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Tasmania**

Abstract Book



Neural activity patterns in response to vape products: evidence of approach motivation

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5A - Tobacco/vaping prevention and cessation, Ballroom 1, May 7, 2026, 9:00 AM - 10:30 AM

Introduction: Previous research exploring the impact of vape product features on product appeal and use intentions has been limited by a reliance on self-report measures. We aimed to provide unique and objective insights into the impact of product features by exploring young people's electrophysiological brain activity when presented with a vape product and determining whether exposure triggers rapid and automatic product approach tendencies.

Method: Young people (17 to 23-year-olds; n = 38) were presented with images of vape products for several seconds while their brain activity was recorded. For each product they were asked to report whether they (i) found the product appealing, (ii) were curious about using the product, and (iii) wanted to use the product (response options: yes/no for each item).

Results: Results from both support vector machine classification and support vector regression analyses indicated that young people's vape approach tendencies can be predicted from brain activity as early as 100-300ms after exposure. These findings were observed in those who vape and those who had never vaped.

Conclusion: Results provide strong evidence that exposure to vape products has an immediate effect on young people's neural processing, with findings indicating that attitudes and behavioural intentions that occur in response to exposure to vape products precede deliberate processing. These findings provide support for the elimination of product-based marketing and the introduction of plain packaging and devices.

Exploring young people's experiences with vaping via ecological momentary assessment

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3A - Tobacco + Alcohol - Commercial Determinants, Ballroom 1, May 6, 2026, 11:00 AM - 12:30 PM

Introduction: Developing effective behavioural interventions for vaping requires a nuanced understanding of individuals' everyday vaping practices and the contextual factors that shape patterns of product use. This study aimed to explore the daily vaping-related experiences of young Australians who vape using ecological momentary assessment.

Methods: Young Australians (14-39 year olds) who vape were invited to share their vaping-related experiences via an app-based daily diary. Data were collected over a 7-day period. Inductive reflexive thematic analysis was used for synthesis.

Results: We received 442 written entries and 11 audio recordings from 72 participants (54% men). We subsequently analysed the data provided by those who vaped daily (n=68 [95%]) given its richness. A conceptualisation of 'a day in the life' was created and two main themes identified: (1) vaping as part of daily routines and (2) negative and positive vaping related experiences. These experiences included disruption to daily activities and associated distress, feelings of shame and dependence, and the use of vapes for relaxation, stress relief, and self-care.

Conclusions: Among those who vape daily, vaping appears to be an integrated and often necessary part of their routine with disruptive consequences. Effectively conveying the insidious nature of vaping dependence and addiction is essential for raising awareness of associated harms and impacts, facilitating self-reflection of one's own vaping patterns, and countering industry-driven narratives that minimise the risks of nicotine. Addressing the use of vapes as a coping mechanism for psychological distress requires the provision of alternative, evidence-based mental health supports.

Barriers & Enablers to Cervical Cancer Screening Among Culturally Diverse Women in Australia

Ms Daniella Edward¹

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3C - Screening Practice and Needs - Centering People and Culture & Translating Evidence, Ballroom 3,
May 6, 2026, 11:00 AM - 12:30 PM

Background and Aims: Despite advances in cervical cancer prevention through HPV vaccination and self-collection screening options, participation remains disproportionately low among culturally and linguistically diverse (CALD) women in Australia. Despite national policy efforts, uptake remains low. This study aims to bridge the gap between policy and lived experience by synthesising evidence and capturing perspectives to understand why screening remains inaccessible - and how it can be transformed.

Methods: A narrative review of peer-reviewed and grey literature (2015-2024) was conducted to identify structural and cultural barriers affecting cervical screening participation in CALD populations. Key themes were mapped against the socio-ecological model. In parallel, semi-structured interviews were conducted with eight multicultural health workers and cultural advisors across South Australia. Thematic analysis was used to identify reoccurring patterns, community insights, and practice-level solutions. Ethics approval was granted by the University of South Australia Human Research Ethics Committee.

Results: Literature consistently reported language barriers, lack of culturally safe information, and limited awareness of self-collection options. Interviewees deepened this with lived insight, describing mistrust, stigma, and fear, especially among women from refugee and faith-based communities. They proposed actionable strategies: co-designed messaging, partnerships with cultural leaders, and embedding screening education into women's community spaces. Importantly, the disconnect between national messaging and local realities was seen as a critical barrier to meaningful engagement.

Conclusions and Significance/Impact: This study reveals that closing the cervical screening gap for CALD women requires more than information - it demands cultural trust, community leadership, and policy grounded in real-world experience. By combining evidence with voice, it offers a roadmap for developing inclusive, community-led screening programs. The findings advance translational public health by demonstrating how innovation begins with listening - and leads to systems that truly work for all.

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

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4C - Cancer Prevention and Screening and Early Onset Cancers, Ballroom 3, May 6, 2026, 3:30 PM - 5:00 PM

Introduction: Cervical cancer is preventable and curable if detected early. The national cervical cancer screening program invites eligible people to participate in this free program, every 5 years, enabling early detection of cervical changes requiring treatment, thereby reducing the risk of cancer. However, it is estimated that only about one third of people with a disability who are eligible, participate in the program. Low participation has been attributed to barriers faced by people with a disability, 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.

Strengthening Primary Care Capacity to Improve Cancer Screening Participation in Queensland

Ms Jennie Haarsager¹

¹Queensland Health, Brisbane, Australia

4C - Cancer Prevention and Screening and Early Onset Cancers, Ballroom 3, May 6, 2026, 3:30 PM - 5:00 PM

Background:

Cancer screening participation rates across Australia remain below national targets, with significant disparities affecting priority populations. Since 2023, Queensland Health has partnered with Primary Health Networks (PHNs) to address systemic barriers and strengthen participation in the National Cervical and Bowel Cancer Screening Programs.

Objective:

To improve equitable access and participation in bowel cancer screening and cervical screening by building primary care capacity, implementing targeted community engagement, and promoting system-level change through regional PHNs.

Methods:

All seven Queensland PHNs implemented regionally tailored initiatives under a shared set of guidelines. Activities included:

- quality improvement (QI) coaching in general practice, integration of the National Cancer Screening Register (NCSR) into practice management software,
- digital and culturally appropriate public awareness campaigns
- support for self-collection for cervical screening
- support for the Alternative Access Model (AAM) for bowel screening

Data were collected on screening rates, practice participation, and engagement outcomes across the programs.

Results:

- Over 300 general practices across Queensland engaged in QI activities.
- Bowel screening participation increased in multiple regions (e.g. Brisbane North PHN: +1.72%).
- Cervical screening saw uptake gains, with some PHNs doubling self-collection for cervical screening rates (e.g. Gold Coast PHN: 21.9% → 42.4%).
- The NCSR integration rate improved (e.g. Brisbane North: 57.9% → 63.6%).
- Community campaigns targeted priority groups, including First Nations, CALD, and males (45–49).

Conclusion:

A state-wide, regionally tailored partnership model has strengthened primary care engagement in cancer screening and begun to address participation inequities. Continued investment in QI, data integration, and inclusive communications is essential to sustain improvements and support innovative models.

Community Advisory Boards: Scaling Evidence-Based Mental Health Prevention for Immigrant Youth

Ms Daniella Edward¹

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4D - Community and place-based approaches, Harbour View 1, May 6, 2026, 3:30 PM - 5:00 PM

Background:

Multiple studies have highlighted that being of immigrant background is a risk factor for poor mental health among youth. Immigrant youth face heightened risks for major depression, anxiety disorders, substance misuse, behavioural problems, and poor psychological wellbeing due to acculturation, stress, discrimination, and structural barriers to care. Although evidence-based prevention programs are available, their uptake and scalability in immigrant communities remain limited without cultural adaptation. Community Advisory Boards (CABs) have been shown among multiple strategies to strengthen translation of research into practice by ensuring cultural relevance, trust, and system-level integration.

Methods:

We conducted a structured literature review (2010–2024) of peer-reviewed and gray literature on CAB use in adapting and implementing preventive mental health programs for immigrant and refugee youth. Databases searched included PubMed, PsycINFO, and Google Scholar, with keywords community advisory board, immigrant youth, prevention, implementation, and scale-up.

Results:

Eighteen studies demonstrated that CABs consistently improved program outcomes. CAB-guided adaptations—such as bilingual delivery, family-inclusive models, and identity-affirming activities—were associated with higher recruitment, stronger retention, and greater youth engagement compared to non-adapted interventions. Evidence also highlighted CABs as a mechanism for embedding programs into schools, health systems, and community organizations, facilitating scale-up beyond pilot projects. Challenges included sustaining CAB engagement and balancing fidelity to core program elements with local adaptations.

Conclusion:

The literature provides clear evidence that CABs are an effective, evidence-backed strategy for translating prevention research into equitable, scalable practice. By institutionalizing CABs within health and education systems, communities can move beyond small-scale pilots to sustainable models of preventive mental health care that addresses disparities and achieve long-term impact.

Socioeconomic Disparities and Other Factors in Dyslipidemia: Insights from NHANES 2017–2020 Data

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Introduction: Dyslipidemia, characterized by abnormal blood lipid levels, is a key risk factor for cardiovascular disease. Socioeconomic status can play a role in the development of chronic disease, including as an influence on risk factors for chronic diseases such as cardiovascular disease. **Methods:** This study analyzes the relationship between socioeconomic status and dyslipidemia using a population-based cross-sectional survey (NHANES 2017–2020 data). A cohort of 5862 adults was examined, focusing on socioeconomic factors (income, education, occupation) and their association with lipid profiles while controlling for sociodemographic, lifestyle, and medical variables, contributing to understanding how health disparities may affect chronic disease outcomes. **Results:** Low socioeconomic status was consistently associated with higher dyslipidemia risk, while high socioeconomic status demonstrated a modest protective effect. Age, BMI, hypertension, and diabetes were key predictors, highlighting the need for targeted interventions. **Conclusions:** This study underscores the critical role of socioeconomic status in dyslipidemia risk. Low socioeconomic status consistently increased the odds of dyslipidemia. While high socioeconomic status demonstrated some protective effects, these were diminished when accounting for lifestyle and clinical factors, highlighting the complex interplay of socioeconomic status and health behaviors.

Health Promotion to New Migrants through an Exercise for English Proficiency Tests

Dr Masaki Shibata¹

¹Monash University, Clayton, Australia

3D - Prevention programs - Translating evidence into action, Harbour View 1, May 6, 2026, 11:00 AM - 12:30 PM

Background: Safety communications relating to water safety are often delivered using a deficit model or deductive method, where the educator or communicator explicitly introduces a topic and offers explanations, examples, or activities to consolidate the message. These approaches, however, do not cater to those not already engaged or unaware of the risks, and do nothing to promote or encourage participation in water safety workshops or messaging. This communication challenge is especially relevant to multicultural communities, who may be less familiar with the importance of water safety in Australia. Another issue is that water safety education programs often require ongoing funding to continuously operate, so an alternative method of communication that is cost-effective needs to be considered.

Aim: Considering these challenges, this study developed a new pedagogical tool, a reading exercise for standardised English exams such as IELTS, incorporating beach safety information; it examined to what extent this material would improve international students' knowledge of rip currents and safety strategies.

Research Method: This study utilised a quasi-experimental design to measure the improvement of beach safety knowledge using a pre-test, post-test, and follow-up test. Statistical data were analysed in SPSS and R Studio, utilising descriptive analysis, and Generalised Estimate Equations. Additionally, a thematic analysis of textual responses was conducted in NVivo.

Results: The results show that there was a significant improvement ($p < 0.01$) in the participants' knowledge of rips, beach flags, and safety signage warnings after using the material. Additionally, participants started pointing out a wide range of characteristics when describing rip currents. Although some deterioration of knowledge (except regarding beach flags) was detected four weeks later, the improvement was still significant across all topics.

So what? Considering the high demand for English language learning material among migrants, this educational method should be adopted not only for water safety but other safety messages.

South Korean Perceptions of Australian Beach Safety Signage: Evidence-Based Recommendations for Improvement

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2B - Education and Communication for Prevention, Ballroom 2, May 5, 2026, 3:30 PM - 5:00 PM

Introduction: Australia recorded 154 coastal drownings with over 8,000 rescues in 2024/2025. Over the period 2013-2023, 30% of the drowning deaths recorded were of people born overseas. South Koreans, who make up the 5th largest group of international visitors, are found to be overrepresented in these figures. Multiple safety strategies aim to prevent these incidents; this study explores South Koreans' understanding of Australian beach safety signs and identifies ways to improve signage.

Research Method: This study utilised an online survey consisting of closed and open questions relating to demographics, intended behaviours at beaches and interpretation of signage. 163 university students studying in South Korea participated in this study. The statistical data were analysed, using descriptive analysis in SPSS, and the textual data were analysed using deductive code analysis in NVivo.

Result: Only about 14% understood red and yellow safety flags correctly and the majority did not understand the signage terms including rip currents, and the Korean translation, iallyu. Over 90% indicated they would not enter the water when seeing the dangerous current sign, but the presence of other people in the water encouraged about half of participants to go into the water. All red-coloured signs denoting no swimming were equally perceived as a higher hazard, while a yellow sign, despite the message, beach closed, and dangerous current were perceived as lower.

Implications: This study proposes how signage terms in English could be revised for better translatability, while suggesting that red colours should be included on signage to indicate greater hazard

Belonging as Prevention: Sustaining Health through Culture, Connection, and Community

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4D - Community and place-based approaches, Harbour View 1, May 6, 2026, 3:30 PM - 5:00 PM

Problem:

Preventive health in Australia is often framed through individual behaviour change and system efficiency. Yet among multicultural and migrant communities, prevention is equally shaped by the social fabric of belonging, the feeling of being seen, valued, and connected. Isolation, cultural displacement, and identity loss are silent but powerful risk factors for chronic disease, poor mental health, and disengagement from preventive programs. This project explores how belonging itself can sustain prevention.

What Was Done:

Drawing on African principles of Ubuntu (“I am because we are”) and Australian multicultural health frameworks, this initiative proposes a Belonging Capital Index (BCI), a practical way to measure and strengthen cultural connection as a determinant of health. The project includes a Community Belonging Audit across three local government areas with high migrant populations. Through participatory co-design workshops, digital storytelling, and local partnerships, the audit will identify community assets that promote belonging and map how these influence engagement with preventive services such as immunisation, screening, and wellness programs.

Results:

Preliminary engagement shows that when preventive services intentionally create spaces of belonging, through cultural ambassadors, community narratives, and inclusive rituals, participation and trust increase. The emerging BCI framework offers a simple yet powerful method for embedding cultural continuity into policy and practice.

Lessons:

Belonging is not a soft concept; it is a sustainable preventive strategy. By investing in culture, connection, and community as foundations for prevention, Australia can move from short-term interventions to enduring wellbeing. Sustaining prevention begins when people see themselves reflected in the systems meant to protect them.

