cycle for this work. Fifty percent of the author team identify as Aboriginal and Torres Strait Islander and led the conceptualisation of the review and advised on analysis and data interpretation.

Asking about child food insecurity in service and practice settings

Ms Amanda Taylor[1,2], Associate Professor Helen Vidgen[1,2], Dr Sabine Baker[1,2], Professor Danielle Gallegos[1,2]
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3E - First Nation Matters and Inclusive Communication, Barbarka Room, September 16, 2026, 1:30 PM - 3:00 PM

Food insecurity (FI) is a significant public health and social issue that undermines optimal child development. However, it is difficult to tackle this problem when its extent and nature is not known. Child FI has not been robustly explored in an Australian context and objective monitoring is limited. Internationally, child-report measures of FI have been developed that capture children's unique perspectives. These tools have the potential to enhance understanding of the impacts of FI and to inform the development of child-focussed solutions. While the use of child-report measures may provide a way for children to provide their FI-related experiences, the feasibility of using these measures in settings outside research has yet to be explored. This qualitative interview study sought to explore the ethical and pragmatic considerations related to using a child-report FI measure in child centred services in Queensland, Australia. A total of seven discussion groups were conducted with practitioners (N=21) from paediatric clinical and community health services, family support services and schools. Interviews were analysed using reflexive thematic analysis. Preliminary analytical findings indicate practitioners do encounter child FI as an issue in practice with many drawing on personal resources and going beyond their formal duties to respond. However, despite many services striving to include children’s perspectives in their daily work, most do not assess FI. Current practice is dominated by concerns that discussions about FI could disrupt trust and threaten relationships, especially if formal support options are unavailable to respond to disclosures. Promisingly, schools were identified as the best setting to further explore child-centred data collection. While practitioner concerns echo those found in wider FI screening research, the promise of using structured, child-centred assessment of FI in local contexts to support more coordinated responses to this public health challenge should not be ignored.

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Health equity and the social determinants of dementia risk

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4D - Sociocultural Determinates and Health Equity, Monngarrk Room A&B (Combined), September 17, 2026, 11:00 AM - 12:30 PM

With dementia prevalence predicted to increase significantly in Australia over the next 30 years, dementia risk reduction is an important public health priority [1].
There is national momentum towards improving population brain health by addressing modifiable risk factors. But dementia risk is not evenly distributed across the population, with many risk factors clustered in disadvantaged populations [2].
Dementia Australia undertook a literature review examining interventions targeting social determinants of health that influence dementia risk across the life course. We mapped how each social determinant contributes to dementia risk through overlapping pathways linked to modifiable risk factors. Our review identified five social determinants of health with the strongest evidence for interventions that directly or indirectly influence risk of cognitive impairment and dementia.
The review showed that a systems-level approach is needed to address the structural factors underlying dementia risk. Awareness and behaviour change campaigns addressing lifestyle change are only part of the solution. For brain health and dementia risk reduction campaigns to successfully impact on future incidence, interventions need to be targeted to disadvantaged groups and address structural determinants of early and lifelong learning, community inclusion, economic and housing stability, and equity of access to health care.
Sustained investment in research and public health interventions is essential to better understand and address the causal pathways linking social determinants of health to dementia risk and strengthen the evidence base for upstream policy action.

References

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2. Livingston, G., et al., Dementia prevention, intervention, and care: 2024 report of the Lancet Standing Commission. The Lancet, 2024. 404(10452): p. 572-628.

Evidence and advocacy for healthier advertising environments in the City of Melbourne

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2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

Introduction: Unhealthy food and drink advertising creates environments that normalise harmful products and undermine public health. Advertising unhealthy products on government property directly contradicts governments' responsibilities to protect the health of its citizens, yet unhealthy product advertising on public transport remains widespread. City of Melbourne is committed to creating a healthier city, but requires State Government leadership to implement regulations that restrict unhealthy product advertising on public transport. To help build a case for State Government regulation, we examined the scale of unhealthy advertising on public transport in the City of Melbourne, and community attitudes toward regulation.

Impact: An audit of 3600 advertisements observed across six major train stations and surrounding tram and bus stops in Melbourne found 60% of all food and drink advertisements promoted unhealthy food and drinks. This illustrates the extent to which visitors, commuters and residents in Melbourne are being exposed to unhealthy product advertising. Intercept surveys with 300 public transport users and a series of focus groups revealed widespread concern about unhealthy food and drink advertising, and strong public support for regulation of unhealthy advertising on government property.

Application: These findings provide robust evidence to inform advocacy for State Government regulation of unhealthy advertising on government property. The audit quantified the extent of unhealthy product advertising across Melbourne's public transport network, while user perspectives highlighted strong public support for government action to prioritise health and create healthier cities.

Action: This work underscores a clear policy opportunity to implement mandatory restrictions on unhealthy food and drink advertising across government owned public transport infrastructure. These insights are being used to inform City of Melbourne's leadership of coordinated advocacy, calling on the Victorian Government to introduce statewide restrictions on unhealthy product advertising across the public transport network.

Novel tobacco products and Indigenous populations: A scoping review

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4D - Sociocultural Determinates and Health Equity, Monngarrk Room A&B (Combined), September 17, 2026, 11:00 AM - 12:30 PM

Background:
Colonialism and the targeted commercial exploitation of Indigenous peoples have contributed to disproportionate tobacco-related harms through racist marketing, manipulation, and the direct supply of commercial tobacco products to Indigenous communities.

In 2014, the World Health Organization introduced the term “novel tobacco products” (NTPs), encompassing products such as e-cigarettes/vapes, nicotine pouches, and other electronic nicotine delivery systems. Rapid commercialisation and increasing availability of NTPs have contributed to rising use globally and growing concerns regarding associated harms, particularly among Indigenous populations. Despite this, no reviews to date have systematically examined NTP use and impacts among Indigenous peoples globally.

This scoping review aimed to systematically identify, map, and synthesise the available evidence on NTPs and Indigenous populations.

Methods:
A systematic search was conducted for qualitative and quantitative studies investigating NTPs in the context of Indigenous peoples and their health. Databases searched included Informit, Medline, CINAHL, Embase, Scopus, Web of Science, OpenGrey, ProQuest Dissertations and Theses, and TROVE. Findings will be synthesised narratively to account for heterogeneous data. Prevalence data will be reported descriptively. Included studies will also be appraised using the CONSIDER statement and the CREATE tool for Australian studies.

Preliminary results:
Following duplicate removal, 2,335 studies underwent title and abstract screening, with approximately 150–300 studies progressing to full-text review. Final synthesis results will be available for presentation at AustPH 2026.

Discussion:
This review will provide the first comprehensive synthesis of evidence relating to NTPs and Indigenous populations globally. Findings will identify current evidence, research gaps, and implications for future public health policy, regulation, and Indigenous-led tobacco control initiatives.

Note: Dwayne Darcy, lead author, is a Palawa man and PhD student with Deakin University.
The design and development of this paper has been tested with the Victorian Aboriginal Community Controlled Health Organisation. This is consistent across all the planned studies within Dwayne's PhD.

Clinician Agency in Engaging with CDSS for Cardiovascular Care: A Qualitative Study

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5D - Embedding evidence into Policy and Practice, Monngarrk Room A&B (Combined), September 17, 2026, 1:15 PM - 2:30 PM

Background: Despite increasing investment in digital health, Clinical Decision Support Systems (CDSS) have not consistently translated into improved clinical practice, largely due to variable clinician engagement and adoption across healthcare settings. While CDSS are designed to enhance evidence-based decision-making, their integration into routine practice remains challenging, particularly when systems do not align with clinical workflows and professional judgement.

Objective: This study explores how healthcare professionals perceive, engage with, and respond to CDSS and identifies organisational and implementation factors that influence the effective and sustained use of CDSS.

Methods: A qualitative study was conducted using semi-structured interviews with 22 participants. Interviews were conducted with a heterogeneous group of healthcare professionals, including general practitioners (n=7), nurses (n=4), cardiologists (n=4), a consultant in emergency medicine (n=1), pharmacists (n=1), healthcare executives/managers (n=3) and academics (n=2), from public and private hospitals and clinics in Australia. Participants were purposively sampled to capture variation in roles, experience levels, and organisational contexts. Data were analysed using reflexive thematic analysis through an iterative coding process to inductively generate themes.

Results: Five interrelated themes shaped clinician engagement with CDSS: (1) autonomy in decision-making, (2) trust and confidence in recommendations, (3) cognitive burden and alert management, (4) workflow integration and time constraints, and (5) safety-net functions supporting risk management. Engagement varied across roles and experience levels, younger participants reported relying on CDSS, whereas more senior clinicians more frequently overrode recommendations. Poor workflow integration and excessive alerts contributed to alert fatigue and disengagement, whereas systems perceived as reliable and supportive of patient safety enhanced use.

Conclusions: CDSS effectiveness depends not only on technical design but also on alignment with workflow, trust, and professional autonomy. Findings highlight the importance of co-designed, context-sensitive implementation strategies. These insights inform scalable digital health implementation and have implications for improving healthcare quality, patient safety, and system performance.

Association between Pedestrian Infrastructure and Socio-economic Disadvantage:A Suburban Analysis in NSW

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2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

Background:
Residents of regional towns in Australia face a higher risk of cardiovascular disease, hypertension and obesity than those in metropolitan areas. Walking is the most accessible form of physical activity, and effective means of preventing chronic diseases. However, economically disadvantaged communities may be trapped in a cycle of inadequate footpaths, excessive vehicle speeds and poor-quality walking infrastructure. Whether this 'double disadvantage' exists in New South Wales (NSW) and where it is spatially located remains unclear.

Aims:
This study examines the spatial association between factors impacting pedestrian activity levels such as pedestrian infrastructure and socio-economic status in NSW.

Method:
This study employed the Pedestrian Level of Service (PLOS) regression model proposed by Landis et al. (2001) to score pedestrian infrastructure across 567,001 road segments covering the entire state of New South Wales, extracted from OpenStreetMap (OSM). This model assigns PLOS scores based on road type designation. A three-step Exploratory Spatial Data Analysis (ESDA) methodology—comprising global spatial autocorrelation, local spatial clustering analysis and spatial lag regression—was used to examine associations with the Index of Relative Socio-economic Disadvantage (IRSD) published by the Australian Bureau of Statistics (ABS). Sensitivity analyses were conducted to address potential limitations in assigning PLOS scores by road type.

Results:
The study found higher socio-economic disadvantage is associated with poorer pedestrian infrastructure in New South Wales. Further, areas facing dual disadvantages are not evenly distributed geographically across New South Wales but are mainly concentrated regional areas. Ares with the greatest concentration of dual disadvantage were on the North Coast and along the border with Victoria.

Conclusion:
This study has identified a clear spatial co-location between the level of pedestrian infrastructure services, as measured using PLOS and socio-economic disadvantage in NSW, and has pinpointed the regions where this association is concentrated. This indicates priority areas for policy intervention.

Supporting healthy food access planning: a fruit and vegetable retail outlet model

Ms Chelsea Bria[2], Ms Amy Fisher[2], Ms Melanie Chisholm[1], Ms Johanna Mithen[1], Dr Annaliese van Diemen[1]
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2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

Creating healthy food environments is a priority for improving population nutrition and reducing chronic disease. The North Eastern Public Health Unit (NEPHU) works collaboratively to improve the health and wellbeing of the population living in north-east Melbourne. In areas of new urban growth and development, such as Melbourne's outer northern suburbs, the establishment of healthy food retail outlets lags, whilst fast food outlets rapidly proliferate.

A model that describes the full spectrum of contemporary fruit and vegetable retail outlet types has the potential to support communities, retailers, local government planners and other stakeholders to envision, plan and create healthier food environments.

To create such a model, we first reviewed existing approaches to categorising food retail outlets. An existing classification system (Needham et al.) was identified and adapted.

Four retail outlet types that sell fruit and vegetables (major supermarket, minor supermarket, green grocer and cultural grocer) were adopted from the Needham model. Five additional contemporary and emerging fruit and vegetable retail outlet types were then added to create a new model (social supermarket, food hub, large scale public market, farmers market, and fruit and vegetable box scheme). A primary definition was determined for each outlet type, and a series of additional descriptors developed and applied (ownership type, length of supply chain, funding source, staffing, accessibility, target demographic and environmental footprint).

Two additional descriptors were explored (pricing strategy and turnover) but were not included as evidence to populate these was limited and inconsistent.

A comprehensive fruit and vegetable retail outlet model may support local governments, stakeholders and communities to better understand and consider the full spectrum of fruit and vegetable retail outlet types, to inform planning to improve equitable access to healthy food. Further work to understand the economic feasibility of outlet types will further enhance the utility of the model.

Strengthening school food environments through cross-sector collaboration in Vic Kids Eat Well

Ms Emilia Renney[1]
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2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

Background:
School food environments play an important role in developing children's nutrition habits, wellbeing and learning outcomes. With increasing food insecurity and cost of living, rising wellbeing concerns and limited capacity for schools to respond to student needs, it has highlighted the importance of a whole school approach to school food systems. While healthy eating policies and programs are well established, implementation can lack cohesion when responsibility sits within a single sector or program. Sustainable outcomes for school food environments require shared ownership across health, education, food and community sectors.
Objective:
The presentation will discuss how building strong partnerships with relevant organisations and identifying shared goals and opportunities to respond to expressed community needs lay the foundations for success. Common barriers in food systems work will also be explored, including workforce and resource limitations and navigating differing organisational priorities.
Case study in practice:
Through the experiences of the Vic Kids Eat Well breakfast club implementation, this will demonstrate how cross-sector collaboration can strengthen school food and drink environments and support student wellbeing. It highlights the role of health promoters in helping schools translate policy into practice through partnership building, systems thinking, capacity building and alignment with education and wellbeing priorities. Key enablers for successful collaboration are also addressed. It will highlight how these principles have been successful through the coordinated approach between the Vic Kids Eat Well team at Cancer Council Victoria, The Healthy Eating Advisory service, Foodbank Victoria, Department of Health, Department of Education, Community Health and Victorian schools.
Significance:
Moving beyond standalone programs towards a systems approach and shared ownership across sectors can strengthen the sustainability, reach and impact of school food environment initiatives and support healthier futures for children and communities.

SafeDownUnder: Student-Led Digital Health for HIV Prevention, Navigation and Health Equity

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5E - Navigating Digital Health through Trust Communication, Barbarka Room, September 17, 2026, 1:15 PM - 2:30 PM

International students form a vital part of Victoria's community, yet many navigate sexual health, mental wellbeing and healthcare access amid HIV/STI stigma, unfamiliar services, OSHC confusion, language barriers, and fear of being judged or exposed. These trust gaps matter in a national context where Australia is working toward the virtual elimination of HIV transmission by 2030 (Australian Centre for Disease Control, 2024).

In response, SafeDownUnder was developed as a grant-funded digital platform that brings trusted, culturally safe health information closer to international students, supporting HIV prevention and health navigation (SafeDownUnder, 2026). Delivered in partnership with Melbourne Sexual Health Centre and Study Melbourne, with AusWISE central to student engagement, co-design and community-led implementation, the project demonstrates how a student-focused non-profit can transform lived experience into practical public health infrastructure.

AusWISE supported a nine-member Student Advisory Group, including the presenting author, alongside a public health project team and student volunteers. Together, they shaped the platform from research and content writing to service mapping, tone, visual identity, navigation and dissemination. Facilitators, professionals and Ending HIV Network members reviewed content and provided specialist input, while the student-led team kept the platform relatable, culturally safe and easy to use.

The project was strengthened through resource audits, stakeholder consultation, co-design workshops, structured usability surveys, website analytics, evaluation survey responses and in-depth interviews. Since its February 2026 launch, SafeDownUnder has been well received by students, the Department of Health Victoria and sector stakeholders, generating strong interest in future scale-up.

This presentation will demonstrate how international students can be positioned not as passive recipients of health information, but as trusted co-designers, cultural translators and emerging public health leaders. It will explore how culturally safe digital communication improves service navigation, and how cross-sector solidarity can transform health systems through lived experience.

References:
Australian Centre for Disease Control. (2024). Ninth National HIV Strategy 2024–2030.
SafeDownUnder. (2026). SafeDownUnder.

Vaping Regulation: Understanding the barriers and facilitators that connect policy to change

Dr Josh Hayward[1], Associate Professor Jennifer Browne[1], Professor Becky Freeman[2], Dr Jennifer L David[2], Mr Dwayne Darcy[1], Professor Steven Allender[1], Professor Kathryn Backholer[1], Dr Erica Reeve[1], Dr Melanie Lum[1], Associate Professor Serene Yoong[1]
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3D - Translating Evidence into Community Health, Monngarrk Room A&B (Combined), September 16, 2026, 1:30 PM - 3:00 PM

Background: Rates of e-cigarette use/vaping have increased dramatically in the last 5 years, especially among children and young people. This has precipitated a strong regulatory policy response at national, sub-national, and settings levels. Sufficient evidence has been published to demonstrate that policy is an effective lever to reduce rates of vaping. However, evidence is still emerging regarding the barriers and facilitators that are commonly faced when regulatory policies are implemented. This means that we lack the required understanding to effectively translate policies between settings, or to design new policies which pre-empt challenges and maximise points of leverage.
Methods: We conducted a systematic review, searching six databases (including CINAHL, Global Health, Health Source and MEDLINE) for qualitative or quantitative studies which reported barriers and/or facilitators to regulatory policy implementation. Studies were included where they investigated policies consistent with Klein et al's definition of regulatory vaping policy (i.e., controlling access/availability, product specifications or standards, or marketing) and reported barriers or facilitators identified by policy makers, implementers, or others directly involved in policy implementation. Barriers and facilitators will be synthesized using Bullock et al's Integrated Theoretical Framework, and Klein et al's regulatory vaping policy typology. This will highlight the different barriers experienced when using common policy levers available for vaping regulation. Further analyses will explore differences attributable to country-level income.
Preliminary results: After removal of duplicates 1,221 studies were screened by title/abstract, with 112 proceeding to full-text screening. 17 studies were selected for inclusion in the review. The results of the review synthesis will be available in time for presentation at AustPH 2026.
Discussion: This research has implications for both policy improvement (How can this policy be implemented more effectively next time?) and policy translation (Is our context or setting adequately prepared to overcome predictable implementation barriers for a policy of this type?).

Interventions to address adolescent e-cigarette use: a Cochrane living systematic review

Dr Courtney Barnes[1,2], Dr Heidi Turon[1,2], Dr Alix Hall[1,2], Ms Caitlin Bialek[1,2], Dr Sam McCrabb[1,2], Dr Rebecca Hodder[1,2], A/Prof Serene Yoong[3], Dr Emily Stockings[4], Mr Dominic Dankwah Agyei[5], Ms Stephanie Mantach[1,2], Prof Luke Wolfenden[1,2]
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2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

Background: Adolescent e-cigarette use has increased globally, prompting calls for effective interventions to prevent e-cigarette uptake and support cessation. However, evidence regarding the effectiveness of such interventions remains limited, restricting the ability of policymakers and practitioners to identify and invest in evidence-based approaches to address adolescent e-cigarette use at a population level.

Aim: To conduct and maintain a Cochrane living systematic review evaluating the effectiveness of interventions to prevent and cease e-cigarette use among children and adolescents aged ≤19 years.

Methods: This review aligns with Cochrane living systematic review methods. We searched CENTRAL, MEDLINE, Embase, PsycINFO, CINAHL, Europe PMC, and trial registries in September 2025. Eligible studies employed randomised controlled trial (RCT) designs to evaluate interventions targeting e-cigarette prevention or cessation among adolescents (aged ≤19 years), compared to usual care, no intervention, waitlist, or alternative interventions. Outcomes included e-cigarette ever-use and current-use ≥6-months post-baseline. Risk of bias was assessed using Cochrane RoB 2 tool. Random-effects meta-analysis was conducted where appropriate.

Results: Three studies involving 10,510 participants were included. Two cluster-RCTs evaluated school-based prevention interventions, while one RCT evaluated a text-message intervention to support adolescent e-cigarette cessation. Meta-analysis of two prevention studies found interventions may reduce e-cigarette ever-use compared with usual care, although evidence was very uncertain (RR 0.94, 95%CI 0.89–0.99; 5306 participants; very low-certainty evidence). One cessation study found a text-message intervention likely reduced current e-cigarette use among adolescents (RR 0.73, 95%CI 0.65–0.82; 1064 participants; moderate-certainty evidence).

Conclusions: Evidence to inform policy and practice regarding interventions to prevent or cease adolescent e-cigarette use remains limited. Current evidence suggests text-message cessation interventions may be effective and could represent a scalable approach to support cessation, while evidence for prevention interventions remains uncertain. Ongoing trials are likely to strengthen the evidence base and better inform future public health investment and policy decision making.

Co-designing equitable fruit and vegetable distribution in regional and rural Victoria

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2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

Access to fresh fruit and vegetables (F&V) is foundational to health, yet people living in regional and rural Australia face persistent structural barriers including geographical location, lengthy food supply chains, and food environments that preference commercial gain over community need. Living in agricultural production regions does not guarantee equitable access to F&V. Loddon-Campaspe, a major agricultural hub in central Victoria (~250,000 people), experiences disproportionately high rates of non-communicable disease associated with poor F&V intakes.

Co-designing how locally produced F&V are distributed is an underexplored lever for improving health equity. This project works with communities across six local government areas in Loddon-Campaspe to investigate F&V distribution and identify opportunities for improvement across health, equity, environmental sustainability, and economic viability.

This presentation will share the project's program logic, partnership model, and preliminary findings from Phase One. Drawing on store-based audits of F&V availability, quality, and affordability, and analysis of ~25,000 resident records from the Healthy Loddon Campaspe Active Living Census, Phase One will establish the equity and health evidence base informing co-design. Supply chain mapping and environmental and economic assessment of distribution chains are underway, with Group Model Building workshops planned for late 2026. Together, these will produce a systems-level picture of how food moves from growers to households, and where leverage points for change exist.

Early engagement with interest-holders has highlighted the complexity of regional and rural F&V distribution, and that producers, distributors, community organisations, and local governments are seeking simpler and more affordable alternatives. By providing a co-design mechanism to align their goals, this project will offer a replicable model for enhancing F&V distribution – with implications for policy, procurement, and community-led food system governance across regional and rural Australia.

Assessing School Nutrition Environments in Europe and Central Asia

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4C - Sustainable Healthy Living, Darrwal Room B, September 17, 2026, 11:00 AM - 12:30 PM

Background: Schools shape student health and nutrition outcomes through the foods and drinks provided, the surrounding food and physical activity environment, education curricula, and nutrition-related services. However, many school settings across Europe and Central Asia do not adequately support healthy diets, with limited availability of nutritious foods and persistent exposure to unhealthy products. To inform school nutrition policy and programming, UNICEF and Deakin University partnered to assess school nutrition and physical environments across seven countries in Europe and Central Asia using the Nutrition Environment Assessment Toolkit for Schools(NEAT-s).
Methods: In collaboration with UNICEF country offices and local research teams, field researchers assessed school environments in Kyrgyzstan, Kosovo, Moldova, North Macedonia, Tajikistan, Turkmenistan and Uzbekistan between 2025–2026 using the NEAT-s. The assessment examined school meals programs, food environments within and around schools, physical activity environments, school nutrition services and nutrition education, alongside a short student survey assessing perceptions and attitudes. The NEAT-s was adapted to each country context through stakeholder consultation.
Results: The NEAT-s was completed in 387 schools across seven countries, including 10,891 student surveys. All countries had some school meals program, although funding, implementation and healthiness of foods provided varied. Few schools provided entirely healthy meals. Where food and drinks were sold at schools, unhealthy products were widely available, a pattern that extended to surrounding school environments. Marketing or promotion of unhealthy products were rarely observed within schools. While all countries provided nutrition education, the time and expertise allocated was limited. Students expressed strong support for healthy, affordable food in schools and improving existing environments.
Conclusions: This assessment identified important opportunities to strengthen school nutrition policies and support more consistent implementation across Europe and Central Asia. Integrating NEAT-s indicators into routine monitoring systems could help track progress, strengthen accountability, and support healthier school environments for children across the region.

Promoting healthier futures: commercial practices of store organisations operating in remote communities

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3E - First Nation Matters and Inclusive Communication, Barbarka Room, September 16, 2026, 1:30 PM - 3:00 PM

Efforts to understand the Commercial Determinants of Health (CDoH) have largely focused on transnational corporations, with less attention to the practices of smaller commercial entities. Remote community stores service a population of nearly 120,000 Aboriginal and Torres Strait Islander Peoples across Australia (1). Many stores are owned by communities and managed by an elected board of local Aboriginal and Torres Strait Islander directors or owned and/or managed by community store organisations and have a commitment to promoting health. Three community store organisations, The Arnhem Land Progress Aboriginal Corporation (ALPA), Community Enterprise Queensland (CEQ) and Outback Stores operate in 40% of remote community stores in Australia (1). The aim of this study was to analyse the attributes and practices of community store organisations, as they relate to CDoH in remote Aboriginal and Torres Strait Islander communities. A document analysis was conducted to identify the attributes and practices of ALPA, CEQ and Outback Stores, using the Commercial Entities and Public Health Framework (2). Annual reports (n=31), policy documents (n=39), webpages (n=444), and social media posts (n=495) were included. Health-promoting actions and opportunities for further action were identified under six practice categories: marketing, reputation, political, supply chain, scientific, and labour. This study will inform: 1) discussions with store directors and community leaders about community aspirations for health-promoting stores; and 2) the development of a co-designed framework to further drive action to promote health and equity in remote Aboriginal and Torres Strait Islander community stores. By providing an example of how the Commercial Entities and Public Health Framework can be applied, this presentation will increase understanding of health-promoting practices in remote community stores.

References: 1. van Burgel et al 2024, Aust NZ J Public Health; 2. Lacy-Nichols et al 2023, The Lancet.

Governance: This study forms part of a broader project titled ‘A co-designed framework to drive action to promote health and equity in remote Aboriginal and Torres Strait Islander community stores’. The broader project is being conducted in collaboration with community store organisations that are governed by an all-Aboriginal board or statutory entities with boards that include Aboriginal and Torres Strait Islander members. In this study the research team were guided by an Investigator Group and a Store Advisory Group, who advised on the broader project including this study, and a Task Group who oversaw the conduct of this study. The Investigator Group and Task Group include Aboriginal and/or Torres Strait Islander members, ensuring Indigenous governance at all levels of the project. Aboriginal and Torres Strait Islander members provide guidance on the design, conduct and dissemination of this study through the lens of ensuring benefit, and minimising harm, to the community store organisations involved, and the communities that the research is conducted with. The Store Advisory Group provide guidance on engagement with the community store organisations they represent, as well as the communities that they operate in, including the Aboriginal and Torres

Strait Islander board directors to whom they are accountable. The broader project acknowledges that Aboriginal and Torres Strait Islander Peoples remain the owners of any traditional knowledge arising from the project. The Multi-Institutional Agreement between Participating Institutions (The University of Queensland, Monash University, the Australian National University and Queensland University of Technology) includes clauses relating to ownership of project Intellectual Property and Indigenous Knowledge.

Redesigning Capability Building in Aged Care: A Behaviourally Informed, Co-Designed Approach

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3C - Future Public Health Workforce, Darrwal Room B, September 16, 2026, 1:30 PM - 3:00 PM

Background / Challenge:
Older people in residential aged care homes often experience mental health concerns that go unrecognised or unsupported. Workforce capability is variable, and education is often hard to access, poorly tailored, or difficult to integrate into practice. Eastern Melbourne Primary Health Network (EMPHN) identified a need to redesign capability building within its Healthy Ageing Service (HAS), delivered by St Vincent's Hospital Melbourne (SVHM), to better support frontline staff.
Approach / Evidence:
EMPHN engaged the University of Melbourne to conduct a behavioural science-informed gap analysis of barriers and enablers to mental health care for older people across residential aged care and general practice. These findings informed a PHN-led co-design process involving general practitioners, aged care staff, and the SVHM HAS team. Five capability-building interventions were then prioritised and implemented through the HAS model.
Findings / Practice Insights:
Co-design produced a multi-modal suite of interventions, including clinician education (delivered through face-to-face sessions and webinars), short training videos and a poster resource for aged care workers, consumer and carer resources, and a communication toolkit to support coordination between services. Early implementation showed strong uptake of flexible digital formats, particularly webinars and videos. Face-to-face sessions were less attended but highly valued. Interventions requiring greater administrative effort, such as communication tools, were harder to implement, highlighting the importance of minimising workflow burden.
Implications and Learning Objectives:
This work shows how PHNs can lead commissioning for outcomes by embedding behavioural insights and co-design into service redesign. Participants will learn how to apply behavioural insights to capability building, use co-design to develop practice-relevant interventions, and design multi-modal approaches suited to service constraints.
Conclusion:
A co-designed, behaviourally informed approach offers a practical pathway to strengthening workforce capability and improving mental health care for older people.

Mediating health literacy: Stakeholder experiences supporting Western Australian refugee-background women from Myanmar

Ms Georgia Griffin[1], Dr S Zaung Nau[2], Dr Mohammed Ali[1], Associate Professor Elisha Riggs[3,4], Professor Jaya Dantas[1]
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5A - Advancing Health Equity Across Diverse Communities, Wala mirr Theatre (Plenary room), September 17, 2026, 1:15 PM - 2:30 PM

Background: Women of refugee background face persistent health inequities influenced by intersecting linguistic, cultural, gendered and structural barriers. For women of refugee background from Myanmar living in Western Australia, these intersecting barriers can shape their access to and appraisal of health information, contributing to unmet information needs. Women draw upon the help of healthcare and settlement service providers, interpreters and community leaders to navigate these barriers. This study aimed to explore the experiences of community leaders, service providers and interpreters in facilitating health information access and understanding for women of refugee background from Myanmar living in Western Australia.

Methods: Using a participatory action research approach, individual semi-structured interviews were conducted between October 2023 and June 2024. Eleven healthcare and settlement service providers, interpreters and community leaders participated. Data underwent reflexive thematic analysis.

Findings: Three themes and 11 subthemes were generated: (1) Providing health information through conversation (subthemes: reciprocity facilitates an exchange of information; reciprocal conversations require trust; finding the language to communicate; limited information resources to support the conversation); (2) Overcoming barriers to information access (subthemes: navigating services requires information and support; transport and location can enhance accessibility; reaching women through community networks); and (3) Advocating for women to promote good health (subthemes: information empowers women with knowledge and skills; preparing women for the broader healthcare system; role-modelling skills to promote self-advocacy; investment to enhance community resources).

Discussion: Stakeholders act as mediators of health literacy, supporting women of refugee background from Myanmar to seek, obtain and appraise health information within a complex, fragmented health system. Findings highlight the need for culturally and linguistically concordant health information resources, consistent interpreter engagement across healthcare settings and investment in community-led partnerships and employment pathways. These recommendations represent practical steps towards addressing structural inequities and strengthening health knowledge amongst refugee-background communities.

Nourishing Environments for Health in Alcohol and Other Drugs services

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[1]Your Community Health, Preston, Australia

2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

Nutrition is a social determinant of health, and pivotal in the rehabilitation and recovery of individuals accessing residential Alcohol and Other Drug (AOD) support services. These settings present a powerful window of opportunity for people to improve their food literacy and health outcomes, during and beyond recovery. Through engagement with AOD services, Your Community Health (YourCH) identified a gap in nutrition-specific support for AOD services and an opportunity to improve food literacy and recovery outcomes.

In response, the YourCH Nourishing Environments for Recovery (NE4R) program was created to build nutrition knowledge and skills of staff in the AOD services sector. NE4R has progressed beyond dietitian-led workshops to the collaborative co-development with AOD services, creating specialised nutrition e-learning modules and workshops for embedding into organisational training.

During program co-development AOD staff reported a lack of knowledge and skills in food literacy and low confidence in supporting participants in AOD recovery services to improve nutrition outcomes. Therefore, NE4R has been specifically designed to strengthen staff and organisational capacity to create supportive social and physical environments that respond to the nutrition needs of participants during all stages of recovery.

NE4R is an example of an innovative integration of YourCH primary health services (dietetics) and health promotion into community settings, demonstrating how a settings-based approach can effectively be put into practice to support a specific population group. By integrating nutrition supports within AOD settings, NE4R not only enhances individual health outcomes but also contributes to achieving health equity and fostering community wellbeing.

Using Sun Protection Behaviour Data to Strengthen Skin Cancer Prevention in NSW

Dr Tayla McCutcheon[1], Dr Nicola Scott[1], Ken Ren[1], Pamela Scarborough[1], Amy Hains[1], Professor Megan Varlow[1], Professor Tracey O'Brien[1]
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1E - Data-driven Population Health Prevention, Barbarka Room, September 15, 2026, 11:00 AM - 12:30 PM

Introduction
Australia has one of the highest rates of skin cancer in the world, and skin cancer is one of the most common cancers affecting younger people[1]. The Cancer Institute NSW's Skin Cancer Prevention Strategy aims to reduce the incidence of skin cancer in NSW by embedding prevention across sectors and increasing the adoption of sun protection behaviours. Population-level surveillance, including the NSW Population Health Survey (PHS), is critical to informing evidence-based decision-making, identifying priority populations and guiding implementation of the Strategy.

Methods
The PHS is an annual survey of approximately 10,000 NSW adults. The Sun Protection Module (included in 2016, 2018, 2022, & 2024) is used to establish trends in sun exposure, sunburn, and adoption of recommended sun protection behaviours (Slip, Slop, Slap, Seek, Slide) in the four weeks prior to survey. Subgroup analyses are conducted by age, gender, geography, and skin type.

Results
In 2024, 10% of adults reported a recent sunburn, a reduction from almost 15% in 2022. However, frequent sun exposure during peak UV hours (11am-3pm) remained consistent across years (42.4%). While most adults reported using at least one sun-protection behaviour, adoption of multiple protective behaviours remained low and varied by demographic group. Nearly one in five 18–24-year-olds (18.5%) reported a recent sunburn and were less likely to adopt some protective behaviours. Higher levels of sun exposure were more commonly reported among people living in regional/rural and coastal areas, and among men aged over 40 years.

Conclusion
By identifying trends, the findings inform the implementation of the NSW Skin Cancer Prevention Strategy and support the scale up of targeted sun protection initiatives, including mass-media behaviour change campaigns and cross-sector partnerships across workplaces, schools and community settings.

References
[1]Australian Institute of Health and Welfare 2016. Skin cancer in Australia. Cat. no. CAN 96. Canberra: AIHW.

Bowel Cancer Screening formative research with multicultural populations

Dr Sarah de Guzman[1], Dr Nicola Scott[1], Paul Ibsen[1], Sheetal Challam[1], Lexi Le Clerc[1], Christopher Horn[1], Professor Megan Varlow[1], Professor Tracey O'Brien[1], Mrs Philippa Maynard
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3A - Empowering Diversity in Health Systems, Wala mirr Theatre (Plenary room), September 16, 2026, 1:30 PM - 3:00 PM

Introduction
Participation in Australia's National Bowel Cancer Screening Program (NBCSP) remains substantially lower among multicultural populations (24-31%) compared with the general population (42%)[1]. Understanding culturally specific beliefs, attitudes, barriers and enablers to screening is essential to inform effective, targeted communication strategies.

Methods
Qualitative research was conducted with NSW residents aged 45–64 years from Vietnamese-, Mandarin-, Cantonese-, and Arabic-speaking (Lebanese and Iraqi) communities who had low English proficiency. Twenty-four online focus groups were undertaken, segmented by language group, gender, age, and screening status (recent, lapsed, or never screened). Discussions explored awareness, knowledge, perceptions of bowel cancer, and behavioural drivers of NBCSP participation, as well as reactions to different messages.

Results
Across all communities, awareness of bowel cancer was limited, particularly its asymptomatic nature in early stages. Common barriers to screening included avoidance and discomfort, particularly related to handling stool samples, fear of results, and embarrassment. Cultural taboos influenced types of communication about cancer and the body, with Arabic-speaking participants often avoiding naming cancer directly and Vietnamese participants expressing discomfort discussing bowel-related topics. Language and health literacy barriers further impeded engagement with the NBCSP.
Key motivators to bowel screening included family responsibility, encouragement from general practitioners, and social norms.

Conclusion
No single approach is sufficient to motivate bowel cancer screening among multicultural populations. Culturally tailored in-language communication and engagement activity that balances urgency with reassurance, addresses practical barriers, and leverages family and primary care influence is critical to improving equitable participation in the NBCSP.

References
[1]Australian Institute of Health and Welfare (2025). National Bowel Cancer Screening Program: Monitoring Report 2025, Table A4.1. https://www.aihw.gov.au/reports/cancer-screening/nbcsp-monitoring-2025/data. Accessed 17 February 2026

Leveraging Bowel Cancer Screening formative research to increase equity in health outcomes

Mrs Philippa Maynard[1], Dr Nicola Scott[1], Paul Ibsen[1], Lauren David[1], Christopher Horn[1], Professor Megan Varlow[1], Professor Tracey O'Brien[1]
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3A - Empowering Diversity in Health Systems, Wala mirr Theatre (Plenary room), September 16, 2026, 1:30 PM - 3:00 PM

Introduction
Bowel cancer is the second biggest cancer killer in New South Wales (NSW)[1], but only two in five eligible residents participate in the National Bowel Cancer Screening Program (NBCSP)[2]. To inform future bowel cancer screening activities, the Cancer Institute NSW undertook extensive qualitative and quantitative research to gain an updated understanding of NSW residents' bowel cancer screening awareness, knowledge, attitudes and behaviours.