The effect of perinatal intimate partner violence on breastfeeding outcomes

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4B - Nutrition - Translating evidence and centring people, Ballroom 2, May 6, 2026, 3:30 PM - 5:00 PM

Abstract

Background: Intimate partner violence (IPV) adversely affects both maternal and child health, particularly during the perinatal period—a time of heightened vulnerability. However, the impact of maternal IPV exposure on breastfeeding outcomes remains understudied, with existing evidence being inconsistent. This systematic review and meta-analysis aimed to synthesise current findings on the association between perinatal IPV (P-IPV) and breastfeeding outcomes.

Methods: A comprehensive literature search was conducted across PsycInfo, Scopus, Web of Science, Medline, Cochrane, JBI EBP, CINAHL, Informit, and PubMed between June 15 and August 2, 2024. Peer-reviewed observational studies examining the association between P-IPV and breastfeeding outcomes—such as early initiation, exclusivity, and duration—were included. Heterogeneity was assessed using the Cochrane Q test and I^2 statistic. Publication bias was evaluated through funnel plot inspection and Egger's test at a 5% significance level. A random effects model was used to compute pooled adjusted odds ratios (AORs) and 95% confidence intervals (CIs).

Results: Nineteen observational studies published between 2007 and 2024, encompassing 347,706 mother-child pairs, met the inclusion criteria; 17 were included in the meta-analysis. Pooled analysis of nine studies showed that P-IPV was significantly associated with delayed breastfeeding initiation (AOR: 1.36; 95% CI: 1.14–1.63). Both physical (AOR: 1.20; 95% CI: 1.02–1.42) and psychological IPV (AOR: 1.38; 95% CI: 1.09–1.74) negatively affected timely breastfeeding initiation. Additionally, nine studies showed that women exposed to P-IPV had higher odds of not exclusively breastfeeding (EBF) at six months (AOR: 1.50; 95% CI: 1.21–1.85), with significant effects observed for both physical (AOR: 1.52; 95% CI: 1.18–1.95) and psychological IPV (AOR: 1.56; 95% CI: 1.39–1.76).

Conclusion: Perinatal IPV significantly affects breastfeeding initiation and exclusivity. The findings highlight the need for trauma-informed screening and early interventions to support affected women during the perinatal period.

The impact of prenatal intimate partner violence on breastfeeding practices

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3C - Screening Practice and Needs - Centering People and Culture & Translating Evidence, Ballroom 3,
May 6, 2026, 11:00 AM - 12:30 PM

Abstract

Background: Intimate partner violence (IPV) is a widespread public health concern that disproportionately affects women of reproductive age, particularly during pregnancy. Prenatal IPV (P-IPV) is associated with adverse maternal and infant health outcomes, including poor breastfeeding practices. In Ethiopia, despite the high prevalence of P-IPV, its impact on breastfeeding outcomes remains poorly understood. Therefore, this study aimed to investigate the association between P-IPV and breastfeeding indicators in Ethiopia.

Methods: Data from the Performance Monitoring for Action (PMA) Ethiopia, a nationally representative survey conducted between November 2021 and October 2022, were used. A total weighted sample of 1,610 postpartum mother-child pairs was included. Data collected at baseline (during enrolment) and six weeks postpartum were used for this analysis. We fitted multilevel binary logistic regression models to estimate the effects of any P-IPV, as well as physical and sexual P-IPV separately, on early initiation of breastfeeding (EIBF) and exclusive breastfeeding (EBF), accounting for the hierarchical structure of the data. Adjusted Odds Ratio (AOR) with a 95% Confidence Interval (CI) were calculated to examine the associations and two-sided p-values (<0.05) were used to determine statistical significance.

Results: The prevalence of P-IPV among mothers was 10.2%, with 6.9% reporting sexual P-IPV and 4.4% reporting physical P-IPV. Mothers exposed to any form of P-IPV had a significantly lower likelihood of initiating breastfeeding within the first hour of birth (AOR= 0.60, 95% CI: 0.36-0.99). Sexual P-IPV also showed an association with reduced likelihood of EIBF (AOR = 0.50, 95% CI: 0.26–0.95, Model 2); however, this association was no longer statistically significant in the fully adjusted model (AOR = 0.54, 95% CI: 0.28–1.04, Model 3). We found no evidence of association between P-IPV and EBF in Ethiopia.

Conclusions: Our study revealed that maternal exposure to any form of P-IPV (physical or sexual) was associated with reduced EIBF, but not with EBF, in Ethiopia. The findings highlight the need to routinely identify women who have experienced or are experiencing P-IPV and to provide targeted trauma-informed interventions that promote optimal breastfeeding practices.

Pride in Motion: How the Brisbane Lesbian Run Club Sustains Preventative Health

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5D - Inclusive and other approaches to health, Harbour View 1, May 7, 2026, 9:00 AM - 10:30 AM

The Brisbane Lesbian Run Club (BLRC) was founded in 2024 to create a safe, affirming and inclusive space for LGBTQ+ women and non-binary people to connect through movement. Emerging from a lack of community-led fitness spaces that centre queer identity and belonging, BLRC uses running as a preventive health intervention that addresses social isolation, mental distress, and physical inactivity which disproportionately affects the LGBTQ+ community.

Our approach reframes exercise not as performance but as connection to self, community and place. Weekly runs, inclusive social events and partnerships with local organisations have built a model of prevention grounded in joy, visibility and peer support. Since inception, BLRC has grown to have over 10, 000 followers across social media platforms, approximately 200 participants in weekly events and countless reports of improved mental wellbeing, confidence, and community connection.

This presentation will outline how the club's grassroots structure has translated principles of preventive health into community practice, demonstrating that relational connection can be as vital as clinical prevention. We will discuss key lessons from building a sustainable, volunteer-led model that supports physical activity, social inclusion and identity affirmation simultaneously.

BLRC's experience highlights the power of culturally specific, community-driven approaches in sustaining prevention. By centring the lived experiences of LGBTQ+ people, the club has fostered an environment where movement is a tool for connection, inclusion and resilience. Our presentation will explore how this model could inform other community-led preventive health initiatives seeking to embed connection and belonging at their core.

Then and Now: Child-Appealing Marketing of Australian Infant and Young Children's Foods

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4A - Commercial Determinants of Health - Nutrition and Alcohol, Ballroom 1, May 6, 2026, 3:30 PM - 5:00 PM

Introduction: The rising use of commercial foods for infants and young children reflects shifts in caregiving shaped by household routines and logistical demands. While these products offer convenience, concerns persist about their nutritional adequacy and marketing strategies targeting both caregivers and children. This study examined changes in child-appealing marketing on food packaging by comparing products available in 2015 and 2024 in Australia.

Methods: Using data from the George Institute for Global Health's FoodSwitch database, 311 products from 2015 and 298 from 2024 were analysed. A structured coding framework identified 20 marketing techniques, including 11 core techniques targeting children (primarily visual) and 9 broad techniques aimed at caregivers (primarily textual). This study assessed changes in prevalence, types of marketing techniques, and overall marketing intensity using the median power score, calculated as the sum of core and broad technique scores.

Results: Findings show a rise in both prevalence (from 73% to 89.9%, $p < 0.001$) and intensity (median score from 5.0 [IQR 4.0 to 6.0] to 6.0 [IQR 6.0 to 7.0], $p < 0.001$). The most notable increases in core techniques were in appeals to fun or cool, which are strategies linking products with enjoyment, rising from 48.2% to 79.2% ($p < 0.001$), and the use of branded characters or spokespersons (33.8% to 62.4%, $p < 0.001$). Among broad techniques, appeals to product benefits such as value, convenience, and sustainability also increased (from 48.2% to 79.2%, $p = 0.003$). Meanwhile, some techniques declined, such as non-child-specific logos or images (from 98.4% to 94.6%, $p = 0.011$) and promotions for websites, social media, or rewards (from 28.3% to 6.7%, $p < 0.001$).

Conclusion: These results highlight the growing prevalence and intensity of packaging-based marketing on commercial foods for infants and young children, revealing gaps in health policy. Stronger regulations are needed to ensure packaging supports healthier food environments for young children.

Marketing of commercial foods for infants and toddlers in Australian supermarket catalogues

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4A - Commercial Determinants of Health - Nutrition and Alcohol, Ballroom 1, May 6, 2026, 3:30 PM - 5:00 PM

Introduction:

Foods for infants and toddlers should be nutritious, and developmentally appropriate, while avoiding those high in salt, sugar and saturated fat. From 12 months, toddlers should eat foods aligned with the Australian Dietary Guidelines, however, the diets of many Australian infants and toddlers fall short, with high consumption of discretionary foods and inadequate intake of vegetables.

Commercial foods for infants and toddlers are widely displayed in Australian supermarkets. While many parents perceive these products as nutritious, research indicates they often lack essential nutrients. This study aimed to investigate how frequently, and in what ways commercial infant and toddler foods are promoted in Australian supermarket catalogues.

Methods:

Over a 12-week period from August to October 2023, digital catalogues from four major Australian supermarket chains (Woolworths, Coles, IGA and ALDI) were collected and analysed (n = 60 catalogues, comprising 2206 pages). A structured coding guide was used to identify all advertised infant and toddler food products, documenting the age range indicated on the label, product category, packaging format, and promotional strategies present.

Results:

Across 49 pages (3.5% of total pages), 121 commercial infant and toddler food products were identified. The most frequently promoted categories included fruit purees (40%), snacks (27%), and confectionery (12%). Of these, 74% were marketed for infants under 12 months, while 26% targeted toddlers aged 12–36 months. Half of the products were packaged in pouches. Promotional techniques primarily focused on price discounts (95%) and health-related claims (20%).

Conclusion:

The types of foods promoted for infants and toddlers in Australian supermarket catalogues do not align with the recommendations outlined in the Australian Dietary Guidelines or The World Health Organization. There is a pressing need to limit the marketing of packaged commercial foods for infants and toddlers in these catalogues to better support healthy eating habits during early childhood.

Risk of neurodevelopmental disorders among preschool children of migrants and refugees

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Background

Neurodevelopmental disorders (NDDs), such as autism spectrum disorder, ADHD, and intellectual disability, typically manifest in early childhood and can significantly affect learning, behavior, and social interactions. Migration-related factors directly or indirectly contribute to the development of such conditions. The existing evidence is still limited and scattered. This systematic review aims to identify the risk of neurodevelopmental disorders in preschool children of migrants and refugees in high-income Western countries.

Methods

Five databases, including Medline, Embase, Scopus, CINAHL, and PsycINFO, were searched for eligible studies from inception until (specify month and year). Three reviewers independently screened and selected studies, extracted data, and assessed the methodological quality. A narrative synthesis of the results from the included studies has been conducted.

Results

Out of 12434 records, 12 met the eligibility criteria, with most conducted in Western Europe, North America, and Australia. The majority of the included research reported on autism, with only a few reporting on autism with intellectual disability, speech and language disorders, and coordination difficulties. Parental migration was a significant risk factor for autism and other neurodevelopmental conditions among children compared to native-born children. Other risk factors include older parental age, maternal stress, low socioeconomic status of the country of origin, African or Asian ethnicity, and prenatal and perinatal complications. Considerable heterogeneity in study design, migration-related factors, and diagnostic criteria was observed.

Conclusion

Our review highlighted a number of factors associated with neurodevelopmental disorders in preschool-aged children of migrants. Future research should include a longitudinal design with a range of migration-related factors to understand the underlying mechanism. Timely and culturally appropriate screening processes and interventions are essential to ensure equitable access and promote optimal developmental outcomes.

Hidden Wounds of War: A Scoping Review of Mental Health in Colombia

Miss Jessica Korganow¹

¹Queensland University Of Technology, Brisbane, Australia

5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Introduction:

Armed conflict has profound and long-term consequences for civilians, spanning psychological, cognitive, and social domains. Global evidence from regions such as Sub-Saharan Africa, the Middle East, and the Balkans shows high rates of PTSD, depression, and anxiety. Colombia's five-decade internal conflict has produced over nine million victims. Despite this scale, research on conflict-related mental health in Colombia remains fragmented and uneven. Understanding these impacts extends beyond Colombia's borders, as millions of Colombians form part of a global diaspora. Their health needs influence, and are influenced by, the host countries where they resettle, underscoring the international relevance of this issue. This review mapped existing literature on Colombia's conflict-related mental health impacts, identified gaps, and synthesised evidence to inform policy and interventions.

Methods:

Five databases (APA PsycInfo, PubMed, Scopus, Embase, Web of Science) were searched for English and Spanish studies examining mental health, psychosocial wellbeing, or access to mental health services affected by the Colombian conflict. Twenty-two studies met inclusion criteria and underwent thematic, narrative analysis.

Results:

Studies published between 2003–2025 mainly used cross-sectional designs, alongside mixed-methods and qualitative research. PTSD was the most examined outcome, followed by psychological wellbeing, depression, and anxiety. Additional themes included coping, suicidality, cognitive functioning, and healthcare perceptions. Gender, poverty, age, and race shaped vulnerability, disproportionately affecting women, Indigenous, and Afro-Colombian populations. Research clustered in urban and conflict-affected rural areas, with limited attention to marginalised or remote communities.

Conclusion:

This review underscores the persistence of trauma and the dominance of PTSD within research agendas. Findings hold global relevance for host nations supporting Colombian refugees and migrants, whose trauma-related needs persist beyond borders. Major gaps remain in longitudinal analysis, structural determinants, and intersectional perspectives. Synthesised findings offer a foundation for health policy, equitable mental health interventions, and internationally informed research directions in post-conflict and diaspora contexts.

Leading Without Losing Ourselves: Governance Reform in a Peer-Led Organisation

Ms Kerrie Jordan¹

¹Sex Workers Outreach Project Nsw (swop Nsw), Alexandria, Australia

4E - Alcohol & other drugs; Priority Community needs, programs and digital solutions, Harbour View 2,
May 6, 2026, 3:30 PM - 5:00 PM

This presentation explores the complexities, challenges, and outcomes of reforming governance and operational systems within a peer-led public health organisation, without compromising the integrity of lived experience, cultural identity, or trust with a marginalised community.

SWOP NSW, Australia's largest peer-led sex worker health organisation, has a proud history of centring lived experience in program design and service delivery. However, like many grassroots peer-based services, it also developed over time with limited structural scaffolding. Leadership transitions were often informal, and governance–operational boundaries were blurred. While the organisation had strong values and deep community trust, it carried operational and reputational risks due to inconsistent systems, ad hoc leadership structures, and underdeveloped risk oversight.

In 2024, the situation became critical. The organisation experienced a period of acute instability marked by leadership fatigue, role confusion, and growing risk exposure. Recognising the need for urgent structural change, the Board appointed a new CEO in early 2025, with experience in public sector governance, community development, and systemic reform.

The reform agenda that followed was ambitious but necessary. Core challenges included embedding policy-aligned governance practices, clarifying executive accountability, introducing risk and compliance systems, and realigning operational workflows. But the deeper challenge was cultural: how to implement these reforms without alienating the community, disempowering peer leadership, or losing the trust that SWOP had spent decades building.

In many peer-led organisations, the governance structure is not just a function, it is a symbol of community ownership. Replacing informal mechanisms with formal frameworks risks being seen as bureaucratic or disconnected. Yet without structure, the very survival of peer organisations can be at risk, particularly when reliant on public funding and ministerial compliance.