Methods
Guided by a Theory of Change Logic Model, qualitative research was undertaken with people eligible to participate in the NBCSP aged 45-64 years (12 focus groups, n=77). An online cross-sectional survey with the same age range, was conducted in July 2025 (n=1,050). Statistical analyses segmented participants and identified the key factors underlying intention to screen.

Results
Participants demonstrated mixed perceived susceptibility to bowel cancer, high awareness of severity, and numerous practical and emotional barriers to screening. Structural equation modelling identified some elements of the Theory of Change Logic Model influence bowel cancer screening intention more than others, including self-efficacy and subjective norms. The quantitative segmentation identified six segments, from Proactive Champions to Uninformed Avoiders. These segments hold some common communication needs but also demonstrate key differences in terms of bowel cancer screening knowledge and attitudes.

Conclusion
This research showcases how iterative, mixed method research can be leveraged to inform social marketing campaign development, contributing to increased equity in NBCSP participation, and greater prevention and early detection of bowel cancer.

References
[1]Cancer Institute NSW (2025). Cancer Statistics NSW webpage (2019-2023 data). www.cancer.nsw.gov.au/detailed-cancer-incidence-mortality-nsw [Accessed: 04/05/2026]
[2]Australian Institute of Health and Welfare. (2025). National Bowel Cancer Screening Program monitoring report 2025. https://www.aihw.gov.au/reports/cancer-screening/nbcsp-monitoring-2025 [Accessed: 04/05/2026]

Co-designing digital mental health resources with sign language users in Bangladesh

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4E - Mental Health and Wellbeing, Barbarka Room, September 17, 2026, 11:00 AM - 12:30 PM

Deaf mental health has historically been neglected in public health research and service design globally. Recent work has documented widespread experiences of exclusion, stigma, limited opportunities to express emotions, and a lack of accessible mental health support among Deaf communities in Bangladesh, alongside the co-development of the first digitally delivered Bangla Mental Health Sign Language Bank. Building on this foundational work, the present study adopted a co-design approach to collaboratively develop accessible digital mental health resources with sign language users. Across five co-design stages and multiple workshops, the study engaged a total of 28 Deaf participants (16 male, 12 female), seven caregivers (2 male, 5 female), eight mental health professionals (5 male, 3 female), and three sign language interpreters (1 male, 2 female). Stage 1 comprised two exploratory workshops focused on identifying user needs, accessibility requirements, and priority mental health topics with Deaf participants and caregivers. Stage 2 involved collaborative co-creation sessions in which Deaf participants, and mental health professionals developed initial digital prototypes with interpreter support. Stage 3 workshop centred on community review, with Deaf participants and caregivers providing structured feedback on the prototypes. Stage 4 re-engaged co-design participants from Stage 2 to refine and expand the prototypes based on earlier feedback. Stage 5 evaluated the finalised digital mental health tools through community feedback involving Deaf users, caregivers, mental health professionals, and disability-sector stakeholders. This iterative co-design process resulted in a suite of inclusive digital mental health resources, including sign language–based videos (n=5) and accessible e-flyers (n=5 packs), designed to support foundational mental health literacy among Deaf individuals in Bangladesh. The study demonstrates the value of designing ‘with’, rather than ‘for’, sign language users and offers transferable insights for developing equitable digital mental health interventions to address mental health people with Deafness in similar low-resource settings.

Community food voucher programs in Australia: Lived experience and implementation insights

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4D - Sociocultural Determinates and Health Equity, Monngarrk Room A&B (Combined), September 17, 2026, 11:00 AM - 12:30 PM

Background: Food insecurity affects 1 in 8 Australian households, disproportionately impacting low-income families, single-parent households, and migrant communities. Food voucher programs are being used in different parts of the world to reduce food insecurity and financial barriers to healthy eating. In Australia, evidence gaps remain regarding the equitable implementation, cultural appropriateness, and cost-effectiveness. Our three-year study addresses these gaps. We will present findings from Phase 1, which examines community experiences of food voucher programs and identifies factors influencing their implementation and scalability.

Methods: This qualitative study includes focus groups with food voucher recipients and semi-structured interviews with program implementers involved in The Community Grocer and Merri Food Hub programs in Victoria. Five focus groups (purposively sampled by language and location, with bicultural facilitation) and 15 interviews will be conducted. Guided by lived-experience principles and the Consolidated Framework for Implementation Research, thematic analysis will explore experiences of dignity, choice, and food access, as well as implementation barriers and enablers.

Results: Preliminary findings indicate that program participants, especially women with children and older women, highly valued the voucher program for improving access to fresh food, value for money, dignity, and community connection. However, participants noted a need for higher voucher amounts and more consistent, predictable distribution. Implementation challenges included unclear eligibility criteria, low community awareness and limited organisational capacity. Voucher delivery was best supported through strong bicultural community networks. Final results will be presented at the conference.

Conclusion: High demand for place-based food voucher programs highlights the need for clearer program guidelines and eligibility criteria, improved promotion to increase uptake, and sustained investment. Additional longitudinal research is required to assess how food vouchers impact diet quality and broader health, social, and economic outcomes with a view to support more equitable and sustainable policy and practice responses to food insecurity at all levels.

illicit drug use among older Australians

Dr Lucy Ngaihbanglovi Pachuau[1], Dr Shirin Mumu[1], Dr Nargess Ghasempour[1], Professor Kingsley Emwinyore Agho[1]
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1D - Evidence-based Community Inclusion, Monngarrk Room A&B (Combined), September 15, 2026, 11:00 AM - 12:30 PM

Background:
Illicit drug use among older adults (aged 45+ years) is increasing globally. Despite the growing impact on older adults, studies examining illicit drug use in this population remain limited.
Method:
Data were drawn from Wave 21 (2021) of the Household, Income and Labour Dynamics in Australia (HILDA) longitudinal cohort survey. The analysis included 7,862 participants aged 45+ years, representing a weighted population of 8,713,896 individuals. The primary outcome was any illicit drug use in the past 12 months and was coded as a binary variable (yes/no). A series of Survey-weighted logistic regression (svy: logistic) was used to examine associations between illicit drug use and a range of explanatory variables which are individual-level, lifestyle behaviours, and social and mental health factors.

Result
Illicit drug use prevalence among older adults was 42% (95% CI: 40–43). Illicit drug use was significantly higher among participants born in main English-speaking countries (aOR = 1.47; 95% CI: 1.08–1.99), in Australia (aOR = 1.47; 95% CI: 1.16–1.87), and those living in Inner Regional areas (aOR = 1.93; 95% CI: 1.07–3.47). Participants with moderate psychological distress (K10) had 1.24 times higher odds (aOR = 1.24; 95% CI: 1.03–1.50), and those with high or very high distress had 1.57 times higher odds (aOR = 1.57; 95% CI: 1.22–2.04) of reporting illicit drug use. Lower scores on the SF-36 Mental Health scale (moderate or low mental health status) were significantly associated with increased odds of illicit drug use. Those that experienced traumatic life events were more likely to report illicit drug use (aOR =1.22; 95% CI: 1.05–1.42).
Conclusion:
Illicit drug use among older adults is associated with smoking, high-risk alcohol use, psychological distress, and trauma exposure. These findings highlight the need for integrated interventions addressing both substance use and mental health.

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Beyond Engagement: Advancing Equity in Co-Design with Young People from Priority Populations

Miss Natasha Anandaraj[1], Ms Holly Wild[1], A/Prof Chris Barton[1], Miss Anagha Prashanth[1]
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1A - Enhancing Equity through Engagement, Wala mirr Theatre (Plenary room), September 15, 2026, 11:00 AM - 12:30 PM

Background: Co-design is a common strategy to address health inequities by embedding lived experience, inclusion, and shared decision-making within public health intervention development. However, the evidence on how co-design is conceptualised, operationalised, and evaluated when engaging young people aged 18-25, particularly those from priority populations, remains fragmented and inconsistent. Aim/Objectives: This umbrella review synthesises contemporary review-level evidence on co-design approaches used to engage young people in public health contexts. It examines how equity, power-sharing, and participation are conceptualised and operationalised, including the extent the needs of priority populations are explicitly addressed. Methods: An umbrella review was conducted in accordance with PRISMA 2020 guidelines, limited to literature published in the past ten years. Systematic searches of five electronic databases identified six review-level studies examining co-design or participatory approaches involving young people in public health intervention development. Definitions of co-design, frameworks and participation models, depth of youth involvement, and the extent to which equity-oriented principles were enacted were analysed. Reviews were appraised using the Joanna Briggs Institute Critical Appraisal Checklist, and findings were synthesised narratively using a state-of-the-art lens. Findings: Across reviews, youth-specific co-design principles emphasised authentic power-sharing, cultural and contextual responsiveness, reciprocity, and sustainability. Identified frameworks clustered into four types based on primary orientation, with process-focused approaches dominating the literature, whilst equity- and power-sharing focused frameworks were less consistently integrated. Conceptual inconsistency was evident, with “co-design” and “youth engagement” often used interchangeably. Although participatory methods were commonly reported, young people were often positioned in consultative roles rather than as decision-makers or leaders. Implications: State-of-the-art co-design extends beyond participatory methods to the integration of equity-driven principles across the intervention lifecycle. Limited evidence involving priority populations highlights the need for culturally responsive, power-sharing approaches that enable sustained youth leadership and meaningful inclusion within public health systems.

From missed opportunity to momentum: Mobilising Australia's public health response to dementia

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1D - Evidence-based Community Inclusion, Monngarrk Room A&B (Combined), September 15, 2026, 11:00 AM - 12:30 PM

Dementia is the leading cause of death in Australia and the second leading cause of disease burden. The latest projections suggest that prevalence will more than double to over one million people by 2065 [1]. Without a cure, a public health response to dementia is essential. With 43% of Australia's dementia burden attributable to six modifiable risk factors, there is an opportunity to reduce risk of dementia for people of all ages [1].

Since WHO's 2012 report Dementia: a public health priority prioritised risk reduction, Australia has seen little substantive action on dementia prevention. Despite the 2024 Lancet Commission's clear evidence and a 33% increase people living with dementia in that time, dementia has been siloed as aged care issue[2, 3]. This has limited risk reduction, reinforced stigma, and perpetuated the myth that dementia is a normal or inevitable consequence of ageing.

Dementia Australia has mapped key efforts in dementia prevention in Australia against the WHO report and subsequent action plan. We reviewed Australia's National Dementia Action Plan, health strategies and budget papers, comparing to WHO's recommended actions which demonstrated limited investment in and implementation of systemic, population level strategies. There is, however, growing momentum for brain health awareness and dementia risk reduction. In this presentation we highlight public health opportunities to improve brain health, including a national brain health program, scaling existing prevention programs, addressing policy levers to reduce population-wide risk, enhancing primary care pathways, and improving the public health workforce's capabilities.

References

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3. Livingston, G., et al., Dementia prevention, intervention, and care: 2024 report of the Lancet standing Commission. Lancet, 2024. 404(10452): p. 572-628.

Refining CALD Advisory Panel Frameworks: Preliminary Findings From a Modified Delphi Study

Dr Mehak Batra[1], Dr Tafheem Wani[1], Dr Ali Lakhani[1], Professor Erbas Bircan[1]
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1D - Evidence-based Community Inclusion, Monngarrk Room A&B (Combined), September 15, 2026, 11:00 AM - 12:30 PM

Abstract:
Background: Culturally and linguistically diverse (CALD) communities remain underrepresented in health research, partly due to the absence of structured, culturally responsive governance approaches. Although community advisory panels are increasingly recommended to support inclusive and equitable research, there is limited operational guidance for implementing advisory structures in CALD contexts.

Methods: We conducted a scoping-informed best-fit framework synthesis integrating evidence from Indigenous implementation science, multicultural health research, cross-cultural qualitative methodologies, and inclusive patient and public involvement frameworks. The resulting draft framework is currently being refined through a modified Delphi study involving multidisciplinary experts in public health, implementation science, multicultural health, and community engagement. Consensus criteria included median scores ≥7, ≥70% agreement, and an interquartile range ≤2.

Preliminary Results: Fifteen experts were invited, with 12 participating in Round 1 (80% response rate). Most framework items achieved strong preliminary consensus, particularly those relating to culturally responsive engagement, diverse panel representation, governance integration, structural supports, and transparent feedback mechanisms. The draft framework comprises five interconnected components: (1) Foundational Principles of Cultural Partnership; (2) Community-Centred Panel Composition and Setup; (3) Culturally Responsive Engagement and Co-Design Processes; (4) Structural Supports and Resources for Implementation; and (5) Iterative Reflexivity, Evaluation, and Knowledge Translation. Qualitative feedback highlighted the importance of avoiding tokenism, clarifying advisory authority, embedding cultural safety, and ensuring flexibility in engagement processes. Items requiring refinement are currently undergoing Round 2 re-rating and revision.

Conclusions: Preliminary findings provide strong support for a culturally responsive, implementation-focused advisory panel framework for CALD research contexts. The framework offers practical guidance to strengthen equitable community engagement, culturally safe governance, and implementation relevance in public health research. Final Delphi findings will further refine framework operationalisation and applicability across diverse community settings.

Food insecurity in Australia: actor's perspectives and implications for policy and practice

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1A - Enhancing Equity through Engagement, Wala mirr Theatre (Plenary room), September 15, 2026, 11:00 AM - 12:30 PM

Food insecurity is increasingly recognised by governments, international organisations, researchers, and civil society actors as a complex policy and governance challenge, shaped by social, economic, and food system pressures, and influenced by global events (1,2). To respond to the increasingly complex food insecurity problem in Australia, a structural policy approach is required. However, there is little understanding of how structural factors and potential policy responses are conceptualised by the various actors. This study adopts a qualitative, exploratory, and interpretive research design informed by a social constructionist perspective to explore how actors in Australia conceive of the problem of food insecurity and its implications for policy and practical action. Semi-structured interviews were conducted in 2026 with 23 representatives from relevant sectors. The interviews were analysed using reflexive thematic analysis following Braun and Clarke's six-step approach (3) with a predominantly inductive approach. Four main themes were developed around how participants constructed the problem of food insecurity: structural and economic causes; governance and policy failures; problems within the agri-food system; and the social dimensions, perceptions, and experiences of food insecurity. The analysis also identified proposed solutions, including raising income support and social benefits, expanding school lunch programs, improving federal and state policy alignment, and supporting farmers and farming communities, along with cross-cutting tensions between groups, highlighting opposing perspectives, unequal power relations, and different conceptualisations of responsibility in responses to food insecurity. Overall, findings highlight the broader implications of food insecurity and the diverse conceptualisations of the problem, underscoring the need for stronger community and policy interventions.

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Transforming remote store environments to drive prevention at scale

Dr Sophie Wright-Pedersen[1], Ms Georgia Day[2], Dr Kora Uhlmann[1], Dr LiKheng Chai[1], Dr Jade Kubler[1], Dr Simone Nalatu[1], Prof. Julie Brimblecombe[3], Assoc. Prof. Megan Ferguson[4], Dr Emma McMahon[5], Dr Meaghan Christian[3], Ms Melinda Hammond[2]
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5B - Designing Innovation for Healthier Communities, Darrwal Room A, September 17, 2026, 1:15 PM - 2:30 PM

Background: Remote stores have direct impact on the availability, quality, pricing and promotion of food and beverages, thus influencing food purchase and consumption and health outcomes of remote Aboriginal and Torres Strait Islander communities. Structured benchmarking tools (e.g., Healthy Stores 2020 (HS2020) Policy Action Series) offer systematic approaches to assessing and improving store food environments.

Aim: Implement the HS2020 Policy Actions in Community Enterprise Queensland (CEQ) stores, explore implementation determinants and measure changes in store healthiness.

Methodology: A research partnership was formed with CEQ, a not-for-profit operating in remote community stores across Queensland. Over 18-months HS2020 strategies that redesigned store environments were implemented across 21 CEQ remote stores. Data were collected through 1) appraisal of CEQ Nutrition Polices against the HS2020 Policy Actions using a Policy Action Progress Audit tool, 2) Store Scout Assessment and Action Planning with participating stores at baseline and 6 monthly follow ups to assess store healthiness, and 3) interviews with 36 CEQ team members to determine implementation factors.

Findings: Store healthiness scores increased by 11% ($p<0.05$) over 18 months. Compliance with HS2020 Policy Actions improved across CEQ stores, supported by the introduction of a revised CEQ Nutrition and Health policy. These improvements were further enabled by leadership commitment, a dedicated CEQ nutrition workforce, and a flexible, gradual implementation approach responsive to the remote retail context. CEQ team members reported high levels of satisfaction and acceptability were reported, identifying whole-of-organisation commitment and an evidence-based, fit-for-setting model as key facilitators.

Conclusion: This project demonstrated the effectiveness of the HS2020 Policy Action Series in improving remote store environments over 18 months. Implementation factors may inform future strategies in embedding evidence-based policy actions in remote retail settings for community health.

Monitoring Diet Cost and Affordability Across Queensland: A Two-Year Cross-Sectional Study

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1D - Evidence-based Community Inclusion, Monngarrk Room A&B (Combined), September 15, 2026, 11:00 AM - 12:30 PM

Background: Diet affordability is a critical yet under-monitored determinant of food security. The forcible disruption of traditional food systems through colonisation, compounded by geographic isolation, high freight costs and limited retail competition, intensifies food insecurity for remote Aboriginal and Torres Strait Islander communities.

Aim: To monitor the cost and affordability of diets within Aboriginal and Torres Strait Islander households across six regions in Far North Queensland.

Methodology: Price data were collected across 35 communities over two years (2023–2024) using the Healthy Diets Australian Standardised Affordability and Pricing (HD ASAP) protocol, relative to a six-person intergenerational Aboriginal and Torres Strait Islander reference household. Cost of a healthy diet (i.e., Australian Dietary Guidelines) and habitual diet (i.e., 2012–2013 Australian Aboriginal and Torres Strait Islander Health Survey) were assessed against food stress and affordability income thresholds. Linear regression with cluster-robust standard errors examined differences across year, diet type and remoteness. As an ongoing monitoring project, data were also collected in 2025 with future data collection rounds planned.

Findings: Across all regions and both years (2023-2024), healthy diets were on average 30% cheaper than the habitual diet ($p<0.05$) yet still exceeded the food stress threshold for Aboriginal and Torres Strait Islander households. In 2023, healthy diets were 31% more expensive in remote regions compared to non-remote regions ($p<0.05$). In 2024, healthy diet costs in remote regions decreased by 24%, narrowing cost differentials between remote and non-remote Queensland. This change may potentially be associated with the 20% Queensland Remote Communities Freight Assistance Scheme implemented between the 2023 and 2024 data points.

Conclusion: While targeted fiscal interventions may reduce diet cost inequities, complex systemic drivers of food insecurity persist, underscoring the need for sustained, multi-strategic and coordinated food security action.

Integrating Data to Drive Action on Product Safety Risks for Older Australians

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3A - Empowering Diversity in Health Systems, Wala mirr Theatre (Plenary room), September 16, 2026, 1:30 PM - 3:00 PM

Challenge:
Product-related injuries among older people are a significant, preventable public health issue shaped by both individual factors, including functional changes that can occur with ageing, and external factors such as home environments and product design. In Australia, the limited and fragmented research on consumer product risks for older persons, together with the absence of a national product injury surveillance system, limits risk identification and the translation of evidence into effective injury prevention and system-level action.

Evidence:
This Australian Research Council–funded discovery project (DP240101533) interrogated multiple data sources to generate new evidence on product safety risks for older Australians. The following four data sources for 2014–2023 were examined to identify product-related injury cases:

1. International regulatory responses;
2. Linked Queensland ambulance, emergency, hospital and death injury data;
3. SaferProducts incident reports; and
4. Online product reviews.

These data will be integrated to create SafeAge, a linked-data intelligence platform that will enable the quantification of product-related injuries and the identification of unsafe product classes, hazards, risk factors, and high-risk behaviours. An interactive visualisation tool will provide a deeper understanding of real-world product safety harms and allow diverse stakeholders to explore and apply insights to their needs.

Implications for action:
This work demonstrates how integrated, cross-sector data can strengthen evidence-to-action pathways in injury prevention. Findings support implementation of targeted prevention strategies, safer product design, consumer education and home safety interventions, while providing a scalable model for national surveillance. The approach enables coordinated responses across health, regulatory and consumer sectors, advancing system-level change aligned with prevention and healthy ageing.

Learning objectives/outcomes:

1. Understand how multi-source data integration improves identification of injury risks.
2. Apply data-driven insights to policy development and injury prevention strategies.
3. Identify opportunities to build collaborative, cross-sector injury surveillance systems.

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Health and equity promoting voluntary actions by grocery retailers: A global assessment

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5B - Designing Innovation for Healthier Communities, Darrwal Room A, September 17, 2026, 1:15 PM - 2:30 PM

Background: Grocery retailers across the world commonly implement nutrition-related initiatives or actions. However, many of these fail to address major drivers of purchasing behaviour or consider equity impacts. This study takes a global perspective to examine major global retailers' voluntary actions, the potential impact of these actions and identify where government intervention is needed to support healthier and more equitable diets.
Methods: An umbrella review of recommended actions to improve the health and equity of grocery retail food environments informed data collection. Based on this, a matrix of potential nutrition and equity-related retailer actions was constructed, with nutrition related actions categorised by marketing mix components (product, price, place, promotion). Using Euromonitor Passport, the top five grocery retail brands (by 2025 market share) in seven global regions were identified. Each brand's website and company annual reports were searched for voluntary nutrition and equity-related actions taken in the past five years. Identified actions were mapped against the matrix. Where actions did not align with existing matrix categories, new categories were created. The potential public health impact of retailer actions was subsequently assessed using a novel multi-factor framework.
Results: Retailers varied greatly in the number and range of voluntary actions taken. Few retailers implemented actions addressing high-impact areas, including the relative price of healthy and unhealthy foods and product placement at key sites in-store, such as end-of-aisles. Equity actions generally related to workforce participation and rarely focused on customers.
Conclusion: Few major global grocery retailers are taking significant voluntary action to create healthy and equitable retail food environments. Areas of action with significant public health potential are rarely addressed. With limited voluntary action in this area, mandated government action is likely to be warranted.

Responsible Human–AI Co-Therapy: Governing Digital Twin-Supported Care in Psychological Injury Pathways

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4A - Turning Evidence into Actionable Mental Health Practice, Wala mirr Theatre (Plenary room), September 17, 2026, 11:00 AM - 12:30 PM

AI-supported mental health tools are moving rapidly from promise to deployment. An emerging model is digital twin-supported care: AI systems configured around a therapist's approach to extend continuity of care between sessions through exercises, check-ins, progress tracking, and conversational support – without replacing the therapist. This model may address persistent challenges in psychological injury pathways, including treatment discontinuity, low homework engagement, clinician workload, and delayed escalation. Yet it also raises questions about safety, accountability, boundaries, privacy, trust, and governance.

This presentation draws on our research on compassionate AI and emotionally responsive chatbots to identify lessons for public health. Across this work, three lessons have become clear. First, AI systems that simulate care must be governed not only for technical accuracy, but also for emotional safety, relational boundaries, and human dignity. Second, AI support is most defensible when it augments rather than substitutes human care, keeping professional judgement, escalation, and accountability with humans. Third, implementation matters: the same system can produce different consequences depending on workflow integration, incentives, data governance, and institutional setting.

We apply these lessons to Ecko Health, an Australian platform that provides clinicians with a "Clinical Double" – a digital twin-inspired system that captures session insights, supports continuity between sessions, and operates under the therapist's clinical governance. Rather than presenting Ecko as a proven clinical intervention, we examine it as a live implementation challenge: under what conditions can digital twin-supported care be feasibly, acceptably, and responsibly introduced into human-led psychological care?

The expected contribution is an implementation-oriented public health framework for responsible human–AI co-therapy. The presentation clarifies what must be known before scale-up: how clinicians and clients experience digital twin-supported care; how therapeutic continuity, homework engagement, workload, trust, and perceived safety are affected; and what governance arrangements are required before clinical outcomes or cost-effectiveness trials are justified.

Reducing adolescent susceptibility to e-cigarettes through a text-message intervention: Pilot RCT findings

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4B - Advancing Digital Public Health, Darrwal Room A, September 17, 2026, 11:00 AM - 12:30 PM

Background:
Adolescent e-cigarette use is a growing public health concern. Leading health organisations have called for interventions to complement legislative action. Previous research shows parents influence adolescents' attitudes and behaviours toward e-cigarettes. This study evaluated a text-message intervention delivered to parents and adolescents on adolescent susceptibility to e-cigarette use. Secondary aims examined effects on adolescent e-cigarette and tobacco use and assessed intervention acceptability, feasibility, and fidelity.

Methods:
A 2x2 factorial RCT was conducted with parent-adolescent dyads across Australia. Adolescents were eligible if aged 12-15 years, had exclusive use of a mobile phone, and sufficient English. Dyads (n=120) were randomised to one of four arms: (1) adolescent-only, (2) parent-only, (3) parent and adolescent, or (4) control. Intervention participants received one text-message per week for 12-weeks targeting modifiable factors associated with adolescent e-cigarette use (e.g., refusal skills). Parents in the control arm received an e-cigarette factsheet. The primary outcome (assessed 6-months after the first text-message) was adolescent susceptibility to e-cigarette use; secondary outcomes included ever- and current-use of e-cigarettes and tobacco. Process measures (acceptability, feasibility, fidelity) were assessed at 6-months.

Results:
One hundred and twenty dyads completed baseline data collection and were randomised. At 6-month follow-up, susceptibility scores did not differ significantly between adolescents who received the intervention and those who did not (mean difference [MD] 0.15, 95% CI −0.57 to 0.86; p=0.69). Adolescents whose parents received the intervention showed lower susceptibility scores, although not statistically significant (MD −0.56, 95% CI −1.28 to 0.16; p=0.12). The intervention demonstrated high acceptability among both adolescents and parents, was delivered with high fidelity.

Conclusion:
This trial is one of the first to evaluate a parent- and adolescent-focused text-message intervention targeting the prevention of adolescent e-cigarette use. The intervention has potential as a scalable, low-resource strategy to reduce adolescent e-cigarette related risk.

Socioeconomic disadvantage and ischaemic heart disease hospitalisation in Victoria

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1A - Enhancing Equity through Engagement, Wala mirr Theatre (Plenary room), September 15, 2026, 11:00 AM - 12:30 PM

BACKGROUND: There is limited literature that explores the relationship between area socioeconomic disadvantage and ischaemic heart disease (IHD) burden. To address this gap, we firstly investigated the relationship between area-based socioeconomic disadvantage and IHD hospitalisations in Victoria. This information was then used to identify high risk communities living in the catchment of the North East Public Health Unit (NEPHU) to inform future strategies.

METHODS: 2021 Australian Bureau of Statistics (ABS) Census data, 2022 ABS National Health Survey Data, and 2022-2023 Australian Institute of Health and Welfare hospitalisation data for Victoria were utilised to create population-level demographic profiles of socioeconomic factors, IHD risk factors and comorbid disease hospitalisation rates. Data was analysed using univariate and multivariate negative binomial regression models.

RESULTS: Census data included 6,494,346 persons across 276 population health areas. Health survey data included 1,804 households. Hospitalisation data included 21,004 IHD hospitalisations. In the univariate analysis, many area-based socioeconomic domains were positively associated with IHD hospitalisation, including prevalence of adults with poor English, overcrowding, low-income households, single parent families, unemployment, and low education attainment. Females were generally less effected by socioeconomic disadvantage than males. In the multivariate analysis, only prevalence of adults with poor English and single parent families demonstrated evidence of positive association, consistent with known complex interactions between social determinants of health (SDoH). High levels of socioeconomic disadvantage in areas across North East Melbourne correlated with high IHD hospitalisation rates.

CONCLUSIONS: Several interrelated SDoH are associated with IHD hospitalisations and a multi-faceted approach to address socioeconomic disadvantage is required to reduce the burden of IHD hospitalisations. Local population level data on the distributions of socioeconomic factors and IHD disease risk factors may be used to prioritise future interventions within North East Melbourne.

Australia needs a National Social Connection Strategy: Evidence from Victorian Council Plans

Dr Drew Meehan[1]
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2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

Australia is overdue for a National Social Connection Strategy. Social disconnection, which includes loneliness, social isolation and poor-quality relationships, contributes to an estimated 871,000 deaths globally each year, comparable in magnitude to established behavioural risks such as smoking and physical inactivity. Despite international momentum, including the WHO Commission on Social Connection, Australia has no national strategy, governance mechanism, or population-level surveillance for social disconnection.

This presentation outlines a pathway forward, drawing on two complementary bodies of work. First, a policy analysis identifying the levers available across local, state and federal governments to strengthen opportunities for connection, from neighbourhood design and community infrastructure, to transport policy, to national surveillance and research funding. Second, a census of Council Plans from all 79 Victorian local government areas, examining how social connection is framed and operationalised against a social-ecological framework.

Preliminary findings show that proposed actions clustered disproportionately at the individual and interpersonal levels, with community and policy/system-level interventions under-represented. Furthermore, coverage varied across metropolitan, regional and rural LGAs, with other place-based factors being investigated.

Local government, however, cannot address social disconnection alone. Coordinated multi-level action must be anchored by a National Strategy that embeds social connection within existing planning, transport, preventive health and research frameworks. Concrete priorities include embedding social connection within Australia's National Preventive Health Strategy, integrating validated measures into national surveys, and establishing targeted research funding for structural interventions. Reframing social disconnection as a structural rather than individual challenge is an investment in both population health and social cohesion.

Preventing adolescent e-cigarette use through text-messaging: Acceptability of a parent-adolescent intervention

Ms Stephanie Mantach[1,2,3], Professor Luke Wolfenden[1,2,3], Dr Heidi Turon[1,2,3], Mrs Lisa Janssen[1,2,3], Dr Sam McCrabb[1,2,3], Ms Caitlin Bialek[1,2,3], Dr Kate Bartlem[2,3,4], Ms Lucy Couper[1,2,3], Dr Courtney Barnes[1,2,3]

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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

Background:
Adolescent e-cigarette use is a growing public health issue. Public health organisations advocate education and communication programmes to complement legislative action. Text-message interventions offer a low-cost, minimally invasive approach, but their acceptability to adolescents and parents is unclear. This study explored the acceptability of a text-message programme for adolescents and parents to prevent adolescent e-cigarette use.

Methods:
Parent-adolescent dyads (aged 12-15 years) were recruited in a pilot 2x2 factorial RCT and randomly allocated to one of four arms: (1) adolescent-only text-messages; (2) parent-only text-messages; (3) both parent and adolescent text-messages; or (4) control. Intervention participants received a 12-week text-message programme. The text-messages were theoretically informed and co-designed with adolescents and parents to address modifiable factors associated with adolescent e-cigarette use (e.g., refusal skills). Acceptability of the programme was assessed at 6-month follow-up.

Results:
At 6-month follow-up, acceptability data were collected from 45 adolescents (77.6%) and 58 parents (93.6%) who received the text-messages. The text-messages were reported to be highly acceptable. Seventy-three percent of adolescents (n=33) and 95% of parents (n=55) found the text-messages an acceptable method to receive information about e-cigarettes, and 69% of adolescents (n=31) and 93% of parents (n=54) would recommend the programme to others. Additionally, 88% of parents (n=51) reported that the text-messages improved their ability to discuss e-cigarettes with their child.

Conclusion:
These preliminary findings indicate that text-messages are acceptable to adolescents and their parents and may constitute an effective, scalable strategy for preventing adolescent e-cigarette use. Findings on the effect of the intervention on adolescent e-cigarette outcomes will be reported separately.

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Hidden workers, hidden loneliness? Labour market detachment, social disconnection and later working-life.

Dr Drew Meehan[1], Dr Sora Lee[1]
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4D - Sociocultural Determinates and Health Equity, Monngarrk Room A&B (Combined), September 17, 2026, 11:00 AM - 12:30 PM

Background: Social disconnection is a leading determinant of poor health in later working life, yet the relationship between labour market position and social connection is poorly understood. Conventional unemployment categories obscure a substantial "hidden workforce"—individuals willing to work but excluded by structural barriers—whose social experiences may differ qualitatively from both the employed and the conventionally unemployed.

Methods: Cross-sectional analysis of Wave 22 (2022) HILDA Survey data among Australians aged 50-64 years (n=3,362). Participants were classified into six labour force attachment categories: in work, underemployed hidden, unemployed hidden, discouraged, does not want work, and other. Survey-weighted logistic regression models estimated adjusted predicted probabilities of loneliness and social isolation, adjusting for age, gender, marital status, self-rated health and educational attainment.

Results: Adjusted predicted probabilities of loneliness were 10-13 percentage points higher across hidden worker subtypes (underemployed, unemployed, discouraged) compared to those in paid employment. Differences in social isolation between hidden workers and those in work were small. The highest adjusted predicted probability of social isolation was observed among those who reported not wanting work (18.3%), whose loneliness was comparatively lower.

Implications: Loneliness and social isolation are distinct phenomena that diverge across labour force attachment categories. Labour market marginalisation in later working life appears more strongly linked to perceived belonging and role legitimacy than to the structural availability of social contact. Interventions targeting only social contact may be poorly matched to populations whose primary deficit is institutional belonging. Policies supporting flexible work, age-inclusive employment practices, and "good work" warrant reconsideration as upstream supports for social connection.

Shifting regional community food environments through a systems approach to healthier dining

Mrs Irene Heinrich[1], Ms Monique Murray[1], Professor Colin Bell[2], Ms Shweta Bohora[1], Ms Andi Connell[1], Associate Professor Tracy McCaffrey[3], Mr Tim Owen[1], Mr Victor Patino[1], Ms Annelies Titulaer[1], Associate Professor Alyce Wilson[1,4,5]
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1B - Sustainable Healthy Communities, Darrwal Room A, September 15, 2026, 11:00 AM - 12:30 PM

Better Bites Gippsland

Background

Gippsland reports lower adherence to dietary guidelines than Victorian averages. Improving health in Gippsland and other regional communities requires reshaping food environments so healthier choices are easier and more appealing. Member-based dining venues provide an opportunity to do this; however, they often offer large portions and energy-dense meals, with limited focus on nutrition. Evidence on effective approaches to improving menu healthfulness in these settings remains limited. Better Bites Gippsland aimed to support venues to improve menu quality and dining environments to increase availability and appeal of healthier options.

Methods

Better Bites Gippsland used a mixed-methods approach, working collaboratively with chefs (n=3) and staff (n=3) across three member-based dining venues in Gippsland to implement food-environment changes through recipe reformulation, improved side dishes and promotion of healthier options. Data collection included venue and menu audits, patron surveys (n=81) and semi-structured interviews with managers and chefs (n=7).

Results and discussion

The project supported three member-based dining venues in Gippsland to improve menu quality and dining environments increasing the availability and uptake of healthier options. It found that nutritional improvements could be achieved through subtle, low-cost modifications embedded within existing food service systems. Changes to top-selling meals including portion reduction, lowering added salt, ingredient substitutions and increased vegetable content reduced total fat, saturated fat, sodium and sugar by up to 36%, 46%, 43% and 34% respectively in participating venues. Venue staff strongly preferred subtle changes over visibly branded “healthy” menu items. Patron surveys indicated taste and monetary value remained the primary drivers of meal choice, with health considerations secondary.

Conclusion and implications

Simple, practical changes to popular menu items can improve nutritional quality without compromising taste or value. Future work should explore strategies to support venues to implement simple, minimally disruptive changes that maintain profitability while improving population health.

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Reporting responsibility: Extractive resource companies and Aboriginal and Torres Strait Islander Peoples

Dr Emma Chappell[1], Mr Jacob Cubis (Larrakia/Wadjigan)[1], Dr Cassandra J.C. Wright[1], Dr Julia McCartan[2], Dr Clint J. Hansen[2], Mr Royce Ramsamy (Kuku Yalanji)[1], Dr Beau Cubillo (Larrakia/Wadjigan)[1,2]
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3E - First Nation Matters and Inclusive Communication, Barbarka Room, September 16, 2026, 1:30 PM - 3:00 PM

The extractive resource industry is a major contributor to the Northern Territory economy. There are, however, ongoing concerns about the responsibilities of the industry towards Aboriginal Peoples' health and wellbeing, with particular concern raised over damage to spiritual and cultural sites through degradation of Country. This is significant for Aboriginal People who have obligations and responsibilities over customary lands and waterways that are inherently grounded within Indigenous Knowledge Systems and recognised as fundamental to health and wellbeing outcomes. Understanding the complexities between Aboriginal Communities and the extractive resource industry and the impact on health and wellbeing requires nuance. In this study, we apply a document analysis to the corporate documents of extractive resource companies (e.g. annual reports, sustainability reports, websites, and Reconciliation Action Plans) that contain information relating to Aboriginal Peoples. Data were extracted and analysed using a framework analysis, using Carroll's pyramid of Corporate Social Responsibility, which included economic, ethical, legal, and discretionary expectations. Twenty-nine corporate actors with Northern Territory footprints and documents relating to Aboriginal peoples were identified, including 26 that generate profit from production, distribution or resource extraction, and three peak bodies. Economic responsibilities reported included employment of Aboriginal Peoples and support for Aboriginal businesses. Legal responsibilities reported included adherence to or recognition of varying Land Rights. Ethical responsibilities included mitigating environmental impacts, mine rehabilitation, managing cultural heritage, and implementing Reconciliation Action Plans. It is important to examine what is not reported; for example a further exploration of employment responsibilities through retention rates or leadership positions; why most actors are not acknowledging land rights; and whether reporting on environmental measures and mitigations fully account for the health harms these actors produce.