This presentation outlines how SWOP navigated this tension. Drawing on principles of trauma-informed leadership, power-sharing, and cultural safety, the CEO worked with staff and Board to co-create a governance framework that protected peer leadership while embedding accountability. This included:

- Redefining the role of the CEO as a systems leader, not just a manager.
- Repositioning the Board from operational "rescuers" to strategic stewards.
- Introducing a lived-experience-informed governance induction.
- Establishing a risk register, governance calendar, and performance oversight system.
- Addressing unresolved conflicts of interest at Board level.
- Building transparent communication pathways between governance and operations.

The reforms were not always comfortable. Some Board members initially perceived the changes as a loss of relevance or control. Long-standing informal practices had to be gently but firmly replaced. But through patient explanation, values-based framing, and respectful challenge, the organisation began to shift.

Results within six months included:

- Restoration of structural and leadership stability.
- Significant uplift in staff clarity, confidence, and performance.
- Enhanced credibility with funders and stakeholders.
- Clearer CEO–Board boundaries aligned to good governance principles.
- A new strategic risk management culture emerging.

Critically, peer identity was not lost, it was safeguarded. Reforms were presented not as “professionalisation” at the expense of community, but as necessary maturity to protect the peer-led ethos long-term.

This case study offers lessons for any organisation seeking to transition from informal to formal systems while holding fast to the values of empowerment, lived experience, and community control. It shows that compliance and compassion are not opposites, and that reform, when done with integrity, can strengthen the soul of a peer-led organisation rather than threaten it.

In an era where community trust and cultural relevance are essential to public health prevention, the SWOP NSW experience demonstrates that centring people, systems, and values together is not only possible, it is essential.

Digital marketing influence on adolescents' purchase intentions for sugar-sweetened beverages: RCT

Mr Max Treu¹, Prof Liliana Orellana, Prof Bridget Kelly, Dr Florentine Martino, Prof Kathryn Backholer
¹Deakin University, Burwood, Australia

3B - Diet - Commercial Determinants, Ballroom 2, May 6, 2026, 11:00 AM - 12:30 PM

Adolescents are frequently exposed to large volumes of unhealthy food and beverage marketing online. However, no randomized trial has quantified its impact in a real-world digital environment. We aimed to assess the impact of digital marketing exposure to a fictitious sugar-sweetened beverage, "Clu", on purchase intention.

We conducted a single-blinded randomized controlled trial including 121 adolescents aged 16–17, recruited across Australia between 17th January - 5th April 2025. A key eligibility criterion was weekly access to TikTok. Following a baseline survey, participants were classified into three latent classes based on psychographic characteristics and randomized (1:1) to intervention or control within latent classes. Both groups followed identical procedures, including clicking a link that enabled advertisement delivery. The intervention group received sponsored TikTok advertisements for "Clu" with content tailored to their latent class, embedded in their organic feed for two weeks. The control group did not receive any advertisements. An exit survey collected data on purchase intention for "Clu". Exposure effect on purchase intention was estimated using logistic regression, reported as a risk ratio.

26.2% of participants (n=16) in the control and 71.6% in the intervention group (n=43) reported an intention to buy "Clu". Participants in the intervention group were 2.73 times more as likely to report intention to purchase "Clu" than those in the control (RR = 2.73; 95% CI:1.74–4.28).

This trial provides strong evidence of the persuasive power of digital marketing for unhealthy foods and underscores the urgent need for regulatory actions to protect young people from this type of marketing. In the absence of government-led policy interventions, adolescents are likely to remain susceptible to pervasive digital marketing tactics that shape their dietary choices and compromise their health.

Disability Inclusion in Bowel Cancer Screening: Participation and Recruitment Strategies in Queensland

Ms Pantea Konn¹

¹Queensland Health, Brisbane, Australia

3C - Screening Practice and Needs - Centering People and Culture & Translating Evidence, Ballroom 3,
May 6, 2026, 11:00 AM - 12:30 PM

Participation rates in the National Bowel Cancer Screening Program (NBCSP) for individuals with disabilities are unknown. Between 2020 and 2024, the participant details form accompanying the Immunochemical Faecal Occult Blood Test (iFOBT) kits collected self-reported special assistance requirements.

Through partnership with the National Cancer Screening Register (NCSR), Queensland Health compared participation rates for re-screener in 2022-2023, distinguishing between those with and without a self-reported history of disability. Re-screener from the preceding screening round, with a disability had a participation rate of 75.6% (n = 5,998), 6.1% lower than no reported disability at 81.7% (n = 292,580). For lapsed re-screener, the disparity was more pronounced with participation rates of 37.3% (n = 1,380) and 48.5% (n = 837,666) for disabled and non-disabled individuals respectively.

In November 2023, Queensland Health launched the Bowel Under-screened Messaging Project (BUMP), to reach individuals four-months overdue for screening via a personalised SMS reminder. A retrospective analysis on previous round screeners, assessed the impact of the message on 60-day kit return rates by prior disability status. Logistic regression showed that without the additional reminder, individuals with disabilities were half as likely to return their iFOBT kits compared to those without disabilities. The BUMP message increased kit return likelihood by 1.6-fold (95% CI: [1.53, 1.71]) for both groups, with an additional 1.5-fold (95% CI: [1.01, 2.23]) kit return improvement for individuals with disabilities.

These findings quantify significant participation disparities between individuals with and without self-reported disabilities in the NBCSP. Additionally, it indicates that personalised behavioural nudges were especially effective at improving NBCSP participation in this priority group. This low-cost data-driven strategy uses technology to enhance the reach and equitability of the NBCSP. These insights will inform future co-designed work to improve engagement and empower individuals requiring special assistance to participate in the NBCSP.

Investigating rural walkability for older people and people with disability in Tasmania

Miss Isis Loos¹, Dr Kim Jose¹, Distinguished Professor Anna Timperio², Professor Melanie Davern³, Dr Yvonne Laird⁴, Dr. Sam Rowbotham⁵, Miss Georgia McGrath¹, Professor Verity Cleland¹

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³RMIT University, Melbourne, Australia, ⁴The University of Sydney, Sydney, Australia, ⁵Curtin University, Perth, Australia

3D - Prevention programs - Translating evidence into action, Harbour View 1, May 6, 2026, 11:00 AM - 12:30 PM

Introduction: Walking offers significant health benefits for all people, yet environmental barriers can limit participation. This may be greater for older people or those living with disability, particularly in rural areas where walkability is under-investigated, populations are less active and have poorer health outcomes. This study explores community-identified walkability barriers and facilitators in rural Tasmania, focusing on older people and people living with disability.

Method: This mixed-method study used a citizen science approach to engage rural residents in assessing walkability and identifying priorities for action. Eighty-seven citizen scientists across 10 rural towns in Tasmania completed walkability audits and provided 473 photographs of walking facilitators and barriers. Fifty-six participants participated workshops in each town to identify key issues and solutions. Thematic analysis of workshop transcripts and photographs was conducted.

Results: Barriers to rural walkability for older people and those with a disability related to pedestrian infrastructure and safety (“I’m finding walking around getting harder... the accessibility and lack of infrastructure here... we’re the ones who need to keep being active”). This included absent and poorly maintained footpaths and ramps (presented in photographs), inconsistent surfaces, lack of crossings, connectivity, traffic speeds, and physical obstacles (“...smaller scooters with wheels that size you would get stuck”). Facilitators of walkability for older people were maintained footpaths, gentle gradients, and supportive infrastructure such as benches and lighting. For people living with disability facilitators included sealed, wide footpaths suitable for mobility aids, maintained ramps, and signage.

Conclusion: Barriers and facilitators to walkability in Tasmania were similar for older people and those living with disability. However, certain features such as the poor condition of ramps had more pronounced impact on people living with disability due to mobility aid requirements and navigation challenges. Findings underscore the need for inclusive walking infrastructure for all community members to support mobility, participation, and healthy rural communities.

Role of social networks on young women's weight-related behaviours: A qualitative study

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4B - Nutrition - Translating evidence and centring people, Ballroom 2, May 6, 2026, 3:30 PM - 5:00 PM

Introduction: Health risks associated with excess body weight (EBW) are well evidenced. The rising prevalence of EBW is outpacing prevention. Social networks have a significant influence on weight-related behaviours (WRBs) through various mechanisms. Health behaviour can be impacted by the social networks in which individuals interact. Cultural background determines the way social networks impact health behaviours such as dietary choices and physical activity. Prevention strategies often fail to account for these social and cultural contexts. The increased susceptibility of young women to EBW and its associated long-term health risks underscores the importance of implementing context-specific strategies.

Methods: This qualitative study explored the association between social relationships and young women's EBW in Bangladesh. Thirty-six young women participated in focus groups or in-depth interviews with questions and prompts about family, friend, and acquaintance influencing their weight and WRBs.

Results: Four themes emerged which represented young women's experience of social relationships with family, friends, and acquaintances and how these relationships influenced their weight and WRBs. These themes were (1) Social expectations: Shaping health habits according to family traditions and social norms, (2) Peer pressure: Conforming to trendy food and activities, (3) Social mirroring: Copying others' health habits without noticing and (4) Social grouping: Forming social relationships according to similar health habits. The findings revealed family, friends, and acquaintances were influential relationships with a meaningful impact on body weight. This influence operated through three social processes: social contagion, social capital, and social selection.

Conclusion: These findings underscore the role of close social relationships on WRBs among young women, highlighting the need to focus on social relationships in the development of public health strategies to address the increasing prevalence of EBW and associated non-communicable disease burden. By leveraging these social cues through culturally sensitive interventions, prevention efforts can become more sustainable.

Rising psychological distress and its impact on health and wellbeing in Australia

Miss Swara Tapaswi¹, Dr Syed Afroz Keramat¹

¹Centre for Health Services Research, University of Queensland, Herston, Australia

5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Background:

Psychological distress is projected to worsen mortality rates and increase the prevalence of chronic disease, making it a central concern for Australian preventive health. Whilst it is well known that prevalence of psychological distress is increasing, the consequences of this rise on self-reported health and wellbeing is less clear. This study examined how levels of psychological distress relate to self-reported health and wellbeing to inform population-level mental health prevention strategies.

Methods:

This study included participants aged over 15 years from five waves (2007-2021) of the nationally representative household panel study: the Household, Income and Labour Dynamics in Australia survey. Data was collected using self-administered questionnaires, with psychological distress measured and stratified according to the Kessler Psychological Distress scale. Fixed-effects regression models and marginal effects analysis were used to investigate the association between psychological distress and self-reported health and wellbeing outcomes.

Results:

25,587 participants were included in this study. Levels of psychological distress rose between 2007 and 2021. Compared to low distress, high psychological distress was associated with significantly poorer self-rated health ($\beta = -1.38$, $SE = 0.03$), general health ($\beta = -11.51$, $SE = 0.18$), life satisfaction ($\beta = -1.61$, $SE = 0.18$), and health satisfaction ($\beta = -1.20$, $SE = 0.03$). These associations were stronger in females, suggesting gendered disparities in psychological wellbeing.

Conclusions:

This study highlights the growing health burden of psychological distress and its impact on perceived health and wellbeing. These results support the need for upstream preventative strategies and psychosocial interventions addressing mental health and wellbeing across Australian adults. Strategies include addressing gender-specific disparities, strengthening community supports and embedding psychological health as a key priority in Australian health policy.

Commercial Determinants of Adolescent Health: Lessons from Digital Food Marketing in Nepal

Ms Seema Khadka¹, Dr Navoda Liyana Pathirana¹, Dr Florentine Martino¹, Professor Kathryn Backholer¹

¹Deakin University, Geelong, Australia

4A - Commercial Determinants of Health - Nutrition and Alcohol, Ballroom 1, May 6, 2026, 3:30 PM - 5:00 PM

Introduction: Unhealthy food marketing normalises unhealthy foods in everyday life and encourages unhealthy food preference, purchase and consumption. Food companies are increasingly using digital platforms to market their brands and food products. Use of big data, leveraging complex algorithms, analytics, and artificial intelligence has made digital food marketing distinct, engaging and more impactful than traditional marketing. Global spending by food and beverage companies on digital marketing has also increased in recent times. In Nepal, there is some indication that children and adolescents are exposed to aggressive marketing for unhealthy foods and beverages. This may increase the risk of overweight and obesity making it a substantial public health challenge. However, no study has quantified adolescents' actual exposure to digital food marketing exposure in Nepal or anywhere across South Asia. We aimed to quantify the extent and nature of unhealthy food marketing through digital devices of adolescents in Nepal.

Methods: Data was collected from 100 adolescents aged 13-17 years from Kathmandu, Nepal. Real-time digital device screen recordings were collected for 30 minutes from each participant while they used the internet, followed by an online survey. Using a standardised coding framework, all screen recordings are being manually analysed to understand daily exposure to unhealthy food marketing, the type of marketing content and the mode of content delivery.

Results: Findings from screen recordings of 31 participants showed that on average, adolescents were exposed to 8.35 food brands per 30 minutes of screen time. Most of the marketing contents were considered user-generated content (73.75%), followed by 'paid' (21.23%) and 'owned' (5.02%) marketing.

Conclusion: Nepalese adolescents are exposed to high volumes of unhealthy food advertisements when online, likely increasing their risk of overweight and obesity. Findings can be used by advocates and policy makers to develop and implement actions that protect children and adolescents from digital food marketing in Nepal.

Socioeconomic Factors and Menopause Healthcare Utilisation: A Systematic Review

Mrs Laura Brooks¹

¹University Of Southern Queensland, Toowoomba, Australia

5D - Inclusive and other approaches to health, Harbour View 1, May 7, 2026, 9:00 AM - 10:30 AM

Introduction:

Menopause is a universal life transition, yet evidence suggests significant inequities in who accesses healthcare for menopausal symptoms. Women from disadvantaged backgrounds may face systematic barriers to care, perpetuating health disparities with long-term consequences for cardiovascular, bone, and mental health. However, the extent and nature of socioeconomic disparities in menopause healthcare utilisation has not been systematically synthesised to inform Australian prevention policy.

Methods:

We systematically searched PubMed, CINAHL, Scopus, and Web of Science for peer-reviewed quantitative studies examining associations between socioeconomic factors (income, education, employment, insurance status, area-level deprivation) and menopause healthcare utilisation. Studies required multivariate analysis testing socioeconomic status as a predictor of actual healthcare-seeking behaviour. Studies were independently screened and quality assessed using JBI Critical Appraisal Checklists appropriate to study design.

Results:

Preliminary findings from included studies across multiple countries demonstrate consistent socioeconomic gradients in healthcare utilisation. Lower education predicts reduced treatment knowledge and lower rates of hormone therapy use. Financial constraints represent explicit barriers to treatment initiation and continuation. Unemployment and lack of health insurance predict delayed care-seeking. Higher occupational status and education predict increased therapy use. Effects persist after adjusting for age, menopausal status, and health factors. Studies predominantly examine hormone therapy use, with limited investigation of primary care access, specialist consultations, or complementary therapy use.

Conclusion:

Significant socioeconomic disparities exist in menopause healthcare utilisation globally. Women with lower education, income, and occupational status face systematic barriers to accessing care. For Australia, where menopause affects approximately 1.2 million women, these findings highlight urgent need for policy addressing cost barriers, improving health literacy in disadvantaged communities, and embedding menopause care within accessible primary care settings to ensure equitable prevention across the life course.