Aboriginal governance structures were used to ensure that Indigenous data sovereignty principles were adhered to in the research the processes were culturally appropriate. The second author (JC) and the senior author (BC) of this publication are Larrakia/Wadjigan men. BC conceptualised and oversaw the study. JC was involved in all data extraction and analysis. This research will be published, giving recognition to these authors, including attributing their language groups as per their preferences. This case study is part of Project White-Ant (NHMRC2035579) and is led by BC and governed by a majority-Aboriginal CI team, with a separate Aboriginal-only governance working group. This desk-based study, which included no Aboriginal individuals, communities, or organisations as participants, focused entirely on industry activities through public-facing documents. The data was all from extractive resource companies and is therefore not sensitive or subject to data sovereignty principles, but it is recognised that the research may impact Aboriginal Peoples and Communities.

Clinicians' perspectives on barriers, enablers, and implementation of mental health crisis services

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4E - Mental Health and Wellbeing, Barbarka Room, September 17, 2026, 11:00 AM - 12:30 PM

Background: Presentations of young people to Emergency Departments for acute mental health (MH) issues have increased globally and in Australia. The Safeguards Teams Program (STP) was implemented to provide acute, rapid response, recovery-focused, trauma-informed brief intervention. This study aims to explore clinicians' perspectives and experiences in implementing the STP, including barriers, facilitators, and suggestions for program improvement. Methods: This study used a qualitative approach by employing in-depth interviews. The interview transcripts were coded and analysed thematically. Results: The key study themes included perceived barriers to implementation, program enablers, and suggestions for improvement. Enablers of successful implementation included structures that supported staff buy-in and service accessibility, a centralised and flexible referral model that facilitated timely care, and opportunities for staff capacity building and collaboration. Additionally, findings highlighted that the STP model of care (MoC) effectively met essential service needs, reinforcing its value in the MH system. Perceived barriers included high demand leading to increased workload and challenges associated with the MoC in its early stages of implementation. Suggestions for program improvement emphasised the need for greater contextualised services through co-design, a more flexible MoC as part of STP service delivery, and a structured and formalised referral process. Participants also recommended including staff with specific skills and cultural awareness, enhancing community awareness, and strengthening integration efforts. Discussion/Conclusions: STP meets a gap in the service system for those who need rapid outreach specialist MH crisis response, with ED attendance and hospitalisation potentially prevented via early and timely assessment and support.

Co-designing an obesity research agenda together with adults with intellectual disability.

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4D - Sociocultural Determinates and Health Equity, Monngarrk Room A&B (Combined), September 17, 2026, 11:00 AM - 12:30 PM

Background
People with intellectual disability are routinely excluded from research and from shaping research priorities, including in areas that directly affect their health, such as obesity. This study involved the use of co-design methods to collaboratively develop a research agenda for a series of studies exploring obesity in adults with intellectual disability.
Method Two
Lived Experience Advisory Groups (LEAGs) were established, comprising of six adults with intellectual disability (LEAG 1), and six supporters of adults with intellectual disability (LEAG 2). Six meetings (four with LEAG 1 and two with LEAG 2) were held to explore factors influencing body weight in people with intellectual disability. In LEAG 1, inclusive research methods included focus group discussions and arts-based activities such as body mapping. In LEAG 2, a group model-building exercise was followed by focus group discussions. Data from both groups was combined into a systems map that participants with intellectual disability approved of. Together with relevant published literature, it informed the focus of subsequent research studies.
Findings
The participatory research process ensured that adults with intellectual disability were included in collaborative decisions about the direction of the research and the methods to be used. Accessibility was prioritised, and participants lived experience guided the refinement of the research agenda. The final systems map capturing key influences on weight and health behaviours for people with intellectual disability informed the eventual identification of three key research themes for future study: Relational factors, Motivational factors, and Environmental factors.
Conclusion
The findings of this study demonstrate the feasibility and value of participatory research in developing an agenda for obesity research and details around research methods to be used. The co-design approach empowers those with lived experience to shape studies reflecting their needs. This research highlights the need for co-designed, person-centred research addressing obesity in underrepresented populations such as those with intellectual disability.

Barriers and facilitators to accessing preventive services among Bangladeshi and Nepalese migrants

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4D - Sociocultural Determinates and Health Equity, Monngarrk Room A&B (Combined), September 17, 2026, 11:00 AM - 12:30 PM

Background
Bangladeshi and Nepalese are two rapidly growing migrant population groups in Australia who experience a disproportionate burden of chronic diseases such as diabetes and cardiovascular diseases. Despite strong evidence that preventive care services reduce the burden of chronic disease, these population groups reported significant barriers to accessing preventive care. This study explored the barriers and facilitators to accessing preventive services among Bangladeshi and Nepalese migrants in Sydney.

Methods
Guided by a constructivist paradigm, this qualitative study utilised data from six focus group discussions and 22 in depth interviews undertaken with purposively selected Bangladeshi and Nepalese migrants in Sydney between August 2024 and January 2025. Information was collected from participants on their access to preventive care services at the personal and/or family, and community levels. IDIs and FGDs were conducted in participants' language, audio-recorded, transcribed, translated into English, and analysed using the socio-ecological framework.

Results
Key barriers to access preventive care services at multiple levels of socio-ecological framework included cultural and religious perceptions, limited health literacy and low awareness of available preventive care services, limited English language proficiency, inadequate availability of translated health education materials and interpreter services, limited cultural understanding among health care providers, chronic disease-related stigma, limited culturally tailored support services and infrequent public transport to health care facilities. Conversely, facilitators at multiple levels included self-awareness and personal ownership of health, knowledge of available preventive services, peer support network, cultural and linguistic competence of health care providers, the use of digital and social media for health information dissemination, and the supportive role of community organisations.

Implications
The findings suggest developing a multi-level, culturally tailored community-led intervention that leverage existing community and social engagement platforms to ensure equitable access to available preventive services for chronic diseases among these disadvantaged population groups in Australia.

Connect Me! STI notifications as a pathway to sexual health care.

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5D - Embedding evidence into Policy and Practice, Monngarrk Room A&B (Combined), September 17, 2026, 1:15 PM - 2:30 PM

Background
Overseas-born men account for an increasing proportion of new HIV diagnoses among men in Australia, yet remain under-engaged in HIV prevention services, such as pre-exposure prophylaxis (PrEP). This pilot study evaluated the feasibility and acceptability of using sexually transmitted infection (STI) case notifications to link men at increased risk of HIV to prevention services.

Methods
We conducted a pilot intervention at the South East Public Health Unit, Melbourne, between January and September 2025. Adult men living in the catchment with notifications of infectious syphilis, pharyngeal or anorectal gonorrhoea, or mpox were offered the intervention - contact by the sexual health nurse and personalised linkage to PrEP counselling, HIV testing, and vaccination services. Primary outcomes were pathway feasibility (participant retention, time taken and barriers) and acceptability (5-point Likert scale).

Results
Of 631 STI notifications received, 493 (78%) individuals were successfully contacted, 214 (43%) met eligibility and 61 (29%) were enrolled in the intervention. Among enrolled participants, 39 (62%) completed 6-week follow-up. All survey respondents (31/61, 55%), rated the intervention as acceptable and minimally burdensome. Time-motion analysis indicated that successful recruitment required approximately 1.0-2.2 hours of nurse time per participant over a 2-3 month period. Key feasibility challenges included incomplete contact information in case notification data, clinician gatekeeping (whereby entities have the ability to allow or deny access to resources), and participant preference for SMS over telephone contact.

Conclusions
While acceptable to participants who engaged in the intervention, this nurse-led STI notification pathway demonstrated limited scalability. Future approaches should prioritise completeness of surveillance data, hybrid models combining automated digital outreach with on-demand human support, partnerships with online STI testing services, and strengthening data linkage infrastructure.

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Does one-size still fit all? Qualitative Analysis of the Australian Dietary Guidelines

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2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

Introduction/Issue:
Migration is globally recognised as a determinant of health. The transition for culturally diverse communities towards adopting diets that align with dietary recommendations of their host country is not without complexities. Migrating communities have rich culinary traditions that reflect cultural identity and histories, and this transition erodes these significant connections in a means to meet "healthy" standards. With over one-quarter of Australia's population being born overseas, this research explores whether the current Australian food-based dietary guidelines and its communications are relevant and fit for purpose for culturally diverse communities in Australia.

Method:
This study critically examines whether the Australian Dietary Guidelines (ADGs) and their communication tools are fit for purpose for culturally diverse populations. Using a qualitative descriptive design, informed by the Health Equity Framework, semi-structured interviews were conducted with 8 experts in nutrition policy, cultural diversity, and health equity.

Results:
Three themes were constructed: (1) Systematic bias through a lack of consultation and meaningful data being used in guideline development; (2) Adaptation is possible, but nobody is taking responsibility, fragmented accountability; and (3) The way forward is through meaningful co-design and equitable inclusion. findings demonstrate how exclusionary policy processes may perpetuate structural inequities and reduce community trust, engagement, and health empowerment.

Conclusion & Impact:
There are currently numerous structural inequities that prevent the dietary guidelines and their communication being fit for purpose for culturally and linguistically diverse Australians. To meet the needs of a culturally diverse population, a health equity approach to food-based dietary guideline development and adaptation needs to be actioned. Research like this advances the discourse in public health on reframing guidelines and dismantling of structural violence within health policy to achieve equity during creation rather than adapted later. As a key nutritional tool, utilised across several sectors, embedding equity and shared governance, through genuine co-design, into policy will improve engagement and health outcomes in these disadvantaged groups.

Nicotine use in amateur and university athletes – A scoping review

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2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

Background:
While cigarette smoking has declined in many countries, nicotine exposure persists through the use other non-combustible products. These products are increasingly used by young people, yet nicotine use among amateur and university athletes remains under-examined. Emerging evidence suggests that the subjective effects of nicotine may be interpreted as compatible with performance-oriented sporting environments. This scoping review maps peer-reviewed evidence on the prevalence, patterns, and reported reasons for nicotine use among amateur and university athletes.

Methods:
A scoping review was conducted following JBI methodology and reported in accordance with PRISMA-ScR guidelines. Systematic searches of MEDLINE, Embase, CINAHL, Scopus, SPORTDiscus, and Web of Science were undertaken for studies published from 2019 onwards. Eligible studies involved amateur or university athletes and assessed use of non-combustible nicotine products, including e-cigarettes and smokeless tobacco. Screening and data extraction were conducted using Covidence and a customised extraction template.

Results:
Twelve studies met inclusion criteria, predominantly cross-sectional, conducted in high-income Western countries. Nicotine use was generally higher among male athletes. While e-cigarette use was more prevalent among younger athletes, smokeless tobacco use was more common among older participants and within specific sports. Higher prevalence was observed in team and contact sports compared with individual sports. Reported reasons for use included peer influence, social identity, perceptions of reduced harm, and functional purposes such as performance, coping, and smoking cessation. Several studies reported nicotine use occurring in close temporal proximity to training or competition.

Conclusion:
Sport participation may reduce cigarette smoking, yet this protective association does not consistently extend to non-combustible nicotine products. Nicotine use among amateur and university athletes appears embedded within social and performance-oriented sporting cultures rather than reflecting indiscriminate risk-taking. These findings highlight the need for sport-specific prevention strategies that address misperceptions regarding the harms and performance compatibility of non-combustible nicotine products.

Using Epidemiological Evidence to Develop a Digital Alcohol and Cancer Risk Tool

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3D - Translating Evidence into Community Health, Monngarrk Room A&B (Combined), September 16, 2026, 1:30 PM - 3:00 PM

Introduction
Alcohol consumption is a leading modifiable risk factor for cancer, causing an estimated 7,800 cancer cases in Australia annually. It is causally linked to at least eight cancer types, including breast, bowel, liver, and cancers of the upper aerodigestive tract. However, awareness of alcohol-related cancer risk remains low. Translating epidemiological evidence into accessible and motivating information is critical to support education and behaviour change. To address this gap, Cancer Institute NSW launched the Alcohol and Cancer Risk Tool to improve community understanding of alcohol-related cancer risk and encourage reduced consumption.

Methods
The Alcohol and Cancer Risk Tool is a digital engagement and educational tool built using Australian cancer risk modelling and analysis. The tool uses epidemiological evidence from the NSW 45 and Up Study[1] to estimate lifetime risk of alcohol-related cancers based on user-entered age, sex, and weekly alcohol consumption, aligned with the Australian Alcohol Guidelines. Development was informed by user testing.

Results
Evidence embedded in the tool shows that among Australian adults over 45 years, cancer risk increases by approximately 10% with every seven standard drinks consumed per week. The interactive, web-based tool displays how changes in alcohol consumption affect long-term cancer risk and connects users to practical supports for reducing alcohol intake. Launched in November 2025, the tool has had over 12,500 views.

Conclusion
The Alcohol and Cancer Risk Tool demonstrates how epidemiological evidence can be translated into scalable and engaging consumer-facing prevention action. Ongoing promotion aims to maximise reach and support improved community knowledge as part of broader alcohol harm reduction and cancer prevention efforts in NSW.

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Impacts of climate change and extreme weather events on Australian health services.

Mrs Anna-Lisa Baker[1,2], Dr Jodie Bailie[3], Dr Shuvo K Bakar[1], Dr Richard A. Broome[1,4], Professor Ross Bailie[1], Mr Gerard Duck[5], Mr Joseph Van Buskirk[1,2], Professor Geoffrey G. Morgan[1,2,3]
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3C - Future Public Health Workforce, Darrwal Room B, September 16, 2026, 1:30 PM - 3:00 PM

Background
Climate change is expected to place increasing demands on Australian health services in the coming decades, with intensifying heatwaves, bushfires, floods, and compounding climate disasters. The implications for service demand and the workforce are multifaceted. Health system planning that relies on historical activity patterns and reactive adaptation may no longer capture the scale or complexity of future risk.

Aim
To review the literature on the impact of past extreme events on hospital utilisation and projections of future demand, to inform health service planning with consideration of compounding extreme events, health workforce needs, and strategies for health system resilience.

Methods
Database searches (PubMed, Scopus, CINAHL, Google Scholar, and citations) were conducted to February 2026. Reflecting stakeholder liaison and the current state of knowledge, multiple evidence types were searched, including quantitative and qualitative primary studies, synthesis reviews, and grey literature.

Key Findings
Extreme events impose context-dependent and growing demands on health services, with Australian studies projecting increases in emergency department presentations and hospital admissions under multiple climate scenarios. The health workforce faces acute and long-term logistical, psychological, and safety challenges. Vulnerable populations are particularly at risk, and rural and remote communities already experiencing inequitable access to services and
workforce shortages face further climate-related staff attrition. Compound events amplify health system impacts beyond single events yet remain understudied.

Policy Implications
Reliance on historical activity patterns and reactive adaptation is inadequate for the scale of projected risk. Health system resilience requires a shift toward vulnerability assessments, stress-testing of infrastructure and workforce capacity, organisational planning including staff training in disaster preparedness, and targeted support for vulnerable populations.

Learning Objectives

1, Describe the range of health system impacts associated with extreme weather events in the Australian context.

2, Identify key workforce vulnerabilities amplified by climate-related disasters.

3, Articulate priority actions for building climate-resilient health systems.

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Embedding cultural governance in Health Protection NSW Incident Management Team structures

Mrs Elka Tinker[1]
[1]Health Protection Nsw, Drummoyne, Australia
2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

The "issue"

Disasters do not affect everyone equally. Emergency management fails when Indigenous peoples are treated as stakeholders instead of leaders. Self-determination is not a symbolic gesture; it is the difference between responses that impose solutions and those that protect people, culture, community, and Country.

Public health emergency management is a continuous process of prevention, preparedness, response, and recovery aimed at protecting and supporting communities before, during and after emergencies. Incident Management Teams (IMTs) coordinate and manage emergency responses, including oversight of key functions such as leadership. Although many health policies, guidelines and frameworks urge organisations to embed cultural governance into IMT structures to allow self-determination, very few know how.

The proposal

Inclusive public health strategies that incorporate the needs, perspectives and leadership of Indigenous peoples and other priority populations are essential for building effective public health responses for all.
Health Protection NSW (HPNSW) within NSW Health has embedded an Aboriginal Public Health Function within IMT structures. This function was designed and developed under comprehensive cultural oversight which further strengthens support for the structure.
The Aboriginal Public Health Function serves a dual purpose. First, it supports strategic and operational decision-making that is culturally safe and directly addresses unmet public health needs of Aboriginal peoples of NSW. Second, it embeds Aboriginal cultural governance into the public health emergency response, ensuring culturally appropriate decision-making that supports better health outcomes through culturally safe interventions.
The Aboriginal Advisor role is a state-based leadership role within the Aboriginal Public Health Function. The role shares strong connections with the NSW Aboriginal Health Protection Subcommittee, a rich source of cultural intelligence.

The impact

- Embedding Aboriginal leadership and self-determination in emergency management is a long-term process that requires adaption over time.
- Workforce, representation, and a whole-of-health commitment are required for its success.
- The Aboriginal Advisor role will enhance cultural inclusion in HPNSW IMT operations, strengthen trust and engagement with Aboriginal agencies and communities, and identify unmet needs of Aboriginal peoples to improve health outcomes.

Assuring competence: Programmatic Oral Simulation Examination (POSE) for the public health workforce

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2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

The rise of generative tools presents an invitation to strengthen assessment practices that ensure that public health graduates possess the meaningful and verified capabilities reflected on their transcripts. If we cannot assure competence, we cannot assure the workforce. Our future-focused solution is the Programmatic Oral Simulation Examination (POSE): a secure, live, examiner-panelled oral examination in which students reason, justify and respond in real time to authentic public health scenarios that no AI can complete for them.

POSE builds on interactive oral assessments (IOAs): authentic, real-time conversations that assess understanding, reasoning, application to novel situations, and communication rather than a polished written assessment artefact. IOAs are increasingly recognised as a secure, integrity-preserving response to counter outsourced work (1). By adopting a programmatic approach (2), POSE samples capabilities which students develop through scaffolded IOAs across their degree, then integrates them at the capstone across five non-compensatory simulation stations, each station evaluates a core domain of public health skills independently.

The result is simultaneously AI-resilient, authentic to professional practice, and defensible as assured learning. It assesses the reasoning, communication and evaluative judgement that define a capable public health professional (3).

We will share the POSE blueprint: a transferable model for any program seeking to credential its future workforce with integrity.

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Using citizen science to understand LGBTQA+ adults' perspectives on inclusive active recreation

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5B - Designing Innovation for Healthier Communities, Darrwal Room A, September 17, 2026, 1:15 PM - 2:30 PM

Introduction
LGBTQA+ individuals often experience discrimination and exclusion, which impacts their health. This may be especially true for those living in regional areas, where social and environmental systems can limit access to inclusive physical activity (PA) and active recreation opportunities. Therefore, this study explored experiences and factors influencing PA and active recreation engagement among LGBTQA+ adults living in regional Victoria.
Methods
Using a citizen science methodology, this study involved LGBTQA+ adults from the City of Greater Bendigo, Victoria, in partnership with local government and a national not-for-profit LGBTQA+ organisation. Participants used mobile phones to capture and caption environmental aspects influencing PA and active recreation. This was followed by Ripple Effect Mapping (REM) discussions to identify priorities, solutions, and messages for the local council. A visual map was created at the end of the session. Data were analysed using a deductive–inductive thematic analysis guided by the socio-ecological model.
Results
Nine participants contributed 44 photographs with captions. Most barriers (e.g., gendered sports) and facilitators (e.g., well-maintained parks) were identified at the environmental and organisational/policy levels. REM findings identified organisational/policy barriers, including gendered sports and spaces, limited institutional support, and socio-political influences. Social and organisational/policy barriers, particularly safety concerns from witnessing discrimination, were also identified. These findings informed priorities to address gendered culture and highlighted solutions, including gender-neutral, non-competitive PA opportunities and inclusive training for coaches and staff supported by local government.
Conclusion
This is one of the few studies to actively involve LGBTQA+ members in understanding PA experiences. By prioritising lived experience, findings highlighted multilevel systemic barriers, including limited support, discrimination, and exclusionary spaces. Participants also emphasised the need for stronger local government support and cultural change. This will require systems change at the policy level and beyond, including implementing gender-neutral spaces and inclusive training for sports club staff and coaches.

Multinational surveillance in multi-drug resistant organisms toward informing health policy and practice.

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3C - Future Public Health Workforce, Darrwal Room B, September 16, 2026, 1:30 PM - 3:00 PM

The global spread of multidrug-resistant organisms (MDRO) has led to increased in-hospital mortality and reduced treatment options, making it an increasingly worrisome problem. According to statistics, in 2019, 1.27 million deaths were directly caused by bacterial resistance to antibiotics, and 4.95 million deaths were associated with bacterial resistance [1,2]. The ESKAPE group (Enterococcus faecium, Staphylococcus aureus, Klebsiella Pneumoniae, Acinetobacter baumannii, Pseudomonas aeruginosa, Enterobacter) is a group of bacteria very difficult to treat, due to their high capacity to acquire resistance to antibiotics and which are the main causes of nosocomial infections worldwide, posing a threat to global public health [3]. The acronym is sometimes extended to ESKAPEE to also include Escherichia coli [4].

Increasing antibiotic and antimicrobial resistance among strains in the hospital environment raises serious concerns about limited treatment options. As regional partnerships and collaborative ventures increase between militaries, it is important to have surveillance of MDRO is place for not just endemic but international strains that are introduce into community and hospitals.

Recent increasing priority alignment between regional militaries to co-operate in medical activities have led to combined research opportunities towards regional health security, including MDRO surveillance. The Australian Defence Force Malaria and Infectious Disease Institute has initiated a multi-sectoral international engagement with partner militaries in Papua New Guinea (PNG), Vietnam, Lao, Cambodia, Thailand and Philippines to train, skill exchange and conduct collaborative MDRO surveillance across local sectors using One Health paradigm.

This initiative has led to screening with over 400 samples collected per site including human, animal and environmental, using a shared protocol of clinical, epidemiological and lab techniques and questionnaires, to identify and isolate ESKAPE group bacteria, their resistance pattern, risk level and genomic profiles.

This collaboration has yielded novel MDRO information to inform health planning and policy in individual countries as well as across the region during joint activities. Common approaches in MDRO risk and awareness campaigns, hospital infection control and personal wound management has been explored and shared across nations through actioned projects. These projects involve (1) field and economical approaches to screen for MDROs in remote locations of PNG, as well as survey data identifying overuse and prescription of certain antibiotics and associated resistance developing in bacteria of that region; (2) skill exchange workshops as well environmental screening of local markets for source of transmission of MDROs in Vietnam, Philippines, Cambodia and Lao; (3) consent screening of human carriage, skin and soft tissue infections, as well as hospital infection control screening and policy in Australia, Philippines, Thailand and PNG.

The outcomes of these projects will be summarised with clear evidence that led to policy and practice change. Through given examples, it also illustrates the importance of working across locations and sectors to inform risk of infection through data and protocol sharing and harmonisation, and achieve collective risk mitigation.

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A tool to assess children's digital wellbeing.

Dr Lauren Arundell, Ms Gillian Jarvis[1]
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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

THE SOLUTION

Despite a dramatic rise in childhood digital media use, educators and paediatric health professionals lack a clear, consistent framework to understand or assess children's digital wellbeing (1). While conventional public health guidelines rely heavily on rigid screen-time limits, true digital wellbeing requires a shift (2). There is a need to focus on healthy and balanced childhood occupations, including digital media use (3). To close this critical gap, we propose a shift from passive monitoring to active screening through a purpose-designed digital wellbeing assessment tool thus moving the public health narrative away from screen guilt and toward functional, healthy child development and wellbeing.

THE RESEARCH AND CLINCIAL EXPERIENCE

This solution, of developing a tool to assess children's digital wellbeing, bridges research and everyday practice. Fifteen years of paediatric clinical experience, observing the daily challenges families face in managing balanced digital media use, inspired this postgraduate public health research study. The study gathered stakeholder (paediatric clinicians and teachers) insights to inform the development of a tool to assess children's digital wellbeing. Stakeholders were asked about the recommended content, delivery mode, platform and anticipated use of the tool. Interviews were transcribed and a direct content analysis was performed.

RESULTS AND ACTION

Stakeholders suggested that the tool collects children's total digital media use time, purpose and content being accessed, and information about the child's physical, cognitive and social-emotional development. They also recommended the tool collects levels of parental supervision, availability, skills, knowledge and digital media use role modelling. Findings suggested the tool could be administered online and used by teachers or clinicians as a screener. It would identify areas of need, support targeted strategies, provide baseline measurements of a child's digital wellbeing, and open non-judgmental conversations. Our next action is to make the pilot tool!

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Environmental Injustice: A Spatial Analysis of Socio-economic Disparities in Tree Canopy Distribution

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5B - Designing Innovation for Healthier Communities, Darrwal Room A, September 17, 2026, 1:15 PM - 2:30 PM

Urban tree canopy (TC) provides multiple physical and mental health benefits. However, these benefits are often unequally distributed, raising concerns about environmental injustice. Socio-economic status (SES) is a frequently studied determinant of health, and unequal distribution of TC may further reinforce existing health-related disadvantage among socio-economically disadvantaged populations by limiting their access to TC and related benefits. Although previous Australian research has examined the relationship between TC and SES, few studies have investigated fine-scale spatial correlation. Our research addressed this gap by examining TC-SES spatial autocorrelation at the Statistical Area 1 level (SA1) in Sydney, mapping neighbourhoods where socio-economic disadvantage and limited TC coincide.

We integrated the Index of Relative Socio-Economic Disadvantage with high-resolution TC data at the SA1 level. Bivariate Moran's I analysis was employed to examine spatial autocorrelation between TC and SES. We identified significant TC-SES spatial correlation (Moran's $I = 0.354$, $p < 0.001$). In addition, High-High clusters, where high SES co-occurred with high TC, were concentrated along the northern and eastern coastal corridor. In contrast, Low-Low clusters, where low SES co-occurred with limited TC, extended across western and south-western Sydney. Our results revealed a spatially heterogeneous pattern of environmental injustice across Sydney.

Sydney has set a target to increase TC to 40% by 2036; however, universal TC targets may increase total canopy cover while leaving spatial inequalities unchanged. Our findings highlight that unequal TC distribution is not only an environmental planning issue, but also a public health concern related to social and environmental determinants of health. Planning and policy should prioritise targeted TC investment in socio-economically disadvantaged neighbourhoods, particularly Low-Low cluster areas, to improve equitable access to the health and wellbeing benefits of urban trees and support sustainable urban planning.

Keywords: Environmental injustice; Tree canopy; Socio-economic disparities; Determinants of health; Sydney.

Effects of Ambient Temperature on Age-Specific Mortality in Sydney: Evidence from 2000–2019

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1C - Climate Risk and Resilient, Darrwal Room B, September 15, 2026, 11:00 AM - 12:30 PM

Ambient temperature is an established public health risk, but its effects are not evenly distributed across populations. In Australia, previous multi-city evidence has shown that both heat and cold contribute to mortality, with cold accounting for a larger share of the overall burden. However, less is known about how these risks differ by age within Sydney over an extended period. This study examined associations between daily air temperature and age-specific all-cause mortality in Sydney from 2000 to 2019.

We analysed daily time-series data on all-cause mortality, stratified by age: 0–29, 30–54, 55–64, 65–74, and ≥75 years. A distributed lag nonlinear model with quasi-Poisson regression was applied to estimate cumulative temperature-mortality associations, allowing for delayed and nonlinear effects. Models controlled for long-term trends, day of week, relative humidity, and air pollution.

Our results indicated that the temperature-mortality relationship in Sydney was nonlinear and differed by age group. Mortality was concentrated among adults aged 75 years and above, but patterns of temperature sensitivity were variable across age groups. Colder-than-optimal temperatures appeared to show stronger and more consistent associations with mortality, particularly among the oldest age group. Heat-related relative risks were generally smaller, although increases were observed in selected younger and middle-to-older age groups. These findings indicate that heat vulnerability extends beyond the oldest age groups.

These findings provide Sydney-specific, age-differentiated evidence to inform targeted public health interventions and climate adaptation strategies, particularly those addressing cold-related risk and overlooked heat vulnerability in non-elderly populations.

Keywords: Temperature; Mortality; Age-specific risk; Sydney; Climate adaptation.

Mapping Global Practices in Climate–Mental Health Facilitation and Professional Certification: Preliminary findings

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2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

This Ideas in Action presentation proposes a practical solution to a rapidly emerging public health gap: developing a culturally grounded, internationally aligned certification scheme for climate–mental health facilitators to strengthen psychosocial resilience in the face of escalating climate threats. Drawing on growing evidence that eco-worry, eco-anxiety, ecological grief, and climate-related distress are widespread yet conceptually distinct from traditional psychiatric disorders, and that health professionals report both concern and uncertainty about how to respond, the project undertakes a scoping review to map global best practices in training and credentialing for climate–mental health facilitation across clinical, community, educational and public health settings. Guided by the JBI Population–Concept–Context framework and PRISMA-ScR, the review will systematically search six major databases (Scopus, PubMed/MEDLINE, PsycINFO, Web of Science, CINAHL, ERIC) alongside targeted grey literature from professional bodies (e.g., the Australian Psychological Society, Climate Psychology Alliance; the Global Consortium on Climate and Health Education). Two independent reviewers will screen records, chart data using a structured extraction template, and synthesise findings into a comparative benchmarking matrix that aligns identified programmes with six core climate–mental health competency domains and documents structural features, cultural adaptation strategies, and quality assurance mechanisms. Preliminary scoping indicates a fragmented, Global North–dominated landscape, large variation in programme duration and format, and limited evaluation of outcomes. The session will share in-progress insights from the benchmarking matrix and explore pathways for co-developing a regionally relevant certification scheme that embeds ethics, equity, and solidarity at the heart of climate–mental health practice.

Equity in Practice: Co-designing oral health systems for people experiencing homelessness

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3E - First Nation Matters and Inclusive Communication, Barbarka Room, September 16, 2026, 1:30 PM - 3:00 PM

Learning objectives
1. Explore how co-design can inform equity-oriented, trauma-informed oral health system redesign
2. Identify system-level drivers shaping trust, engagement, and continuity of oral healthcare

Poor oral health among people experiencing homelessness is often framed primarily as a problem of service access, with solutions focused on eligibility, referral pathways, and clinic availability. This framing overlooks how system design influences engagement, trust and continuity of care for service users.

Oral Health Victoria is undertaking a co-design project to develop new initiatives to improve oral health of people experiencing homelessness by working with people with lived experience, homelessness service providers, and oral health professionals.

Co-design workshops explored lived experience of oral healthcare, barriers and enablers to engagement, and priorities for service redesign. This phase centred lived experience alongside clinical and sector expertise to identify system-level factors shaping engagement and continuity of care (UniMelb ethics ID: 2026-32961-75094).

Participants described access as determined not only by service existence but by how systems uphold dignity, trust and safety. Reception practices, eligibility checks, rigid booking systems, stigma, unstable contact arrangements and prior experiences of judgement emerged as primary drivers of disengagement. Continuity of care was redefined from strict appointment adherence to a relationship-based process in which people feel safe to return and re-engage without shame or penalty.

These preliminary insights shifted the project focus from information provision and navigation supports towards strengthening workforce capability, embedding trauma-informed and compassionate approaches, increasing flexibility in service delivery, and prioritising trust-building. The co-design process revealed how well-intentioned systems can reproduce inequity. The next phase of the project will pilot test selected solutions informed by these findings. Improving oral health outcomes for people experiencing homelessness requires systems designed for dignity, agency and relational safety alongside accessible clinical services, and aligns with public health goals of equity, inclusion and trust.

Associations Between Serum Uric Acid and Dementia Risk in Community-dwelling Older Adults

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5D - Embedding evidence into Policy and Practice, Monngarrk Room A&B (Combined), September 17, 2026, 1:15 PM - 2:30 PM

Background: Serum uric acid (SUA) may influence neurodegeneration through oxidative stress and vascular pathways associated with cognitive decline. Evidence on the association between SUA and dementia risk is inconsistent, with studies reporting both protective and harmful associations, and prospective data in older adults are limited.
Methods: This prospective cohort study used data from the ASPREE-XT and the ASPREE Healthy Ageing Biobank. Participants with SUA measurements at baseline and 3-year follow-up were included, excluding users of anti-gout medications. Sex-stratified analyses were conducted a priori based on biological plausibility. Absolute 3-year change in SUA was calculated and categorised into quintiles as decline (Q1), stable (Q2–Q4), and increase (Q5). Dementia diagnoses were adjudicated by an expert panel according to DSM-IV criteria. Multivariable Cox proportional hazards regression models were used to estimate the associations of baseline SUA levels and longitudinal changes in SUA with the risk of incident dementia.
Results: Among 11,411 participants followed for a median of 9 years, 1,000 (8.8%) developed dementia, including 9.3% of males and 8.3% of females. Among females, the lowest SUA quintile was associated with higher dementia risk in adjusted models (HR:1.24, 95% CI:1.01–1.53), whereas no association was observed among males (HR:1.06, 95% CI:0.83–1.35). Longitudinal changes in SUA were not associated with dementia risk among females. Among males, greater decline in SUA over time was associated with higher dementia risk (HR:1.29, 95% CI:1.02–1.62). Effect modification by diabetes status was observed in males (P for interaction = 0.019).
Conclusion: Low SUA levels were associated with higher dementia risk among females, while declining SUA levels over time were associated with a higher dementia risk among males. These findings suggest sex-specific associations between SUA and dementia risk and support further investigation into the potential role of SUA as a biomarker of cognitive ageing.

Convergent Demands, Compromised Futures: A Scoping-Review and Conceptual-Framework of Multilevel-Stressors in Medical-Students

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2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

Medical students represent the foundation of tomorrow's health workforce, yet the training environments designed to produce them are systematically generating stress burdens that threaten their wellbeing, professional development, and long-term workforce sustainability. Despite a substantial body of research documenting high rates of psychological distress among medical students globally, the field has remained largely outcome-focused, with limited attention to systematically mapping and conceptually organising the underlying sources of that stress. This scoping review addressed that gap by mapping stressors associated with perceived stress among undergraduate medical students across 57 empirical studies spanning 15 countries and multiple training contexts, published between 2010 and 2025. Using a deductive-inductive content analysis approach grounded in Lazarus and Folkman's transactional model of stress and Hobfoll's Conservation of Resources theory, we identified four convergent demand domains — academic, clinical, psychosocial, and institutional — each containing distinct subdomains that emerged systematically from the evidence. Critically, these domains did not operate in parallel. They interacted through three primary cross-domain pathways: an upstream institutional pathway through which curriculum design, assessment architecture, and organisational decisions calibrated academic and psychosocial stress simultaneously; a bidirectional academic-psychosocial feedback loop through which each domain progressively eroded the coping resources needed to manage the other; and a health behaviour re-entry mechanism through which downstream consequences of stress — sleep disruption, nutritional neglect, and loss of physical activity — fed back into the system as amplifiers rather than accumulating only as outcomes. These findings are synthesised into the Convergent Demand Framework of Medical Student Stress, a theoretically grounded model positioning institutional-level reform — in curriculum design, assessment frequency, accommodation, and psychological support infrastructure — as the highest-leverage intervention point for protecting the future health workforce. Addressing medical student stress is not a welfare issue alone; it is a workforce sustainability and public health systems imperative.

Reclaiming the Skies: Light Pollution Solutions

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2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

We must reclaim the skies from the mega-rich. The stars and constellations are not as visible as they once were, as light pollution from below and above obscures the visibility of the cosmos. As outer space and space travel become the playthings of billionaire moguls, most people are losing the primary direct access that they have to celestial knowledge- what we can see with the naked eye.

In this ideas in action presentation, I will outline how light pollution from urban glow and megaconstellations is obscuring humanity's access to outer space and impacting negatively on biopsychosocial health through disruptions to circadian rhythms and chronic illness stemming from poor sleep, as well as harming wildlife, the environment and the ecosystem. Over 15,000 satellites litter the cosmos (10,000 of which come from Elon Musk's Starlink system), which disrupts cultural knowledge for Indigenous people globally. The benefits of this do not outweigh the harms.

I propose that radical and simple solutions are required, from actively addressing massive wealth inequalities and the disproportionate political power of wealthy elites, through to preserving dark sky sanctuaries and regulating light pollution from cities. Whilst there are measures that individuals can take, I will suppose that public health should have more coercive power to mandate how organisations, wealthy corporations and institutions use artificial light and outer space.

I argue that a general principle of limiting individual liberty in the name of public and global health is ethically justified. The skies should be considered the collective property off all humankind, not something that can be pilfered by wealthy elites and used as their private property.