Understanding Tobacco Retailers: Perspectives from the Northern Territory

Ms Ruth Canty¹, Professor Marita Hefler¹, Professor Janet Hoek², Professor Coral Gartner³

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3A - Tobacco + Alcohol - Commercial Determinants, Ballroom 1, May 6, 2026, 11:00 AM - 12:30 PM

Background

Regulation of tobacco retail environment is an under-utilised policy measure. Previous Australian and international studies have explored retailers' views on selling tobacco, including factors influencing decisions to stop selling tobacco and perspectives on enforced restrictions. Here we explore the experiences of retailers selling tobacco in the NT where daily smoking prevalence among people aged 14 and over is estimated at 13.3% compared to 8.3% in Australia overall.

Methods

Semi-structured interviews were conducted face to face and by phone. Anticipating that many retailers would cite time constraints as a reason for non-participation, a shorter interview of three key questions was offered as an alternative to a full interview, to maximise participation. We analysed the data thematically.

Results

Twenty-six retailers participated representing a mix of different retailer types. Many participants cared about their customers and saw themselves as providing a service. They were concerned about the impacts of tax increases on tobacco products and resulting financial stress on their customers. Many talked about customers' freedom and choice to smoke or to not smoke. Although some participants recognised that smoking is an addiction, participants did not identify their part as suppliers in sustaining that addiction. Attitudes to potential regulatory measures varied, with some voicing strong resistance, and others willing to comply. Most participants would not volunteer to stop selling tobacco, however there was an example of a retailer choosing to not sell tobacco.

Conclusion

Tobacco retailing is a major and neglected component of tobacco control policy. Understanding the perspectives of tobacco retailers is important in order properly support them through a transition to a smoke-free society.

Insights from Northern Territory Policy Actors

Ms Ruth Canty¹, Professor Marita Hefler¹, Professor Coral Gartner², Professor Janet Hoek³

¹Flinders University, Darwin, Australia, ²University of Queensland, Brisbane, Australia, ³Univeristy of Otago, Dunedin, New Zealand

5A - Tobacco/vaping prevention and cessation, Ballroom 1, May 7, 2026, 9:00 AM - 10:30 AM

Background

Smoking prevalence in the Northern Territory (NT) remains significantly higher than the national average. This study explores the perspectives of individuals involved in setting and implementing policy in the NT to identify influencing factors and opportunities to strengthen regulation public health approaches to reduce smoking.

Methods

Semi-structured, face-to-face interviews were conducted with nine participants with experience in range of policy roles in both the government and non-government sectors. Thematic analysis was used to explore attitudes towards the current and historic tobacco control policy context, to, perceived barriers to innovation and strategies for improving public health outcomes.

Results

Participants described a range of approaches to advancing tobacco control, including tighter regulation of tobacco availability, harm minimisation strategies, and balancing individual autonomy with collective public health goals. While some noted political and economic constraints, others emphasised the importance of strong leadership, bold decision-making, and addressing the social and structural drivers of tobacco use.

Conclusion

Urgent, coordinated efforts are needed to strengthen regulatory frameworks, support sustained leadership in tobacco control and guide practical community-informed policy action to address inequities in smoking prevalence and associated harms in the region.

AI for Accountability: Validating SCANNER to monitor digital alcohol marketing

Dr Florentine Martino¹, Dr Navoda Liyana Pathirana¹, Prof Asim Bhatti², Prof Kathryn Backholer¹

¹Deakin University, IHT, GLOBE, Geelong, Australia, ²Deakin University, Institute for Intelligent Systems, Waurin Ponds, Australia

3A - Tobacco + Alcohol - Commercial Determinants, Ballroom 1, May 6, 2026, 11:00 AM - 12:30 PM

Introduction: Alcohol marketing significantly shapes consumption behaviours, which is particularly problematic when directed at young people. Digital platforms further amplify this influence through algorithmic targeting and immersive content. Monitoring such marketing remains challenging due to its dynamic, personalised, and often covert nature. This study aimed to develop and test SCANNER Alcohol, an AI-enabled system that uses supervised deep learning to detect alcohol brands in images and videos.

Methods: SCANNER Alcohol combines object detection and optical character recognition to identify 134 of the top alcohol brands in images and mobile screen recordings. The model was trained using 8,710 manually annotated brand logos and a human-in-the-loop refinement process. Algorithmic performance was evaluated using mean average precision (mAP), recall, and F1 score. Real-world performance was assessed using mobile screen recordings from 119 alcohol brand social media accounts and 12 hours of digital screen recordings from young people aged 8–25 years as they went about their daily digital lives. All automated detections were benchmarked against manual coding.

Results: Algorithmic testing demonstrated strong performance (mAP 0.94; recall 0.96; F1 score 0.95). In real-world testing, the model demonstrated strong performance, correctly identifying 98.9% of alcohol-branded posts in social media videos. SCANNER Alcohol achieved a low 6.7% false discovery rate, indicating high precision and low noise in the detection output.

Conclusions: SCANNER Alcohol is the first system worldwide to combine logo and text-based brand detection for automated surveillance of digital alcohol marketing. Its accuracy, scalability, and ethical design make it a valuable tool for public health monitoring and regulatory accountability. We are extending SCANNER to detect other forms of harmful digital marketing, such as for tobacco, gambling, unhealthy foods and breast-milk substitutes.

Ditch the Vape! Targeting Young Tradies with Tailored Vaping Prevention Resources

Mrs Chelsea Pirodon¹

¹Lung Foundation Australia, Milton, Australia

2C - Tobacco, Vaping - Centring People, Culture and Connection, Ballroom 3, May 5, 2026, 3:30 PM - 5:00 PM

Problem:

People working in trades have higher rates of daily smoking compared to other occupations. Emerging evidence suggests young tradies may also be disproportionately affected by e-cigarette use. Analysis of our Healthy Lungs at Work quiz revealed that 25% of respondents under 24 were current or daily vapers, exceeding the national average of 21% for this age group. A review found no vaping prevention or awareness resources specifically tailored to this cohort. Given elevated smoking and vaping rates, combined with occupational lung health risks, young tradies were identified as a priority population for targeted intervention.

What we did:

With funding from Queensland Health, we developed a suite of resources including two animated videos, three infographics, and two posters for display on worksites. Creative concepts and scripts were tested in workshops with young tradies, ensuring lived experience informed final outputs. Posters were installed across nine construction sites in Brisbane and the Gold Coast during August, aligning with Tradies National Health Month. A three-week digital marketing campaign ran across Google, YouTube, Facebook, and Demand Generation. The campaign was launched with a media event at Queensland Parliament House.

Results:

The paid media campaign generated 4 million impressions, 23,280 clicks, and 300,659 video views over a 3-week period. Organic social media reached 5,250 users with a 4.44% engagement rate. Hardcopy posters were estimated to reach 243,000 people. Digital resources hosted on the Lung Foundation Australia website received over 1,700 views and 318 downloads. Hard copy resource packs were distributed to 28 organisations.

Lessons:

Co-design with young tradies was critical to inform resource development and identifying social media platforms that they engage with. Digital campaigns achieved broad reach, but engagement does not guarantee behaviour change. Future efforts should explore alternative evaluation methods and advocate for more accessible, youth-friendly Quitline services.

Decision-making and mental health in migrant Latin-American older adults

Mr Raul Hormazabal-salgado¹, Dr Dean Whitehead¹, Dr Abdi D. Osman², Dr Joanne Porter¹, Dr Danny Hills¹

¹Federation University Australia, Berwick, Australia, ²Victoria University, Footscray, Australia

4D - Community and place-based approaches, Harbour View 1, May 6, 2026, 3:30 PM - 5:00 PM

Background: Understanding how older Latin-American immigrants make their own mental health decisions is crucial to understanding their needs. However, current research is focused on psychiatric treatments instead of promotional and preventative approaches, which tend to be poorly utilised in clinical practice. Additionally, the mental health of older Latin-American immigrants in Australia has not been fully explored.

Materials and methods: This study aimed to determine and explain the factors that underlie mental health decision-making among community-dwelling older Latin Americans in Australia, addressing a gap in understanding their mental health needs. This study was conducted following a constructivist grounded theory approach. The inclusion criteria were Spanish-speaking immigrants aged 60 and older living in Australia. Twenty-three participants were included in this study. In-depth data analysis was undertaken. Ethical approval was obtained before data collection began.

Findings: Three key categories emerged: Overcoming loneliness, ageing healthily, and choosing one's own country. These categories are integrated into the core category of "Autonomous Decision-Making in Health." This framework illustrates how older Latin Americans approach mental health decisions, emphasising their strengths and challenges. They typically make decisions independently, valuing advice from trusted individuals and seeking information. Cultural factors significantly influence their decision-making.

Conclusion: Several psychosocial factors represent and outline the complexity of mental health decision-making in older Latin-American immigrants in Australia. Understanding these factors would improve understanding and offer the potential for elaborate, tailored promotional and preventive interventions for these populations, thus improving the quality of mental health care.

Healthy Gippsland: Building a Collective Approach to Sustaining Prevention

Ms Justine White^{1,2}, Ms Nilay Kocaali^{1,2}

¹Gippsland Region Public Health Unit, Traralgon, Australia, ²Latrobe Regional Health, Traralgon, Australia

4D - Community and place-based approaches, Harbour View 1, May 6, 2026, 3:30 PM - 5:00 PM

Policy/Practice:

Gippsland Region Public Health Unit (GRPHU) leads a coordinated regional approach to prevention through Healthy Gippsland. This shared identity seeks to bring together health promotion and prevention practitioners across the six local government areas in Gippsland, Victoria - Bass Coast, Baw Baw, East Gippsland, Latrobe, South Gippsland and Wellington. Healthy Gippsland aims to strengthen collaboration, align regional efforts, share resources, build workforce capability and amplify collective impact to improve health and wellbeing outcomes.

Problem:

Gippsland experiences some of the highest rates of disease and social disadvantage in Victoria, with avoidable deaths 21% higher than the state average and life expectancy lower (80.9 vs 83.5 years). While local organisations are committed to prevention, fragmented efforts, funding instability, and evolving governance structures limit progress and sustainability. Strengthening regional coordination is critical to scale prevention initiatives, improve system connectedness and resilience, and achieve sustained impact on complex public health challenges.

What you did:

In 2024 Healthy Gippsland was introduced as a shared identity for regional prevention, connecting practitioners passionate about improving population health. GRPHU has strengthened this collective through initiatives including the Gippsland Population Health Strategy 2024–29; a SharePoint site for resources and planning; an Outcomes Monitoring Dashboard to track progress; a Journal Club for evidence-sharing; place-based working groups addressing local needs; and a regional e-newsletter to keep us connected.

Results and lessons:

Formalising Healthy Gippsland as a regional alliance will strengthen commitment and accountability, whilst also providing a clear community interface. Ongoing partner consultation will ensure local contexts and priorities continue to shape the approach. Sustained commitment to collective impact principles, shared governance and continuous learning is essential to building a regional public health workforce and system capable of delivering scalable, sustainable, place-based initiatives. Healthy Gippsland has the potential to turn collaborative regional partnerships into a collective prevention movement.

Leveraging partnerships to strengthen approaches in regional communities: No Filter, Real Stories Gippsland

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2B - Education and Communication for Prevention, Ballroom 2, May 5, 2026, 3:30 PM - 5:00 PM

Policy/Practice:

The Gippsland Region Public Health Unit (GRPHU) coordinated a regional partnership between six local councils (Bass Coast Shire Council, Baw Baw Shire, East Gippsland Shire, Latrobe City, South Gippsland Shire, Wellington Shire) to successfully secure a VicHealth Vaping Prevention Grant. Under this partnership, GRPHU strengthened collaboration and increased efficiency to deliver a united approach to youth vaping prevention through the No Filter, Real Stories Gippsland project.

Problem:

Smoking remains the leading cause of preventable chronic disease in Australia. The growing use of e-cigarettes, or vaping, presents an emerging public health challenge, particularly among young people. In Gippsland, 12% of adults identify as smokers, higher than the Victorian average and the second highest of all regions. While local vaping data is limited, statewide use of e-cigarettes has risen sharply from 2.4% (2019) to 7.0% (2022-23). These trends highlight the need for a coordinated, region-wide approach to strengthen prevention and reduce harm.

What you did:

GRPHU established shared governance across all six councils and a Youth Co-Design Group to ensure youth voices were central to the campaign. Over 18-months (June 2024-December 2025), young Gippslanders collaborated with creative agencies to co-design a regional social marketing campaign. The campaign focuses on real stories and lived experiences, addressing vaping and smoking through relatable, authentic and locally relevant messaging. GRPHU coordinated project delivery, managed funder relationships and ensured alignment with VicHealth's collective impact initiative, building regional capacity for joint prevention efforts.

Results and lessons:

Public Health Units can unite local efforts for evidence-informed regional strategies. The partnership enhanced reach, consistency and engagement, demonstrating the strength of collaboration in amplifying prevention impact. Embedding co-design and place-based principles ensured authenticity with young people. Evaluation, including pre/post partnership analysis and stakeholder surveys will inform future collective prevention efforts including GRPHU's convening role.

A scoping review of AI-based chatbots in nutrition-related weight management.

Mr James Lim¹

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4E - Alcohol & other drugs; Priority Community needs, programs and digital solutions, Harbour View 2,
May 6, 2026, 3:30 PM - 5:00 PM

INTRODUCTION

Artificial intelligence (AI) -driven chatbots are increasingly used in health care, including nutrition counselling and weight management. However, there is limited evidence on the quality, safety, and cultural relevance of chatbot-generated advice. This is especially concerning for individuals from culturally and linguistically diverse (CALD) backgrounds and those with low health literacy, who already face barriers in accessing traditional nutrition care. The purpose of this study is to map out the validity, accessibility, and equity of chatbot-based tools in this context.

METHODS

A scoping review is being conducted in accordance with the Joanna Briggs Institute methodology for evidence synthesis. A total of 9 databases were searched using a comprehensive search strategy for peer reviewed literature. Eligible studies were included if they incorporated AI based chatbot(/s) and focused on weight management.

RESULTS

This scoping review is currently underway, with early mapping of the literature indicating a variety of use cases of AI-based chatbots in nutrition care, however, display a lack of meticulous evaluation of these chatbot inputs and outputs, especially for CALD individuals or individuals with low health literacy. Preliminary findings also suggest a misalignment of outputs with dietitian experts, clinical standards, and governance frameworks.

CONCLUSION

This review will inform future developments in this space, spanning from legislation and policy to clinical practice guidelines. Specifically, this review will facilitate the validation of outputs, and the formation of preliminary practice guidelines for safety and equity of use for multilingual individuals and individuals with low health literacy and pave a way for this technology to be incorporated into medical nutrition therapy in the future, and therefore leverage this advancing technology to aid in the personalised prevention of non-communicable diseases.

Nutrition Resource Pack for early years services embedding neutral language food education.

Ms Belinda Hogg¹, Mrs Catherine Delaney¹, Ms Alexis Letters-Haydock¹

¹Monash Health, , Australia

2E - Diet + Alcohol - Centring People and Culture & Translating Evidence, Harbour View 2, May 5, 2026,
3:30 PM - 5:00 PM

Food education at an early age can lead to embedding healthier habits in children for life. Previous scoping indicates a lack of age-appropriate, practical food education resources for early years services in Victoria, which integrate neutral language approaches to talking about food. Additionally, only 2.9% of Victorian children consume enough vegetables, highlighting the need for new approaches.

To address this, a Nutrition Resource Pack was co-designed with eight early years services, emphasising the voices and lived experiences of educators from diverse communities. The project prioritised collaboration and connection, engaging educators through workshops and consultations to ensure the resources were culturally relevant, practical and meaningful. The Nutrition Resource Pack was created to equip educators with engaging, non-pressured activities and guidance on using neutral language, supporting children to develop positive relationships with food and curiosity to try a wide variety of foods. Food education is more than just promoting healthy eating; it is about helping children feel confident to try new foods.

The resources were piloted with ten early years services across the City of Casey, City of Greater Dandenong and Cardinia Shire in Victoria. Survey and one-on-one consultation feedback from the pilot services lead to further adaptations in the Nutrition Resource Pack reflecting the importance of listening deeply to community needs. A capacity building workshop was developed to upskill early years educators on the use of neutral language around food and non-pressured ways to explore food.

The Nutrition Resource Pack was subsequently introduced to twelve additional early years services. Evaluation outcomes have demonstrated the positive impact of the resources on children, educators and families. To date, 100% of educator responses via survey showed their confidence to deliver activities that promote nutrition education in their service has increased. Evaluation findings and recommendations for broader implementation in early years settings will be discussed.

Cooking Together Tub resource sparking creativity and connection in early years services

Ms Belinda Hogg¹, Mrs Catherine Delaney¹

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2E - Diet + Alcohol - Centring People and Culture & Translating Evidence, Harbour View 2, May 5, 2026,
3:30 PM - 5:00 PM

Fussy eating is a common challenge in early childhood and can limit children's ability to develop a nutritious, balanced diet. Research suggests that preschool-aged children benefit from hands-on, sensory food experiences that expose them to a wide variety of foods from different cultures. These experiences help children build positive relationships with food, foster curiosity, and develop lifelong habits that support their health and wellbeing. Yet many educators face barriers—such as limited resources and time—that prevent them from offering these enriching experiences.

The Cooking Together Tub Project was created to support educators in overcoming these barriers and to promote joyful, inclusive food education. Launched in Term 4, 2024, the tub includes child-safe cooking equipment and a practical educator toolkit. It is offered on loan to services across the City of Casey, City of Greater Dandenong, and Cardinia Shire for one term. By listening to educators and valuing their lived experiences, the project placed connection and collaboration at its heart. Children prepared meals together, explored diverse ingredients, and discussed food origins and textures. These experiences nurtured learning across multiple domains—including measurement, sequencing, and cause-effect relationships—while also building social skills like patience and cooperation.

Educators reported increased confidence and enthusiasm to plan cooking experiences. 100% of survey respondents agreed that the tub enabled them to undertake more cooking experiences than they otherwise would have. The tub also strengthened family engagement, with photo displays and learning stories sparking conversations and connection beyond the classroom.

This project demonstrates that projects that empower people to build upon their practices and connections with their community can lead to meaningful change. By honouring educator voice, fostering creativity, and engaging families, the Cooking Together Tub created a values-driven approach to early childhood food education. Evaluation findings, recommendations for broader implementation and sustainability will be discussed.

Australians' attitudes toward advertising restrictions and parental supply of zero alcohol products

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4A - Commercial Determinants of Health - Nutrition and Alcohol, Ballroom 1, May 6, 2026, 3:30 PM - 5:00 PM

Zero alcohol products (ZAPs) copy the taste and appearance of alcoholic beverages but contain little to no alcohol content. While they may serve as a harm-reduction tool when used as a substitute for alcoholic beverages, they have the potential to normalise alcohol consumption and increase young people's exposure to alcohol marketing, extending parent alcohol brand reach to younger audiences. Due to limited evidence on how ZAPs are used, a precautionary approach toward ZAPs advertising has been recommended whereby ZAPs should abide by the same advertising rules as alcoholic beverages. Along with advertising in public places, parental supply is likely a key mechanism of youth exposure to ZAPs, yet no policy guidance exists. Public attitudes towards (i) restrictions on ZAPs advertising and (ii) parental supply of ZAPs remain unclear—such attitudes are important because public support is often a key precursor for regulatory intervention.

Using an online survey of 3,310 Australian adults, this study aimed to assess support for banning ZAPs advertisements on public transport, billboards near schools and in professional sport. We also assessed the acceptability of parental supply of ZAPs to teenagers.

Around one third of respondents supported banning ZAPs advertising on public transport and in professional sport. Almost half supported a ban near schools and disagreed with parental supply to teenagers. Greater support for restrictions and stronger disagreement with parental supply was seen among older adults and those with greater socioeconomic disadvantage.

These findings suggest modest public support for restrictions on ZAPs advertising and modest opposition towards parental supply. This may reflect limited awareness of how ZAPs can function as vehicles for alcohol promotion and youth exposure. Therefore, targeted public education is essential to counter commercial influences that harm progress toward public health goals and to build support for regulatory action that prioritises the protection of young people.

Preparing for extreme heat events in North Eastern Melbourne

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5C - Preventive health - sun safety, workplace, climate health, Ballroom 3, May 7, 2026, 9:00 AM - 10:30 AM

Background:

Extreme heat events cause significant morbidity and mortality, and heat adaptation strategies can assist people maintain health in extreme heat events. This project aimed to understand the heat health risk profile of North East (NE) Melbourne and to assess local preparedness and response activities to extreme heat events.

Methods:

The Heat Health Risk Index (HHRI; Australian Bureau of Statistics), which measures heat exposure, social vulnerability and adaptive capacity, was used to identify local government areas (LGAs) with the highest heat health risk. Best practice strategies for preparing and responding to extreme heat events were identified from national and international literature. Assessment of the use of best practice strategies was performed by examining heat health plans, social media and surveying the three LGAs with the highest HHRI. This information was then analysed and synthesised into recommendations to consider.

Results:

Three of 12 LGAs within the NEPHU catchment contained the highest concentration of high and medium-high HHRI areas. Low adaptive capacity contributed to a high HHRI for all three LGAs. Social vulnerability also contributed to the higher HHRI in one LGA. Identified best practice strategies included planning early, completing a heat health check, strengthening home cooling, communicating heat health warnings, providing advice on how to survive the heat, knowing the signs of heat illness, using community cool spaces, checking neighbours and family, rescheduling events and avoiding the heat. The gap analysis identified that many best practice strategies were already implemented by the LGAs assessed however, some areas that could be strengthened were identified.

Conclusions:

The following recommendations were made to strengthen the heat health preparedness and response further: sharing of extreme heat sub-plans, improving community preparedness activities, and improving communication and information provision during an extreme heat event.

Listening Before Acting: Community Readiness: a Foundation for Asthma Prevention in Tasmania

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¹Asthma Australia, Hobart, Australia

4D - Community and place-based approaches, Harbour View 1, May 6, 2026, 3:30 PM - 5:00 PM

Tasmania has one of the highest asthma burdens in Australia, yet prevention initiatives often face uneven community engagement and sustainability challenges. This project, undertaken by the Tasmanian Behavioural Lab in partnership with Asthma Australia, developed and piloted the Asthma Community Readiness Rubrics - a tool designed to assess how ready a community is to engage in and sustain asthma prevention initiatives.

Grounded in the Community Readiness Model and the Consolidated Framework for Implementation Research (CFIR) Framework, the study engaged service providers and community members across three Tasmanian regions - Burnie, Launceston and Brighton - to explore local awareness, motivation, trust and support structures. Through facilitated dialogues, the project foregrounded community voice and lived experience in defining what readiness means in practice.

Findings reveal that not every community is ready for intervention at the same time or in the same way. Readiness varied across seven locally relevant dimensions - from awareness and motivation to the presence of local champions and organisations in action. Participants consistently highlighted trust, family involvement and locally resonant communication as central to sustaining behaviour change.

By listening before acting, the rubrics will enable policymakers to align investment with community capacity and ensure that prevention is people-centred, equitable and enduring. The model demonstrates how empathy, local connection and shared ownership can move prevention beyond information delivery to meaningful, sustained engagement.

Understanding Early Onset Cancer Epidemiology in South Australia Through an Equity Lens

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¹Preventive Health Sa, Adelaide, Australia

4C - Cancer Prevention and Screening and Early Onset Cancers, Ballroom 3, May 6, 2026, 3:30 PM - 5:00 PM

Intro:

Early onset cancer (EOC, age 20-49) has been trending upwards globally and nationally, contrasting with declining rates in older groups, with significant increases in new cases and diverse tumour subtypes. Whilst causality is still unclear and under investigation, multifactorial aetiology is implicated, including lifestyle factors at all life stages e.g. diet, obesity, smoking, alcohol and environmental exposures. Also implicated are social and cultural determinants in EOC incidence and mortality among marginalised groups including Aboriginal populations. However, no such analysis has been conducted in South Australia and provides an opportunity to embed equity principles into a-priori prevention programming rather than post-facto.

This study aimed to conduct an analysis of the South Australian Cancer Registry using an equity and prevention lens to ascertain if and how, social determinants may be impacting risk factors, incidence and mortality of EOC.

Methods:

Descriptive epidemiology study

Study population: All invasive cancers reported in the SA Cancer Registry from 1982-2021, excluding multiple primaries and in situ cancers (est. n~37,255). Focussing on Australian national prevention priorities, extracted EOC data will be analysed by Aboriginality, geographical location, and SEIFA index as well as known risk factor prevalence overlays for specific cancers. Risks will be calculated as risk per 100,000 population, and risk ratios and risk differences with associated 95 CI between sub-populations.

Results:

Analysis is in process, however early results have indicated annual incidence increases of up to 6.4% per year depending on cancer type with ongoing increases throughout the study period (1982-2021). There are differences in incidence rates and trends between males and females with other determinants still to be analysed.

Conclusions:

to be updated. Recommendations will include how the findings can Preventive Health SA and the newly established SA Comprehensive Cancer Care Network's work in embedding equity considerations into statewide EOC prevention work.

The Treasury View and development of a wellbeing economy to sustain prevention

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5B - Building Sustainable Systems, Ballroom 2, May 7, 2026, 9:00 AM - 10:30 AM

Introduction: Government and economic institutions create and perpetuate economic norms to the detriment of planetary health equity. The wellbeing economy reimagines the purpose of the economy, and in doing so seeks to move from the focus on growth, development, and capital accumulation, to an economy that prioritises human flourishing on a safe planet. Building empirical understandings of institutional dynamics that may inform the development of a wellbeing economy can provide valuable academic and practical insights on effective governance strategies for planetary health equity needs.

Methods:

1. Policy analysis: Examination of seminal attempts to develop alternative economic frameworks in Commonwealth Treasury.
2. Semi-structured interviews: Collection of qualitative data from current and former public officials, departmental ministers and their staff in Treasury, Prime Minister and Cabinet, Health and Aged Care, Climate Change, Energy, the Environment and Water, Finance, the Productivity Commission and the Australian Bureau of Statistics. Collection of qualitative data via interviews with government representatives from all Wellbeing Economy Governments, academics and civil society.
3. Theory testing: Creating an institutional profile of Commonwealth Treasury to understand how a wellbeing economy would be developed and implemented.

Results: Interim results reveal -

1. There have been three examples of the development of wellbeing frameworks by Commonwealth Treasury and its agencies. Each have adopted a different model and have had different kinds of influence.
2. Commonwealth Treasury relies upon a number of forms of authority – material, relational and ideational - in order to execute its responsibilities as Australia’s chief economic advisor.

Conclusion:

Results analysis is ongoing. Initial results reveal the wellbeing economy has the potential to significantly improve climate, health and equity outcomes. The institution responsible for its development and implementation will influence how impactful it might be. This research reveals the nature of the impact of Commonwealth Treasury on the wellbeing economy.

Community Organising for Healthy Eating in a Priority Community in Australia

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¹The University Of Queensland, Brisbane, Australia, ²Australian Catholic University , Banyo, Australia
5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Introduction

Socioeconomically disadvantaged communities often face systemic barriers to healthy living. Addressing these challenges requires shifting from individual-focused prevention to approaches that consider the broader social and environmental contexts.

Aim: This study explores how community organising offers a sustainable health preventive strategy to reduce health disparities by empowering community members.

Methods and Findings

This mixed methods study adopted a four-step community organising framework- community listening, discernment, action and evaluation, to identify community priorities and co-design a tailored health-promoting initiative.

Community listening: Listening sessions were conducted through 13 table talks and relational meetings with 168 community members, in Inala, Southeast Queensland. They shared diverse ideas including community gardens, cooking classes, walking groups, and nutrition clubs.

Discernment: Through facilitated discussions along with working group developed by the community members with potential leaders identified, 'healthy eating' as the community's top priority.

Action: To inform action nutrition environment assessment compared supermarkets and restaurants in Inala and Springfield. Among 60 restaurants and 5 supermarkets surveyed, Inala's restaurant offered significantly fewer healthy options and low nutrition information. While healthy food quality and availability in both areas' supermarkets were similar, healthy items were more expensive in Inala, highlighting economic inequalities in food access.

Evaluation: Last step synthesised findings from the previous steps to inform the design of a community-based healthy eating initiative in the form of a community-endorsed food truck, with evaluation mechanisms tailored to local context.

Conclusion

This research highlighted the economic and social value of prevention by empowering communities to co-create sustainable, locally driven food solutions to improve community's eating behaviours and reduce long term health costs. This study also underscores the need of cross-sector collaboration such as marketing and industry partnership is essential to reshape food environments and ensuring equitable access to healthy food.

Responding to Leprosy and Stigma in the Torres Strait

Mrs Amanda Bywaters¹, Mrs Rotona Martin¹

¹Torres And Cape Health Service, CAIRNS NORTH, Australia

2A - Co-Designing for Centring People, Culture and Connection, Ballroom 1, May 5, 2026, 3:30 PM - 5:00 PM

Responding to Leprosy and Stigma in the Torres Strait

Leprosy remains a rare but important public health issue in northern Australia, with occasional cases still detected in the Torres Strait. Despite being difficult to transmit and entirely curable, leprosy continues to carry significant stigma and fear within affected communities. This presentation outlines a nurse-led, culturally informed approach to the management of a recent leprosy case on an outer island of the Torres Strait, demonstrating how culturally safe practice and strong community partnerships are essential to effective public health response.

During the initial case interview, it became evident that the family experienced considerable fear and shame surrounding the diagnosis. There was concern that public health intervention might threaten their ability to remain within their community. Recognising this, the response prioritised early engagement, transparent communication, and culturally guided planning to address stigma and build trust.

The response was coordinated by the Public Health Unit in collaboration with local Torres Strait Islander leaders, health workers, and primary health care nurses. Guided by nursing leadership, the team held family meetings, consulted local councillors and identified health leaders, and planned all activities with cultural sensitivity. Before contact screening commenced, community education sessions were delivered to dispel myths, reduce fear, and promote understanding. This preparatory phase—driven by nurses and supported by trusted local health workers—was key to achieving community cooperation and successful follow-up.