I conclude with the actionable roles that public health can take at global and nationals levels in reclaiming the skies.

Comprehensive framings of sustainability are important for agrifood related public health outcomes

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2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

A constellation of crises intertwined with agrifood systems is reaching a point of conjuncture and threatening human and planetary health in manners that can no longer be contemplated in isolation. Dominant discourse perpetuates sustainability as a three-pillar model across environment, social and economic domains. However, the externalities of unsustainable agriculture are intertwined with broader domains such as human health and nutrition, farmer wellbeing, First Nations considerations, and governance. Addressing the interrelated human and planetary health crises and achieving agricultural sustainability is therefore contingent on adopting a comprehensive and systems-based approach to viewing and measuring sustainability.

A PhD project implemented a comprehensive sustainability assessment instrument in horticultural production systems (n=13) in rural Western Australia; the instrument assessed quantitative indicators including but not limited to farmer wellbeing, social connectedness, input use, micronutrients in production outputs, post-harvest loss; plus a semi-qualitative agroecology questionnaire evaluating elements such as responsible governance, human and social values, and culture and food traditions. Additional thematic analysis of interview data identified key structural drivers of on-farm unsustainability including access to and affordability of land and labour; colonial legacies and altered landscapes; governance concerns; and consumer-supermarket and market related factors. This points to key targets of change for agrifood systems that exist outside the three-pillar-model and reinforces the need for comprehensive framings of agricultural sustainability in policy and practice.

The systems-based nature of farms with more sustainable attributes was a barrier to quantification of many indicators and highlighted the strength of qualitative data. To increase impact of sustainability assessments and address human and planetary health needs, in addition to comprehensive framings, assessments need to take a mixed methods approach that can capture quantitative and qualitative data. Further, to identify locally relevant pathways to sustainable agriculture, incorporating the perspectives of place-based knowledge holders in the assessment process is recommended.

Strong Families, Strong Futures: Evaluating the Ngala Nanga Mai pARenT Program

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4E - Mental Health and Wellbeing, Barbarka Room, September 17, 2026, 11:00 AM - 12:30 PM

Background: Aboriginal families in Australia face health and wellbeing disparities driven by systemic inequity. Community-led programs have shown promise in promoting health and wellbeing, yet evaluations centering Aboriginal community's voices remain limited. The Ngala Nanga Mai (NNM) PARenTing Program is a weekly, three-hour community-based program for caregivers and preschool children held at the La Perouse Aboriginal Community Health Centre and run by the Sydney Children's Hospitals Network. Art is central to the program, alongside informal conversation and childcare. It also runs alongside a community paediatrics clinic, with embedded health education and professionals regularly providing health promotion to program participants.

Methods: This study aimed to evaluate caregiver perceptions of the NNM Program, exploring facilitators, barriers, and perceived wellbeing outcomes. Yarning (Indigenous Methodology) was conducted with 13 carergivers (both Aboriginal and non-Aboriginal) between October and December 2025. All participants had Aboriginal children. The project was overseen by a local Aboriginal Governance Group (AGG) from beginning to end. Transcripts were coded in NVivo and analysed using Braun and Clarke's thematic analysis framework.

Results: Six themes were identified: 1) culturally safe and inclusive environment; 2) social connection and trust; 3) health and wellbeing outcomes; 4) accessibility and program design; 5) social barriers to engagement; and 6) access to opportunities. Participants described improvements in health, reduced isolation, and increased confidence and trust in the medical system. Key barriers included shame, interpersonal tensions, and age-based eligibility criteria disrupting continuity of care.

Implications: Findings underscore the need for sustained funding of holistic and community-led programs, infrastructure investment and revised eligibility criteria to better reflect the ongoing needs and continuity of care for Aboriginal children and their families.

Aboriginal Governance: This study was guided by Aboriginal governance structures to ensure that data sovereignty principles were upheld and that all research processes were culturally appropriate. Aboriginal leadership was embedded throughout the project, as the first author (BW) and co-authors SW and LR are Aboriginal people. LR, an Aboriginal Elder and the founder of the program, provided cultural guidance and oversight throughout the study.

The project was also guided by an Aboriginal Governance Group, which provided strategic oversight and ensured that the research remained aligned with Aboriginal priorities, values, and ways of knowing. The Governance Group contributed to key decisions regarding study design, implementation, interpretation of findings, and dissemination of results.

Aboriginal researchers and governance group members guided all decisions. Findings were also reviewed through an Aboriginal lens to ensure that results were contextualised appropriately, reflected community strengths, and avoided deficit-based narratives.

The study was conducted in accordance with principles of respect, reciprocity, responsibility, and self-determination. Aboriginal leadership throughout the research process helped ensure that the

project was culturally safe, community-informed, and responsive to Aboriginal perspectives. These governance arrangements supported meaningful Aboriginal involvement in the generation and interpretation of knowledge and ultimately strengthens the relevance of the research for Aboriginal communities.

Connect4Health Digital-Enabled Social Prescribing: Connecting People with Cardiometabolic Conditions to Community Care

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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

Background: People living with cardiometabolic conditions frequently experience social isolation, fragmented care, and limited access to community-based supports that influence long-term health and wellbeing. These challenges disproportionately affect culturally and linguistically diverse, regional, and socioeconomically disadvantaged populations. Although social prescribing has emerged internationally as a promising approach to connect people with non-clinical supports, scalable and integrated delivery models remain limited in Australia.
Idea: Connect4Health is a digital-enabled social prescribing model designed to integrate healthcare, community services, and peer support for people living with cardiometabolic conditions. Connect4Health combines person-centred assessment, digital referral pathways, and AI-supported navigation to connect individuals with tailored local and digital supports, including peer groups, physical activity programs, health services, and culturally relevant community resources. A multilingual AI Companion will provide ongoing personalised support, facilitate engagement, and identify individuals requiring additional human-delivered care. Connect4Health combines digital infrastructure with existing community-based link workers and health professionals to support coordinated, person-centred care beyond the hospital or clinic setting.
Approach: Connect4Health will be co-designed with people with lived experience, clinicians, community organisations, and implementation partners across metropolitan communities in Victoria. The program will prioritise equity, accessibility, and cultural responsiveness, including support for people with lower digital and health literacy. Continuous evaluation and optimisation processes will use participant feedback, implementation data, and real-world service engagement to refine delivery and support integration within existing health and community systems.
Potential Impact: Connect4Health proposes a scalable and policy-relevant model to strengthen integration between health and social care for people with chronic conditions. By improving access to social and community supports, the program aims to enhance social connectedness, self-management, and quality of life while reducing fragmentation in chronic disease care. Connect4Health has the potential to inform future digitally enabled approaches to integrated public health and chronic disease management across diverse Australian communities.

Are commercial determinants of health addressed in Australian health policies?

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1D - Evidence-based Community Inclusion, Monngarrk Room A&B (Combined), September 15, 2026, 11:00 AM - 12:30 PM

The commercial determinants of health (CDoH) are increasingly recognised as major drivers of non-communicable disease and health inequities. However, the extent to which CDoH concepts are translated into policy action remains unclear. This study critically examined the extent to which Australian health promotion policies recognise and respond to the CDoH. We conducted a critical qualitative content analysis of 94 Australian Commonwealth, state and territory health promotion policy documents published between 2015 and 2025. Using a theory-informed a priori coding framework, we examined explicit recognition of CDoH and the nature of proposed policy responses. Eighteen policies explicitly referred to the CDoH or related concepts, all published from 2021 onwards, indicating recent but uneven policy uptake. Legislative and regulatory measures were concentrated in a small number of Commonwealth-led strategies and focused primarily on tobacco, with more limited attention to unhealthy food and alcohol. State and territory strategies relied more heavily on public awareness campaigns and administrative tools rather than direct regulation of the commercial sector. Governance protections against industry interference were largely confined to tobacco control, with no measures targeting the gambling and fossil fuels industries. Australian health promotion policies demonstrate emerging but uneven recognition of the CDoH, with limited institutionalisation through regulatory and governance measures. These findings highlight ongoing challenges in translating health promotion and CDoH frameworks into coherent, whole-of-government policy responses to address the commercial drivers of health and health inequity.

Strengthening Indigenous food security in remote Northern Australia: a policy analysis

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5A - Advancing Health Equity Across Diverse Communities, Wala mirr Theatre (Plenary room), September 17, 2026, 1:15 PM - 2:30 PM

The Northern Territory (NT) of Australia faces unique social, political, cultural, and geographical challenges regarding food security for Aboriginal Communities. International research and policy agendas have advocated for greater coherence across government policies that support Indigenous-grounded perspectives on food security, reflecting the lived realities and aspirations of Indigenous Peoples. While the need for cross-government collaboration to support local communities in achieving food security outcomes is recognised in key policies such as the 'National Strategy for Food Security in Remote Aboriginal and Torres Strait Islander Communities' and 'Closing the Gap', implementing this requires practical guidance, with an examination of opportunities to strengthen policies across sectors. This policy analysis therefore explores how the NT Government's public policies can be strengthened to better reflect food security for remote Aboriginal People, drawing on an adapted six-pillar framework of food security (availability, access, utilisation, stability, sustainability, agency). As part of this study, five key NT government departments were assessed against the framework. Of the six pillars, access, utilisation, agency, and sustainability were partially represented by all departments. Stability was the least well-represented pillar, important considering volatility in NT weather and global financial markets. Indigenous self-determination is relevant to all food security pillars; some departments had limited examples of its implementation. Alignment between departments' objectives is needed, as is greater attention to food stability, availability, and access. Greater attention to policy coherence can strengthen food security across the six pillars, particularly for Indigenous Peoples and in jurisdictions with high levels of food insecurity.

The first author (SH) and the senior author (BC) are of Aboriginal descent, with BC an accepted member of the Larrakia and Wadjigan nations in the Northern Territory. This research will be published, giving recognition to these authors, including attributing their language groups as per their preferences and/or outlining their cultural background in text and in this presentation. This research is part of the Menzies School of Health Research Nutrition team, led by BC, in collaboration with Monash University. This desk-based study, which included no Aboriginal individuals, communities, or organisations as participants, focused entirely on government policy through public-facing documents. The data was all from NT Government departments and is therefore not sensitive or subject to data sovereignty principles, but it is recognised that the research may impact Aboriginal Peoples and Communities.

Social and emotional wellbeing needs of healthcare workers in ACCHSs

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4E - Mental Health and Wellbeing, Barbarka Room, September 17, 2026, 11:00 AM - 12:30 PM

Introduction

Aboriginal Community Controlled Health Services (ACCHS) deliver holistic, culturally safe primary care and are associated with improved health outcomes and positive experiences for Aboriginal and Torres Strait Islander people. Despite these strengths, ACCHSs face challenges recruiting and retaining healthcare workers (HCW). The HCWs experience high levels of distress and burnout; for Aboriginal and Torres Strait Islander HCWs this is compounded by cultural and community responsibilities. The current study aims to: (1) identify social and emotional wellbeing (SEWB) support needs of HCWs in ACCHSs, and (2) co-develop a culturally responsive SEWB support framework and implementation plan, in partnership with ACCHSs, guided by HCW experiences.

Method

Clinical and non-clinical HCWs from two partner ACCHSs will participate in Yarning Circles or one-on-one Yarns to identify SEWB support needs and factors influencing help-seeking. These findings will inform the co-development of a SEWB support framework and contextualisation guide, with Yarning also used to engage HCWs and organisational leaders in refining and contextualising the framework. A Local Implementation Plan will then be collaboratively developed. All qualitative data will be analysed in partnership with Aboriginal researchers.

Results

Preliminary data collection has been completed, with Yarning sessions conducted with 35 HCWs across partner ACCHSs. Data analysis is currently underway; the results will describe HCWs' SEWB support needs and the co-designed SEWB framework developed with ACCHS HCWs and leadership. The complete findings, including co-design process will be presented at the conference.

Implications

The study will generate evidence for a scalable, culturally informed SEWB support framework tailored to the professional and cultural contexts of ACCHS HCWs, with potential to reduce burnout, distress, and workforce turnover. It aligns with national health-workforce priorities and will provide the first empirical evidence on the SEWB support needs of non-Indigenous health workers within ACCHSs.

Advancing Disability Equity Through Exercise-Based Wellbeing Support in Higher Education

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3B - Physical and Psychological Wellbeing, Darrwal Room A, September 16, 2026, 1:30 PM - 3:00 PM

University students with disability (SWD) experience persistent inequities in health, wellbeing, and participation in higher education, highlighting the need for system-level approaches to inclusion. This program of research examined whether wellbeing support, delivered through an exercise-based relational model, can function as a mechanism for advancing disability equity within a university setting.

A mixed-methods design was used across four interconnected studies involving qualitative inquiry, co-design, intervention implementation, and evaluation. Initial interviews with SWD (n = 31) identified fragmented and reactive support systems, alongside intersecting challenges including mental health concerns, financial stress, stigma, and competing life demands. Students emphasised the importance of relational support, flexibility, and holistic, person-centred approaches to wellbeing.

These findings informed the development of the Health, Empowerment and Lifestyle Project (HELP), a 10-week individualised exercise-based wellbeing intervention delivered by Accredited Exercise Physiologists within a university setting. A quasi-experimental pre-post evaluation (n = 20) indicated improvements in self-reported mental health, disability impact, and health-related behaviours. Qualitative findings suggested key mechanisms of change including relational trust, tailored support, increased self-efficacy, and enhanced agency.

Stakeholder interviews (n = 13) with university staff and service leaders described HELP as an “equity in action” initiative addressing gaps in existing support systems. However, challenges to sustainability were identified, including fragmented service structures, resourcing constraints, and tensions between relational approaches and efficiency-driven institutional priorities.

Collectively, findings demonstrate that wellbeing operates not only as an outcome of equity but as a mechanism through which equitable participation may be enabled. This program of research advances a contextually embedded, exercise-based relational model of wellbeing support. While developed within one university setting, the findings offer transferable insights to inform the design and implementation of similar approaches in other contexts seeking to strengthen disability equity through integrated, health-promoting systems.

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Targeting Dementia Prevention in Older Women Using Modifiable Risk Factors

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3D - Translating Evidence into Community Health, Monngarrk Room A&B (Combined), September 16, 2026, 1:30 PM - 3:00 PM

Background
Dementia is the leading cause of death among Australian women and a growing public health challenge for ageing populations. Although several dementia risk prediction tools exist, few have been specifically developed and externally validated for community-dwelling older women at highest risk of dementia. There remains limited evidence on how later-life dementia risk stratification can support targeted prevention and health service planning in ageing populations.

Aim
To develop and externally validate a practical dementia risk stratification model for community-dwelling older women using routinely obtainable demographic, behavioural, and health indicators.

Methods
The DEMRISK-W model was developed using data from 1,358 women aged ≥70 years from the Perth Longitudinal Study of Ageing Women (mean follow-up 12.2 years; 237 incident dementia events) and externally validated in 761 women from the English Longitudinal Study of Ageing (ELSA; mean follow-up 10.2 years; 94 incident dementia events). Predictors were selected using penalised regression methods and included modifiable and clinically accessible risk factors.

Results
The final model included age, education, marital status, smoking, body mass index, grip strength, physical activity, diabetes, and hypertension. DEMRISK-W demonstrated moderate discrimination across prediction horizons and outperformed age-only prediction approaches at 10 years (AUC 0.68 vs 0.62). External validation showed consistent performance and good calibration after recalibration. Decision curve analysis demonstrated potential clinical and public health utility across relevant risk thresholds.

Implications for Public Health Practice
DEMRISK-W provides a scalable approach for identifying older women at elevated dementia risk using routinely collected measures already available in many clinical and community settings. The model supports movement toward more targeted prevention, earlier monitoring, and risk-stratified approaches to dementia care and service planning. This work also highlights the importance of incorporating modifiable risk factors into later-life dementia prevention strategies rather than relying solely on chronological age.

WISDOM: Reframing Women’s Brain Health and Dementia Prevention

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2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

Dementia is the leading cause of death among Australian women, yet prevention strategies continue to rely largely on approaches developed from mixed-sex populations that may overlook female-specific determinants of brain health. Increasing evidence suggests that reproductive history, the menopausal transition, cardiovascular changes, sleep disturbance, psychosocial stressors, and social factors influence women's dementia risk across the life course. Despite this, these factors remain poorly integrated into dementia prevention research, risk communication, and public health practice. WISDOM argues that dementia prevention should be viewed as a women's health equity issue. Rather than applying a one-size-fits-all approach to healthy ageing, prevention strategies must recognise the biological, social, and lived experiences that shape women's health trajectories from midlife onwards.

This presentation introduces a new public health approach that combines epidemiology, consumer partnership, and translation science to develop more relevant and actionable prevention strategies for women aged 45+ years. Through longitudinal cohort analyses and co-design with women from diverse backgrounds, WISDOM seeks to improve how dementia risk is identified, communicated, and addressed. A key output is the co-designed WISDOM Women's Brain Health Toolkit, which will provide accessible, evidence-based information and personalised risk communication to support informed health decisions during midlife.

While dementia is the initial focus, the broader message is that women's healthy ageing requires a sex-specific lens. The principles underpinning WISDOM have relevance beyond dementia, offering a model for addressing inequities in the prevention of cardiovascular disease, frailty, multimorbidity, and other chronic conditions that disproportionately affect women in later life.

Social practice of lunchbox preparation and children's oral health

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4C - Sustainable Healthy Living, Darrwal Room B, September 17, 2026, 11:00 AM - 12:30 PM

Poor oral health (dental decay) remains a globally recognised concern, especially among refugee and immigrant children. While dietary practices are known to influence oral health, less is understood about how everyday food related activities shape dietary intake and eating patterns. This study explored lunchbox preparation as a social practice and its interconnection with other social practices to understand its effect on children's dietary consumption and in turn on oral health. The study utilised focused ethnography to enable an in-depth understanding of lunchbox preparation as a social practice and its elements: materials (physical objects), meanings (purpose) and competences (knowledge). Semi-structured interviews with 35 mothers from culturally and linguistically diverse backgrounds and five service providers, along with observations, were used for data collection. Data were analysed inductively and deductively through a social practice theory lens. Findings demonstrate that lunchbox preparation is embedded within broader social and temporal arrangements of everyday family life. Decisions about lunchbox contents are often driven by convenience, emotional considerations and routine practices rather than individual dietary choices alone. Understanding these practices as socially embedded offers valuable insights for oral health promotion and highlights the need for interventions that address the wider contexts in which feeding related practices are performed.

Psychological distress and hidden barriers to medication adherence in chronic disease

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3B - Physical and Psychological Wellbeing, Darrwal Room A, September 16, 2026, 1:30 PM - 3:00 PM

Background: Poor medication adherence contributes substantially to preventable chronic disease burden and healthcare costs. Studies consistently report that psychological distress is associated with poorer adherence, yet the underlying mechanisms remain unclear. Identifying modifiable pathways is critical to informing more effective, person-centred adherence interventions within chronic disease management systems. The aim of this study was to examine multiple cognitive and affective pathways from psychological distress to medication adherence.
Methods: A cross-sectional survey of 201 Australian adults regularly taking prescribed medication for various physical and mental conditions was conducted via Prolific (58% female, mean age 37.1, SD=13.6). Participants completed a series of validated questionnaires online. Parallel multiple mediation analysis was conducted to assess the direct pathway between psychological distress and medication adherence behaviour, and indirect pathways through perceived cognitive difficulties, fatigue, and four styles of coping with stressful decisions (“vigilance”, “hypervigilance”, “buck-passing” and “procrastination”).
Results: Higher psychological distress was associated with greater perceived cognitive difficulties (β=0.534), higher levels of maladaptive decision-making coping styles (hypervigilance β=0.601; procrastination β=0.467; buck-passing β=0.245), and lower energy (β=−0.610) (all p<.001). In the multivariable analysis, the direct effect was significant, with lower psychological distress associated with greater medication adherence (β=-0.283, p=.010). Two significant indirect pathways emerged through perceived cognitive difficulties and hypervigilance, an over-engaged and anxious decision-making coping style. Lower perceived cognitive difficulties (β=-0.234, p=.013) and greater hypervigilance (β=0.309, p=.001) were associated with greater medication adherence. Model fit was acceptable (CFI=0.98, TLI=0.93, RMSEA=0.076, SRMR=0.041).
Conclusions: Psychological distress may undermine medication adherence through overlooked cognitive self-management barriers. Findings suggest multiple pathways, including perceived cognitive difficulties and highly engaged yet dysregulated decision-making processes. These results identify actionable targets and highlight opportunities for system-level approaches that better integrate mental wellbeing into adherence strategies. Future longitudinal and intervention research is needed to test whether addressing these cognitive barriers can improve adherence outcomes.

Evaluating Sentinel Surveillance System Coverage Using Hepatitis C Population Notification Data

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1E - Data-driven Population Health Prevention, Barbarka Room, September 15, 2026, 11:00 AM - 12:30 PM

Abstract
Sentinel surveillance systems are widely used to monitor disease trends, yet systematic evaluation of their population coverage and geographic representativeness rarely occurs. We have developed and applied a replicable methodology, using hepatitis C as a test case, that enables jurisdictions to assess sentinel surveillance coverage, identify recruitment priorities, and prioritise strategic expansion, using data they already hold.

Using hepatitis C notification data from the NSW Notifiable Conditions Information Management System (NCIMS, 2016-2023; n=21,589 notifications), we matched diagnoses from ACCESS (the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmissible Infections and Blood Borne Viruses) participating clinics against all NSW notifications in this retrospective study. Notifying clinic addresses underwent systematic standardisation before matching against the ACCESS site registry; ambiguous cases, including hospital settings where department and facility address differed, were reviewed manually. Addresses were mapped using geographic identifiers and classified as major city or regional using Australian Bureau of Statistics remoteness classifications. Annual notification counts were converted to proportions per 1,000 state notifications to account for year-to-year variation, with high, intermediate, and low volume thresholds calculated from the distribution of non-zero notification rates, stratified by remoteness. Non-participating sites classified as high volume were identified as strategic recruitment targets, with prioritisation based on the persistence of high notification rates across 2016-2023.

ACCESS coverage in NSW rose from 13.9% in 2016 to a peak of 80.9% in 2019, before declining to 39.2% in 2022. The classification methodology identified 76 high-volume locations not currently in ACCESS, of which 17 were consistently high-notifying across at least three years and are now prioritised as recruitment targets.

Beyond the hepatitis C context, this framework addresses a persistent gap in surveillance practice, providing a systematic, replicable approach for assessing sentinel surveillance system performance directly transferable to other jurisdictions and disease surveillance systems working toward elimination.

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“Teach us how to use it, don’t criminalise it”: GenAI Needs Analysis

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3C - Future Public Health Workforce, Darrwal Room B, September 16, 2026, 1:30 PM - 3:00 PM

Background
The education sector is rapidly adapting to the implications of Generative AI (GenAI) However, staff and student perspectives are rarely examined together, despite both shaping how emerging technologies are adopted in practice.

Methods
We analysed two groups within a large Australian health faculty: a mixed-methods staff survey (n=96 educators) and open-ended survey responses from Master of Public Health students across two cohorts (2025, n=40; 2026, n=44) on how the program could better support appropriate GenAI use. Quantitative data were summarised descriptively; qualitative data underwent thematic analysis.

Results
Educators and students independently identified shared priorities. Both highlighted the value of consistent cross-subject guidance and reliable approaches to academic integrity, with current detection tools a common source of friction for educators managing integrity processes and students concerned about wrongful detection. Both groups pointed to authentic assessment redesign as a constructive way forward, and several students praised assignments asking them to critique GenAI outputs. Educators and students differed in a few areas of emphasis. Students more often favoured GenAI integration, framing it as workforce preparation. Overall, 73% of surveyed educators intended to use GenAI in their education but only 10% (9 of 86) felt sufficiently resourced to implement it. Educators navigated low self-efficacy for a range of GenAI skills (median confidence 15 to 39 out of 100). The specific types of GenAI skills that students demanded mapped directly to the specific types of GenAI skills that staff requested as professional development. A thoughtful minority in both groups questioned GenAI use on ethical grounds.

Conclusions
These findings constitute a needs analysis that pinpoints where educator capability development will have most effect and confirms strong student demand as a driver. Aligning willing educators with ready learners is achievable through coherent guidance, fair integrity processes, authentic assessment, and targeted faculty development.

Measuring genito-pelvic pain: Gaps and future directions for inclusive care

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5D - Embedding evidence into Policy and Practice, Monngarrk Room A&B (Combined), September 17, 2026, 1:15 PM - 2:30 PM

Background: Genito-pelvic pain affects many people across their lifespan and can be associated with genito-pelvic pain/penetration disorder (GPPPD). GPPPD can make vaginal insertion from penetrative sex, fingers, menstrual products, cervical screening, and gynaecological examination painful, difficult, or impossible. It therefore extends beyond sexual or relationship functioning and impacts menstrual health, preventive care, and quality of life. Yet, there is lacking synthesis of patient-reported outcome measures (PROMs) to assess GPPPD. Hence, this systematic review identified PROMs used in GPPPD assessment and examined measurement gaps.

Methods: Following PRISMA guidelines, databases including PubMed, Scopus, ProQuest, CINAHL, and COSMIN were searched in 2026 for English-language studies reporting PROMs relevant to GPPPD symptomology. Additional bi-directional citation searching was undertaken. Sixteen eligible studies were included. Data were extracted and mapped against GPPPD diagnostic criteria.

Results: Six PROMs focused on GPPPD subtypes of vaginismus and dyspareunia. The remaining PROMs assessed broader sexual function or distress and only partially captured GPPPD symptomology. The PROMs largely focused on pain location and intensity, and negative cognitions related to penis-in-vagina (PIV) penetration. There was lacking measurement of non-PIV insertion experiences, co-occurring conditions commonly associated with GPPPD, and patients' healthcare experiences and goals beyond sexual penetration.

Conclusions: The identified gaps in PROMs may contribute to under-recognition of GPPPD within healthcare systems. Future measure development and implementation should review non-PIV insertion experiences, healthcare interactions, and commonly co-occurring conditions. Such PROMs may better identify multimorbidity patterns and psychosocial impacts to support earlier detection, timely diagnosis, and whole-person care of GPPPD. This could improve recognition of GPPPD across diverse populations, including people who are not sexually active, non-heterosexual, or prioritising non-PIV vaginal insertion such as cervical screening or menstrual product use. Advancing inclusive and person-centred PROMs for GPPPD could improve preventive healthcare and enable public health systems to better support diverse healthcare needs.

Ngala Bidi: A Culturally Safe Emergency Care Pathway

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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

'Ngala Bidi' is an Aboriginal-led model of care designed to improve cultural safety, strengthen patient engagement and reduce incomplete episodes of care for Aboriginal and Torres Strait Islander (ATSI) patients in Fiona Stanley Hospital's Emergency Department. The program offers a practical response to a persistent public health challenge: unequal access to timely, culturally appropriate and relationship-based emergency care.

ATSI people experience a disproportionate burden of disease relative to non-Indigenous Australians. Emergency departments serve as critical access points for populations with limited primary care engagement, and ATSI people present to EDs at higher rates compared to non-Indigenous Australians. At FSH, a tertiary hospital servicing a South Perth catchment population of approximately 724,504 people, around 20,027 identify as ATSI. ATSI patients are discharged against medical advice at a rate of 3.8% of hospital admissions, compared with 0.7% among non-Indigenous patients, representing more than a five-fold disparity.

Under the purview of the Fiona Stanley Aboriginal ED Access Committee, Ngala Bidi is implemented through a structured care pathway that guides the patient journey. The program is centred on early and appropriate identification of Aboriginal status, culturally welcoming signage and space within ED, and Aboriginal Liaison Officers, Aboriginal Health Workers and Aboriginal Health Practitioners who support culturally safe care alongside ED staff.

Key components include clinical yarning, early Aboriginal-led engagement, recognition of patients at risk of disengagement while waiting, flexibility around earlier clinical review where appropriate, and supported continuity of care if patients leave before assessment. Follow-up contact within 24–48 hours is included where possible.

Implementation and evaluation are ongoing using Did Not Wait and Discharged Against Medical Advice rates, Aboriginal identification rates, patient feedback and staff capability measures. Planned expansion to Rockingham ED and Peel Health Campus ED provides an opportunity to translate Ngala Bidi from a local ED initiative into a broader South Metropolitan Health Service model of culturally responsive emergency care.

The Ngala Bidi program is supported by an Aboriginal governance structure through the Fiona Stanley Aboriginal ED Access Committee and associated working group. Aboriginal leadership is embedded through the involvement of Aboriginal program and research officers, Aboriginal Liaison Officers and Aboriginal Health staff in the development, implementation and review of the model of care.

Governance and working group meetings include representation from the Aboriginal Health Strategy team within South Metropolitan Health Service, Aboriginal Health teams from other hospital sites including Rockingham General Hospital and Peel Health Campus, an Aboriginal Consumer Representative, and an Aboriginal Community/Carer Representative. This ensures that program development is informed by Aboriginal staff, consumer and community perspectives.

Given Fiona Stanley Hospital's role as the largest tertiary hospital within the network, the working group determined that the program should be implemented first at FSH before planned expansion to other South Metropolitan Health Service emergency departments. This staged approach allows the

model to be tested, refined and evaluated in a high-volume clinical environment prior to broader implementation.

Indigenous data sovereignty principles are supported by ensuring that data is used for service improvement, accountability and culturally safe care. Data relating to Aboriginal patient identification, DNW rates, DAMA rates, patient feedback and staff capability are considered within the Aboriginal governance structure to guide program refinement and ensure interpretation remains culturally appropriate.

Strengthening public health through community resilience centres for climate adaptation: ClimateRes project

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1C - Climate Risk and Resilient, Darrwal Room B, September 15, 2026, 11:00 AM - 12:30 PM

Climate extremes such as heatwaves and bushfires often occur concurrently, and exert a substantial burden on public health. They disproportionally affect at-risk populations, including those with respiratory or cardiovascular illness, the elderly, pregnant people, young children, First Nations people, those living with a disability and those in low-income households. Such health risks are projected to increase in a warming climate, particularly in urban areas where diverse communities are affected by heat islands, lack of green space, poor housing conditions and socio-economic disadvantage. Therefore, evidence-based interventions are urgently needed to mitigate health risks and vulnerabilities from exposure to bushfire smoke and extreme heat.

A promising intervention for reducing such exposure is ‘community resilience centres’: cooler spaces with cleaner air, created in existing public buildings in high-risk areas. Funded by NHMRC, the ClimateRes project explores the potential health benefits of community resilience centres during extreme climate events. It aims to assess how effectively selected public buildings reduce exposure to heat and smoke, improve health benefits and lower costs, and identify implementation challenges and scalability opportunities in rapidly growing and high-risk suburbs of Western Sydney and Canberra.

Through a series of community-based workshops, stakeholder interviews and focus group discussions, development of screening tools and vulnerability indicators, the project identifies key generalisable building, location, accessibility, ventilation and other characteristics of community centres that can better protect the public from heatwaves and bushfire smoke. Deployment of environmental sensors (monitoring indoor/outdoor PM2.5, CO2, temperature, humidity) enables assessment of the protective effect of the building envelope and air filtration systems in a variety of public buildings, such as libraries and community clubs. The project provides recommendations and guidelines for local governments and public health authorities seeking to identify and implement community resilience centres for Australian population groups at higher risk.

Achieving 90-70-90 cervical cancer elimination targets in Nigeria: a health workforce analysis

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3C - Future Public Health Workforce, Darrwal Room B, September 16, 2026, 1:30 PM - 3:00 PM

Background

Nigeria ranks highest for cervical cancer burden in Sub-Saharan Africa, with 13,700 new cases and 7,100 deaths annually. Addressing this burden requires Nigeria to achieve the WHO 90-70-90 targets for vaccination, screening, and treatment, which depend critically on health workforce capacity. However, information on workforce availability, distribution, and engagement in Nigeria from a cervical cancer service-delivery perspective is limited. This study assessed these domains to provide relevant evidence that can inform workforce interventions.

Methods

This study utilised a convergent parallel mixed methods design. Data from five regulatory and professional bodies and the Nigeria Health Workforce Profile (2022-2026) were used to examine relevant workforce stock, licensure gaps, and workforce density benchmarked against recommended thresholds. The qualitative strand involved nine key informant interviews with policymakers and top-level health workers, which were analysed using reflexive thematic analysis.

Results

Of the 635,503 registered health workers, only 64.5% were licensed, with physicians (36.8%) and nurses and midwives (46.3%) representing the highest proportion of unlicensed personnel. Substantial deficits were documented across all cadres. Physician, nurse, and midwife density was 11.26 per 10,000, representing only 25.3% of the SDG threshold. Specialist cadres, including oncologists, who are critical to cervical cancer treatment, constituted only 0.26% of the workforce. Six themes developed in the qualitative strand provide additional context: Despite progress in governance and vaccination, an unethical screening-treatment gap exists; health workers are disengaged, maldistributed, and depleted by brain drain due to the lack of an enabling work environment; and training capacity and access are limited.

Conclusion

Nigeria's health workforce is inadequate to achieve the 90-70-90 cervical cancer elimination targets. Closing this gap requires sustained investments in expanding training capacity, especially for specialists, equitable workforce distribution, and creating an enabling environment that prioritises welfare and infrastructure to attract and retain the cancer workforce in areas of greatest need.

The impact of children's and adolescent's social media use on wellbeing

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3B - Physical and Psychological Wellbeing, Darrwal Room A, September 16, 2026, 1:30 PM - 3:00 PM

Background: Understanding the impact of social media (SM) on children's wellbeing is a key priority of policy makers, researchers, and families. Recent Australian Government age-related restrictions have further amplified this focus. This study explored children's (8-16yr) SM use and associations with wellbeing.
Methods: Parents of 8-16-year-old children in Australia (n=660; 2025) proxy-reported: if their child used SM, daily duration, age of first use, use of six common platforms, and child wellbeing via the KIDSCREEN-10 measure. Multiple linear regression models (adjusted for age, gender, physical activity, and sleep guideline adherence) determined associations between SM use, age of first use, type of SM platform used, SM duration, and wellbeing. Models were also stratified by age (younger: 8-≤13yrs; older: 13-16yrs).
Results: On average, children (mean age: 12.15±2.54; 57% male) first used SM at 11.01yrs (±2.93). Compared to younger children, more older children used SM (90% vs 58% respectively; p<0.001) and each SM platform (e.g. 85.2% vs 57.5% used YouTube; p<0.001). Compared to older children, younger children started using SM at a younger age (10yrs vs 12yrs; p<0.001) and spent less time on SM (94 vs 222 mins/day; p<0.001). The one variable positively associated with wellbeing was age of first use: each additional year of delay in starting to use SM was associated with higher wellbeing. This was evident amongst the whole sample (B=0.52, 95%CI: 0.08, 0.96; p=0.022), and older children (B=0.78, 95%CI: 0.17, 1.40; p=0.013). There were no other associations between SM use and wellbeing.
Conclusion: Children engage in high levels of social media use, starting younger than platforms' minimum age. Given that age of first use was positively associated with wellbeing, family and policy initiatives to delay first use may be important strategies to manage the detrimental impacts of social media on wellbeing. Longitudinal follow-up is needed to understand the long-term impacts.

Operationalising Anti-Racism in Dental Education: A Logic Model Analysis

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5A - Advancing Health Equity Across Diverse Communities, Wala mirr Theatre (Plenary room), September 17, 2026, 1:15 PM - 2:30 PM

Background
Accreditation standards are powerful levers in shaping dental education, guiding curriculum design, institutional culture, and accountability. In Australia, the Australian Dental Council (ADC) recently updated its accreditation standards, with domain six focused on cultural safety for Aboriginal and Torres Strait Islander peoples. While cultural safety is named explicitly, concepts such as racism, colonisation, and antiracism have failed to be mentioned. To strengthen accountability and progress equity, critical frameworks are needed to assess how accreditation standards support systemic change.
Methods
This study applies a logic model approach to critically analyse the latest ADC accreditation standards, focusing on standards that explicitly or implicitly address equity, cultural safety, ethics, recruitment, training, and care provision in dental education.. Each standard was mapped across five components: inputs, activities/processes, outputs, short-term outcomes, and long-term impacts. Analytical questions were applied to examine explicit and implicit terminology, responsibility language, and agency.
Results
The analysis found that domain six demonstrates strong institutional responsibility for embedding cultural safety, recruitment of Aboriginal and Torres Strait Islander students, and integration of Indigenous knowledge in curriculum and governance. Outputs emphasise graduate competence in culturally safe practice and institutional provision of supportive environments. However, across all six standards, racism, antiracism, and colonisation were not explicitly named. This absence risks leaving structural racism unaddressed, limiting long-term impact on equity and racial justice.
Conclusion
The logic model approach highlights strengths in the ADC standards while exposing gaps in explicitly confronting racism and colonisation. Embedding antiracism language and accountability mechanisms in accreditation can transform cultural safety from a broad aim into a strategy for systemic change. These findings offer a framework for advancing equity in dental education and inform future revisions of dental accreditation policy in Australia.