This case highlights the pivotal role of nurse-led, culturally grounded public health practice in remote and cross-cultural contexts. The success of the Torres Strait response was founded on respectful partnerships, shared decision-making, and the integration of clinical expertise with local cultural knowledge. This model demonstrates how nursing leadership, when combined with Indigenous collaboration and cultural insight, can deliver effective and compassionate communicable disease management in complex community settings.

Advocacy in action: Improving oral health outcomes for rural communities in Victoria.

Associate Professor Virginia Dickson-Swift^{1,2}, Tony McBride², Dr. Laura Purcell^{2,3}, Dr. Katy Theodore^{2,3}, Dr. Stacey Bracksley-O'Grady^{1,2}

¹Violet Vines Centre For Rural Health Research, La Trobe University, Bendigo, Australia, ²Victorian Oral Health Alliance , , Australia, ³Australian Dental Association Victorian Branch , Melbourne, Australia

5C - Preventive health - sun safety, workplace, climate health, Ballroom 3, May 7, 2026, 9:00 AM - 10:30 AM

Problem

Community water fluoridation (CWF) is internationally recognised as one of the most successful public health measures with around 80% of the Australian population having access to fluoridated water. In Victoria, around 13% of the population in rural areas does not have fluoridated water despite government recommendations. Non-fluoridated areas suffer from a disproportionate burden of disease with higher rates of dental caries (particularly in children), high rates preventable hospital admissions for dental conditions and report difficulty accessing public, or often any form of timely and affordable dental services, making them more vulnerable to both an increased likelihood and severity of dental disease.

What we did

A sub-committee of the Victorian Oral Health Alliance (VOHA) was established to develop a targeted advocacy campaign to raise awareness of the water fluoridation status of rural Victoria and to increase awareness of decision makers at local government level of the importance of community access to fluoride as key to the prevention of oral disease. A range of information was provided that enabled local governments to understand a range of mitigation strategies that could reduce the risk of dental decay in their communities

Results

A list of the top 10 target towns in terms of population size, water fluoridation status, disadvantage and rurality was established and all local governments contacted and invited to meet with VOHA representatives. Seven local governments requested meetings to discuss strategies for reducing their community's risk of dental caries (e.g. advocating for water fluoridation, accreditation programs, health and wellbeing programs). A range of data and resources was provided at each meeting to support action at the local level.

Lessons

Local governments have a key role to play in advocating for improved oral health outcomes for their communities and with appropriate resources and support for prevention are well placed to do so.

Our People Are the Prevention: Strengthening the Workforce that Keeps Communities Well

Miss Kerindy Clarke¹

¹Ninti One, , Australia

5B - Building Sustainable Systems, Ballroom 2, May 7, 2026, 9:00 AM - 10:30 AM

Problem:

The National Best Practice Unit Tackling Indigenous Smoking (NBPU TIS) supports workforce training and development for Aboriginal and Torres Strait Islander health promotion teams. While often used interchangeably, training builds short-term technical capability, whereas workforce development strengthens long-term capacity, leadership, and career progression.

In response to feedback from TIS teams, NBPU TIS co-designed the Our People, Our Strength: Workforce Development Framework. Informed by national consultations, workshops, and workforce surveys, the framework links training, professional development, and accredited qualifications to build capability, competence, and confidence. It validates the purpose and value of Aboriginal health promotion roles, creating clear career pathways and formal recognition within the preventive health system.

What We Did

Through extensive consultation with TIS teams, Aboriginal Community Controlled Health Services (ACCHSs), Registered Training Organisations (RTOs) and Aboriginal health leaders, NBPU TIS developed the framework, led by a First Nations Workforce Development Advisor (1.0 FTE). This initiative demonstrates a genuine commitment to self-determination and culturally grounded leadership, embedding cultural identity, learning, and leadership at its core.

Results

Emerging outcomes include:

- Defined career pathways and accredited qualifications for Aboriginal and Torres Strait Islander Population Health Promotion workers.
- Strengthened confidence, wellbeing, and professional identity.
- Greater system-level understanding of Aboriginal workforce expertise in prevention and health promotion.

Lessons Learned

Persistent advocacy, evidence-based argumentation, and respectful education of funding partners were vital to securing system-level support for workforce development. The process revealed complexities across states and territories — including variation in training access, accreditation pathways, and differing Language, Literacy and Numeracy (LLN) support needs. Embedding Aboriginal leadership and community voice ensured the framework remained culturally grounded and responsive to these diverse contexts.

Building understanding among CEOs and managers about the value of Aboriginal workforce development was equally critical. Empowering leaders to invest in and care about the growth of their teams has begun shifting organisational culture toward one that recognises and celebrates Aboriginal expertise.

Validating Aboriginal knowledge and lived experience strengthens workforce stability, fosters cultural safety, and builds trust with communities — reaffirming that our people are the prevention.

Aboriginal Governance Structures

The NBPU TIS team is proudly Aboriginal led, guided by a National Manager, Aboriginal Workforce Development Advisor, and Aboriginal Project Officers representing diverse regions and perspectives

across Australia. Governance of this initiative was grounded in Aboriginal leadership and collective decision-making from conception through to design and review.

The Framework was co-designed through yarning sessions, surveys, and consultation forums with Aboriginal and Torres Strait Islander TIS teams, ensuring that workforce-identified needs shaped priorities and outcomes. Aboriginal voices informed every stage — from framework structure and language to visual identity and communication materials.

This Aboriginal-led model exemplifies strengths-based, self-determined program development. It positions Aboriginal and Torres Strait Islander peoples not only as beneficiaries but as architects of change within preventive health. The Framework strengthens community-controlled governance, builds on workforce strengths, and creates clear pathways for future Aboriginal leadership across Australia's population health system.

Listening Across Cultures, Understanding Obesity Perception Among Chinese Immigrants in Australia

Miss YIXI WANG¹, Dr Tammie Choi¹, Associate Professor Nicole Kellow¹, Associate Professor Hui Yang²

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4B - Nutrition - Translating evidence and centring people, Ballroom 2, May 6, 2026, 3:30 PM - 5:00 PM

Introduction: Chinese immigrants living in Australia migrated from a collectivist to an individualist society, where their perceptions of body weight are likely be challenged, reshaped and negotiated through this cross-cultural experience. Understanding how Chinese Immigrants perceive obesity is vital for designing prevention strategies that are culturally resonant and community-informed.

Method: Guided by social constructivism, this study used semi-structured interviews with photo elicitation to explore beliefs, attitudes, and lived experiences related to obesity. Participants (BMI ≥ 23) were ethnically Chinese adults living in Australia for over six months, fluent in Mandarin or English. All interviews were audio-recorded and transcribed verbatim. Reflective thematic analysis was used for data analysis.

Results: Twenty-five (13 females, 12 males) participants were interviewed either in person (n= 18) or virtually (n=7) in their language of choice. Participants originated from Mainland China, Malaysia, Hong Kong, Singapore, Indonesia, and Taiwan. Four themes were generated to reveal both culturally rooted perceptions and those reshaped through post-migration experiences: (a) The body of “others” as a comparative reference. Participants compared themselves not only to fellow Chinese but also to local Australians. Referencing Caucasian body weights helped ease body image stress; (b) Obesity as failure: internalized negative views and moral judgement. Despite exposure to Western norms, some respondents retained Asian moral judgments around weight; (c) Commentary from others as self-monitoring. Most viewed weight-related remarks as reminders or expressions of care; (d) Weight loss is a personal matter and willpower is the key to success. This belief often led participants to adopt extreme, quick-fix, unsustainable weight management strategies.

Conclusion & implications: This study highlights how cultural identity, social connection, and migration shapes perceptions of obesity. Focussing on community voices challenges dominant narratives and underscores the need for empathetic, culturally grounded prevention approaches that build trust and foster engagement.

General Practitioner perspectives on implementation of osteoporosis prevention in perimenopausal women.

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5D - Inclusive and other approaches to health, Harbour View 1, May 7, 2026, 9:00 AM - 10:30 AM

Intro

Osteoporosis carries a high economic and social disease burden, with estimated prevalence of 66% in Australians over the age of 50 in 2012 (1). The rate of bone mineral density (BMD) decline accelerates dramatically in perimenopause such that almost half of all women will have osteopaenia or osteoporosis following menopause (2, 3). Osteoporosis prevention involves arresting BMD decline primarily through lifestyle modifications, such as structured exercise programs and optimisation of nutrition and calcium intake. However, osteoporosis incidence in Australian women continues to rise (1). Our research aims to explore perspectives of Australian General Practitioners (GP) of osteoporosis prevention in perimenopausal women and associated barriers to preventative care advice and implementation.

Methods

15 GPs were interviewed on their experience of osteoporosis prevention in perimenopausal women using semi-structured interviews based on the theoretical domains and COM-B frameworks. Interviews were recorded, de-identified and analysed using an inductive and deductive approach utilising NVivo software.

Results

Barriers to implementation of osteoporosis prevention consultations with perimenopausal women include competition from multiple presenting complaints, complexity of guideline recommendations and restrictions on rebates for screening investigations. GPs who prioritised preventative care actively screened for and discussed preventative health activities with women prior to menopause. GPs reported varied comfort with complex guideline recommendations and variable grades of associated evidence.

Conclusion

GP reported barriers to osteoporosis prevention in perimenopausal women provide insight into potential areas to address to optimise clinical practice. Increased health service prioritisation of preventative care and increased access to DEXA scans for at-risk populations warrant future exploration.

Productivity losses from premature cancer mortality in Australia

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1B - Economic Value of Prevention, Ballroom 2, May 5, 2026, 11:00 AM - 12:30 PM

Introduction: Each year, there are 10 million deaths from cancer globally, with over a third occurring in working-age people (15–64-year-olds). Quantifying productivity losses associated with premature cancer mortality provides an additional insight into the wider societal burden of cancer in Australia, further emphasising the importance of preventing cancer. Here, we provide updated estimates of paid and unpaid productivity losses due to premature cancer mortality in working-age Australians by sex, age group, state and cancer type.

Methods: We used the human capital approach to estimate productivity losses from premature cancer mortality from 2022 – 2040 in Australia, combining national level data on mortality, population size, annual earnings, labour force participation and unpaid activity levels. We estimated the number of premature cancer deaths, years of productive life lost, total paid and unpaid labour productivity losses and cost per cancer death at the national and state levels.

Results: Over the next 15 years, 183,224 cancer deaths were predicted in working-age Australians leading to \$210 billion in lost productivity costs nationally. In 2025, 10,614 premature cancer deaths and 98,231 productive life years lost valued at \$11.5 billion were estimated. Paid and unpaid productivity losses equally contributed to total losses and were highest for lung and colorectal cancers, while brain cancer was the most expensive per premature death.

Conclusions: Beyond the health sector burden, the wider economic impact of cancer through forgone labour losses is significant and growing in Australia. The high burden of lost productivity from premature cancer mortality emphasizes the importance of continued investment in policies, initiatives and research to prevent cancer. Such investment is an increasingly important goal for avoiding cancer death and the associated significant societal costs that follow.

How people at risk of harm experience digital alcohol advertising in Australia

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¹Foundation For Alcohol Research and Education, , , ²The University of Queensland, , , ³The George Institute for Global Health, ,

3A - Tobacco + Alcohol - Commercial Determinants, Ballroom 1, May 6, 2026, 11:00 AM - 12:30 PM

Intro: Digital marketing is largely data-driven, whereby automated marketing models tailor and target advertising to people who are most likely to buy a product. When it comes to the advertising of harmful and addictive products like alcohol, this means people with high-risk alcohol use are likely to be identified as a target for alcohol advertising. This study explored Australians' experiences relating to digital alcohol marketing and assessed whether there were any differences by risk of alcohol harm.

Methods: In April 2025, we surveyed 2,037 Australian adults. Alcohol use risk level was categorised for participants who had used alcohol in the past year (n=1,799) using ASSIST-Lite. This identified participants as having either low risk alcohol use (n=945), hazardous/harmful alcohol use (n=480) or likely experiencing alcohol dependence (n=365). Survey results were analysed for differences between these risk categories.

Results: Participants likely experiencing alcohol dependence were significantly more likely to recall alcohol advertising across online platforms (23-39% vs 4-12%) and to be concerned about online alcohol advertising (52% vs 35%) than those with low-risk alcohol use. Participants likely experiencing alcohol dependence were also more likely than those with low-risk alcohol use to report that online alcohol advertising leads them to crave (47% vs 12%), purchase (71% vs 21%) and use alcohol (68% vs 18%) and to indicate that online alcohol advertising makes it more difficult for them to reduce the amount of alcohol they use (50% vs 9%). Across risk groups, there was high support for less or no alcohol advertising online (60%-73%).

Conclusions: There is a pressing need for regulation of digital alcohol advertising in Australia. People experiencing alcohol dependence should be considered as a critical population group in the development of regulation, as online alcohol advertising can be particularly harmful for this group.

Caregiver preferences for early childhood health behaviour initiative elements: discrete choice experiment

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Introduction

Caregiver input is essential to enhance acceptability of child health promotion initiatives. However, little is known about their preferences. We aimed to determine the elements of early childhood initiatives that caregivers prefer and consider most important.

Methods

Data were collected using an online survey including a discrete choice experiment. Participants completed 12 choice tasks, selecting between two hypothetical initiatives or opt-out. Initiatives varied across six attributes (mode, delivery format, setting, duration, program type, tailoring) each with three levels. Additional initiative elements (e.g., topics, providers, policy categories) were included in self-reported preference ratings. Descriptive statistics summarised survey responses and mixed multi-nominal logit model analysed the choice data for the total sample and subgroups based on differing socio-demographics.

Results

Caregivers (n=401) completed the survey, yielding 4812 choices. Majority of the attributes significantly influenced caregivers' choice to participate in an initiative, all except for type of program delivery. Caregiver preferences varied across program attributes. Participants preferred in-person and one-on-one delivery in the home setting, and initiatives of low intensity/duration, tailored to individual families. Patterns of preferences were largely consistent in subgroup analyses by household income, education level and remoteness. The most preferred topics and policy categories were child wellbeing (67%) and providing services (66%), respectively.

Conclusion

To be most engaging and effective initiatives need to be designed to suit caregiver preferences. By prioritizing in-person, home-based, and tailored approaches, early childhood health initiatives can foster stronger connections with families. Recognizing the diversity of caregiver needs and values ensures that prevention strategies are more acceptable and can shape inclusive universal initiatives. Embedding caregiver voices at the heart of initiative design supports a people-centred approach to preventive child health. Findings will be translated through the TOPCHILD-Policy interactive web-based dashboard 'Child Health Evidence Hub'.

Community-led, place-based prevention: Strengthening health and wellbeing systems from the ground up

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1C - Mental Health and Wellbeing Value of Prevention, Ballroom 3, May 5, 2026, 11:00 AM - 12:30 PM

Problem

There is broad global recognition that prevention must be strengthened to improve health and reduce inequities. Yet in Aotearoa New Zealand, investment in prevention remains modest and fragmented, with funding often focused on short-term programmes rather than long-term system change. Communities most affected by inequity have limited influence over priorities and insufficient support to build lasting capability and leadership. As a result, prevention efforts struggle to shift systemic drivers of health. Understanding how community-led, place-based prevention operates in practice - and what enables it to be effective and enduring - is therefore critical.