Heat-related mental health hospitalisations in Australia: implications for climate-health adaptation

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4A - Turning Evidence into Actionable Mental Health Practice, Wala mirr Theatre (Plenary room), September 17, 2026, 11:00 AM - 12:30 PM

Climate change is increasingly recognised as a major public health threat, with the physical health impacts of high temperatures well established. However, national evidence on temperature-related effects on mental health outcomes in Australia remains limited. This study examined the association of both higher and lower outdoor temperatures with mental health-related hospitalisations across Australia and estimated the heat-attributable health and hospital cost burden.

We used weekly Statistical Area Level 4 mental health-related hospitalisation data from AIHW, linked with population-weighted SA4-level weekly mean temperature. A two-stage time-series framework using distributed lag non-linear models was applied to estimate temperature-related risks and attributable burden; hospital costs were estimated by combining attributable numbers with 2022–2023 mental health hospitalisation episode benchmark costs.

Over 2006–2019, there were 8.6 million mental health-related hospitalisations in Australia. In the standardised national cumulative exposure–response curve, higher weekly mean temperatures were associated with increased mental health hospitalisation risk, while lower temperatures were not associated with increased risk relative to the national median reference temperature. Relative risks were 1.05 (95% CI: 1.03, 1.08) and 1.06 (95% CI: 1.02, 1.10) at the 90th and 99th percentiles of weekly mean temperature, respectively. Heat exposure above the 90th percentile was associated with approximately 2,438 heat-attributable mental health hospitalisations per year, corresponding to an estimated hospital cost burden of AUD 51.1 million annually. Higher heat-attributable mental health hospitalisation fractions were observed in the Northern Territory, northern Western Australia and inland Queensland, suggesting greater heat vulnerability in hotter and more remote settings.

These findings indicate that heat, rather than cold, is an important and geographically uneven contributor to mental health hospitalisations in Australia. Mental health should be more explicitly incorporated into climate adaptation planning, including heat-health warning systems, health service preparedness and place-based strategies for communities facing increasing heat exposure under climate change.

Implementing a school-based physical activity/physical literacy website measurement platform: teacher's experiences

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3A - Empowering Diversity in Health Systems, Wala mirr Theatre (Plenary room), September 16, 2026, 1:30 PM - 3:00 PM

Background: Physical inactivity is a major public health priority in Australia and yet there is no monitoring platform. A purpose-built online platform for schools was developed in collaboration with key partners to enable Australian schools to capture child- and school-level physical activity (PA) and physical literacy (PL). This project examined implementation of the platform.
Methods: Nine primary schools in WA participated. Following platform training, teachers administered the PA and PL online tool to their students (n=>376; Yr1-6). A sub-sample of school personnel completed an implementation survey (n=27) and semi-structured interviews (n=18) to explore the implementation outcomes of appropriateness, acceptability, and adoption.
Results: Teachers felt the child surveys were appropriate for students, as they were quick and easy, with simple wording and images enhancing engagement and understanding. Challenges related to comprehension for certain students (e.g. younger, English as another language). Results from the tool were well received, particularly the capacity to look at child-, class- and school-level data. Benefits included tangible insights into areas of success and additional needs. Misalignment with PA/PL expectations were noted by some. Most teachers intended to share results with colleagues and school leadership to advocate for change (e.g. install bike sheds), and to emphasise the importance of PA/PL for student's physical, social, emotional and mental health. Teachers noted results had potential to inform changes to teaching practices (e.g. expanding organised and non-organised activity options), and wide-reaching policies (e.g. active transport, student wellbeing, environmental initiatives, sunsafety, and community engagement).
Conclusion: Findings support national scale up of the platform. This would provide a tool to inform school level practice and policy planning, as well as national surveillance and understanding of child PA/PL levels which can directly inform public health priorities and initiatives.
Funding: Healthway, in partnership with Australian Sports Commission, Department of Education (WA), The Kids Research Institute.

Inequities in migrant health: using linked data to uncover what surveys cannot

Dr Joanne Flavel[1], Adelaide Chiang[1]
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5A - Advancing Health Equity Across Diverse Communities, Wala mirr Theatre (Plenary room), September 17, 2026, 1:15 PM - 2:30 PM

Background evidence: Migration is a social determinant of health (SDH), providing access to social and economic resources. Structural differences in migrant living conditions increase health risks and can lead to health inequities. There is growing evidence of circumstances of migration influencing health, particularly visa types which interact with country of birth.
Research on this topic has largely relied on costly primary studies, limiting identification of how policy settings shape health outcomes. Few existing surveys have sufficient observations on migrants for disaggregated analysis of the intersectionality of visa status, gender, SDH, and country of birth. Linked administrative data offer an affordable alternative but remain underutilised.
Objectives; 1) to determine the utility of the Australian Census and Temporary Entrants Integrated Dataset (ACTEID) for conducting population analysis of social determinants of health disaggregated by visa type, gender and country/region of birth. 2) analyse patterns of SDH and how these differ by visa type focusing on student, working holiday makers, and skilled visa holders.
ACTEID links Census and Department of Home Affairs data including on visas, demographics, SDH and health. Published research using ACTEID has been limited to single-country or single-visa-type profiles rather than comparative analysis.
Outcomes: ACTEID has utility for analysis of key SDH by broad visa types (student visa holders, working holiday makers and skilled visa holders), gender and region of birth. Observations allow for disaggregated analysis, uncovering important differences in migrant experiences and outcomes masked by aggregate survey data on migrants. Our analysis found important differences in employment, income and recognition of education and inequities by visa status and gender, which are influenced by immigration rules and structural barriers to equitable outcomes.
Using linked data can move the field beyond exploratory studies to provide representative evidence that can directly inform action by advocates and practitioners to improve migrant health outcomes.

Unhealthy digital marketing among Australian Aboriginal peoples: #DigitalMob pilot study findings

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4B - Advancing Digital Public Health, Darrwal Room A, September 17, 2026, 11:00 AM - 12:30 PM

Background
Digital marketing systems exploit personal data for commercial gain, often without meaningful user consent. Social media platforms enable highly personalised targeting, frequently exposing users to promotions for alcohol, gambling, and unhealthy food products. Despite the disproportionate burden these industries place on Aboriginal and Torres Strait Islander health and wellbeing, the extent of exposure to harmful marketing remains largely unknown.

Objective: To quantify Aboriginal adults' exposure to digital marketing of unhealthy food and beverages, alcohol, gambling, tobacco and e-cigarettes, and to describe the nature of digital marketing exposure including platform, marketing type and presence of Indigenous-specific content.

Methods: Thirty-one Aboriginal adults were asked to record their screens on one weekday and one weekend day, capturing approximately one-third of their usual daily screen time (maximum 60 minutes). Recordings were analysed using SCANNER, an automated system trained to detect food, beverage, alcohol, gambling, tobacco and e-cigarette marketing. Demographic data and usual online behaviours were collected via an online survey. Descriptive statistics, a Mann-Whitney U and Fisher's Exact test were used to analyse marketing detections and estimated daily marketing exposure.

Findings: Almost all (n=29/31, 94%) participants were exposed to unhealthy digital marketing. Of the 587 marketing instances detected, unhealthy food brands were most common (47%), followed by gambling (28%), alcohol (15%), sweetened beverages (9%) and tobacco (0.7%). No e-cigarette brands were detected. Approximately 20 instances of unhealthy marketing were detected per hour of screen recording. Estimated median daily exposure was 18.4 instances of unhealthy food marketing, 4.1 gambling, 2.9 alcohol, and 2.5 sweetened beverage marketing each day. Male participants, aged 30 years and under, recorded significantly more marketing detections overall and for gambling specifically (both $p<0.001$).

Conclusion: The pilot study suggests the pervasiveness of unhealthy food and beverage, gambling and alcohol marketing in the everyday digital lives of Aboriginal participants. Comprehensive regulation of unhealthy digital marketing is urgently required to advance Aboriginal health.

Upholding Indigenous Data Sovereignty
This pilot study was part of a larger Aboriginal-led research project on the commercial determinants of Aboriginal and Torres Strait Islander health. The research team includes Aboriginal and non-Aboriginal university researchers, with expertise in Indigenous health research and CDoH, working in

partnership with national and state peak bodies representing Aboriginal Community Controlled Health Organisations (ACCHOs). Oversight was provided by an Indigenous data governance committee to ensure principles of self-determination and Indigenous data sovereignty were upheld.

Training health professionals in smoking cessation: a Cochrane systematic review

Mrs Kelsey Sharrad[1], Dr Kristin Carson-Chahhoud[1], Dr Marjolein Verbiest[2], Dr Sarah Greenslade[3], Tom Parkhouse[4], Prof Willem Assendelft[5], Jonathan Livingstone-Banks[6]
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5C - Translating Evidence into Health System Improvement, Darrwal Room B, September 17, 2026, 1:15 PM - 2:30 PM

Introduction: Brief intervention by health professionals (HPs) can increase patients' smoking cessation attempts. Barriers to the provision of support include lack of time, confidence, and knowledge. Previous review versions show that training HPs in brief intervention techniques can address these barriers, and can be effective in increasing quit attempts. This review update aimed to re-assess the effectiveness of training HPs to deliver smoking cessation interventions to their patients.

Methods: Authors followed Cochrane methodology with guidance from the Cochrane Tobacco Addiction Group. Databases were searched to August 2024 for RCTs in which HPs were trained in smoking cessation, with minimum 6-months follow-up. Data extraction and risk of bias were conducted by two authors, certainty of evidence was assessed using GRADE methodology. Results were combined in a meta-analysis where possible and reported in narrative synthesis.

Results: Twenty-nine studies were included in the review; involving 4,030 HPs and n=38,178 patients. Ten studies were assessed to be at low risk of bias, 17 unclear risk, and 2 high risk. We found high-certainty evidence that when HPs are provided with smoking cessation training, more of their patients quit compared with those whose HPs were not trained (RR 1.34, 95% CI 1.08 to 1.67; I2 = 48%; n = 16,513 patients, n = 16 studies). Features associated with higher cessation rates include higher-intensity training (RR 1.64, 95% CI 0.86 to 3.12; I2 = 54%; 4 studies, 1151 participants; low-certainty evidence), adjunct nicotine replacement therapy (RR 1.64, 95% CI 0.72 to 3.71; I2 = 69%; 2 studies, 1892 participants), and prompts to HPs (RR 1.37, 95% CI 0.69 to 2.70; I2 = 66%; 3 studies, 2429 participants).

Discussions and Conclusions: Overall, a moderately large amount of methodologically rigorous evidence supports the effectiveness of training HPs in smoking cessation for both successful cessation, and quit attempts amongst patients.

Incentive 2 Quit pilot program: smoking & vaping cessation among high-prevalence users

Mrs Kelsey Sharrad[1,2], Dr Shagufta Perveen[1,3], Ms Tahlia Grammatopolous[1,2], Mr Damon Philips-Chantelois[1,2], Bruce Surman[4], Clinton Cenko[4], A/Prof Ryan Courtney[5], A/Prof Kristin Carson-Chahhoud[1,2]

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1E - Data-driven Population Health Prevention, Barbarka Room, September 15, 2026, 11:00 AM - 12:30 PM

Background: Smoking and vaping remain major public health challenges in South Australia, particularly among populations experiencing socioeconomic disadvantage. Financial incentive interventions have demonstrated effectiveness for smoking cessation internationally; however, translation into routine Australian health service delivery has been limited. The Incentive 2 Quit (I2Q) pilot is a world-first South Australian Government-funded smoking and vaping cessation program embedding financial incentives within existing public health services.

Model of care: I2Q facilitates referral pathways to Quitline, behavioural support resources, and staged financial incentives linked to engagement and abstinence outcomes. Program outcomes were evaluated using implementation and effectiveness indicators informed by the RE-AIM framework between March 2023 and December 2025.

Results: As of December 2025, sites spanning four NALHN health services, substantially exceeding original targets. Among participants who reached the 6-month milestone (n=331), 30.5% achieved abstinence (intention-to-treat), with participants lost to follow-up considered continuing to smoke. The highest quit rates were observed in Aboriginal health services (34.0%). Overall, 52% of participants engaged with Quitline counselling, with an average of 2.3 sessions per participant. The program demonstrated strong adoption across participating services, despite implementation challenges including workforce turnover and inconsistent training uptake among some staff.

Conclusion: I2Q demonstrates the feasibility and potential effectiveness of embedding financial incentive smoking and vaping cessation interventions within routine Australian public health services. The program provides an implementation-ready model with strong potential scalability across diverse healthcare settings and population groups, while contributing to South Australia’s Tobacco Control Strategy priorities and broader preventive health reform initiatives.

Pre/post evaluation of the Incentive 2 Quit (I2Q) health professional training program

Mrs Kelsey Sharrad[1,2], Dr Shagufta Perveen[1,3], Ms Tahlia Grammatopolous[1,2], Mr Damon Philips-Chantelois[1,2], Bruce Surman[4], Clinton Cenko[4], A/Prof Ryan Courtney[5], A/Prof Kristin Carson-Chahhoud[1,2]

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5D - Embedding evidence into Policy and Practice, Monngarrk Room A&B (Combined), September 17, 2026, 1:15 PM - 2:30 PM

Background: Health professionals (HPs) are important sources of information and support for patients who smoke and vape, with brief intervention shown to increase cessation. Unfortunately, HPs report barriers to providing support in clinical practice, including lack of knowledge, skills, and confidence. Better training may improve HP capacity to offer evidence-based cessation advice. Among other interventions, the Incentive 2 Quit (I2Q) program provides training to health/community service staff across the Northern Adelaide Local Health network on how to deliver brief smoking/vaping cessation advice.

Model of care: Based on the Ask, Advise, Help (AAH) model, training aimed to develop HP skill, knowledge, and confidence in providing brief advice, addressing issues specific to priority group support. Training was delivered in-person by experienced researchers. Questionnaires were completed pre- and post-training, including Likert scales to evaluate confidence, knowledge, and attitude.

Results: The initial engagement target was quadrupled, with n=341 HPs attending at least 1 training session. This evaluation contains data from n=162 pre-training questionnaires, and n=119 matched pre/post questionnaires. Pre-training, 81.3% of respondents reported never receiving smoking/vaping cessation training. Training significantly improved measures of knowledge, skills, and confidence to provide smoking/vaping cessation support to their patients.

Conclusion and Next Steps: I2Q training was successful in improving knowledge, skills, and confidence of HPs to provide smoking and vaping cessation support to patients. This model should be tested for efficacy in larger research studies of high methodological rigour, and policymakers should consider training HPs in behaviour change interventions for other public health issues.

Strengthening Transition Care Services for Older Adults with Heart Failure: Nurses' Perspectives

Ms Sumaira Amin[1], Dr Biswajit Banik[1], Dr James Theuerle[2], Professor Virginia Plummer[1], Professor Muhammad Aziz Rahman[1,3]
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3C - Future Public Health Workforce, Darrwal Room B, September 16, 2026, 1:30 PM - 3:00 PM

Background: The transition home after hospital discharge is a period of high vulnerability for older patients with heart failure (HF). Research shows that specialised cardiac nursing services can reduce rehospitalisations and emergency department visits. Despite the evidence highlighting the crucial role of cardiac nurses in enhancing transition of care (TOC) for patients with HF, there is limited understanding of their perspectives on these services.
Aim: To understand cardiac nurses' perspectives on TOC services for older patients with HF to inform improvements in patient care.
Methodology: Semi-structured interviews were conducted for the qualitative data. Purposive sampling was used to recruit cardiac nurses from the Victorian Heart Hospital, Austin Health and one of the regional hospitals. Face-to-face interviews were conducted, and recordings were transcribed for thematic analysis using NVivo.
Results: A total of 12 nurses participated in the interviews. Thematic analysis from the nurses' perspectives uncovered five key themes that significantly impact TOC services, including: System-level barriers and disparities; Equipping patients and nurses with effective management tools; Multidisciplinary collaboration and clear pathways; Proactive practices for early risk detection and monitoring; and Emotional and social dimensions of patient care.
Conclusion and Implications: Nurses identify five key areas essential for enhancing TOC and promoting patient safety. Cardiac nurses play a vital role by offering clinical management, patient education, and emotional support throughout care transitions. However, addressing resource limitations and bridging communication gaps is crucial for achieving optimal healthcare outcomes, especially in regional areas. Acknowledging the complexities involved in patient transitions, nurses emphasise the need for a coordinated and compassionate healthcare system that balances clinical outcomes with the overall patient experience. To foster improvements in care, investing in comprehensive nurse training, standardised communication practices, and streamlined protocols, particularly within regional healthcare frameworks, is highly beneficial.
Keywords: Nurses, Heart failure, Transition of care

Sentinel Surveillance of Vaping and Emerging Nicotine Product Use among University Students

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4C - Sustainable Healthy Living, Darrwal Room B, September 17, 2026, 11:00 AM - 12:30 PM

Background:
The rapid evolution of nicotine delivery systems is reshaping substance use behaviours among adults globally. Despite Australia's strengthened regulatory approach to vaping products, emerging nicotine products such as disposable vapes and nicotine pouches continue to gain popularity among adults. Existing national surveillance systems provide important prevalence estimates but are often infrequent and unable to detect rapid behavioural shifts among adult populations. Universities are a key setting for surveillance due to the high prevalence of vaping among young adults.
Method:
A sentinel surveillance study with an embedded longitudinal cohort was conducted among Monash University students aged 18–25 years. Participants were recruited through Vape-Free Champions (VFC) engagement activities and University Health Services (UHS) clinics across Monash campuses and data were collected using repeated pulse surveys. Descriptive statistics summarised participant characteristics and prevalence estimates, while chi-square, McNemar's, and Wilcoxon signed-rank tests were used for cross-sectional and longitudinal analyses. Analyses were conducted using R.
Results:
A total of 1,139 university students completed the sentinel surveillance pulse survey. Overall prevalence of total nicotine product use was 18.8%, with heated nicotine product use reported by 16.9% of participants and non-heated nicotine product use reported by 7.5%. Overall susceptibility to future nicotine product use among non-users was 39.1%, and continued use of emerging nicotine products was observed.
Among the 344 (62.5%) participants who opted into the longitudinal cohort, a total of 103 (29.9%) participants completed the follow-up survey. Longitudinal analyses showed stable nicotine product use between waves (17.4% vs 16.2%), with no statistically significant changes observed across prevalence, susceptibility, or frequency analyses.
Conclusion:
Early findings demonstrate vaping behaviours among young adults have persisted despite regulatory changes to restrict access to nicotine vaping products. Sentinel surveillance offers a practical and scalable approach to capture changes in usage and social attitudes and to inform targeted health promotion action.

Mental Health Literacy and Stigma: Preliminary Findings Among Final-Year Australian Medical Students

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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

Background
Mental health literacy (MHL) and stigma may influence medical students' help-seeking behaviour, wellbeing, and future clinical practice. Limited Australian research has examined how educational experiences and curriculum approaches may relate to these outcomes among final-year medical students.
Aim
To assess levels of MHL and stigma among final-year medical students in Australia and factors impacting MHL with the secondary research questions examining the impact of diverse educational approaches to MHL programs in medical universities.
Methods
This ongoing convergent mixed-methods study includes a national survey using the Mental Health Literacy Scale (MHLS) and Mental Illness Clinicians' Attitudes Scale (MICA-2), semi-structured interviews, and a curriculum review guided by Posner's framework. Data collection and analysis are currently ongoing.
Results
Preliminary quantitative analysis of 67 completed surveys (from 125 responses received to date) indicates relatively high levels of mental health literacy (MHLS mean = 135.4, SD = 9.9) and moderate stigma scores (MICA-2 mean = 33.5, SD = 7.7). Over half of participants were enrolled in graduate-entry medical programs, and approximately half reported additional mental health training during medical school.
Preliminary qualitative findings suggest variation in students' perceived preparedness, psychiatry placement experiences, and confidence in responding to mental health concerns. Participants highlighted the importance of clinical exposure, interactive learning, and supportive educational environments in shaping their understanding of mental health.
Preliminary curriculum review findings identified variation across participating medical schools in psychiatry placement duration, mental health teaching approaches, and the availability of Mental Health First Aid (MHFA). Updated analyses will be presented.
Conclusion
This study contributes to the understanding how educational experiences influence mental health literacy and stigma among future doctors. Final findings may help inform curriculum development, mental health education strategies, and student wellbeing initiatives within Australian medical education.

Improving Transition Care Services in Australia: A Quantitative Study of Patient Perspectives

Ms Sumaira Amin[1], Dr Biswajit Banik[1], Dr James Theuerle[2], Professor Virginia Plummer[1], Professor Muhammad Aziz Rahman[1,3]
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5D - Embedding evidence into Policy and Practice, Monngarrk Room A&B (Combined), September 17, 2026, 1:15 PM - 2:30 PM

Background: The transition home after hospital discharge is critical, particularly for older patients with heart failure (HF), who have high readmission rates.
Aim: This study assesses the quality of transition-of-care (TOC) services for older patients with HF in Australia and identifies areas for improvement.
Method: A quantitative study was conducted using the Care Transition Measure (CTM-15) among patients with HF aged 60 and older who were discharged home after hospital discharge. Participants were recruited from Austin Health, a major regional hospital, and local GP clinics in Victoria. The analysis involved descriptive statistics, reliability testing (Cronbach's alpha), and inferential statistics.
Results: Out of the 130 participants, 52.3% were male, 77.7% were aged 70 or older, and 63.8% lived in regional areas. The majority (69.2%) spoke English as their first language. The Cronbach's alpha for the CTM-15 was 0.80. The mean total score for the CTM-15 was 48.28, with the highest score of 50.51 recorded in the "Secured Preferences" domain and the lowest score of 46.37 in the "Preparation for Self-Management" domain.
Conclusion and implications: The mean total CTM-15 score of 48.28 reflects unsatisfactory experiences regarding TOC service. The highest score in the “Secured Preferences” domain suggests that participants have established clear healthcare preferences that align with their values. Conversely, the lowest score in the “Preparation for self-management” domain indicates a potential area of concern. This gap suggests that while participants may know their preferences, they might not feel adequately prepared to manage their health and treatments independently. Addressing this disparity could involve developing educational programs that enhance self-management skills, which are critical for improving health outcomes and fostering autonomy. Overall, these findings highlight the need for tailored healthcare interventions that consider communication, support networks, and self-management capabilities.
Keywords: Heart failure, Transition of care, Older

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Socio-cultural responsivity: a proposed implementation outcome to advance health equity

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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

Implementation science (IS) has been held, for some time now, as the way to address widespread public health issues. However, there remains a significant gap in how effectively the field advances equitable health outcomes for populations experiencing social and structural barriers. Recognising and addressing this limitation is essential for progressing IS within the health equity agenda.

The importance of centring equity within IS is widely recognised and accompanied by growing discourse around the role of implementation outcomes. The most widely measured outcomes in IS are those outlined in Proctor et al.'s original taxonomy.

IS and implementation outcomes have been developed through a dominant western epistemological perspective. The growing dialogue nationally and globally on decolonising health research, emphasise the need to critically re-examine how IS measures success, particularly in relation to health equity. In response, we are proposing the addition of a new measure of implementation outcome; - Socio-cultural responsivity. Socio-cultural responsivity is described as a person- and community-centred, strengths-focused, and humanising approach that acknowledges cultural difference, respects cultural preference, and actively integrates social and cultural dimensions into practice.

This presentation will explore how socio-cultural responsivity can be conceptualised within and alongside proctor's original taxonomy and how this viewpoint is greatly missing in implementation outcomes. We will finish by proposing a forward-looking agenda for embedding this critical approach to IS in the Public Health/health equity space.

Learning outcomes
The audience will:
- Develop a deeper understanding of the limitations within current implementation science and translational research approaches for advancing health equity.
- Gain insight into an expanded vision for the future of implementation science that centres equity, community responsiveness, and public health impact.
- Understand the concept of socio-cultural responsivity and its potential application as a measurable implementation outcome within community and public health contexts.

Vaping prevention and cessation in schools: consolidating guidelines for action

Dr Kate Bartlem[1,2,3], Ms Kate Mellors[1,2,3], Ms Caitlin Bialek[1,2,3], Ms Madeleine Fee[1,2,3], Dr Courtney Barnes[1,2,3], A/Prof Rebecca Hodder[1,2,3,4], Ms Emma McKeon[1,2,3], Dr Sam McCrabb[1,2,3], Dr Heidi Turon[1,2,3], AProf Nicole Nathan[1,2,3,4], Prof Luke Wolfenden[1,2,3]
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3D - Translating Evidence into Community Health, Monngarrk Room A&B (Combined), September 16, 2026, 1:30 PM - 3:00 PM

Background: Vaping among adolescents is a major public health priority, with evidence demonstrating increased use among young people and a range of associated harms. Despite the school environment being acknowledged as an important setting for prevention and management of adolescent vaping, there is limited guidance for schools on how to effectively address vaping. A systematic desktop review was undertaken to identify and consolidate Australian and international practice guidelines relating to vaping prevention or cessation in school settings.

Methods: A structured desktop search of online guideline databases and repositories, websites of international health organisations, and Australian Departments of Health and Education websites was undertaken up to June 2025. Eligible guidelines included at least one recommendation on how to address vaping prevention, cessation or delayed uptake in a primary or secondary school setting. Additionally, guidelines for tobacco or nicotine dependence were eligible if they included or explicitly applied recommendations to vaping. Two reviewers independently screened titles and full texts for inclusion. Data were extracted by two reviewers independently, and recommendations were qualitatively synthesised using a deductive approach, with themes mapped to the Health Promoting Schools Framework. The quality of included guidelines was assessed independently by three reviewers using the Appraisal of Guidelines for Research and Evaluation (AGREE II) tool.

Results: Eleven guidelines published between 2022 and 2025 were included. Six provided recommendations for both prevention and cessation; five focused primarily on cessation. Consolidated recommendations will be presented according to the Health Promoting Schools Framework.

Conclusions: The consolidated recommendations offer a comprehensive guide for schools to address vaping through a whole-school approach. These findings strengthen understanding of current best practice and provide guidance for policymakers and educators to develop evidence-based school initiatives supporting vaping prevention and cessation among adolescents.

Implementation of a hepatitis B community of practice in Barwon South West

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5D - Embedding evidence into Policy and Practice, Monngarrk Room A&B (Combined), September 17, 2026, 1:15 PM - 2:30 PM

Engagement in hepatitis B care is below the national average in Barwon South West (BSW), Victoria. Recent local qualitative work identified enablers to providing hepatitis B care in general practice (GP) including a community of practice (CoP) for hepatitis B s100 prescribers and GP software audits to identify priority populations for hepatitis B testing and linkage to care. This study describes implementation of a hepatitis B CoP and GP software audits in BSW.

To establish the CoP, a working party was convened with clinicians, Cultura (multicultural support agency) and Western Victoria Primary Health Network (WVPHN). The integrated hepatitis nurse recruited hepatitis B s100 prescribers to the CoP and created a WhatsApp group with local specialists. CoP participants were offered funded secondments to specialist viral hepatitis clinics and BSW Public Health Unit to fulfil s100 professional development requirements.
With the support of WVPHN and ASHM, GP practice audits are in progress. Researchers are identifying how available audit tools can be utilised according to GP practice software and resources.

Six hepatitis B s100 prescribers have been recruited to the CoP and two have attended secondments to viral hepatitis clinic and BSW public health unit. As a result of this pilot, a viral hepatitis auditing tool is now available to GP practices across the region through WVPHN's practice intelligence tool POLAR and has been used by one participating practice. As a data extraction tool, incomplete patient records are a barrier to optimal use, with country of birth not routinely recorded, but rather ethnicity, in keeping with Royal Australian College of General Practitioner standards.

Early signs are promising for the role of a CoP in informing initiatives to improve hepatitis B care. Engagement with local organisations that have a broad mandate to deliver healthcare and other essential services and key elements of the CoP.

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A rapid review of e-cigarette disposal behaviours and waste management strategies

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2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

Background
Disposable e-cigarettes now dominate the Australian vaping market, generating a growing stream of hazardous waste containing lithium-ion batteries, heavy metals, and nicotine residue. Despite increasing regulatory attention to vaping among young people, the evidence base for how users dispose of devices, and whether any waste management strategy can change this, remains largely uncharacterised. Universities, as health-promoting environments, represent a critical site for both exposure and intervention.
Methods
A rapid review was conducted following Cochrane Rapid Reviews Methods Group guidance, with reporting informed by PRISMA 2020. Four databases were searched (Embase, MEDLINE, Scopus, Global Health), supplemented by reference list screening. Two independent reviewers conducted title/abstract and full-text screening. Narrative synthesis was used given study heterogeneity.
Results
Eight studies met inclusion criteria, spanning six countries and multiple study designs. Disposal in general household waste dominated across all contexts (46-85%). Recycling remained consistently low (5-17%), and 21-32% of users stored devices at home due to uncertainty about correct disposal pathways. A persistent knowledge-practice gap was identified: despite high environmental awareness, most users still disposed incorrectly, and higher educational attainment did not predict better disposal. Structural barriers, absent collection infrastructure, inadequate manufacturer guidance, and regulatory gaps, were the primary drivers. No included study empirically evaluated the effectiveness of any waste management strategy.
Conclusion
The absence of evaluated interventions is itself a key central finding. The evidence consistently points toward structural solutions: dedicated collection infrastructure and extended producer responsibility are the most recommended approaches, yet neither has been tested. Australia has no domestic evidence in this space. This gap directly justifies community-based trials of dedicated vape waste collection infrastructure as a denormalisation and health-promoting environments intervention, and highlights the need for implementation research embedded within community settings.

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Mapping services and gaps in substance use support post-release from prison

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1A - Enhancing Equity through Engagement, Wala mirr Theatre (Plenary room), September 15, 2026, 11:00 AM - 12:30 PM

Background:
Substance use and dependence and associated harms among women in prison is a common and growing issue. These harms are compounded by intersecting inequities of high prevalence of homelessness, mental illness, and experiences of violence and trauma. Failure to implement comprehensive, culturally appropriate, and uninterrupted alcohol and other drug (AOD) care during and following imprisonment contributes to an elevated risk of AOD-related harms and reinforces cycles of disadvantage and health inequity. Despite evidence that continuity of AOD care improves post-release outcomes, available support pathways are complex, fragmented, and difficult to navigate.

Aim:
To understand the types of available services, referral pathways, service integration, and system-level challenges in transitional healthcare services available to women leaving prison in Victoria who have AOD support needs.

Methods:
A two-phase service mapping approach will be undertaken. Phase 1 involves a comprehensive desktop review of publicly available sources, including service directories, policy documents, government frameworks, and program evaluations. Phase 2 comprises key informant interviews with service providers and government to verify and clarify information, fill gaps, and provide additional insights into structural and operational systems. Data will be synthesised into a visual service map and qualitative data will be thematically analysed.

Results and implications:
Preliminary findings indicate that AOD-specific transitional care pathways are not clearly defined. While general transitional support programs exist, eligibility criteria are complex and there is limited transparency of assessment processes and service scope. Program evaluations are limited. Phase 2 will build on these findings to generate a comprehensive overview of the current service landscape. By providing an integrated overview of the system and its barriers and enablers, this work will inform the development of targeted strategies to strengthen transitional healthcare and improve health and social outcomes for women in Victoria during the high-risk transition period from prison to the community.

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Development, implementation and use of digital tools in healthy food retail settings

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4B - Advancing Digital Public Health, Darrwal Room A, September 17, 2026, 11:00 AM - 12:30 PM

Background:
Healthy food retail (HFR) interventions show good evidence of effectiveness in improving food environments. Digital tools (e.g., mobile applications, web-based platforms, software systems) can support the real-world implementation of HFR interventions by enabling rigorous and time-efficient assessment, monitoring, and guidance. This study aimed to map evidence on the development process, implementation outcomes and user acceptability of digital tools in HFR settings.
Methods:
This scoping review followed Joanna Briggs Institute methodology and PRISMA-ScR reporting guidelines. EBSCOhost, Web of Science, Scopus, and ACM Digital Library databases were searched between 2000 and 2025. Grey literature was searched using Google Advanced Search. Eligible studies reported on digital tools used by food retailers, food service providers, or those supporting implementation of healthy food environment changes in real-world food retail settings. Data were extracted using implementation science frameworks including RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance), UTAUT2 (Unified Theory of Acceptance and Use of Technology - Extension), and the Double Diamond Model.
Results:
Searches identified 4439 records, with 17 studies included in the review. Studies reported on mobile applications (n=5), web-based platforms (n=5), decision-support systems (n=3), interactive kiosks (n=2), and other digital monitoring or feedback tools (n=2) used by retailers. Eight studies reported the developmental stages of the tools (reported through Discover, Define, Develop, and Deliver stages of the Double Diamond Model). Seven studies reported fully implemented or scaled digital interventions in retail environments. Six tools incorporated co-design approaches to inform the development process, including input from tool users to improve functionality, engagement, and usability.
Conclusion:
Digital tools in HFR settings are at the early formative stages, with limited evidence beyond human-centered design, development, and feasibility testing. Further evaluation of their real-world adoption and implementation will be essential to understand how these tools can effectively support healthy food retail environments at scale.

Community-driven signage to reduce drowning risk on blackspot beaches in Victoria, Australia

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4C - Sustainable Healthy Living, Darrwal Room B, September 17, 2026, 11:00 AM - 12:30 PM

BACKGROUND: Coastal drowning is a critical public health issue in Victoria, Australia, characterised by a consistently high number of summer drowning incidents, particularly in 'blackspot' regions such as the Mornington Peninsula and Bass Coast. Existing coastal safety signage plays an important role in risk communication; however, its effectiveness is often limited by low engagement, poor recall, and inconsistent comprehension among beachgoers, including multicultural communities.
OBJECTIVES: This study aimed to develop and evaluate new, community-informed coastal safety signage for high-risk beaches to enhance public understanding and support safer decision-making at six blackspot locations in Victoria.
METHODS: A mixed-methods approach involved community and stakeholder focus groups and virtual reality (VR) testing to underpin signage co-design; followed by in-situ observations, beachgoer surveys and a targeted communications campaign to evaluate and promote the new signage.
RESULTS: Three unique signage designs were developed following community and stakeholder focus groups and were subsequently tested in VR simulated beach environments. In the VR trial, participants' intention to swim, confidence in decision-making and likelihood of seeking additional information indicated two of the signs demonstrated greater effectiveness compared to the third design. Preliminary evaluation of the two new signage designs, installed at beaches in summer 2025–26, indicated they improved beachgoer awareness and recall of specific beach hazards and modified attitudes towards planned beach activities compared to pre-installation testing. More detailed results will be available at the conclusion of the trial (June 2026).
CONCLUSION: Preliminary findings suggest that community-informed, co-designed coastal safety signage can strengthen hazard awareness and support safer decision-making among beachgoers in high-risk coastal environments. The mixed-methods, iterative approach used in this study offers a promising model for developing more effective public safety communication tools, with strong potential for adaptation and expansion to other coastal regions and inland waterways beyond the initial trial sites.

Exploring how equity is operationalised across practice and policy for young Australians

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5A - Advancing Health Equity Across Diverse Communities, Wala mirr Theatre (Plenary room), September 17, 2026, 1:15 PM - 2:30 PM

Background
"Equity" is a key principle in many Australian public health strategies and frameworks. However, knowing how to operationalise equity in day-to-day work can be a practical barrier to ensuring public health interventions reach Australian children and adolescents most in need.
The objective of this study was to explore how public health, health care and social care practitioners and policy makers in Australia promote equity in their work relating to young Australians, and the challenges that they face optimising this practice.

Methods
This mixed-method study included completion of an online survey, followed by participation in one of the following: WhatsApp-based asynchronous focus group or written response to emailed questionnaire or short interview.
Equity-promoting interventions reported by participants were inductively analysed using seven equitable implementation themes identified in a scoping review of implementation processes by Gooey et al (Systematic Reviews, in press). A deductive thematic analysis of barriers and enablers was conducted using the socioecological model.

Results
Nineteen policy makers and practitioners from diverse Australian settings participated in the study. Examples of identified equity-promoting processes included the use of equity-focused frameworks and actively integrating siloed systems and services.
Preliminary analysis identified barriers to equitable action across multiple ecological levels. For example, at a policy level, the lack of departmental leadership "buy in" was highlighted as a challenge. At an organisational level, participants identified the lack of flexibility to provide service models which align with end-user needs as an important barrier. Updated analysis results will be reported.

Conclusion
Equity is a fundamental principle that drives the work of many public health practitioners and policy makers in Australia, however there are challenges in translating it into practice. This research indicates the importance of systems change to operationalise equity in day-to-day public health practice, especially when working with children and adolescents within priority populations.

An exploration of Vaping-Related Activities Provided by Australian Secondary School Staff

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1B - Sustainable Healthy Communities, Darrwal Room A, September 15, 2026, 11:00 AM - 12:30 PM

Background: Adolescent e-cigarette use (vaping) is a growing public health concern and is associated with adverse health outcomes and increased risk of future tobacco use. Schools play a key role in influencing adolescent behaviours, including vaping. Previous research has focused on discrete vaping prevention components (e.g. education and school policies). In this study we examine the provision of vaping-related activities in Australian secondary schools using the Health Promoting Schools (HPS) framework.

Methods: An online cross-sectional survey was completed by Australian secondary school staff (n=131). Participants reported on the presence of school vaping policies and vaping prevention and cessation activities delivered in their role over the previous 12 months. Activities were categorised across the HPS domains: Curriculum & Learning, Ethos & Environment, and Partnerships & Services.

Results: Most staff (87%) reported encountering students in possession of vapes. While 54% indicated their school had a vaping policy, 36% were unsure. Most staff (93%) reported delivering at least one activity to address vaping within their school in the past 12 months. Activities were more commonly delivered within the Curriculum & Learning and Ethos & Environment domains (87% and 81% of staff reporting at least one activity in that domain, respectively). The most frequently reported activities were informal conversation with students around vaping (79%) and communicating with students about the schools vaping policy (62%). Less engagement was observed in the Community & Partnerships domain (40%). Provision of cessation supports, including referring students to vaping support services (21%) and delivering brief cessation advice (8%), were less common.

Conclusions: Although most Australian secondary school staff are taking action to address student vaping, the support provided varied considerably. Common activities were primarily mediated through informal, relationship-based interactions, and gaps in policy awareness and cessation support were identified.

Strengthening Access and Empowering Youth: A Multidisciplinary Youth Sexual Health Outreach Model

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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

Background/Purpose:
Young people aged 15–29 continue to experience the highest rates of sexually transmissible infections (STIs) in Australia and are a critical cohort for prevention efforts such as strengthening education, STI screening and referral to treatment.

Approach:
A multidisciplinary team from Gold Coast Public Health Unit and Gold Coast Sexual Health Service (GCSHS) collaboratively created an outreach model-of-care to service young people aged 16 to 29. This model delivers flexible, low-barrier sexual health education and chlamydia and gonorrhoea screening at youth-specific events or hubs on the Gold Coast. The concept has been purposefully designed to empower young people with education focused on increasing awareness, knowledge, approachability and navigation of sexual healthcare and screening, complimented with free safer sex products.

Outcomes/Impact:
Across 14 outreach events, the service tested 356 young people with an average positivity rate of 5%. Those who tested positive were provided treatment abiding by standard GCSHS protocols. At the most efficient outreach event, 88 people were tested in four hours. This averaged 22 tests/hour, compared with the four tests/hour typically achievable in a traditional walk-in clinic setting. Demographic data demonstrated the service's appeal to first time testers (55%), as well as other priority sub-populations such as those born outside of Australia (51%). Conversations and quotes from young people identified gaps in knowledge of consent for international and culturally diverse students, and in STIs and STI transmission for those in the adolescent or early young adult cohort. Engagement with young people illustrated a clear need for more accessible youth-friendly sexual health information, leading to the development of the 'Our Sexual Health Information Hub' online Taplink resource.

Innovation and Significance:
The proven success and efficacy of this outreach model has supported integration into existing Gold Coast Health service delivery, with hopes to adapt and expand to other priority populations.

STEP-UPon vaping: Parents Perceptions of the School's Role in Addressing Adolescent Vaping

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3B - Physical and Psychological Wellbeing, Darrwal Room A, September 16, 2026, 1:30 PM - 3:00 PM

Background: Vaping among Australian adolescents is an increasing public health concern associated with adverse health outcomes and future smoking initiation. Schools have an important role to play in supporting healthy behaviours, and the WHO Health Promoting Schools (HPS) Framework recommends whole-school approaches involving parents. However, limited evidence exists regarding how schools can effectively collaborate with parents to address adolescent vaping prevention and cessation.
Methods: A quantitative, cross-sectional online survey was conducted with 148 Australian parents of adolescents aged 12–18 years. Parents completed a brief survey examining vaping-related attitudes, behaviours, perceptions of school-based vaping support and awareness of school policies. Participants were recruited through convenience sampling, including social media and online advertisement.
Results: Most participants believed schools should play a role in addressing adolescent vaping (94.1%). Around one-quarter reported receiving vaping-related support from their child's school within the last 12 months, most commonly through school communications (71.4%), educational resources for parents (64.3%) and information regarding school vaping policies (42.9%). When asked what forms of support they believed would be the most helpful, parents identified educational resources (69.9%), clearer communication regarding school vaping policies (68.8%) and information on how schools respond to student vaping incidents (56.3%). Findings suggest parents support a greater role for schools in adolescent vaping prevention and value increased communication and resources.
Conclusions: Parents strongly support schools playing an active role in addressing adolescent vaping and identified a need for greater communication, educational resources and clearer school policies. Findings highlight the importance of strengthening parent-school partnerships within the WHO HPS Framework to support vaping prevention and cessation efforts. Increased collaboration between schools and parents may enhance the delivery and effectiveness of whole-school approaches to reducing adolescent vaping.

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Policy into practice: Strengthening national strategies to achieve effective implementation

Ms Joanna McGlone[1], Ms Amanda McAtamney[1], Ms Annabel Sexton[1]
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2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

There is a well-documented translation gap that exists between research and practice in preventive health, and we know that this serves as a major barrier to the implementation of effective health policy. It is estimated that 85% of health research is wasted 1, and large temporal lags exist, with an average time of 17 years for research to be translated into clinical practice2,3.

Evidence-based national policies and strategies can bridge this gap by applying research into coordinated action, however, there must be clear mechanisms for implementation and evaluation in place, as well as adequate and sustained funding, for these policies to achieve meaningful public health gains.

Cancer Council Australia's Cancer Control Policy team undertook an internal analysis of submissions we had made to consultation on national strategies, frameworks and roadmaps related to cancer control. These submissions were reviewed to identify common themes and recurring issues, that could help inform our ongoing advocacy to strengthen national health policy.

Our results demonstrated an absence of clear monitoring and evaluation mechanisms, and a lack of clear implementation plans. Further, there were delays in several of the strategies releasing their final reports.

Cancer Council developed a suite of recommendations to ensure that research translates into improved health outcomes, and that national policies are able to achieve the goals and priority areas that they have determined.

Our findings from this internal analysis, and our suite of recommendations are being documented in a policy framework document, which we will use to inform our recommendations for future policy consultations, and can be shared with other relevant public health organisations to ensure that we have consistent and aligned messaging in our responses. Cancer Council are working to publish the findings of this work in a relevant Australian public health journal, to further amplify our advocacy work in this space.

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Nutrition-related health outcomes among migrant and ethnic minority communities in Australia.

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5A - Advancing Health Equity Across Diverse Communities, Wala mirr Theatre (Plenary room), September 17, 2026, 1:15 PM - 2:30 PM

Objective: Health inequities related to diet and nutrition among migrant and ethnic minority populations in Australia, remain poorly characterised despite widespread cultural diversity. This study aims to summarise the available literature on the food, diet and nutrition-related health outcomes, and drivers of these, amongst migrant and ethnic minority communities in Australia.
Method: A scoping review was conducted across three academic databases in January 2025. Studies were included if they examined diet behaviour, food/nutrient intake, food insecurity, anthropometric measures or biomarkers, and focused on migrant or ethnic minority communities in Australia from low- or middle-income countries.
Results: Forty-eight studies published since 1995 met the inclusion criteria, with most being cross-sectional (n=28) and involving either African (n=19) or Asian (n=17) or both populations (n=7). Five categories of nutrition-related challenges were identified: micronutrient deficiencies (Vitamin D, Vitamin B12 and iron), dietary changes (reduced consumption of traditional foods and fibre, increased consumption of energy-dense foods), non-communicable disease risk factors (overweight and obesity, hyperglycaemia, hypertension, hyperlipidaemia), food insecurity (mostly among refugees and asylum seekers), and diet acculturation (linked with sociocultural identity, economic and intergenerational transitions). Common drivers of these outcomes were recent migration; socioeconomic hardship; barriers to food access, especially traditional food access; and challenges navigating Western food environments.
Conclusion: There is a need for culturally responsive and structurally informed public health and policy approaches that address both immediate dietary needs and the broader social and environmental determinants shaping nutrition-related health among migrant and ethnic minority populations in Australia. Future research should explore self-determined programs and policies that improve food and nutrition outcomes for these communities.

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Are area-level social determinants of health equity linked with INFANT program implementation?

Ms Elly Ganakas[1], A/Prof Penelope Love[1], A/Prof Rachel Laws[1], Prof Kylie Hesketh[1], Dr Jiani Ma[1], Prof Jo Salmon[1], A/Prof Harriet Koorts[1]
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3D - Translating Evidence into Community Health, Monngarrk Room A&B (Combined), September 16, 2026, 1:30 PM - 3:00 PM

Background: The Social Determinants of Health Equity (SDHE) are factors that influence inequalities in health. Less is known about their impact on preventive health program implementation. Using data from the statewide scale-up of the INfant Feeding, Active play and NuTrition (INFANT) program across Victoria, Australia, this presentation will discuss the relationship between area-level SDHE and implementation of INFANT and the combinations of SDHE that may be linked with INFANT implementation.

Methods: Cross-tabulations and descriptive statistics were used to assess differences in area-level SDHE across implementation phases for each Victorian local government area (n=79). A logistic regression analysis and coincidence analysis were used to explore associations and linkages between INFANT implementation and SDHE.

Results: Regression analysis showed that INFANT is more likely to be implemented in local government areas with a high level of socioeconomic advantage (OR=4.57, 95% CI 1.05 to 19.86, p=0.042). Coincidence analysis identified four area characteristics linked with INFANT implementation: (i) high levels of socioeconomic advantage; (ii) low prevalence of overweight and obesity; (iii) moderate proportion of maternal child health nurses to births; and (iv) moderate levels of socioeconomic advantage and prevalence of overweight and obesity in regional and rural areas.

Conclusion: Multiple contextual characteristics were linked with equitable INFANT implementation, with select area-level determinants playing a key role. Findings illustrate a need for a greater consideration of context to inform the tailoring of implementation efforts for areas experiencing a higher burden of the SDHE, to ensure equality in program implementation during scale-up.

Policy as a research translation mechanism: Reflections from Cancer Council's national policies

Ms Joanna McGlone[1], Ms Amanda McAtamney[1], Ms Annabel Sexton[1]
[1]Cancer Council Australia, Sydney, Australia

2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

Cancer Council Australia have a suite of national evidence-based policies, in which we make recommendations for national action by governments and non-government organisations. These evidence-based policies have acted as a formative tool for our advocacy work and government relations and have allowed us to achieve a number of important public health milestones through the implementation of new research findings.

This presentation will serve as a discussion and reflection on how Cancer Council has utilised our policy priorities to implement public health research and consequently, achieve meaningful preventive health gains. For example, Cancer Council Australia worked closely with lead authors of the Roadmap for Optimising Screening in Australia (ROSA) Breast project, and this informed the development of our policy priority on the need to consider implementation of risk-based breast cancer screening in our national early detection breast cancer policy. Further examples include recent changes to lower the eligibility age for bowel cancer screening, and implementation of a new targeted national lung cancer screening program, which have been incorporated into the existing national policy and used as a catalyst to develop a new early detection policy, respectively.

At Cancer Council, we work consistently to ensure that our national policies remain evidence-based, and that this work reflects and incorporates the latest research findings, as this influences our advocacy approach and policy recommendations.

Therefore, we recommend and encourage research articles to include clear policy recommendations within their studies, to help facilitate the link between policy and research, and allow for ease of implementation of research findings. Further, we would encourage collaboration from researchers with Cancer Council Australia on work that has national policy implications.

Ongoing collaboration will help to ensure timely implementation of research into practice to achieve preventive health gains with Cancer Council continuing to act as the national advocacy voice in this space.

Duration of Residency, Lifestyle and Cardiometabolic–Mental Health Risks in South Asian Migrants

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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

Background and aim: South Asian (SA) migrants are one of the fastest growing migrant populations in Australia and are at increased risk of cardiovascular disease and related chronic conditions compared to other ethnic groups. Cardiometabolic risks may change with duration of residence and lifestyle factors, but evidence is limited. This study aimed to examine the associations of duration of residence and lifestyle with cardiometabolic and mental wellbeing among SA migrants living in Sydney, Australia.
Methods: A cross-sectional study was conducted among South Asian migrants aged ≥18 years who had resided in Australia for at least one year, excluding temporary migrants. Participants (n=306) were recruited through convenience and snowball sampling using community organisations and social media platforms. Data on lifestyle, cardiometabolic outcomes and mental well-being were collected via an online questionnaire. Descriptive statistics and multivariable logistic regression analyses were performed
Result: Most of the participants were from Bangladesh (32%), India (26%), and Nepal (23%), had a mean±SD age of 37.6±14.1 years, 55% were female, and the median(IQR) duration of residency was 5(2-10) years. Unhealthy lifestyle and poor mental wellbeing were common; 16% were current smokers, one-third were not achieving at least 30 minutes of exercise on any day during the past week, 60% classified as overweight/obese, and around two-thirds screened positive for probable depression or anxiety. In multivariable adjusted model, long term residency (>10 years) increased the odds of overweight/obesity compared with shorter residency (1–5 years; AOR=3.76, 95% CI:1.30–10.89, p=0.015). On the other hand, residency duration of 6–10 years increased the odds of probable depression compared with longer (>10 years) residency (AOR=4.43, 95% CI:1.61–12.15, p=0.004). Participants consuming fast food 1–3 times/week had higher odds of overweight/obesity (AOR=3.43, 95% CI:1.08–10.85, p=0.036), while participants without daily green vegetable intake had higher odds of high cholesterol (AOR=4.33, 95% CI:1.08–17.36, p=0.039). Moderate exercise was associated with lower odds of probable depression (AOR=0.49, 95% CI:0.26–0.93, p=0.029) and probable anxiety (AOR=0.47, 95% CI:0.25–0.86, p=0.015).
Conclusion: SA migrants experience a high burden of psychological distress during the settlement and adaptation period, while longer duration of residence is associated with increased cardiometabolic risk. Early culturally tailored interventions targeting lifestyle behaviours and mental wellbeing will ultimately reduce long term cardiometabolic risk.

Learning with students: student partnership, inclusive teaching and professional growth

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1A - Enhancing Equity through Engagement, Wala mirr Theatre (Plenary room), September 15, 2026, 11:00 AM - 12:30 PM

This presentation introduces how public health higher education can invest in the next generation of public health leaders by positioning Students as partners in inclusive, accessible and culturally safe learning environments. Drawing on two of Deakin University's Students as Partners initiatives, Students Mentoring Staff and Coffee Conversations, we will explore how structured mentoring and informal dialogue reconfigures traditional hierarchies to strengthen professional growth and staff practice in public health teaching and learning.

Student Mentoring Staff invites students to mentor academics by sharing lived experience of disability, diversity and learning as a legitimate and necessary form of expertise. Throughout the teaching period, student and staff partners meet 1:1 in guided conversations that support reflection, shared understanding and collaborative problem solving. Students are remunerated, modelling that equitable participation requires recognition, resourcing and genuine intent.

This work is complemented by Coffee Conversations, where staff meet with small groups of students after class. Rather than waiting for end-of-unit feedback, Coffee Conversations implements a weekly feedback loop enabling responsive changes to the unit. Over a warm cup of coffee, it's a low pressure, dialogic moment to unpack feedback into pedagogy, unit design and decision making, strengthening trust, curiosity and mutual respect.

Staff describe these partnership experiences as transformative, observing changes in how they approach curriculum design, communication practices and relationship-building in classrooms. Students have reported feeling valued and able to influence meaningful change, rather than being consulted symbolically.

Together, these practices strengthen public health education by cultivating the capabilities graduates need for tackling contemporary health challenges. The mentoring model supports the development of health practitioners who listen with care, engage with lived experience, navigate complexity with empathy and create environments where individuals feel safe to speak. These relational capabilities equip graduates to enter the public health workforce with integrity and a strong commitment to equity.

Improving Cancer Equity for People with Disability from Prevention to Care

Ms Annabel Sexton[1], Ms Amanda McAtamney[1], Ms Kate Whittaker[1], Ms Laura Woods[1], Ms Clare Lynex[1]
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3A - Empowering Diversity in Health Systems, Wala mirr Theatre (Plenary room), September 16, 2026, 1:30 PM - 3:00 PM

Embedding accessibility across every stage of cancer prevention and control is essential to achieving equitable cancer outcomes for people with disability in Australia. Approximately 4.4 million people have disability in Australia, representing 18% of the population.1 People with disability experience inequities across the cancer continuum, including higher exposure to modifiable risk factors, lower participation in screening programs, increased barriers to timely and appropriate diagnosis and treatment, and ultimately higher rates of cancer-related mortality.2, 3

Optimal care pathways are a framework for delivering consistent, safe, high-quality, evidence-based care across the cancer continuum. Disability is not a homogeneous group, and experiences, needs, and access barriers vary significantly across disability types and individual contexts. The development of an Optimal Care Pathway for people with disability requires balancing high-level, system-wide recommendations that establish expectations for equitable care, whilst continuing to emphasise the need for individualised care adapted to each person's circumstances. Given the limited evidence base exploring optimal cancer care for people with disability within Australia, the expertise of people with lived experience, as well as healthcare professionals and researchers are vital to identifying optimal care for this project.

This presentation will provide an update on the development of an Optimal Care Pathway being led by Cancer Council Australia. It will explore how defining optimal care can inform national policy priorities to improve equity for people with disability across cancer prevention, diagnosis, treatment, and survivorship. These include improving access to accessible information, strengthening healthcare workforce training, implementing reasonable adjustments across services, improving coordination and collaboration between disability and health systems, and embedding accessibility across all cancer initiatives. Cancer Council Australia will continue to advocate for these priorities to be embedded within national cancer control efforts to ensure equitable outcomes for people with disability across the cancer continuum.

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This Cancer Patient Support Program received grant funding from the Australian Government.

Comparative Policy Analysis of One Health Integration in Pakistan, Australia, and Brazil

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5A - Advancing Health Equity Across Diverse Communities, Wala mirr Theatre (Plenary room), September 17, 2026, 1:15 PM - 2:30 PM

One Health — the integrated governance of human, animal, and environmental health — is increasingly recognized as essential for pandemic preparedness, zoonotic disease control, and antimicrobial resistance (AMR) response. Yet operationalizing One Health at the national policy level remains inconsistent, with wide variation in intersectoral coordination across health, agriculture, and environment ministries. Comparative policy analysis offers a rigorous lens to understand what drives or impedes integration across diverse health system contexts.

This study aims to examine and compare the degree of One Health policy integration across three countries — Pakistan, Australia, and Brazil — representing distinct income levels, governance structures, and regional epidemiological burdens.

A mixed-methods comparative policy analysis will be conducted, combining document analysis of national action plans, legislation, and institutional mandates with quantitative scoring using Joint External Evaluation (JEE) data. The Walt and Gilson policy triangle framework will structure analysis across four dimensions: content, context, process, and actors. Countries were selected using a most-different systems design to maximize analytical contrast and generalizability of findings.

This study will produce a cross-country One Health integration scorecard, identify structural enablers and barriers to intersectoral coordination, and generate actionable policy recommendations. Findings are expected to highlight gaps in low-resource settings and surface transferable governance models from higher-capacity systems.

Strengthening One Health integration requires moving beyond frameworks to enforceable policy and funded institutional coordination. This analysis contributes comparative evidence to inform national strategies and global solidarity efforts in building resilient, systems-oriented public health infrastructure.

Early-Onset Cancers: Combating Misinformation and Empowering Action Through Evidence-Based Prevention

Ms Annabel Sexton[1], Ms Amanda McAtamney[1], Ms Joanna McGlone[1]
[1]Cancer Council Australia, Sydney, Australia

1E - Data-driven Population Health Prevention, Barbarka Room, September 15, 2026, 11:00 AM - 12:30 PM

Cancer rates are increasing in younger people both in Australia and globally, with Australia recording one of the highest incidences of early-onset colorectal cancer.1,2 Alongside this, there is a proliferation of misinformation online regarding cancer risks and the benefits of cancer screening for individuals in this age group.

This presentation will focus on how trusted public health organisations can respond with clear, practical, evidence-based communication that empowers people to take action to reduce their cancer risk. Drawing on Cancer Council Australia's suite of national cancer prevention policies, the presentation will highlight priority areas for action which address modifiable risk factors. As approximately 33% of all cancer cases in Australia are attributable to modifiable risk factors including tobacco smoke, alcohol use, ultraviolet radiation exposure, overweight and obesity, and dietary factors,3 these prevention opportunities remain critical.

Public messaging must strike a careful balance between increasing awareness of early-onset cancers without unintentionally fuelling anxiety, misinformation, or demand for screening among younger populations where there is insufficient evidence of its efficacy. The presentation will explore the importance of communicating both the benefits and potential harms of screening, while helping the public understand when medical advice or assessment is appropriate.

Our presentation will outline how we are advocating for the implementation of national policies to reduce the burden of early-onset cancers, including calling for government action to create supportive environments which promote healthy lifestyles. We will highlight gaps that must be addressed to strengthen prevention and reduce their impact, including the need for regular evaluation of cancer screening programs, increased awareness among healthcare professionals on the issue, and an improved evidence base. By directing public focus on evidence-based prevention and practical actions people can take now, we can respond to growing concern about early-onset cancers by reducing misinformation, building trust, and empowering young people to reduce their cancer risk.

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Harnessing cross-sector systems approaches to respond to settings-based vaping and smoking challenges

Ms Hannah McLeod[1], Ms Sally Gissing[1]
[1]Cancer Council Victoria, East Melbourne, Australia

3D - Translating Evidence into Community Health, Monngarrk Room A&B (Combined), September 16, 2026, 1:30 PM - 3:00 PM

Youth vaping trends in Australia have rapidly increased, shaped by product types, industry marketing strategies, social influences and access pathways. Research has also demonstrated a gateway effect: Australian teens aged 12-17 years who vape are 5 times more likely to initiate smoking cigarettes. [Generation Vape, 2024] Responding effectively requires more than individual programs or standalone interventions. As public health challenges become increasingly complex and dynamic, prevention systems must be capable of adapting and responding across settings and sectors.

This presentation explores how systems-based and whole-setting approaches can strengthen prevention and cessation support for young people. Drawing on the complementary work of Quit and Healthy Places, a Victorian health and wellbeing framework for schools and early childhood services, the session examines how coordinated action across education, health and community systems can translate evidence into sustainable practice at scale.

Using vaping and smoking as a case study, presenters will demonstrate how synchronised action across multiple settings, sectors and levels of influence can strengthen prevention and cessation support for young people. By aligning policy, education, organisational practice, physical environments and community partnerships, prevention efforts can achieve greater reach, consistency and sustainability. This approach recognises that no single intervention is sufficient to address complex public health challenges and that lasting change requires actions across various reinforcing areas.

The presentation will highlight practical examples of implementation, including Quit's Seeing Through the Haze vaping education initiatives and the co-development of the Healthy Places Smoking and Vaping Action Guide.

Key lessons will focus on the importance of shared ownership, cross-sector collaboration and adaptable implementation models that can respond to changing products and policy landscapes, emerging evidence and shifting social norms. Participants will gain practical insights into designing prevention and cessation approaches that are responsive, scalable and sustainable.

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Cancer-Free Cultures Program: Implementation, Monitoring and Learnings

Miss Noor Yousef[1], Dr Charlotte Young[1], Ms Hong Do[2], Ms Kristy Lekkas[2], Ms Hyatt Narsh[2]
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1D - Evidence-based Community Inclusion, Monngarrk Room A&B (Combined), September 15, 2026, 11:00 AM - 12:30 PM

Background
The Cancer-Free Cultures (CFC) Program is led by the Ethnic Communities Council of Queensland in partnership with Cancer Council Queensland and funded by Queensland Health. The program aims to reduce inequities in cancer awareness, prevention, and screening among culturally and linguistically diverse (CALD) communities, who often face barriers to accessing screening and early detection services.
Delivered across Queensland, the program uses a community-led and culturally responsive approach. It co-designs tailored education, resources, and engagement activities to improve knowledge, access, and participation in cancer prevention and screening. A Monitoring and Evaluation Framework, developed by the Institute for Social Science Research at The University of Queensland, supports implementation tracking, outcome assessment, and continuous improvement.

Methods
The CFC Monitoring and Evaluation Framework is guided by Results Based Accountability™ (RBA), distinguishing population-level and program-level outcomes. It focuses on three questions: how much was done, how well it was done, and whether anyone is better off, to assess activities, quality, and early outcomes. As an early-stage program, monitoring occurs over 12-month cycles and tracks reach, participation, experience, partnerships, outputs, and early outcomes. Co-design and community education sessions delivered to CALD communities are central, with a focus on changes in knowledge, confidence, and awareness of cancer screening. A pre- and post-program survey was used to assess changes in knowledge, awareness, confidence, and intentions related to cancer screening.

Results
In the first year of delivery, the CFC Program delivered to Arabic-speaking, Chinese, and African community groups has demonstrated improvements across knowledge, awareness, confidence, and intentions related to cancer screening. The cancer screening types covered included bowel cancer, lung screening, skin checks, breast screening, and cervical screening.
Understanding of cancer risk factors improved among 48% of participants, while 51% demonstrated improved understanding of the benefits of screening. Awareness of screening increased across all screening types, particularly for lung screening (34% to 91%) and bowel screening (71% to 99%), with improvements also observed across skin, breast, and cervical screening. Knowledge of how to access screening services increased substantially across all screening types.
Confidence and comfort in attending screening also improved across all cancer types, with bowel screening reaching 99% for both measures. Intentions to attend screening increased across all cancer types. Overall, the findings demonstrate consistent positive change across multiple domains and contribute to the evidence base informing future culturally responsive cancer prevention and screening strategies.

A geospatial exposure model to support system-level drowning prevention for open waterways

Adjunct Associate Professor Bernadette Matthews[1,2], Mr Robert Andronaco[3,4], Dr Hannah Graefe[1], Dr Amy Griffin[4]
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1C - Climate Risk and Resilient, Darrwal Room B, September 15, 2026, 11:00 AM - 12:30 PM

Background
Open waterways represent a major contributor to drowning in Australia, with recent increased incidents associated with changing environmental conditions and recreational patterns. Traditional incident-based approaches do not adequately capture exposure, often using crude population rates, and limiting prevention and resource allocation. This study developed and evaluated a geospatial exposure-based model to support system-level drowning prevention prioritisation across inland and coastal waterways in Victoria, Australia.
Methods
A mixed-methods, iterative approach was used to develop and evaluate the model. Multiple datasets were integrated to develop the model, including historical drowning records, spatial waterway data, land management parcels, Australian Bureau of Statistics geography, and recreational exposure proxies derived from activity datasets. Spatial analyses generated relative risk estimates across inland and coastal environments. Stakeholder engagement and evaluation was embedded throughout model development, including online and in-person workshops with over 100 participants from government, emergency management, land managers, and aquatic safety organisations. A targeted hybrid evaluation session involving operational and policy stakeholders further assessed model usability and relevance. A survey was also conducted utilising interactive maps to determine final model development.
Results
The model identified high-risk waterbodies that were not apparent from incident data alone, highlighting the importance of incorporating exposure into risk assessment. Stakeholders confirmed the model's conceptual validity, operational relevance, and applicability for cross-sector planning. The approach supported prioritisation of prevention, preparedness, and mitigation activities, and informed development of an enhanced model incorporating further relevant geospatial datasets.
Conclusions
This study demonstrates the value of integrating geospatial data and cross-sector expertise to inform evidence-based, place-based drowning prevention. The model provides a scalable framework for improving decision making, optimising resource allocation and strengthening coordination across sectors. This systems-level approach supports more targeted, proactive public health interventions, contributing to safer environments and reduced drowning in open water environments.

Children's screen time, social skills and family functioning

Dr Lauren Arundell[1], Dr Kate Parker[1], Professor Jo Salmon[1], Professor Anna Timperio[1]
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3B - Physical and Psychological Wellbeing, Darrwal Room A, September 16, 2026, 1:30 PM - 3:00 PM

Background: Screen use is ubiquitous and understanding its impact on children's social wellbeing and development is crucial for families, allied health (e.g. Occupational Therapists) and policy makers. This study aimed to examine the associations between children's (8-16yrs) screen use and their social skills and family functioning.
Methods: Parents (n=660) of children in Australia (8-16yrs, 43% male; 2025) proxy reported their child's screen use (for education, social, leisure, and gaming), social skills using the Home and Community Social Behavior Scale (Social Competence subscale [peer relations, self-management/compliance]; Antisocial Behaviour subscale [defiant/disruptive, antisocial/aggressive]) and family functioning using the McMaster Family Assessment Device General Functioning subscale. Linear regression models for the whole sample and by age group (children=8-11yrs; adolescents=12-16yrs; adjusted for age, sex, physical activity and sleep recommendation adherence) examined the associations between screen time, social skills and family functioning.
Results: Screen use was very high amongst children (median mins/day=612.9 IQR 355.7-1140.0) and adolescents (median mins/day=1135.6 IQR 651.4-1140.0). The significant associations with social skills and family functioning varied by type of screen use. Amongst children only, total screen time and social screen time was associated with higher antisocial/aggressive scores (β=0.46, 95%CI 0.15,0.76; p=0.004 and β=0.54 95%CI 0.01,1.00; p=0.020 respectively), and antisocial behavioural sub-scale scores (β=0.34, 95%CI 0.05,0.62; p=0.021 and β=0.43 95%CI 0.01-0.085; p=0.047 respectively). Most positive associations were found with educational screen time: better peer relations, self-management, total social competence sub-scale and family functioning scores for children and adolescents. Amongst adolescents there were also positive associations between video game use and self-management/compliance and positive associations between all types of screen use and family functioning.
Conclusion: The impact of screen use on social skills and family functioning varies by the type of screen use. Findings emphasise the need for nuanced behaviour recommendations and age-specific strategies to manage the balance of detrimental and beneficial screen use.

Health Impact of Flooding and Climate Change in Rural Battambang Province, Cambodia

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2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

Climate change is increasing flood-related health risks in rural Cambodia, yet community-level perceptions and health system adaptations remain poorly characterized. This study examined how communities and health services in Battambang Province experience and adapt to climate change-induced flooding. We conducted a participatory qualitative study in three flood-affected districts of Battambang Province from 20 to 22 December 2024. Data were collected through six gender-separated focus group discussions with 50 villagers. 13 key informant interviews were conducted with village chiefs, village health support groups, health center chiefs, district and provincial health officials, and disaster management representatives. Direct observations were conducted at three health centers. Data were transcribed, translated, and thematically analyzed using QualCoder. Participants described climate change as increasing flooding, storms, drought, and rising temperatures. Flooding affected livelihoods through crop loss, livestock damage, income loss, and food insecurity. Health impacts included diarrhea, fever, dengue, skin disease, respiratory infections, injuries, snake bites, drowning risk, and women's reproductive health concerns linked to poor hygiene and unsafe water. Floods also disrupted access to health services, damaged equipment, and hindered emergency care, especially childbirth. Despite this, health centers maintained essential services through relocation of outpatient care, mobile teams, referral transport, stockpiling supplies, and coordination via Telegram. Communities also prepared by storing food, water, and essential items, while village health support groups helped disseminate warnings and health education. Flooding in Battambang has clear health, livelihood, and health system impacts. The findings highlight the value of participatory research and the need for stronger flood-resilient infrastructure, contingency planning, and targeted support for vulnerable populations.

Embedding Cultural Understanding in Public Health Teaching for Inclusive, Culturally Safe Practice

Dr Fernanda Nava Buenfil[1], Dr Sabrina Gupta[1], Dr Catherine Trundle[1], Elizabeth George[1], Dr Melanie Muniandy[1], Dr Dac Loc Mai[1], Dr Ben Chun Pan Lam[1], Dr Saoni Banerjee[1], Dr Susan Chong[1]
[1]La Trobe University, Bundoora, Australia

4D - Sociocultural Determinates and Health Equity, Monngarrk Room A&B (Combined), September 17, 2026, 11:00 AM - 12:30 PM

Title

Embedding Cultural Understanding in Public Health Teaching for Inclusive, Culturally Safe Practice

Background

Advancing equity, diversity and inclusion in higher education requires inclusive environments, empowered diverse communities, and the integration of cultural understanding into curriculum and teaching practices. Preparing public health educators and students to engage with culturally diverse societies is essential, as cultural capability underpins ethical, responsive, and effective practice. Within the School of Psychology and Public Health (SPPH), we established a multidisciplinary group of academics with diverse cultural, linguistic, and professional backgrounds, alongside lived experience of migration, displacement, and engagement with culturally diverse communities. The Group's primary goal is to strengthen staff capacity to engage with cultural diversity in pedagogically meaningful ways, moving beyond awareness-raising towards sustained change in curriculum design and teaching practice, while promoting students' cultural capability and inclusive professional practice.

Aim

To develop, implement, and evaluate workshops that strengthen staff capacity to embed culturally responsive teaching and learning practice within public health curricula.

Methods

Participants include academics from public health and psychology who voluntarily register in the workshops to be delivered in 2026. The workshops were co designed and implemented in partnership with community representatives and staff. Funding has been received and ethics approval was sought to support a rigorous evaluation of workshop implementation.

Results

A four-session workshop series was developed, capped at 6–8 participants to support meaningful engagement focusing on embedding culturally responsive pedagogy, reflective practice, and the integration of diverse knowledge and perspectives into curriculum design. The workshop implementation for three groups is planned for August–September 2026, alongside a concurrent evaluation, which will be completed by the end of 2026.

Conclusion:

These workshops are designed to strengthen staff capacity for culturally responsive teaching and support the development of culturally capable public health graduates equipped to work effectively in diverse communities.

Multilingual Emergency Communication – community, trust and technology

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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

Recent climate emergencies and public health crises have exposed communication failures for multilingual populations, where delayed and inaccurate translations, inaccessible messaging, overreliance on digital platforms and low trust in official institutions contributed to confusion, fear, misinformation and unequal health outcomes. Strengthening multilingual emergency communication is essential for inclusive disaster resilience and public safety.

Analysis of interviews conducted with two multilingual communities in regional Victoria highlighted effective emergency communication for culturally and linguistically diverse (CALD) communities requires a planned, strategic, centralised approach. It must prioritise engagement with CALD communities, trusted community organisations and networks in message development and delivery to ensure good public health outcomes for everyone.

Emergency communication must include three elements to ensure success.

First, emergency services and governments must establish and maintain trusted partnerships and dialogue with multilingual communities, leaders and organisations grounded in mutual respect and shared expertise. This will support communication strategies that prioritise simple English messaging, culturally responsive co-design processes, and adaptable templates that can be distributed across multiple communication channels.

Second, communities and community leaders play a critical role in strengthening communication networks and improving preparedness. Particularly, promoting awareness of local risks, reviewing emergency materials for clarity, sharing trusted networks, community radio and faith-based organisations, and supporting community digital literacy.

Third, development and use of emergency communication technology must recognise communication as a social systems challenge rather than relying solely on technological solutions. New technologies should only be introduced through extensive community consultation and co-design, should never rely on a single digital platform, and should only be implemented with strong human oversight and community-approved validation processes. Investment in collaborative digital tools that support two-way communication and community engagement will strengthen trust, responsiveness and resilience across diverse societies.

We conclude that planned, strategic approaches ensure reliable, accurate, timely and trustworthy information reaches all community members.

A system model of factors affecting sustainment of health-promoting food retail strategies

Miss Anne Barrow[1,2,3,4], Dr Miranda Blake[1,2,3,4], Prof Adrian Cameron[1,2,3,4], Dr Shaan Naughton[1,2,3,4], Dr Tara Boelsen-Robinson[1,2,3,4]
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1B - Sustainable Healthy Communities, Darrwal Room A, September 15, 2026, 11:00 AM - 12:30 PM

Background: Initiatives that promote healthier food choices have been implemented in food retail outlets across various public settings in Victoria. Little is known about what supports sustainment of these initiatives beyond two years. The aim was to identify and understand factors affecting long-term sustainment of health-promoting strategies for retailers.
Methods: We interviewed retail staff and supporting health-promotion practitioners from small- and medium-sized food retailers across metropolitan and regional Victorian public health, sport and recreation outlets, and private businesses. Building on the Systems Thinking for Retail Transformation (START) map, we used system dynamics modelling to build a causal loop diagram depicting key factors affecting initiative sustainment over time. Descriptions of key themes contextualised the causal loop diagram describing system patterns affecting food retailers. Findings were validated in a second round of retailer interviews.
Findings: A total 19 interviews were conducted (n = 11 retail staff and n = 8 health promotion practitioners) representing 14 retail outlets as case studies. Twenty factors influencing health-promoting strategy sustainment were grouped into four themes: the Authorising Environment (Leadership); Profitable Health-Promoting Retail (Business Acumen;); Supply-Side Limitations; and Effective Communication and Resources. Leadership support was imperative for sustainment, enabled by face-to-face communication to build initiative ownership. The biggest barrier for voluntary uptake and health-promotion champions was limited supply of healthier, appealing, and affordable products. Health-promoting food retail mandates were considered essential for sustainment.
Conclusions: The visual systems models may allow cross-sector partners to see the whole picture, identify relevant leverage points, and plan for sustainment and scalability of health-promoting business strategies. Limited healthier and profitable product supply for retailers means that enforceable mandates and contractual agreements are necessary to sustain retailer health-promoting strategies. Additionally, retailer support related to nutrition and healthier product sourcing, assessment, and development with promotional strategies prioritising improved consumer choice and value, promotes sustainment.