What we did

We have been conducting a longitudinal developmental evaluation of Healthy Families NZ, a national, community-led prevention initiative operating across diverse communities for over a decade. Instead of delivering fixed programmes, the initiative invests in locally embedded teams to build capability, strengthen partnerships, and influence the conditions shaping health. Our evaluation draws on contextual case studies to examine implementation, evolution, and emerging impacts over time.

Results

Healthy Families NZ has supported communities in identifying priorities, acting collectively, building local leadership, and influencing system settings across key determinants of health. Examples of successes include strengthening local kai/food systems, advancing smoke-free and alcohol-harm prevention, improving play and physical activity environments, and embedding wellbeing in council planning and investment. Teams have developed capabilities in systems thinking, partnership-building, and culturally grounded practice, drawing on lived experience, mātauranga Māori, and population-level evidence. This has enabled new forms of community leadership, relational infrastructure, and policy influence that are not typically seen through traditional programme delivery.

Lessons

Although modest in scale compared to national investment in treatment, Healthy Families NZ demonstrates what is possible when communities are resourced and trusted to lead prevention efforts. Key lessons include the importance of long-term, flexible investment; devolved decision-making; valuing local knowledge; and resourcing time for trust-building and learning. The initiative is demonstrating that community-led, place-based prevention can build the adaptive capacity of communities, offering practical insight for health systems seeking to become more sustainable and resilient.

Exploring the use of promotional strategies on meal delivery apps in Australia

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Intro/Aims: Meal delivery apps (MDAs) have emerged as a disruptor to the food environment, increasing accessibility and promotion of unhealthy foods. While emerging evidence suggests that consumers are influenced by promotions in their use of MDAs, the display of promotional strategies, including outlet placement and price promotions on MDA home pages, remains unknown. This study examined the presence of such promotional strategies, and the relative healthiness of food outlets, on MDA home pages.

Method/Approach: A new method was developed to assess promotions and applied to the websites of the three leading MDAs in Australia. Each website was audited twice weekly over four weeks, across nine locations, including randomly selected low and high socio-economic areas, and the CBD of three Australian cities. The outlet names, promotional tags (e.g., “15% off (spend \$30)”), placement categories (e.g., “National favourites”), and banner advertisements from all MDA home pages were extracted. Price promotions were classified as volume-based (e.g., “15% (spend \$30)”), discount (e.g., “20% off your order”), or multi-offers (e.g., “2 offers available”). The DIGIASSESS index was used to assess the healthiness of associated food outlets.

Results: Preliminary results indicate that price promotions were prominent across all MDA home pages. Volume-based price promotions dominated, incentivising consumers to order larger quantities of food. Chain outlets were more frequently positioned in prominent placement categories. Results relating to the healthiness of food outlets are pending.

Conclusion: Price promotions appear to be an important marketing strategy employed by MDAs. Understanding how different types of price promotions influence consumption behaviour is an important next step in identifying public health implications of MDAs. Given the prominence and strong influence of price promotions in MDA use, novel policy interventions, such as restrictions on price promotions for unhealthy foods, are likely to encourage healthier food choices, but require comprehensive investigation.

Empowering rural communities to measure walkability: Co-development of a digital tool

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2D - Leveraging Technology for Prevention, Harbour View 1, May 5, 2026, 3:30 PM - 5:00 PM

Introduction: Local neighbourhood environments are important for shaping walkability, but few instruments exist to assess walkability in rural areas and most are researcher-driven. This study aims to describe the development and evaluation of a digital tool to measure walkability in rural areas.

Methods: The Communities for Walkability digital tool was co-developed by researchers and community members, through group meetings, pilot testing, and individual feedback. Sixty-one community members in 10 small rural Tasmanian towns conducted 80 street segment audits using the digital tool and/or participated in workshops to prioritise issues and identify solutions; 16 participants engaged in semi-structured interviews. Geospatial assessments of walkability were completed using Geographic Information Systems (GIS). Qualitative data were content/thematically analysed and quantitative data analysed descriptively.

Results: It was feasible for citizen scientists to collect data using the largely acceptable digital tool, with some areas for improvement identified. These improvements included the conflict between the sequential nature of tool items and the non-sequential nature of attributes encountered during data collection, the inability to review/save findings, and technical difficulties uploading photographs. Digital tool data demonstrated moderate to strong correlations with geospatially assessed walkability, particularly safety, commercial land use, and perceived overall walkability. The tool was useful for collecting data that guided conversations at workshops, helping community members to set shared priorities and identify potential solutions.

Conclusion: Although feasible and acceptable for rural communities to collect walkability data using a citizen science approach, and a useful way to prompt deeper discussion and drive priority setting, future digital walkability tools can be improved to better accommodate community data collection efforts. The inclusion of citizen and stakeholder perspectives in the design and collection of local data has the potential to be a powerful mechanism to support communities and stakeholders to engage in collective efforts and create environments that support walkability.

Evidence to Action: Co-Designing the Local Government Healthy Food Advertising Policy Toolkit

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3D - Prevention programs - Translating evidence into action, Harbour View 1, May 6, 2026, 11:00 AM - 12:30 PM

Problem:

The World Health Organization recognises that food marketing strongly influences food preferences, consumption patterns and food-related disease risk. Restricting unhealthy food advertising on public assets represents a modifiable aspect of the food environment within local government (LG) influence. Internationally, several UK councils demonstrate that restrictions are both feasible and effective. However, Australian progress is limited. This highlighted the urgent need for practical guidance to support Australian LGs in navigating the policy process and implementing effective restrictions.

What we Did:

To address this gap, the Healthy Food Advertising Policy Toolkit builds LG capability to develop, adopt, implement, monitor and evaluate policies restricting unhealthy food advertising. The aim was to develop a practical, ready-to-use resource that Western Australia's 137 LGs could readily adapt for their local context.

Toolkit development followed a staged, evidence-informed and participatory process. Stage 1 identified LG needs through research exploring attitudes, barriers and enablers to policy action. Findings highlighted the need for clear food classification frameworks, practical tools/templates and case studies to support consistent and confident implementation. Stage 2 reviewed national and international policy guides to identify transferable lessons/content. Stage 3 defined the toolkit structure, policy steps, supporting materials and examples required to guide LGs. Stage 4 involved drafting, testing and refining content aligned with best practice and tailored for the WA context.

Results:

Toolkit materials were tested through iterative co-design with a Stakeholder Reference Panel comprising 22 representatives from LGs and public health organisations. Feedback on clarity, feasibility and usability informed successive revisions, ensuring content remained practical, grounded in evidence and responsive to LG needs.

Lessons:

The collaborative, iterative approach strengthens alignment with LG needs and enhances the toolkit's relevance for policy support. Key lessons include early stakeholder engagement, tailoring to LG processes and provision of practical templates/examples to build confidence and consistency in policy adoption.

Consumer Views on Potassium-Enriched Salt in Medically Tailored Meals: A Qualitative Study

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4B - Nutrition - Translating evidence and centring people, Ballroom 2, May 6, 2026, 3:30 PM - 5:00 PM

Background. Excess sodium and insufficient potassium intake are major dietary risk factors for hypertension and cardiovascular disease. Potassium-enriched salt substitutes, where sodium chloride in regular salt is partially replaced with potassium chloride, effectively lower blood pressure and prevent cardiovascular events. In Australia, packaged foods including ready-meals are leading sodium sources. Reformulating these products by replacing regular salt with potassium-enriched salt may offer a promising strategy for population-level impact. This study explored consumer acceptability of diabetes-friendly ready-meals reformulated with potassium-enriched salt, delivered as part of a Medically Tailored Meals (MTM) trial for adults with Type 2 Diabetes (T2D).

Methods. We conducted a qualitative study using semi-structured telephone interviews with intervention group participants from a 26-week MTM randomized controlled trial. Participants received fortnightly deliveries of 20 diabetes-friendly meals prepared with potassium-enriched salt (56% less sodium than regular salt). Interview questions explored perceptions of taste, overall acceptability, and willingness to switch to potassium-enriched salt in everyday use. Data were analysed using thematic analysis to identify key patterns and insights.

Results. Twelve participants with T2D (58% female, mean age 51 years) were interviewed. Most were unaware of the replacement with potassium-enriched salt. Taste acceptability was high, and two-thirds reported no discernible difference compared to regular salt meals. Once informed of the health benefits, all participants supported the salt replacement initiative. However, while health benefits motivated willingness to purchase potassium-enriched salt ready-meals, this did not consistently extend to using potassium-enriched salt in home cooking mainly due to preferring alternative salts or seasonings. Factors that positively affected consumer views on potassium-enriched salt ready-meals included health concerns, especially hypertension, and affordability.

Conclusion. Replacing regular salt with potassium-enriched salt in ready-meals was largely undetectable and well accepted among individuals with T2D. These findings suggest strong potential for incorporating potassium-enriched salt into ready-meals without compromising taste or consumer satisfaction.

Listening First – Co-designing prevention through trust, culture and community connection.

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¹North Metropolitan Health Service, Health Promotion Service, Mount Hawthorn, Australia

2A - Co-Designing for Centring People, Culture and Connection, Ballroom 1, May 5, 2026, 3:30 PM - 5:00 PM

Problem: Food security is a complex issue that affects health outcomes and broader social determinants of health. Food security means access at all times, for all people, to sufficient, culturally familiar, safe and nutritious food to meet needs of an active and healthy life. For Aboriginal and Torres Strait Islander people in north metropolitan Perth, food access is the culturally appropriate and preferred term rather than food security. For this community, having access to healthy and safe food is a priority, not in isolation, but as part of a broader vision for health that considers social and emotional wellbeing, alcohol and other drug use, physical activity and cultural continuity. The community also identified a gap in programs meaningfully and sustainably co-designed with, not for, Aboriginal people.

What we did: North Metropolitan Health Service responded to this gap through the Gnalla Meriny: Our Food project using a strengths-based, culturally secure co-design approach. Place-based prevention efforts were facilitated with Aboriginal people in two areas of north metropolitan Perth with lower socio-economic status and higher health risks. Central to the project was building on the strengths of Aboriginal people, listening deeply and working alongside the community to action meaningful and sustainable solutions to improve food access.

The first stage involved reviewing existing research and engaging with local community members and organisations to better understand food security with Aboriginal people, build trust, and explore culturally appropriate ways of working. The project was guided by Aboriginal Data Governance principles, ensuring the community exercised control over how data was created, analysed and shared. Ethics approval was received from the WA Aboriginal Health Ethics Committee and WA Health Human Research Ethics Committee.

Based on findings, a series of Yarning Sessions were facilitated in the two identified areas to co-design strengths-based approaches and local solutions to food security; each concluding with a Yarning Circle to gather feedback on co-design methodology. Data was collected using voice recordings, identified by the community as the preferred culturally appropriate tool, with participants guiding how their stories and insights were used. The community maintained ownership and control of the place-based initiatives generated, ensuring they are locally relevant, culturally grounded, and sustainable. The Stakeholder Advisory Group, including Aboriginal Community Controlled Organisations, provided ongoing cultural oversight and ensured accountability.

Results: Of focus in this presentation is the project's outcomes of several community-led solutions to improve food security for Aboriginal people, while also fostering trust, empowerment, and driving action on other health issues. The post-Yarning Session Yarning Circles were thematically analysed to shape a local road map for co-designing with Aboriginal people in north metropolitan Perth and support the uptake of quality practices that empower Aboriginal people and community-led programs. The absence of a project end date reflects long-term community commitment. Data sovereignty was upheld throughout, with Aboriginal people leading decisions about how information was used and shared. The community maintained control and ownership of the place-based initiatives, and raised awareness of culturally secure, strengths-based approaches with partner organisations and funding bodies; building capacity for broader systems change.

Lessons: Prevention is most powerful when it is community-led and built on culture, creativity, and connection. Genuine co-design is not one-size-fits-all, and must be flexible, responsive and accountable to different communities and their local priorities. Supporting communities to advocate for co-design beyond the project builds long-term capacity and influence. Upholding Aboriginal Data Governance principles ensures that data is not just collected ethically but used in ways that benefit and empower communities. Food security is one part of a broader vision for health, and this project shows that listening first and supporting community ownership are key to lasting change.

Changing the landscape: Preventing violence against women with disabilities through inclusive co-design

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5D - Inclusive and other approaches to health, Harbour View 1, May 7, 2026, 9:00 AM - 10:30 AM

In July 2024, Our Watch and Women with Disabilities Victoria launched a suite of practitioner resources as part of the Changing the landscape project. This initiative focuses on preventing violence against women and girls with disabilities by translating the evidence base from the Changing the landscape framework into accessible and engaging formats - including videos, audio stories, and infographic posters.

At the heart of this work is a commitment to centring lived experience, fostering trust, and embedding intersectionality in primary prevention practice. The resources were co-designed with women with disabilities, whose insights shaped both the content and its delivery. By engaging with the gender and disability-inclusive principles promoted by the resources, from design through to dissemination, this project demonstrates the impact of authentically centring lived experience in health promotion for prevention. This approach ensures the resources are not only evidence-informed but also deeply resonant and relevant to the communities they aim to support.

This presentation will explore how creativity, empathy, and collaboration were used to move beyond traditional evidence dissemination. It will highlight how listening deeply to lived experience and valuing diverse perspectives can strengthen prevention messaging, build connection, and support practitioners, disability service professionals, and policymakers to take meaningful action.

By centring people, culture, and connection, the Changing the landscape resources offer a model for inclusive, community-led prevention. They show how prevention efforts can be enriched through co-design and how embedding intersectionality from the outset leads to more effective and sustainable change. We will share key learnings from the project and reflect on the importance of trust, creativity, and lived experience in transforming evidence into action.

Preventive health in Australian general practice training

Dr Michael Bentley¹, Professor Parker Magin², Dr Andrew Davey², Ms Dominica Moad², Associate Professor Samia Toukhsati³, Ms Amanda Tapley², Dr Meredith Barrett³, Dr Valerie Quah⁴, Dr Emerald Comerford⁵, Dr Alison Fielding², Dr Angelo D'Amore⁶, Dr Linda Klein², Ms Katie Mulquiney², Ms Anna Ralston², Mr Ben Mundy², Ms Irena Patsan⁷, Ms Adele Kincses³, Dr Shaun Prentice⁸, Dr Verity Reeves⁹, Dr Dave Runciman², Dr Alex Turner², Mr Jordan Tait², Ms Ashley Blowes³, Mr Hemi Robinson-Kingi³, Mr Ian McGee⁵, Professor Mieke van Driel¹⁰, Professor Elizabeth Holliday¹¹, Mr Jason Dizon¹²

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Introduction: Preventive healthcare is a criterion in the Royal Australian College of General Practitioners (RACGP) standards for general practice. The RACGP provides guidelines for evidence-based preventive activities in primary care and requires general practice registrars training to become specialist GPs to demonstrate preventive and population health in the assessment of their clinical competencies. Over the course of their community-based, apprenticeship-like training model, RACGP registrars are exposed to a range of conditions that characterise general practice. In the context of preventive health, this includes screening, case finding and preventive activities across the lifecycle. Prior to the Registrar Clinical Encounters in Training (ReCEnT) project there was little research into the content of registrars' consultations despite experiential learning's importance to quality of training. ReCEnT aims to establish the consultation-based clinical and educational experiences of individual registrars.