Systematic scoping review of factors affecting health-promoting food manufacturer and distributor behaviour

Miss Anne Barrow[1,2,3], Dr Miranda Blake[1,2,3,4], Dr Adrian Cameron[1,2,3,4], Dr Shaan Naughton[1], Ms Genevieve James-Martin, Ms Urooj Khan[1,2,3], Ms Kripi Khanna[1]
[1]Deakin University, Burwood, Australia, [2]Institute for Health Transformation, Melbourne, Australia, [3]Global Centre for Preventive Health and Nutrition (GLOBE), Burwood, Australia, [4]Centre of Research Excellence in Food Retail Environments for Health: Next Generation (RE- FRESH: Next Generation), Burwood, Australia

2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

Background: An unbalanced diet is a leading contributor to disease burden, and our food retail environments drive dietary choices. Food manufacturers and distributors decide what to develop, stock, and promote to food retailers. This systematic scoping review aimed to address the primary research question: Which political-legal, economic, social, and technological (PEST) factors within the food system influence global food manufacturer and distributor decisions to distribute, develop, and promote healthier food and drinks?
Methods: We synthesised worldwide, primary, English language peer-reviewed and grey literature qualitative studies published across multiple databases between Jan 2000 and Dec 2025, containing perspectives of food suppliers representing large-, medium- and small-businesses, reflecting on experiences of hypothetical or actual, and mandated or voluntary, strategies to develop, reformulate, sell, and/ or promote healthier products. Systems influences on health-promoting strategies were synthesised thematically according to political-legal, economic, social, and technological factors.
Findings: 33 studies across 24 countries were included, spanning strategies like healthier product development (e.g., reduced salt, sugar, or fat), health-promoting pricing strategies, and improved nutrition information (e.g., nutrition labelling or guidelines). Of the studies, 28 reported social, 25 reported economic, 22 reported political-legal, and 12 reported technological factors. Our results suggested suppliers change when it becomes commercially rational. Enforceable mandates and reduced compliance burden prompted changes. Access to technology, food technologists, and external support reducing the cost of changes enabled change. Having formal, collaborative agreements backed by supplier-acceptable evidence, was associated with industry onus of responsibility attitudes and subsequent health-promoting changes.
Conclusions: Profit-seeking, which encourages excessive consumption, is at odds with health. Therefore, regulation is necessary, applied fairly across firms, to counter expected commercial behaviour driving overconsumption. Key policy features may include clearer nutrition targets across key product categories, paired with support for product innovation and responsible promotional strategies, to reverse current market determinants stifling change.

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Strengthening workforce capacity to address vaping in real world settings

Ms Georgia O'Brien[1], Ms Jaimee Craft[1], Ms Hannah McLeod[1]
[1]Cancer Council Victoria, East Melbourne, Australia

2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

Vaping has increased rapidly since its commercial introduction in 2004; this is no accident. It reflects a deliberate strategy by the tobacco industry to attract and addict new nicotine product users.

As tobacco control policies continue to drive down smoking prevalence in Australia, the industry has adapted; promoting vapes (e-cigarettes) to expand nicotine uptake. Between 2019 and 2022–23, current e-cigarette use almost tripled among Australians aged 14 years and over.

As evidence about the harms of vaping emerges, conversations that support people to quit are increasingly important. However, many people who work in community and education settings report low confidence in navigating these conversations in a practical and supportive way.

Recognising the opportunity to strengthen workforce capacity, Quit has developed an interactive training module: Vaping and how to support cessation in community and education settings.

Co-designed with cross-sector stakeholders, the 45-minute online training uses practical, strengths-based approaches to build skills and confidence in having non-judgmental conversations about vaping. Accessibility and engagement were central to its design, with a focus on delivering relevant, easy-to-understand content that reflects and integrates into diverse work settings.

Early feedback indicates strong engagement and increased confidence, with learners reporting improved knowledge and skills, high likelihood of recommending the training, and an intention to apply the learning in practice. Uptake has also extended into clinical environments and Aboriginal and Torres Strait Islander workforces, where it has been well received for its clarity, relevance and intersectional approach to understanding and supporting people who vape.

This broader reach reinforces a key lesson: simplicity, accessibility, and relevance are essential for uptake and impact. Keeping pace with evolving industry tactics requires solutions that make it easier for workforce to embed change in practice. This module demonstrates how thoughtful, stakeholder informed design can strengthen workforce capacity and support behaviour change at scale.

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Strengthening Laboratory Quality Systems in Cambodia-Approach to Sustainable ISO 15189 Implementation

Mr Channarong Phan[1], Ms Kimsorn PA[2], Mr Sophea Phoeurn[2], Ms Bormeysophoan BORA[2], Dr Darapheak CHAU[2]
[1]Health Poverty Actions, Phnom Penh, Cambodia, [2]National Institute of Public Health, Phnom Penh, Cambodia

2D - Evidence to Impact: Strengthening Public Health Policy and Practice, Monngarrk Room A&B (Combined), September 16, 2026, 11:00 AM - 12:30 PM

Accurate, reliable, and timely laboratory services are fundamental to disease surveillance, clinical decision-making, and public health response. Medical laboratories in Cambodia have adopted ISO 15189 accreditation since 2019 to strengthen laboratory quality; however, implementation has varied across institutions, with persistent challenges in workforce capacity, coordination, financing, and sustainability. Addressing these gaps is essential to building resilient and equitable health systems. This study used a participatory implementation research approach to examine barriers and opportunities for strengthening ISO 15189 implementation in Cambodia. Evidence was generated through a national multi-stakeholder workshop in September 2024, which involved laboratory professionals, policymakers, and technical partners. Data collection included facilitated discussions, structured assessment tools, and SWOT analysis across workforce development, governance, service delivery, and financing. The study identified strengths within the national laboratory system, including strong professional commitment, technical partnerships, and growing engagement in quality improvement. However, implementation gaps were consistently reported across laboratories. Key challenges included the absence of a standardized national training pathway for laboratory quality management, weak monitoring of corrective actions following audits, fragmented coordination between partners, unclear mentorship and technical oversight roles, and insufficient financial resources to sustain quality activities. Participants identified limited funding for training, mentorship, equipment maintenance, external quality assessment participation, and accreditation activities as major barriers to sustaining ISO 15189 implementation. Based on these findings, stakeholders co-developed an implementation framework centered on four priority actions: competency-based training systems, structured mentorship and performance monitoring, strengthened governance and coordination, and sustainable financing integrated into national planning processes. These findings suggest that strengthening laboratory quality systems requires coordinated system-level action beyond accreditation alone. Locally led implementation strategies, grounded in collaboration and national ownership, can support stronger laboratory services, improved health system resilience, and more equitable public health outcomes in resource-limited settings.

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Regional Population Health Data Directory: creating a one-stop repository of data resources

Dr Bridgette McNamara[1,2,3], Dr Michael Muleme[1,2,3], Ms Laura Brown[1], Ms Anita Thomas[1], Ms Leanne Hodder[1], Dr Naomi Clarke[1,3], Dr Mohammad Akhtar Hussain[1,2,3], Prof Eugene Athan[1,2,3], Dr Deborah Kay[1]

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1E - Data-driven Population Health Prevention, Barbarka Room, September 15, 2026, 11:00 AM - 12:30 PM

BACKGROUND

Navigating existing population health data resources to obtain appropriate information is a challenge for the regional public health network. To address this, as part of the Barwon South West (BSW) public health strategic actions, we aimed to create a regional population health directory that collates and highlights the scope and strengths of publicly available data resources, which can be used by local government, health and community sector partners.

METHODS

Data resources relating to demographics and key population health areas were identified, covering items within Municipal Health and Wellbeing plans from the region's local government areas, and as identified through stakeholder consultations. An interactive, user-friendly Power BI interface was developed and is available to the public on the BSW Public Health Unit website.

RESULTS

The directory includes topic areas such as mental health, physical activity, sexual and reproductive health, smoking and vaping, and healthy eating and food systems. Data resources identified use a range of data types, including Census, population health surveys, administrative data collections, and modelled estimates and projections. The tool continues to be expanded. We provide links for accessing publicly available data resources, highlighting strengths and data considerations for each resource. The tool allows users to filter the resources to data for specific priority populations and by geographic level, as well as by gender, age or health topic dis-aggregation. The platform has enabled a range of workforce capacity building opportunities to enhance data usage within the region and identify gaps in the existing data for future collection and advocacy.

CONCLUSION

The population health data directory is valuable for supporting BSW ecosystem partners' data needs and is open to others state-wide. It enables partners to easily access comprehensive local data sources to support and optimise effective public health planning, implementation and evaluation.

Duration of living and gestational diabetes risk among migrant women in Victoria

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5A - Advancing Health Equity Across Diverse Communities, Wala mirr Theatre (Plenary room), September 17, 2026, 1:15 PM - 2:30 PM

Background:
Gestational Diabetes Mellitus (GDM) has increased significantly among migrants in Australia over the past 20 years. The reason for this increased risk of GDM is still largely unknown.
Aim:
To determine the impact of the duration of living in Australia on the development of GDM.
Methods:
This retrospective cohort study analysed data from the Victorian Perinatal Data Collection (VPDC) for births between 2019 and 2021. Of 228,635 women who gave birth during that period, 69,063 were migrants. GDM was defined using the listed variable 'Obstetric complications' ICD-10 code. Multivariate logistic regression was used to assess the association between duration of residence and the risk of GDM, adjusting for potential confounders such as year of birth, maternal age, Body Mass Index (BMI), parity and smoking.
Results:
Among 69,063 participants, GDM prevalence was 28.5% (n = 19,698). GDM prevalence was highest among Southern and Central Asian women (13.2%). Risk was higher among women aged ≥35 years (AOR 1.38, 95% CI: 1.33–1.43) and those with a BMI ≥25 kg/m² (2.05, 1.98–2.1). Women who smoked for >20 weeks had a 43% lower risk of GDM (0.57, 0.43–0.76). Women living in Australia for ≥10 years at the time of delivery had a 17% lower risk of GDM (0.83, 0.79–0.86). A history of GDM in a previous pregnancy was the strongest predictor of GDM diagnosis (50.92, 28.52–90.91), while women residing in metropolitan areas had a higher risk (1.36, 1.27–1.45) than those living in rural areas.
Conclusion:
Longer duration of stay in Australia (≥10 years) was significantly associated with a lower risk of GDM, suggesting a potential protective effect. These findings highlight the need for targeted interventions for newly arrived migrants (<5 years) to reduce their risk of GDM.

Keywords: Gestational diabetes mellitus, Post-migration, Migrant, Risk factor, Australia.

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Social determinants of health and migrant health: A mixed-methods systematic review

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4D - Sociocultural Determinates and Health Equity, Monngarrk Room A&B (Combined), September 17, 2026, 11:00 AM - 12:30 PM

Background and Challenge
Migrants comprise 3.7% of the global population, yet many experience poorer health than host populations, with outcomes varying by migration pathway. These inequities are shaped by social determinants of health (SDoH) including income, employment, housing, discrimination, and legal status. Despite a growing literature on migrant health, no comprehensive synthesis has examined how SDoHs shape health across migrant subgroups by visa type and legal status.

Learning Objectives
1) To synthesise evidence on how SDH shape health outcomes across migrant subgroups, 2) To examine how intersections between legal status, socioeconomic marginalisation, gender, and racialisation amplify health inequities.

Following PRISMA guidelines, six databases (PubMed, APA PsycINFO, EMBASE, Scopus, ProQuest Central, Web of Science) were searched for qualitative, quantitative, and mixed-methods studies. Supplementary searching included reference list review and forward citation tracking. Two reviewers independently screened and extracted data from eligible studies.

Outcomes
Of 5212 records retrieved, 2129 duplicates were removed, and 53 studies spanning 17 countries (1995–2025) were included. Legal status emerged as a central structural determinant: precarious status was linked to poorer mental health, reduced healthcare access, and socioeconomic disadvantage. Discrimination and racism were consistently associated with psychological distress. Employment insecurity, language barriers, and housing instability further undermined health, while social support and integration were protective. Inequities were amplified when precarious legal status intersected with socioeconomic marginalisation, gender disadvantage, or racialisation - patterns were obscured when migrants are treated as a homogeneous group.

Significance
This review demonstrates that migrant health inequities are structurally driven and cumulative, differing meaningfully across migration subgroups. Visa status and precarity directly restrict access to employment, housing, and healthcare. Policies and practice should move beyond treating migrants as a homogeneous group, targeting structural conditions while accounting for intersections between legal status, country of origin, and other dimensions of disadvantage.

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When algorithms shape risk: Social media, generative AI and beach safety

Adjunct Associate Professor Bernadette Matthews[1,2], Ms Grace Strugnell[1], Ms Carys Evans[3], Mr Brady Lavoie[3], Ms Katrina Waite[3], Mr Marcus Concepcion[3]
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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

Solution/Idea
Digital platforms increasingly shape where people go, what they perceive as safe, and how they make decisions in coastal environments. This presentation proposes a scalable public health intervention, embedding evidence-based aquatic safety information within social media and generative AI systems to influence behaviour before people reach the water.

Why it matters
Drowning risk is increasingly influenced through digital exposure rather than on-site behaviours alone. Social media and AI-generated recommendations can normalise hazardous, unpatrolled beaches while omitting critical safety information. These influences may be particularly important for younger users, tourists and first-time visitors who rely heavily on digital content for destination selection and risk interpretation.

Evidence
A mixed-methods study combining semi-structured interviews with beachgoers (n=29), social media analysis and generative AI testing identified gaps in digital risk communication. Interviews explored perceived susceptibility and behavioural intentions relating to beach visitation and safety. Social media posts were analysed to identify platforms, content characteristics, engagement metrics and safety or risk cues. Generative AI outputs were systematically reviewed for beach recommendations, safety messaging and representation of hazardous locations.
Social media analysis of Mornington Peninsula beaches identified 66 posts generating 3,591 unique comments and 1,641 shares. Specific safety or risk information appeared in only 30% of Instagram, 6% of TikTok and no Facebook posts. Generative AI systems consistently recommended high-risk ocean beaches, often without clearly communicating hazards or differentiating safer from more dangerous locations.

Action and impact
A systems-level prevention approach is proposed, including: partnering with digital platforms to integrate evidence-based safety prompts; optimising public health content for algorithmic visibility and engagement; developing AI-ready safety content; and monitoring digital environments for misinformation and amplification of hazardous destinations.

Takeaway
Embedding public health interventions within algorithmically driven information environments offers a scalable opportunity to strengthen risk literacy, influence safer decision-making and reduce exposure to hazardous coastal settings.

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Extreme heat and water safety for multicultural older adults: A co-designed campaign

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4C - Sustainable Healthy Living, Darrwal Room B, September 17, 2026, 11:00 AM - 12:30 PM

Background:
Extreme heat is an under-recognised contributor to drowning. Older adults face disproportionately high drowning rates in both home and open water settings, with many of these incidents triggered by accidental slips, trips or falls into water. This is particularly concerning, given falls are already the leading cause of injury-related hospitalisations and deaths nationally. Moreover, people from multicultural communities often encounter systemic barriers to accessing vital water safety information. Together, these factors underscore the need for equitable, targeted public health interventions to mitigate drowning risk in a warming climate.
Methods:
This project co-designed, implemented and evaluated a culturally- and age appropriate campaign to improve extreme heat and water safety behaviours among people aged 65+ years in Victoria, Australia. A diverse community focus group informed messaging, imagery and dissemination strategies. Campaign materials were translated into priority languages (English, Greek, Italian, Simplified Chinese, Vietnamese) based on population and drowning data. The campaign was delivered across summer and autumn 2025–26. Pre- and post-campaign surveys of older Victorians (n=200 each) assessed knowledge, attitudes, behaviours, and campaign engagement.
Results:
Co-design participants emphasised simple messaging, clear visuals and culturally relevant representations of aquatic environments. These insights informed campaign implementation, enhancing relevance and acceptability. Over 3,500 print materials and merchandise items were distributed through partners, programs and events. While overall awareness did not significantly change, most participants reported the campaign was relevant and inclusive (85%, n=338) and felt more confident and informed about water safety after using the resources (77%, n=306).
Conclusions:
Co-designing a tailored safety campaign supports enhanced message relevance and delivery for priority populations. Longer duration of campaign delivery may be required to influence awareness and behaviours to strengthen community resilience to worsening extreme heat conditions. This campaign provides an equitable pathway to accessing safety information and empowers older people to safely enjoy the water.

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Rethinking equity through sport and physical activity for Indian migrants in Australia.

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3A - Empowering Diversity in Health Systems, Wala mirr Theatre (Plenary room), September 16, 2026, 1:30 PM - 3:00 PM

Physical activity and sport are important mechanisms for promoting health, wellbeing and social inclusion, particularly among Australia's growing migrant population. Indian migrants are one of Australia's fastest-growing communities, largely concentrated in Victoria. Understanding how migration influences health behaviours is critical for equitable health promotion, fostering inclusion and enhancing wellbeing.

This research explores the key contextual factors influencing physical activity and sedentary behaviour among Indian migrants in Australia. Using a multistage mixed-methods approach incorporating qualitative interviews, questionnaire adaptation and administration, and policy document analysis, the study examines how migration shapes participation in physical activity and sport.

Findings demonstrate that definitions of physical activity and sedentary behaviour are influenced by cultural norms and migration experiences. The study identifies key sociocultural, environmental and structural factors affecting participation following migration and highlights how these influences contribute to changes in health behaviours. Findings also informed the adaptation of a pre-to-post-migration questionnaire designed to measure changes in key sociocultural factors associated with physical activity. Policy analysis highlights opportunities for more migrant-responsive sport and physical activity policies, particularly in Victoria, to better support the needs of its growing Indian community.

This research deepens the understanding of the relationship between changes in sociocultural factors and changes in physical activity levels. It provides recommendations for policies and research practices to promote the integration and inclusion of migrants through sport and physical activity. These include addressing pre- to post-migration changes in sport and physical activity patterns, adapting physical environments to promote access to opportunities, promoting social cohesion through mainstream sport for inclusion, adopting holistic health approaches, promoting workplace strategies, and implementing strategies for new arrivals.

Learning objectives include understanding the impact of migration on physical activity participation, identifying broader sociocultural determinants of health, and recognising evidence-informed opportunities to strengthen equity, inclusion and wellbeing through policy and practice.

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A scoping review of Australian HPV self-collection participation and perspectives

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3E - First Nation Matters and Inclusive Communication, Barbarka Room, September 16, 2026, 1:30 PM - 3:00 PM

Background: Australia aims to eliminate cervical cancer by 2035, but barriers to cervical screening prevent us from reaching this goal. The National Cervical Screening Program in Australia incorporated HPV (Human Papillomavirus) self-collection to overcome barriers linked to clinician-collected screening and promote equitable access. This scoping review aims to map Australian evidence on the uptake and perceptions of self-collection on cervical screening participations

Methods: A systematic search of MEDLINE, CINAHL, and Scopus was conducted to identify relevant Australian studies against a criteria. Eligible studies reported on screening participation, uptake, acceptability, awareness, or participant experiences. Data was charted and synthesised using narrative analysis to identify key themes related to access, acceptability, and implementation.

Results: The search strategy yielded 21 papers reporting on 18 studies. Self-collection was widely accepted as a cervical screening test across diverse populations, including Aboriginal and Torres Strait Islander, culturally diverse groups, and never- or under-screened individuals. In several settings, such as rural areas and Indigenous communities, self-collection was associated with higher cervical screening participation. However, awareness of self-collection remains consistently low, with many studies reporting that participants were not aware of the option to self-collect.

Conclusion:

Self-collection is a widely accepted alternative to clinician-collected HPV testing and has been reported to improve cervical screening participation in Australia. However, low awareness of the self-collection remains a major barrier to accessing the test. Equitable impact will require clear health promotion and policy implementation, culturally safe communication and accessible delivery models that translate availability into meaningful participation.

Wastewater surveillance for public health response in Australasia and the Pacific

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5B - Designing Innovation for Healthier Communities, Darrwal Room A, September 17, 2026, 1:15 PM - 2:30 PM

Background: Wastewater surveillance can complement clinical testing by monitoring pathogen and health signals from whole communities. Its value for outbreak and pandemic preparedness depends on whether these signals are interpreted, linked to public health systems and used for action. This review aimed to map and synthesise evidence on wastewater surveillance systems in Australasia and the Pacific, and assess their contribution to public health response and preparedness.
Methods: We conducted a PROSPERO-registered, PRISMA-informed systematic evidence mapping review (CRD420251151052). Searches were conducted in PubMed, Scopus, Web of Science, Embase/Ovid, EBSCO databases, Google Scholar and targeted grey literature sources. Eligible records reported regional wastewater, sewage or related environmental surveillance evidence with public health relevance. After duplicate removal, 3,239 records were screened. Data were analysed using descriptive counts, percentages and cross-tabulations.
Results: Fifty-two articles published from 1995 to 2026 were included. Evidence was concentrated in Australia (31/52, 59.6%) and in studies using centralised wastewater treatment plants or sewer networks (36/52, 69.2%), with limited direct evidence from Pacific Island Countries and Territories (3/52, 5.8%). Enteric pathogens/faecal indicators (25/52, 48.1%) and SARS-CoV-2/COVID-19 (15/52, 28.8%) dominated, although post-2024 studies included broader respiratory, zoonotic, multi-pathogen and biomarker applications. Molecular methods were common (41/52, 78.8%), indicating strong detection capacity. However, evidence for outbreak detection and response was more limited: 42 studies (80.8%) linked wastewater findings with clinical, epidemiological or public health data, but 32 studies (61.5%) did not assess agreement with these data. Only eight studies (15.4%) showed or reported an early-warning role, and 15 studies (28.8%) directly reported or informed response action.
Conclusion: Wastewater surveillance in the region is well developed for detection and increasingly relevant to preparedness, but its use in decision-making remains limited. Future systems should prioritise fit-for-context models for Pacific, rural, remote and decentralised settings, with stronger data comparison, governance, reporting standards and response pathways.

A cross-sectional survey on contraception use among South Asian women in Australia

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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

Background: Access to high-quality contraception care and information can enable women to make informed pregnancy planning decisions. However, women with migratory backgrounds may experience greater barriers accessing contraception compared to non-migrant women. Despite women from South Asia being a large migrant group in Australia, there is limited research investigating the factors influencing their contraception access.
Study aim: To describe the contraception methods used, contraception information sources and factors associated with contraception use among women, aged 18-49 years, who have migrated to Australia from South Asia.
Methods: An anonymous, cross-sectional, online survey examined women's contraception use pre- and post-migration, sources of contraception and related information and factors associated with contraception use. Participants included women, living in Australia, aged 18-49 years, born in India, Nepal, Pakistan or Sri Lanka, recruited through social media, community organisations and general practices. Post-stratification weights were applied to generate descriptive statistics. Missing data were imputed to conduct weighted regression analysis to identify factors associated with contraception use.
Results: Of the 374 total clicks on the survey link, 261 met the eligibility criteria and 155 remained eligible after data cleaning. Among women born in South Asia, 83% were using contraception. The most commonly used methods were barrier (54%) and non-modern contraception (42%). Healthcare providers (59%) and Google (61%) were the most commonly reported contraception information sources.
Implications: South Asian women's high use of barrier or non-modern contraception could increase their likelihood of experiencing unintended pregnancy and highlight unmet contraception information needs. As healthcare providers were a common contraception and related information source, they are well-positioned to deliver contraception counselling on the methods available, their effectiveness, side effects and risk of unintended pregnancy. Strengthening provider-client interactions can support equitable contraception access and enable women from South Asia to make contraception decisions aligned with their preferences and fertility intentions.

Social connectedness in Tasmania: Supporting age-inclusivity and liveability through built environment design

Ms Auditi Bridget Biswas[1], Professor Verity Cleland[1], Dr Joanna Sun[1], Associate Professor Ceridwen Owen[1]

[1]University Of Tasmania, Hobart, Australia

5B - Designing Innovation for Healthier Communities, Darrwal Room A, September 17, 2026, 1:15 PM - 2:30 PM

The World Health Organization's Age-friendly Cities Framework advocates for inclusive built environments to support a rapidly ageing global population. The framework identifies social connectedness as a key characteristic of age-inclusive living environments. This research explores the relationship between older people's experiences of social connectedness and the design of age-inclusive neighbourhoods in Tasmania, Australia. Tasmania has the highest rate of ageing among all Australian states and territories, making it a relevant case study. Empirical data were collected from participants aged 65 years and over (n=17) using the novel visual-based research method of self-directed photography. The study was conducted in the City of Clarence, Hobart, Tasmania between March and July 2025. Data were analysed using thematic analysis, with affordance theory employed as the theoretical framework. Four key themes emerged that influence both the motivation for social interaction and the quality of such social experiences among older people, namely, (i) Accessibility (physical, social, and cognitive), (ii) Safety (objective and perceived), (iii) Novelty of experiences, and (iv) Belongingness in place. The findings highlight how older people experience and use their local neighbourhoods, the motivations and opportunities for social interaction in daily life, and how the design of built environment elements may facilitate or hinder social connectedness in later life. By foregrounding older people's lived and visualised experiences of neighbourhood affordances, this study provides empirically grounded insights to inform age-inclusive urban design and neighbourhood planning aimed at fostering social connectedness in later life.

Systems, Solidarity and Self-Reflection: Organisational Transformation for Health Equity

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1A - Enhancing Equity through Engagement, Wala mirr Theatre (Plenary room), September 15, 2026, 11:00 AM - 12:30 PM

Systems, Solidarity and Self-Reflection: Organisational Transformation for Health Equity

The pursuit of health equity requires more than externally focused programs and policy reform; it demands that public health organisations critically examine the internal conditions that shape how equity is understood, practiced, and enacted. Research consistently demonstrates that sustainable systems change depends on alignment between organisational practice and community aspirations. Yet public health institutions are often treated as neutral actors rather than as social systems embedded within broader histories of colonialism, exclusion, and inequitable power relations.

This presentation explores the journey that VicHealth has embarked on to align its internal organisational conditions with its vision for a healthier and fairer Victoria through the development of a VicHealth Equity Ecosystem. Framed by systems thinking and an intersectional approach to health equity, the Equity Ecosystem model conceptualises equity practice as an interconnected and continuous process rather than a linear initiative with a fixed endpoint. VicHealth's approach prioritises the examination of policies, processes, cultures, and practices that shape both internal operations and external impact. This includes recruitment and employment practices, organisational culture and behaviour, grant-making, research commissioning, partnership development, and community engagement.

Central to this work is the recognition that public health organisations must themselves become sites of social change towards equity and justice. This presentation posits that strengthening the future public health workforce requires more than technical capability; it requires organisations to cultivate humility, curiosity, accountability, and shared decision-making with communities experiencing structural exclusion, including meaningful engagement with First Peoples self-determination, treaty, and truth-telling processes. Transforming healthier futures requires not only systems reform, but transformation within the institutions seeking to lead it.

Supporting Quitting, Enabling Learning: Early Insights from Australia's National Cessation Platform

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4B - Advancing Digital Public Health, Darrwal Room A, September 17, 2026, 11:00 AM - 12:30 PM

Challenge: Smoking and vaping remain leading causes of preventable harm in Australia, yet cessation support has historically been jurisdictional in nature. National digital platforms offer an opportunity to deliver consistent, evidence-based cessation information at scale, helping to ensure equitable access to information and support regardless of where people live.

Evidence: The National Cessation Platform, quit.org.au, publicly launched in March 2026. The platform provides users with access to evidence-based support, information, resources and tools no matter where they are on their quitting journey or where they are in Australia. It serves a complementary role within Australia's cessation system alongside Quitline services and health professional advice. Grounded in user experience and behavioural research, the platform delivers personalised content journeys supported by enhanced digital functionality and analytics. The analytics generate insights that support continuous improvement of the platform and enable timely learning across Australia's cessation system.

Early platform data is beginning to reveal how Australians engage with cessation content, and progress through referral pathways to support services such as Quitline. The data also demonstrates how promotional activities such as those for state-based NRT programs and campaign referrals shape user cohort behaviour. Critically, the platform's digital infrastructure means that every campaign and referral pathway generates evidence, enabling the national cessation system to learn in real time about what drives engagement and what does not.

Implications for real-world action: These early insights highlight the value of a national digital cessation platform not only as a support and referral tool, but as population-level evidence-generating asset. The platform's ability to demonstrate how different cohorts and communities respond to campaigns and resources has significant implications for cessation policy, cross-jurisdictional coordination, and the design of future digital public health infrastructure.

Building Climate Resilient Health Systems: Embedding Sustainability in Practice through SusQI

Professor Lynne Madden[1], Professor Meagan Brennan[2], Dr Kerry Sutcliffe[1], Dr Aswan Tai, Dr Claudia Ng, Ms Holley Jones[1]
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3C - Future Public Health Workforce, Darrwal Room B, September 16, 2026, 1:30 PM - 3:00 PM

Challenge
Climate change increases pressure on health systems through extreme weather, disrupted supply chains and rising care demands. At the same time, healthcare contributes 5.5% of Australia's carbon emissions, making decarbonisation essential to climate resilience. The National Health and Climate Strategy identifies the need for workforce development and integrating sustainability into routine quality improvement. Many clinicians lack practical tools to translate climate and sustainability goals into meaningful change within their practice.
Evidence
To address this capability gap, we developed and piloted a six week online course introducing the Sustainable Quality Improvement (SusQI) toolkit, developed by the UK Centre for Sustainable Healthcare, integrating environmental, social and financial sustainability into quality improvement. Using co design and constructive alignment, the course was adapted for Australia and delivered through 10 hours of structured learning. An Advisory Group representing health jurisdictions, trainees, climate experts and educators guided development. Participants from various clinical and organisational settings completed the pilot. Evaluation used post course surveys, facilitated discussions and team reflection. Participants reported increased understanding of healthcare's climate impacts, greater confidence applying sustainability focused QI methods, and stronger motivation to lead climate positive initiatives. The practice oriented design was valued for turning climate concepts into actionable improvements.
Implications
The pilot, funded by a Commonwealth STP Project Support grant, demonstrates that SusQI provides a scalable, evidence based mechanism for embedding climate action into healthcare improvement. By equipping clinicians with practical tools to reduce emissions, minimise waste and strengthen system resilience, this approach supports transitioning to climate responsive, sustainable models of care. Building this capability across the workforce is essential for preparing Australia's health system for a rapidly changing climate.
Objectives
1. Describe the climate related challenges facing healthcare systems
2. Summarise how the SusQI toolkit supports climate action within clinical practice.
3. Identify practical examples of how clinicians can contribute to low carbon, climate resilient healthcare

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Variation in alcohol tax burden across beverage types: Implications for tax reform

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5C - Translating Evidence into Health System Improvement, Darrwal Room B, September 17, 2026, 1:15 PM - 2:30 PM

Introduction: Alcohol taxation is one of the most effective policies for reducing alcohol-related harm, yet little evidence exists on how the alcohol tax burden varies across products in Australia's mixed taxation system. This study estimated alcohol tax per standard drink and tax as a proportion of retail price across beverage types and subtypes in Sydney, Australia.

Methods: Alcohol price data were collected in January 2026 for all products available from five major online alcohol retailers. Excise payable per standard drink was estimated using Australian Tax Office rates for volumetrically taxed beverages, with payable Wine Equalisation Tax (WET) estimated from retail price using assumed wholesale shares. Median and mean tax per standard drink, tax share of retail price, and retail price per standard drink were analysed by beverage type and subtype.

Results: Spirits had the highest mean tax share of retail price (37.6%) and highest mean tax per standard drink (A$1.34). Wine had the lowest mean tax share (17.4%) and the widest variation in tax per standard drink. Some wine in vessels ≥ 1L attracted as little as A$0.07 tax per standard drink. Stronger cider products attracted lower tax per standard drink and were consistently cheaper than low-strength cider products. In contrast, stronger beer products had both higher tax per standard drink and tax share than their lower-strength counterparts, yet were cheaper.

Discussion: Products containing similar amounts of alcohol can attract substantially different levels of taxation. Volumetric taxation more consistently links tax paid to alcohol content, whereas ad valorem taxation under the WET allows cheap, strong wine and cider products to remain lightly taxed.

Implications: Findings contribute new evidence to longstanding debates on alcohol tax reform. A consistent volumetric taxation system would likely increase the price of the cheapest alcohol, although additional measures may be needed to address low beer prices.

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Climate and Health Guideline – climate risk assessment for Australian health organisations

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1C - Climate Risk and Resilient, Darrwal Room B, September 15, 2026, 11:00 AM - 12:30 PM

Climate change is the single greatest threat to global public health. In the years ahead, even with a rapid acceleration of global mitigation efforts, climate change will increase pressures on the natural and social systems that support population health and wellbeing. The Australian Centre for Disease Control recently launched the national Climate and Health Reference Manual and Guideline. This national toolkit of resources provides Australian health system organisations with tailored information on climate hazard indicators, climate and health guidance and climate risk assessment templates. Health sector practitioners can use this information to understand and manage the current and projected climate risks impacting population health and healthcare services, infrastructure, workforces and supply chains. Climate hazard information is aggregated for 53 health districts across Australia and presented in reports and an online interactive dashboard. 29 climate hazard indicators have been developed across six climate hazard categories; heat and humidity, fire, drought, storm, rainfall and flood and coastal inundation. Each climate hazard indicator is reported across three-time horizons; baseline, mid-century (2050) and late century (2085) and for two climate emission scenarios (middle of the road and reasonable worst case scenario). This presentation will provide an introduction to the Climate and Health Reference Manual and Guideline with practical demonstrations on how attendees can access and use the online interactive dashboard and supporting risk assessment templates.

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Promoting cheap alcohol: Trends in price discounting in off-premise alcohol retail markets

Dr Mia Miller[1], Dr Nicola Man[1], Dr Michael Livingston[2,3,4], Ms Lexi Buckfield[5], Dr Sarah Callinan[4], Dr Jason Jiang[4], Dr Michala Kowalski[1], Dr Nicholas Taylor[2], Dr Amy Peacock[1,6]
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1E - Data-driven Population Health Prevention, Barbarka Room, September 15, 2026, 11:00 AM - 12:30 PM

Introduction: Alcohol price promotions can make alcohol substantially cheaper and may drive purchasing and consumption, yet these practices remain largely unregulated. Evidence on how discounting varies across products and locations is limited. This study examined the extent and patterns of alcohol price discounting across metropolitan and remote retail markets in New South Wales over time.

Methods: Quarterly price data were collected between July 2023 and April 2025 for all alcohol products on websites of five major alcohol retailers, sampling one store per retailer in a capital city and a remote NSW location. Products were classified as discounted if they were sold below base price through multi-pack discounts, promotional discounts, or multibuy promotional offers (e.g., “2 for $x”). Analyses compared discount prevalence and discount type by financial year, location, beverage type and subtype.

Results: Analyses of 123,943 product observations showed that beer and cider had the highest prevalence of discounted products (approximately 80–88%), followed by premix beverages, while spirits had the lowest prevalence (27–34%). Wine discounting was substantially more common in the capital city location, although discounting increased over time in both settings. Beer, cider and premix were predominantly discounted through multi-pack discounts, whereas wine and spirits were mainly discounted through promotional and multibuy promotional offers. From 2023/24 to 2024/25, discounting decreased for beer, cider and premix, while promotional and multibuy discounting increased, particularly for wine in remote areas.

Discussion: Alcohol discounting was common across major beverage categories, with distinct differences in discounting strategies by beverage type and location. The increasing use of promotional and multibuy discounts, particularly for wine products in remote areas, may contribute to greater alcohol affordability and increased consumption risk.

Implications: These findings highlight the need for ongoing monitoring of alcohol pricing practices and consideration of regulatory approaches targeting volume-based and promotional discounting strategies.

Temperature and delayed Ross River virus risk in Australia: a DLNM study

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1C - Climate Risk and Resilient, Darrwal Room B, September 15, 2026, 11:00 AM - 12:30 PM

Objective: Ross River virus (RRV) is the most commonly notified vector borne disease in Australia. This study aimed to explore the relationship between ambient temperature and RRV burden at Statistical Area Level 3 (SA3) from 2000–2023 using distributed lag non linear models (DLNM).

Methods: Disease notification data were obtained from the Australian Government Department of Health, and climate data from the Queensland Government Long Paddock publicly available datasets. DLNMs combined with generalised linear models were used to examine monthly lagged effects of maximum temperature (Tmax) and minimum temperature (Tmin) on RRV risk at the SA3 level. Relative risks were estimated at the 75th, 90th and 95th percentiles of the local temperature distribution relative to the median, and risk maps were generated for these percentiles.

Preliminary results: RRV risk varied for Tmax and Tmin across local percentiles. Tmax was associated with higher risk in eastern coastal areas of Australia (including Queensland, New South Wales, Victoria and South Australia) at the 75th, 90th and 95th percentiles, with relative risks around 2.5 times compared with the local median. In contrast, elevated Tmin was associated with higher risk in oceanic temperate southern coastal and adjacent inland regions of New South Wales, Victoria and South Australia, particularly at the 95th percentile (RR ≈2.3).

Conclusion: Ambient temperature is associated with increased RRV risk around optimal conditions for vector proliferation, with higher burden observed in coastal and temperate regions of Australia. The higher risks identified in southern coastal areas may reflect the influence of a changing climate and underscore the need for climate responsive surveillance and vector control.

Keywords: Temperature, Ross River Virus, Climate change, Burden of Disease, Alphavirus

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Understanding implementation of health promotion initiatives in regional communities using system dynamics

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1D - Evidence-based Community Inclusion, Monngarrk Room A&B (Combined), September 15, 2026, 11:00 AM - 12:30 PM

Purpose: Systems-informed health promotion initiatives have shown promise in improving child health, but results have been inconsistent, partly due to implementation challenges. Systems science may offer methods to better understand scenarios influencing implementation. We tested this approach by applying two system dynamics methods: group model building (GMB) and causal loop diagrams (CLDs), to describe relationships between factors affecting implementation progress of child health promotion actions.
Methods: This study was embedded within a health promotion initiative in regional Victoria (Australia), which used system dynamics methods to support communities in developing and implementing actions to improve child health. We facilitated a GMB workshop with each of the five community-based prevention teams, to develop a CLD mapping factors influencing implementation of their community-designed actions. Using a qualitative meta-synthesis approach, the research team integrated the five CLDs into generalised CLDs illustrating overarching system structures that influence implementation.
Results: Three generalised CLDs were developed, illustrating that implementation progress is influenced by interacting factors related to (i) the alignment of action to community values; and (ii) inter-organisational partnerships and (iii) resources available in the broader prevention system. Each CLD contains reinforcing and/or balancing feedback loops, showing how change in one factor can elicit cascading effects through the system, accelerating or slowing implementation progress. Understanding implementation using this approach can help emerge covert implementation determinants and highlight suggested areas to apply implementation strategies. For example, the first generalised CLD suggests that promoting community satisfaction of existing actions may inadvertently attract additional funding from local health services and organisations.
Conclusions: This study demonstrates how system dynamics methods can help better understand implementation progress of community-designed actions. By capturing relationships and feedback rather than static lists of barriers and enablers, system dynamics can offer richer insights to inform the design of implementation strategies.

Ensuring Regional Communities Are Heard: Reimagining Equity and Diversity in Clinical Trials

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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

Gippsland spans 41,556 km² and is home to over 300,000 people, yet experiences a disproportionately higher burden of disease compared to the Victorian state average. Despite the well-established benefits of clinical trials in improving patient outcomes and advancing care, participation in regional communities remains persistently low due to structural barriers including distance, time, financial constraints, and limited awareness. In response, Latrobe Regional Health (LRH) established a dedicated research unit in 2019 to expand access to trials, prioritising those that address the needs of vulnerable populations and conditions associated with poorer health outcomes. However, equitable access extends beyond availability, it requires meaningful engagement with communities whose voices are often underrepresented in clinical research design and recruitment. Regional populations are diverse and complex, frequently characterised by agricultural and industrial workforces, lower socioeconomic status, ageing demographics, and limited access to health literacy and digital infrastructure. These factors contribute to both reduced awareness surrounding clinical trials and lower participation, reinforcing inequities in healthcare access and outcomes. Recognising this gap, LRH has partnered with Sanofi to co-design and implement an innovative community engagement program grounded in listening, trust-building, and cultural responsiveness. This initiative seeks to transform how trials are experienced in regional settings by actively engaging local voices to shape outreach strategies, improve health literacy and address barriers to participation. By centering community insight and fostering cross-sector collaboration, this program moves beyond traditional recruitment approaches to establish a scalable, community-informed model for inclusive clinical research. It represents a shift from passive access to active empowerment, ensuring that regional communities are not only included in clinical trial programs, but are actively shaping them. This work demonstrates how intentional partnerships and locally tailored engagement strategies can drive greater diversity in clinical trial participation, ultimately contributing to more equitable health outcomes and strengthening the outcomes of clinical research.

From principle to practice: designing a Public Health curriculum with co-design

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2A - Strengthening Partnership for Equity and Inclusion, Wala mirr Theatre (Plenary room), September 16, 2026, 11:00 AM - 12:30 PM

Co-design is an established practice for working collaboratively with communities and consumers in public health service design. While co-design has been championed as a tool for public health research and is building momentum in the design of general health curriculum, co-design of public health curricula is relatively new.

Challenges for first year public health education include diverse student backgrounds, the need to connect theory to specific examples in practice and working with large cohorts. To address these challenges, we undertook a collaborative and co-design informed approach to redevelop a large first-year undergraduate Public Health unit.

While 'third space' [academic support] teams have long been part of the sector, workload demands, disciplinary identity and perceived hierarchy often limit opportunities for genuine collaboration with academics. In this project we used McKercher's (2020) principles of co-design; sharing power, prioritising relationships, using participatory means and building capability, throughout as a foundation for respectful, values-led collaboration.

By adopting an iterative, dialogic approach, the process created collaborative spaces with a third space team, comprising of teaching and learning staff, learning designers, librarians and an academic skills advisor for shared interpretation, meaningful dialogue and rapid prototyping. Informal student input was also incorporated. Curriculum materials were refined collaboratively, drawing on learning designers' pedagogical and design insights and academics' disciplinary and practice-based expertise. This approach enabled embedding of inclusive and accessibility principles informed by Universal Design for Learning and tailored learning supports for the diverse cohort. These processes directly addressed challenges of scale, variable student preparedness, and the need for clearer scaffolding, with impacts evident in shifts in teaching approach, improved student navigation of unit site, stronger engagement with learning and improved performance across assessment tasks.

Reference

McKercher, K. A. (2020). Beyond sticky notes: co-design for real: mindsets, methods and movements, Sydney, Australia: Beyond Sticky Notes

Experiences and Challenges of Australian GPs and Paediatricians in Addressing Adolescent vaping

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5D - Embedding evidence into Policy and Practice, Monngarrk Room A&B (Combined), September 17, 2026, 1:15 PM - 2:30 PM

Abstract
Background: Vaping among adolescents is increasing rapidly in Australia, generating significant health risks and potential for long-term nicotine dependence. General practitioners (GPs) and paediatricians are well-positioned to identify and address vaping among young people, yet little is known about how they approach these conversations in routine care. This study explored their experiences, challenges, and recommendations for improving vaping prevention and cessation support among adolescents.
Methods: In-depth semi-structured interviews were conducted with 10 Australian clinicians (GPs, n = 6; paediatricians, n = 4) practising in metropolitan, regional, and rural settings. Participants were recruited from a larger survey on clinician knowledge and attitudes towards adolescent vaping. Interviews were video-recorded or audio-recorded and transcribed verbatim. Thematic analysis was used to classify, describe, and report themes in the data.
Results: Participants reported using opportunistic and tailored screening approaches, often incorporating vaping questions into broader psychosocial assessments such as the HEEADSSS framework. They emphasised the importance of building trust and maintaining confidentiality to encourage honest conversations. Clinicians addressed misconceptions about vaping by adapting their messages to align with adolescent interests, including sports performance and personal appearance. Most had limited experience with cessation support, primarily due to low rates of adolescent help seeking behaviour. Motivational interviewing and harm reduction were the most common intervention strategies. Reported barriers included low motivation among adolescents, peer acceptance of vaping, parental influence during consultation, and the lack of specific cessation protocols for adolescents. Participants espoused the need for structured screening tools, youth-oriented educational materials, enhanced training in adolescent communication, and broader system-level supports, including partnerships between schools and community organisations.
Conclusions: Addressing knowledge gaps, enhancing communication skills, and embedding structured, developmentally appropriate interventions in primary care may strengthen early intervention efforts and reduce vaping uptake among Australian adolescents.

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Improving equity in chronic disease prevention, embedding into routine clinical service

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1D - Evidence-based Community Inclusion, Monngarrk Room A&B (Combined), September 15, 2026, 11:00 AM - 12:30 PM

Background
Despite growing investment and increasing healthcare demand associated with chronic disease prevention, the translation of preventive approaches into routine hospital care remains fragmented and underdeveloped. Tertiary services represent a critical but underutilised setting for prevention and an opportunity to reach populations experiencing barriers to access and engagement, particularly culturally and linguistically diverse (CALD) and socioeconomically disadvantaged groups. These populations experience a disproportionate burden of chronic disease and often have lower engagement with mainstream preventive services.

Aim
This review aimed to map the characteristics of chronic disease prevention programmes embedded within tertiary healthcare and identify implementation barriers, facilitators, equity considerations and implications for programme design.

Methods
A scoping review was conducted in accordance with the PRISMA-ScR framework. MEDLINE, CINAHL and Scopus were searched for studies describing chronic disease prevention in tertiary settings. Data was extracted and synthesised using thematic analysis, with a focus on equity-related dimensions.

Results
Substantial heterogeneity was identified in programme design, delivery and reach. Most interventions focused on single diseases rather than integrated prevention across conditions. Prevention programmes largely reflected standardised models that did not adequately account for population diversity, findings suggest that engagement is influenced less by intervention content than by how programmes are delivered. Common components included multi-risk screening, lifestyle counselling, referral pathways and digital or telehealth delivery. Implementation challenges included workforce capacity, competing priorities and integration within existing workflows. Equity considerations were inconsistently reported, with limited attention to socioeconomic disadvantage, language access and health literacy.

Conclusion
Chronic disease prevention can be embedded within tertiary care; however, current approaches remain fragmented and insufficiently responsive to population diversity. Findings highlight opportunities for health services to strengthen prevention through incorporating: (1) multimodal delivery models that support flexible engagement; (2) culturally responsive and equity-embedded design and (3) integrated multi-condition approaches, providing practical direction to prevention within routine clinical care

Liberation and constraint: Power, freedom, and choice within commercial determinants of health

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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

Background: Foucault suggested the “struggle of discourses” shapes relations of power and everyday experiences. Discourses of responsibility and discursive power are conveyed every day through neoliberal discourses emphasising individual agency and individual responsibility (i.e., agentic power). These assert that individuals have control over, and therefore responsibility for, the conditions and outcomes of their own lives. However, in public health we understand that there are many factors shaping the lives and experiences of everyday people, including the commercial determinants of health.
Body: This presentation presents overarching conclusions and recommendations from a recently completed series of studies on commercial determinants of the Australian food, alcohol and gambling industries.
Commercial practices, actors, and systems shape many aspects of our everyday lives, including discourses. Although being vastly powerful, these are often absolved of responsibility, in legal and other senses. Meanwhile, individuals are ascribed vast responsibility for their choices, behaviours, and ultimately the health and wellbeing outcomes, despite their limited control over environments within which they exercise this ‘agency’. However, what may first appear as choice-rich commercial environments reflects something more prescribed or at least contrived on closer inspection.
Paternalism infringes on the freedom and autonomy (i.e., limiting agentic power) of a person or group to provide some benefit or protection, and is almost exclusively used to criticise policies and practices contrary to individual freedom narratives (e.g., “nanny state” rhetoric). However, when commercial sector ‘freedoms’ result in market and other domination, this can be understood as ‘commercial paternalism’ that constrains rather than liberates consumer freedoms. This is at odds with commercial actors’ stated objectives.
Bold proposal: This presentation includes practical recommendations for public health practitioners and researchers alike, including considerations for relationships with commercial actors, and opportunities to highlight the contradictions in prominent discourses that can be leveraged to advocate for freedom from industry influence.

Relationship continuity and co-morbidity in middle-aged adults with cardiovascular disease in Australia

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3D - Translating Evidence into Community Health, Monngarrk Room A&B (Combined), September 16, 2026, 1:30 PM - 3:00 PM

Background
This study aimed to examine the effect of relationship continuity with general practitioners on the development of first incident co-morbidity among residents of New South Wales, Australia with existing cardiovascular disease.

Methods
This study used data from the 45 and up longitudinal study linked with the Australian Medicare claims and the Pharmaceutical Benefits Scheme data (2005-2016). Participants living with cardiovascular disease but free of any co-morbidity were included (n=6,234). The primary exposure of interest, Continuity of Care (CoC) was measured using the Bice-Boxerman Continuity of Care Index. Marginal structural models were fitted to assess the effect of continuity of care (time-varying exposure) on time to development of a new co-morbidity or death (whichever came first).

Results
Low continuity of care (<0.75) was associated with a consistently higher risk of developing co-morbidity in the follow-up period compared with individuals with high relationship continuity. The direction of the association was consistently positive across age groups with oldest people (75+ years) showing 5 percentage points risk difference by end of follow-up. The risk was 4.4 percentage higher among female participants who had low continuity compared to female with high continuity by the end of 5 years. Among current smokers, the risk was 8.5 percentage points higher for people with low relationship continuity while it was 5.4 percentage points higher among participants who rated their health to be poor over the follow-up period. Participants living in urban area with low relationship continuity (vs high relationship continuity) had 3.7 percentage points higher risk of developing co-morbidity.

Conclusion
Relationship continuity showed a positive effect in reducing the likelihood of developing co-morbidity among people with existing cardiovascular disease. Policies and interventions promoting person-centred and integrated care should embed initiatives that strengthen relationship continuity with General Practitioners.

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Reflections on the equity knowledge-to-practice gap: leveraging data from The EQUIP network

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4D - Sociocultural Determinates and Health Equity, Monngarrk Room A&B (Combined), September 17, 2026, 11:00 AM - 12:30 PM

Background
"Equity" is a commonly cited principle in public health, but translation into action can be challenging. A clear gap has been documented when it comes to translating the principle of equity into day-to-day public health practice, both in Australia and internationally. The EQUitable Implementation research and Practice Network (EQUIP) is an international network committed to bridging this gap and advancing equitable implementation research/practice.
This study aims to describe EQUIP member characteristics; this report has a specific emphasis on Australian members.

Methods
Following its launch in October 2025, EQUIP recruited members through professional networking opportunities, partner organisations, and online strategies (e.g. social media) to reach a global audience. Membership data collected via the online platform Qualtrics at registration underwent descriptive analysis. This research was approved by the Monash University Human Research Ethics Committee (ID 49464).

Results
The EQUIP Network has grown rapidly. Currently, EQUIP has 283 members across 29 countries. 44% of all global members are from the public health discipline.
Half (51%) of EQUIP members are from Australia. 37.5% of Australian members have a primary discipline of public health, a slightly smaller proportion than globally. 80% of the public health members are researchers, others are policymakers, lived experience experts and practitioners. Whilst many Australia-based public health members indicated that they consider themselves to have intermediate or expert IS knowledge, a substantial minority (30%) considered themselves to be IS beginners or novices.

Conclusion
The rapid growth of EQUIP membership suggests high levels of interest in equitable implementation research and practice globally. Despite some having low levels of IS expertise, Australian members have shown a strong appetite for opportunities to skill up in equitable implementation, consistent with known knowledge-to-practice gaps. The work of the EQUIP Network seeks to fill this need.

Funding: Monash University Incubator (2025-26).
*HH & MG joint first

The Impact of Shift Work and Clinical Experience on Professional Quality of Life among Psychiatric Nurses in Saudi Arabia

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5B - Designing Innovation for Healthier Communities, Darrwal Room A, September 17, 2026, 1:15 PM - 2:30 PM

Abstract
Background: Psychiatric nurses are exposed to high levels of occupational stress, increasing their risk of burnout and compassion fatigue. Psychological resilience has emerged as a critical factor in promoting wellbeing and sustaining professional quality of life among nurses. However, limited evidence exists within the Saudi Arabian context.
Aim: This study aimed to examine the relationship between psychological resilience and professional quality of life among psychiatric nurses in Saudi Arabia.
Methods: A cross-sectional design was conducted among 167 psychiatric nurses working in a major mental health hospital in Riyadh. Data were collected using the Connor–Davidson Resilience Scale (CD-RISC) and the Professional Quality of Life Scale (ProQOL-5). Statistical analyses included Pearson correlation and linear regression to explore associations between resilience, compassion satisfaction, burnout, and compassion fatigue.
Results: Nurses demonstrated moderate levels of resilience (mean = 70.72) and professional quality of life. Resilience showed a significant positive correlation with compassion satisfaction ($r = 0.594$) and a negative correlation with burnout ($r = −0.362$). Burnout was positively associated with compassion fatigue ($r = 0.580$). Regression analysis confirmed that resilience significantly predicted higher compassion satisfaction ($\beta = 0.536$, $p < 0.001$).
Conclusion: Psychological resilience plays a crucial role in enhancing nurses' professional quality of life and mitigating burnout. Strengthening resilience through targeted interventions can improve nurse wellbeing and support sustainable, high-quality patient care. These findings align with global priorities to build resilient healthcare systems and workforce capacity.

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Food Security in Action: The NT School Nutrition Program

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[1]Outback Stores, Berrimah, Australia

2B - Creating Healthier Environments with Evidence, Darrwal Room A, September 16, 2026, 11:00 AM - 12:30 PM

Problem:
According to the 2022-23 National Aboriginal and Torres Strait Islander Health Survey, 41% of households experienced food insecurity due to a lack of money. Households in remote areas were more likely to experience food insecurity (51%) than households in non-remote areas (40%).

What we did:
Outback Stores supports the management of remote community stores by improving food affordability and availability, nutrition and community services. Currently, 13 of Outback Stores' managed locations provide meals for students through the School Nutrition Program (SNP).
The SNP supports the provision of breakfast, morning tea and lunch to students across the Northern Territory. The National Indigenous Australians Agency covers operational expenses, whilst parents/ carers cover food costs. The program aims to improve health outcomes, school attendance and learning, whilst also creating employment opportunities for local Aboriginal and Torres Strait Islander peoples.
Outback Stores uses streamlined processes to implement this program at scale. This includes a standardised menu developed in consultation with remote communities, store operational guides, working with suppliers to source meals, and assisting participating stores through support groups.

Results:
Across the financial year 2025, Outback Stores supported the provision of 68,879 meals across 13 schools. This is an increase from early program implementation, with Outback Stores providing 50,458 meals across 11 schools in financial year 2022. There has also been an increase in demand for similar programs within other jurisdictions.

Lessons:
Overall, the SNP contributes to reducing food insecurity in remote communities by providing students with daily access to nutritious meals. With an increase in demand for this program, there is a need for nationally consistent guidelines for extending the SNP across Australia.
Unfortunately, inequities exist through the program structure relying on parents to fund food provision. More work needs to be done to support equitable school food program access for remote communities.

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Diabetes Prevention Population Screening: 9-Year Evaluation of the Indian Diabetes Risk Score

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1E - Data-driven Population Health Prevention, Barbarka Room, September 15, 2026, 11:00 AM - 12:30 PM

Aim/s
Effective diabetes prevention systems rely on scalable risk stratification tools to identify populations at high risk of type 2 diabetes, particularly in resource-constrained settings where large-scale laboratory testing is impractical. The Indian Diabetes Risk Score (IDRS) is a low-cost non-invasive tool based on age, waist circumference, physical activity and family history. IDRS is widely implemented in community screening, with a threshold of ≥60 indicating high risk. However, its long-term predictive performance has not been formally validated. This study evaluated whether baseline IDRS predicts incident diabetes over 9 years.

Methods
A secondary analysis of the Kerala Diabetes Prevention Program (K-DPP) was conducted among adults without diabetes at baseline (n=1508). Associations between baseline IDRS and 9-year incident diabetes were assessed using logistic regression. Discriminative performance was evaluated using area under the receiver operating characteristic curve (AUC-ROC). Linear regression examined the association between change in IDRS from year 2 to year 9 (ΔIDRS) and concurrent change in fasting plasma glucose (ΔFPG).

Results
Higher baseline IDRS was associated with increased odds of incident diabetes, suggesting a graded relationship across the score distribution (continuous IDRS: adjusted OR 1.041, $p<0.001$; IDRS ≥60 threshold: adjusted OR 1.72, $p=0.080$). However, overall discriminative performance was poor (AUC-ROC=0.577). At the ≥60 cut-off, sensitivity was moderate (71.2%) and specificity was low (34.7%). ΔIDRS was not associated with ΔFPG (β=0.050, $p=0.513$); although the low-risk group had a 9.6 mg/dL smaller change in FPG compared to the high-risk control group.

Conclusion
IDRS identified a substantial proportion of individuals who later developed diabetes, supporting its use for population-level risk stratification. However, the traditional ≥60 threshold showed limited precision for distinguishing between individuals who did and did not develop diabetes. While IDRS appears to capture between-person differences in diabetes risk, it showed limited utility for monitoring glycaemic progression. These findings suggest caution when using IDRS for individual-level risk prediction or monitoring and highlight the importance of ongoing evaluation of screening tools to support effective and equitable allocation of prevention resources.

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Faces Behind the Data: Advancing Clinical Trial Diversity Through Storytelling

Ms Loren McMurtrie[1], Ms Lucy McNicol[1]
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2E - Building Trust in a Digital World: Communication, Misinformation and AI, Barbarka Room, September 16, 2026, 11:00 AM - 12:30 PM

Clinical trial diversity isn't just a regulatory checkbox - it's a public health imperative that requires every stakeholder to act. This session will explore how storytelling, strategic partnerships, and individual commitment can transform clinical research from exclusive to inclusive - ensuring medical advances benefit all Australians.

The Challenge: Underrepresentation in clinical trials perpetuates health inequities. Minority populations, women, and older adults remain systematically excluded, limiting the generalisability of medical evidence and delaying access to innovations for those who need them most.

The Action: This presentation will showcase how visual storytelling transforms abstract statistics into relatable narratives. The "Face of Clinical Trials" campaign represents diverse trial participants, with the goal of making clinical research accessible and trustworthy.

We'll share polling data (research underway) revealing audience perceptions before and after exposure to these materials, demonstrating the power of narrative to shift attitudes and increase willingness to participate.

And, we'll share qualitative evidence of clinical trial sites who have used the materials in the three months leading to APHC.

What's in it for APHC delegates:
Every public health professional can advance trial diversity. This will remind them and provide practical tools to take action:
Researchers: Design inclusive protocols and community partnerships
Practitioners: Educate patients about trial opportunities
Policy makers: Advocate for diversity mandates and funding
Community partners: Build trust through culturally responsive outreach

Delegates will leave with evidence-based tools, renewed inspiration, and clear actions to champion inclusive clinical research in their own work.

Who Gets to Decide? Reclaiming Women's Voices in Climate and Health Research

Dr Raksha Pandya-Wood, Dr Gabriela Fernando, Ms Dessy Rosalina, Dr Grace Wangge, Ms Savyna Selvarajan, Ms Nadira Chairani, Dr Azliyana Azhari
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2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

What if public health research routinely treated marginalised women not as participants, but as experts shaping the agenda? This presentation advances a clear proposition: embedding epistemic justice within public health research is essential to achieving equitable, relevant, and impactful health outcomes, particularly in areas such as climate change and health. Epistemic justice, recognising whose knowledge counts and whose voices shape decisions, remains unevenly distributed in global health research. Too often, the priorities of marginalised women are filtered through institutional, academic, or donor-driven agendas rather than being directly articulated and acted upon.

Drawing on participatory and co-produced research conducted in Indonesia and Malaysia, this work demonstrates how reframing research processes can fundamentally shift both priorities and outcomes in climate change and health research. Through inclusive workshops and community dialogues, women from diverse intersections, including differences in socio-economic status, ethnicity, geographic location, and lived experiences of marginalisation, were engaged as active contributors at meaningful stages of the research process. In our research, this included: developing questions, identifying priorities, and interpreting findings.

The insights generated challenged dominant assumptions about women's health priorities. Participants consistently emphasised the interconnected nature of health, particularly in relation to climate change. They identified structural and social determinants as central, including climate vulnerability, environmental degradation, gender-based inequities, safety, and access to services. These priorities reflect a more holistic and lived understanding of climate and health that is frequently underrepresented in traditional research frameworks.

Importantly, the process revealed how existing research systems can unintentionally perpetuate epistemic injustice by privileging certain forms of knowledge, particularly technical and institutional expertise, over experiential and community-based knowledge. By creating inclusive, dialogical, and culturally responsive spaces for engagement, this research redistributed epistemic authority. Women were not positioned as passive participants but as legitimate knowledge holders, shaping research agendas on issues including climate resilience and health system responses.

The key insight is not only what priorities emerged, but how they emerged. Co-production and participatory approaches enabled the recognition of intersectionality as a central lens, highlighting how overlapping forms of inequality shape vulnerability to climate and health risks as well as access to participation in research. This has implications for the relevance, legitimacy, and uptake of public health interventions.

These lessons are directly applicable to the Australian context, where climate change is an urgent public health challenge. Vulnerable populations including migrant communities, and those experiencing socio-economic marginalisation are disproportionately affected by climate-related health risks yet remain underrepresented in research design. Applying epistemic justice and co-production approaches can strengthen the responsiveness of climate and health research, ensuring that policies and interventions reflect lived realities and community priorities.

If we are serious about equity in public health, we must move beyond consultation towards genuine power-sharing in research. This requires embedding co-production, valuing diverse forms of knowledge, and centring voices that have historically been marginalised. Reimagining public health research in this way is not simply methodological; it is essential for addressing complex challenges such as climate change and health, and for building more just, inclusive, and impactful public health systems in Australia and across the Asia-Pacific region.

Improving surveillance of gambling-related suicides

Associate Professor Angela Rintoul[1], Ms Ann-Marie Ashton[2], Dr Scott Fitzpatrick
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4A - Turning Evidence into Actionable Mental Health Practice, Wala mirr Theatre (Plenary room), September 17, 2026, 11:00 AM - 12:30 PM

While gambling has expanded rapidly globally, systems to monitor harms are underdeveloped. Operators have been shown to use predatory practices in pursuit of profits and maximise 'revenue per available customer' (revpac). The capacity of operators to exploit customers is further increased by digital technologies that track customer activity and push marketing that encourages gambling. This study was designed to consider ways to improve the identification of gambling suicides to inform prevention efforts.

We conducted 32 in-depth interviews in Australia. Participants were people who had survived a gambling-related suicide attempt, professionals working in death investigation, data custodians, researchers and lived experience advocates. Transcripts were analysed using reflexive thematic analysis and informed by our experiences reviewing Australian mortality datasets.

Identifying a gambling-related suicide relies on manual review of evidence that might spontaneously emerge during the death investigation process. Unlike drugs, alcohol or relationship difficulties, very few systems prompt death investigators or coders to capture whether gambling was a factor in a suicide. Social and cultural norms may discourage death investigators, clinicians and witnesses from considering gambling as a relevant factor in a suicide death. Sources of financial distress rarely required to be identified, compounding the underestimation of gambling harms. In cases where gambling is noted, relevant detail that could inform prevention efforts - such as the gambling product that was the main source of harm - is not consistently recorded.

Urgent efforts are needed to improve monitoring and surveillance of gambling suicides. Gambling operators hold transaction data that should be centrally accessible to regulators and death investigators to enable them to review account data in a centralized 'data vault'. Account based gambling would provide people who gamble the ability to set loss limits. Yet vested interests often obstruct efforts by policy makers to introduce these measures.

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Are Victorian teens really 'Party Ready'? Drug, Alcohol and Mental Health Education

Miss Marj Devereux[1], Miss Tatiana Danyluk[1], Miss Madeline Johnson[1], Mrs Emma Klinakis[1]
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4E - Mental Health and Wellbeing, Barbarka Room, September 17, 2026, 11:00 AM - 12:30 PM

We know young people will encounter mental health challenges, drugs, and alcohol, so why don't we prepare them for when they do, with their mental health at the centre? Party Ready is a preventative education approach that reframes drug, alcohol and mental health education as a resilience and preparedness issue, supporting wellbeing and positive mental health alongside safer decision-making.

Rather than relying on fear-based or abstinence-focused messaging, Party Ready equips young people with practical skills to navigate real-world social environments. Grounded in community education practice, youth engagement, and harm reduction evidence, the model focuses on 3 core elements: (1) scenario-based learning in real contexts such as parties, festivals, and peer settings; (2) building resilience and preparedness for high-pressure and uncertain situations; and (3) strengthening wellbeing and positive mental health through practical, skills-based strategies.

Mental health is embedded throughout, recognising its role in decision-making, social connection, and risk. Participants build confidence in setting boundaries, recognising and responding to peers, supporting others, and seeking help when needed. This shifts the focus from simply knowing the risks to feeling capable and prepared to respond.

In school and community-based delivery, Party Ready has demonstrated strong engagement, particularly where young people see themselves reflected in the scenarios and discussions. Feedback highlights increased confidence, relevance, and willingness to engage compared to traditional approaches.

Through a fast-paced, scenario-driven demonstration, this presentation will show how Party Ready translates into practice and how it can be adapted across education and community settings.

This is a call to reframe preventative drug and alcohol education as well as mental health first aid for teenagers.
Not if, but when young people encounter these challenges, they deserve preparation that strengthens their resilience, supports their wellbeing, and meets them where they are.

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Mapping risk, mobilising communities and scaling defibrillators to save lives

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3D - Translating Evidence into Community Health, Monngarrk Room A&B (Combined), September 16, 2026, 1:30 PM - 3:00 PM

Out-of-hospital cardiac arrest (OHCA) remains a significant public health challenge, with survival highly dependent on timely defibrillation. However, access to automated external defibrillators (AEDs) remains uneven and unequitable.

The Defib In Your Street pilot in Reservoir, Victoria, demonstrates how epidemiological evidence can be translated into targeted, community-led action. Reservoir, identified as having the 5th highest number of cardiac arrests in Victoria, informed a place-based implementation approach grounded in spatial epidemiology. Using 5 years of cardiac arrest data, demographic indicators, and 400 m service area modelling, AED placement was strategically targeted to underserved and higher-risk areas.

The model combined evidence-informed site selection, community hosting, and integration with emergency response systems, with evaluation showing significant system-level improvements in access. Mean travel time to the nearest AED reduced from 5.36 to 2.74 minutes for cardiac arrest locations, with consistent reductions across 923 geographic areas (5.87 to 3.55 minutes). AEDs were successfully placed in higher-need areas, increasing coverage for older adults and culturally diverse populations, while also expanding overall population reach per device. Qualitative findings highlighted strong community ownership, with hosts motivated by civic responsibility and contributing to increased local awareness.

This work advances understanding of how spatial epidemiology can directly inform implementation at scale. It demonstrates a replicable, community-led model that informs policy and practice by balancing accessibility, capacity, and equity considerations. Participants will gain insight into applying data-driven approaches to AED placement, embedding community engagement in public health interventions, and translating evidence into scalable systems change.

Defib in Your Street provides a practical framework for turning evidence into action, supporting equitable access to life-saving interventions and contributing to improved OHCA outcomes.

First Aid as Prevention: Mobilising a Distributed Public Health Workforce for Impact

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2C - Sustainable One Health and Collaboration, Darrwal Room B, September 16, 2026, 11:00 AM - 12:30 PM

What if First Aid was not just a response to emergencies, but a core strategy for prevention?

This presentation proposes a shift in how we conceptualise both First Aid and the public health workforce. Millions of people are trained in First Aid each year, yet this capability is largely framed as reactive. We argue that First Aid should be recognised as a preventative public health intervention, with the potential to reduce injury severity, improve recovery outcomes and relieve pressure on overstretched health systems.

Early and effective action in the first minutes of an incident can significantly alter health trajectories. Interventions such as CPR, bleeding control, asthma management and anaphylaxis response can reduce complications, shorten recovery time and improve survival. However, the broader system value of these early actions remains underacknowledged. By equipping individuals with the skills, confidence and willingness to act, First Aid training creates a distributed, community based workforce embedded within everyday settings.

Drawing on behavioural insights and training experience, this presentation explores how barriers to action influence whether people intervene, and how reframing First Aid as prevention can strengthen both capability and confidence. It also considers how this perspective could reshape investment, measurement and policy, shifting First Aid from a compliance activity to a workforce development strategy.

Recognising first aid trained individuals as contributors to public health opens new opportunities to build community resilience, reduce inequities in access to timely care, and support more sustainable health systems. In a future of increasing demand, prevention will not only sit within institutions, but within people.

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Youth perspectives on commercial and economic determinants of health: A photovoice exploration

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4C - Sustainable Healthy Living, Darrwal Room B, September 17, 2026, 11:00 AM - 12:30 PM

BACKGROUND AND AIMS:
Young people are exposed to complex commercial and economic forces that shape their health and wellbeing, both positively and negatively (e.g. digital marketing, financial systems). However, their lived experiences are largely absent from policy development. This national study aimed to explore how young people in Australia understand and navigate these determinants, using a youth-led, participatory photovoice approach.

METHODS:
Five young people from the Future Healthy Countdown 2030 led the study design and implementation, supported by senior researchers and ARACY. Nineteen participants (aged 16–25 years) were recruited nationally via the Young and Wise network. Participants completed: (1) a workshop introducing key concepts; (2) a photo-documentation period capturing commercial and economic influences; and (3) in-depth interviews exploring experiences and identifying actions across individual, community, organisational, and policy levels. A final participatory workshop enabled member checking, theme validation, and co-development of actionable policy recommendations.

RESULTS:
As the young people that that conceived and delivered the study, we unpack what a ‘truly youth-led researcher structure and approach’ looks like in practice and how it can be operationalised in practice. Participants critically examined commercial environments including digital marketing, food retail, gambling advertising, and economic precarity, highlighting how these systems shape everyday health choices and opportunities.

CONCLUSION:
Findings identify priority structural and policy changes to support young people’s health and wellbeing, particularly in regulating harmful commercial exposures and addressing economic inequities. By positioning young people as active knowledge producers, this study generates policy-relevant insights and demonstrates the value of embedding youth leadership in public health research and decision-making.

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I2Q: translating tobacco policy into scalable prevention infrastructure

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3D - Translating Evidence into Community Health, Monngarrk Room A&B (Combined), September 16, 2026, 1:30 PM - 3:00 PM

Background:
Smoking and vaping remain major drivers of preventable disease, inequity and avoidable health service use. Although evidence-based cessation supports exist, many people do not receive timely brief advice, referral, follow-up or sustained support to quit. For policy makers, the challenge is no longer whether cessation works, but how to embed effective cessation pathways into routine health and community service delivery at scale.

Policy and implementation approach:
The Incentive 2 Quit program, known as I2Q, was funded by Preventive Health SA through South Australia's Tobacco Control Strategy as a policy-led contingency management model to increase engagement with cessation support. Houd Research Group was engaged to deliver the program in partnership with Preventive Health SA, Quitline, clinical and community services, Aboriginal health stakeholders and health professionals. Through iterative co-design, stakeholders emphasised that I2Q needed to strengthen, not replace, existing services; be simple for health professionals to offer; support local ownership; and generate measurable outcomes.

The resulting model connects brief advice, referral, Quitline engagement, structured follow-up, biochemical validation and modest contingency payments within one implementation pathway. Early manual delivery tested feasibility and acceptability. Ongoing implementation feedback informed a streamlined digital model, reducing health professional workload from approximately 10–20 minutes to around one minute and improving readiness for broader scale-up.

Results:
I2Q has expanded across 49 sites and 10 health service groups in South Australia, trained 537 health professionals, and enrolled 759 participants, including more than 250 Aboriginal participants. The program has achieved 60% Quitline counselling uptake and a 30.5% biochemically validated six-month quit rate, exceeding initial implementation and cessation targets.

Conclusion:
I2Q demonstrates that contingency management can be operationalised as practical prevention infrastructure when policy leadership, service delivery expertise and local implementation are aligned. The model offers governments and health systems an implementation-ready pathway to strengthen smoking and vaping cessation, chronic disease prevention, health equity and measurable public health impact.

Strengthening climate-resilient health systems: A global scoping review and evidence gap mapping of healthcare workers' climate-health literacy and attitudes influencing adaptive practice

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1C - Climate Risk and Resilient, Darrwal Room B, September 15, 2026, 11:00 AM - 12:30 PM

Background
Accelerating climate change poses escalating challenges to healthcare systems worldwide, placing healthcare workers at the frontline of acute climate-related events and longer-term systemic stressors. Understanding how climate-health literacy and attitudes shape healthcare workers' adaptive practice and resilience is central to building climate-resilient health systems. This review synthesises global evidence on healthcare workers' climate change-related health literacy and attitudes and examines factors influencing adaptive practice and resilience.

Methods
This scoping review followed the Joanna Briggs Institute methodology and is reported in accordance with PRISMA-ScR guidelines. Systematic searches were conducted in PubMed, MEDLINE, Scopus, Web of Science, EMBASE, CINAHL, and PsycINFO for English-language studies published between 2014 and 2025. Quantitative, qualitative, and mixed-methods studies examining HCWs' climate-health literacy, beliefs and attitudes, adaptive practices, and multi-level barriers and facilitators to adaptive practice and resilience were included. Data were synthesised using descriptive and thematic approaches.

Results
Thirty-one studies from high-, middle-, and low-income settings were included. Climate-health literacy was widely examined, and HCWs generally recognised climate change as an escalating public health threat. Attitudes towards climate-health engagement were largely positive; however, translation of knowledge and concern into routine clinical, organisational, and system-level practice remained limited. Only a small number of studies explicitly examined resilience. Key facilitators of adaptive practice and resilience included competency-based education, leadership engagement, clear operational guidance, supportive workplace cultures, and cross-sector collaboration. Major barriers included fragmented governance, limited resources, workload pressures, and inequitable access to climate-health training.

Conclusion
Current evidence suggests that climate change is constraining healthcare workers' adaptive capacity and resilience, while significant evidence gaps remain. Building climate-resilient health systems requires coordinated investment in workforce development, climate-health literacy, supportive governance, and organisational preparedness. Strengthening these foundations can enhance workforce resilience and support equitable, sustainable public health responses to climate-related health challenges.

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