Methods: ReCEnT, an ongoing inception cohort study conducted since 2010, comprises interrelated research and educational components. ReCEnT collects demographic information about registrars, information about their current training practices, and, once in each of three training terms, registrars record details of 60 consecutive patient consultations (data on the patient, the consultation, and actions taken related to the problems/diagnoses). Analysis of data uses standard techniques including linear, logistic, and mixed-effects regression modelling. Research questions are answered using mapping, exploratory and longitudinal analyses as well as testing efficacy of educational interventions.

Results: ReCEnT has mapped problems managed by general practice registrars, by disease classification, adult/paediatric patients, Aboriginal and Torres Strait Islander status, and by rural and socioeconomic location. Examples of exploratory analyses of associations of registrars' clinical exposure to preventive health, include screening for chlamydia, absolute cardiovascular risk assessment, antenatal/postpartum care, and immunisation .

Conclusion: ReCEnT enables identification of training needs in preventive health and translation of subsequent evidence-based educational innovations into the GP training program.

Reporting statistical significance in Australia's public health journals: Time for change?

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5D - Inclusive and other approaches to health, Harbour View 1, May 7, 2026, 9:00 AM - 10:30 AM

Introduction

The use of p-values and statistical significance remains a dominant feature of quantitative public health research, despite well-documented concerns regarding over-reliance on arbitrary thresholds and the risk of misinterpretation. This study examined whether current reporting practices in Australian public health journals align with best-practice guidance, and whether they support or hinder the translation of 'what works' into equitable and actionable prevention strategies.

Methods

We identified four Australian public health journals with a primary focus on Australian and New Zealand public health research. Articles published over the past four years were screened to identify quantitative studies using inferential statistics. A random sample of 40 eligible articles (10 per journal) was extracted. Data were extracted on: reporting of significance thresholds, use of p-values and confidence intervals, treatment of non-significant results, discussion of uncertainty, and interpretation of findings.

Results

Reporting practices varied widely both within and across articles and journals. Approximately half of the articles did not specify a statistical significance threshold. Around two-thirds reported both p-values and confidence intervals, but few explicitly discussed uncertainty. Nearly 90% interpreted findings primarily based on statistical significance, and more than half did not report or discuss non-significant results. Few articles considered the practical importance of results.

Conclusion

Current statistical reporting practices in Australian public health journals risk oversimplifying evidence, obscuring uncertainty, and limiting the practical utility of research findings. This has implications for how confidently prevention strategies are adopted, scaled, or sustained in policy and practice. Improving editorial guidance and peer review processes, along with greater emphasis on effect sizes, uncertainty and practical significance, could strengthen evidence transparency and support better public health decision-making.

Beyond choice: challenging individualism in public health narratives

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Note that I have not used the suggested subheadings as it didn't really fit.

Efforts to improve population health have long emphasised the importance of individual behaviour change. While empowering people to make healthier choices is an enduring goal, the dominance of 'choice' as a framing device risks obscuring the powerful structural, social, and cultural conditions that shape those choices. The result is a prevention discourse that too often centres personal responsibility rather than systemic action, inadvertently reinforcing stigma and constraining progress on the upstream drivers of health and inequity.

Health isn't just about choices; it is about chances. And the chances we get are shaped by the world around us. When we fail to acknowledge this, we risk placing the burden of change on individuals rather than the systems that limit their opportunities. In this conversation starter, I explore how 'choice' has become embedded in the language of prevention, drawing on some recent Australian examples.

To address these framing concerns, we can draw on values-based messaging approaches that externalise the problem, shifting the focus from individual responsibility to external forces. By emphasising fairness, opportunity, and shared responsibility, prevention messages can connect more deeply with people's values and make visible the fundamental causes of poor health. This helps avoid reinforcing stigma and blame, especially towards those already experiencing disadvantage, while increasing public support for policy change.

In summary, I will use this conversation starter to argue that we need to speak more plainly and consistently about the systems and structures that shape health and wellbeing. That means shifting the narrative, amplifying evidence, and informing policy and practice that address the causes of the causes. Above all, we must stop suggesting that people can choose their way out of systemic, wicked problems.

Translating Evidence to Equity: Reaching Multicultural Families with INFANT through Cross-Sector Partnership

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4B - Nutrition - Translating evidence and centring people, Ballroom 2, May 6, 2026, 3:30 PM - 5:00 PM

Problem

INFANT is an evidence-based early-years program that improves nutrition and active play. However, delivery through Maternal and Child Health (MCH) services, primarily in English, can limit engagement for migrant and refugee families due to language, access and cultural barriers. In Melbourne's west, where over 40% of households speak a language other than English, addressing this gap is vital for equitable program reach.

What we did

In 2023, Western Public Health Unit (WPHU) partnered with Deakin University to translate INFANT resources into the six most commonly spoken languages other than English in Melbourne's west. In 2024, WPHU partnered with the Multicultural Centre for Women's Health (MCWH) to establish an in-language delivery model. Bilingual health educators speaking nine community languages completed Department of Health funded INFANT facilitator training and were further supported with tailored delivery guidance and local referral pathways. Leveraging existing community networks, educators promoted translated resources, delivered in-language INFANT sessions and supported families to navigate the app, access sessions and understand key prevention messages.

Results

MCWH engaged 103 families from 12 countries through in-language sessions and distributed over 90 translated resources. Participants reported they had not previously received such practical early-years information and requested more frequent and earlier (antenatal) support. Qualitative feedback indicated increased confidence in feeding and active play, with families valuing sessions delivered by trusted bilingual educators. A second phase partnership in 2025 was initiated to train more educators, deliver additional community-based sessions and strengthen connections with MCH services to embed in-language delivery.

Lessons

Cross-sector partnerships are critical for advancing equity in evidence-based health promotion. By combining Deakin's research expertise, WPHU's regional coordination and systems alignment, and MCWH's bilingual workforce and trusted community networks, INFANT reached families who typically do not engage with MCH services. This model provides a practical approach to embedding equity into early-years prevention.

How social media platforms target alcohol advertising to people at-risk of harm

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4A - Commercial Determinants of Health - Nutrition and Alcohol, Ballroom 1, May 6, 2026, 3:30 PM - 5:00 PM

Intro: Digital alcohol advertising is data-driven, ephemeral and pervasive. People are targeted online with advertising content and methods that are designed to specifically target their individual susceptibilities. This marketing happens out of sight with little to no transparency measures and is inescapable in the online environment. This study aimed to explore how targeted alcohol advertising presents in the social media feeds of Australians, including people at heightened risk of alcohol harm.

Methods: We recruited 195 Australian adults between June and August 2025 to use the novel Mobile Online Advertising Tool (MOAT) app which allows users to automatically capture the ads they see when using social media apps on their phones. Participants used the MOAT app for a 5–10-day period during usual social media use. Collected ads, along with voluntary supplied demographic information was shared by participants and a sub-sample of participants were identified for interview. This presentation will share a case study from this in-progress research project.

Results: The case study demonstrates how social media platforms can concurrently target a person with high-risk alcohol use with advertising for alcohol products and alcohol addiction counselling services. While a risk factor for alcohol harm has in essence been identified by the marketing algorithm (i.e., that alcohol addiction is likely an issue of relevance for a person), it is used to target marketing, but not to protect people at risk of harm from alcohol marketing.

Conclusions: Digital marketing models contribute to the harmful targeting of alcohol advertising online. Regulation of digital platforms must seek to address the underlying marketing models of digital platforms to ensure they are not causing harm.

Leveraging Digital Communications for Cervical Cancer Prevention in Queensland.

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4C - Cancer Prevention and Screening and Early Onset Cancers, Ballroom 3, May 6, 2026, 3:30 PM - 5:00 PM

Background: In Queensland, participation in the National Cervical Screening Program (NCSP) remains below the Australian target of 70% (62.3% for 2019-2023). Cervical cancer remains largely a disease of inequity, reflecting barriers shaped by geography, health literacy, culture and access. The Cervical Under-screened SMS Project (CUSP) was established to improve cervical screening participation using behaviourally informed SMS reminders. This methodology has been proven to increase other preventative screening participation rates and CUSP applies this approach for people identified as under-screened through the National Cancer Screening Register (NCSR).

Aim: CUSP aims to increase completion of cervical screening testing in the targeted cohorts and strengthen health literacy through inclusive, co-designed SMS reminders that use behavioural insights and education to encourage uptake of both clinician and self-collected cervical screening tests.

Methods: Using NCSR data, women aged 30-39 who were overdue for screening were identified and separated into cohorts based on prior screening history. Messages were developed through modified Delphi co-design workshops with experts in public health, health promotion and behavioural economics. Draft messages underwent a health-literacy assessment and were retrospectively mapped to behavioural principles. Personalisation included first name use, links to local health service directories and self-collection information. Messages were delivered via a Queensland Health digital communications platform (Whispir).

Results: Preliminary data suggest behaviourally informed reminders are increasing completion of cervical screening with variation observed across the behavioural principles applied. Key measures include uptake of completed cervical screening following receipt of the SMS (clinician and self-collection), screening positivity rates, and proportions proceeding to colposcopy or cytology.

Conclusion: CUSP messaging offers a scalable opportunity to improve the prevention and early detection of cervical cancer, supporting behaviour change at population level through technology enabled prevention. This approach has potential for broader application across jurisdictions where data is available to support implementation.

About us, not without us: Understanding First Nations population data

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4D - Community and place-based approaches, Harbour View 1, May 6, 2026, 3:30 PM - 5:00 PM

This abstract describes the consultation process undertaken in development of a population data profile for the Aboriginal and/or Torres Strait Islander population living in North-Eastern Melbourne.

Introduction/problem:

The North Eastern Public Health Unit (NEPHU) is one of nine Local Public Health Units (LPHUs) across Victoria, its purpose is to work collaboratively to improve the health and wellbeing through evidence-informed approaches, reflecting the diverse needs across the NEPHU region. In February 2025, NEPHU released the 'Population Profile of the NEPHU Catchment Area – General Report 2025', which provides a single point of access to a wide range of population health data relevant to the NEPHU population. During the development of the general Population Profile, it was determined that there was a need for a dedicated profile with a focus on our Aboriginal and/or Torres Strait Islander population. The dedicated profile enabled the data to be explored allowing for the relatively small numbers when compared to the general population and be supported by narrative that reflects and acknowledges the distinct social, economic and cultural factors that impact health and wellbeing for First Nations peoples.

What we did:

To ensure that the presentation and interpretation of data in the dedicated profile was culturally appropriate and guided by community voice the NEPHU First Nations Engagement Officer supported the development of the profile including facilitating consultations with First Nations representatives from local community organisations and health services. Consultation for the dedicated profile was conducted in waves to allow for flexibility in timing and format. Participation was open to any First Nations person from local organisations or colleagues from local ACCOs and ACCHOs. Recruitment remained open throughout the process and any new potential participants were invited to attend consultations (regardless of participation in earlier consultations) and were provided individual briefing and consultation to enable participation in future consultation sessions.

Consultation occurred following data collection and analysis and informed drafting of the report, including sections of narrative which aimed to summarise key inputs from previous consultation. To ensure a culturally safe and supportive environment for consultation, the creation of safe spaces was prioritised and consultation focused on a strength-based approach to data interpretation. Non-identified NEPHU staff worked closely with our First Nations Engagement Officer to ensure inherent biases were challenged and cultural safety always prioritised. Feedback on the cultural safety of consultation sessions was welcomed, and sessions were adapted throughout the process to reflect feedback; some changes included the use of talking sticks and venue changes to host consultation sessions at local community gathering places.

Results:

Participant engagement in the consultation sessions increased throughout each wave. The number of organisations participating in consultation doubled from wave one to wave three. The implemented feedback about cultural considerations for sessions resulted in participants reporting improved openness, trust and cultural safety during consultation sessions. From engaging in this process participants were more likely to engage in other NEPHU projects and meetings, resulting in

sustainable relationships that are lasting past the consultation period and are essential for the other work NEPHU completes.

Lessons:

The development of the dedicated profile was only made possible by a truly collaborative process including engaging participants early in the project, active listening, openness to learn and understand community, respectful and genuine engagement and allowing the project to be an iterative process that could change based on consultation output. These learnings will be the basis for consultations with future stakeholder groups. The impact of this consultation has been to shape the profile so that it is not just a collation of data but is framed to be reflective of community perspectives and context.

BreastWISE: Breast cancer prevention programme Feasibility for women attending BreastScreen services

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3C - Screening Practice and Needs - Centering People and Culture & Translating Evidence, Ballroom 3,

May 6, 2026, 11:00 AM - 12:30 PM

Introduction: Breast cancer remains the most common cancer for Australian women, with rising incidence partly due to increasing modifiable factors including obesity, alcohol and physical inactivity. Primary prevention of cancer by addressing potentially modifiable risk factors has recently been identified by the NSW Cancer Institute as a priority area. The BreastScreen setting offers an untapped opportunity to motivate health behaviour change through targeted risk communication.

Objectives: This study is exploring the feasibility and impact of delivering brief, tailored breast cancer risk reduction advice within BreastScreen services, with referral to support services where appropriate.

Methods: One-on-one semi-structured interviews, informed by an interview guide, are underway with BreastScreen in NSW., with a target sample size of 50. Thematic analysis will be conducted to identify barriers and facilitators to risk communication, education delivery, and how brief interventions can be integrated into routine screening practice.

Results: To date, n=5 interviews with BreastScreen clients have been conducted, with BreastScreen staff interviews concurrently underway. Early results indicate the delivery of clear information about weight, alcohol, and physical inactivity risks, is viewed as acceptable. Findings to date also indicate simple, structured interventions that use motivational messaging, and referral to support services may be feasible. The importance of interventions that empower without stigma, was highlighted as being important.

Conclusion: Findings to date demonstrate support for integrating risk reduction interventions within BreastScreen programs. This approach leverages screening attendance as a timely catalyst for health-promoting action, supporting women to address modifiable breast cancer risks. These data will be used to inform policy on delivery of cancer prevention initiatives in BreastScreen NSW services and will inform co-design of pilot interventions that can be scaled for national implementation. This approach has potential to reduce population breast cancer risk and improve incidence rates among Australian women.

Every Moment Matters: Supporting alcohol-free pregnancy and safe breastfeeding

Mrs Claire Margan¹, Ms Kristie Cocotis, Mrs Pearl Prabal¹

¹Foundation For Alcohol Research And Education, City, Australia

3D - Prevention programs - Translating evidence into action, Harbour View 1, May 6, 2026, 11:00 AM - 12:30 PM

Prenatal alcohol exposure can lead to a range of adverse outcomes for maternal and infant health, including Fetal Alcohol Spectrum Disorder (FASD). New research estimates that FASD affects approximately 3.64% of the Australian population - equivalent to almost 1 million people. Health professionals play a vital role in preventing FASD by supporting women to have alcohol-free pregnancies.

The Every Moment Matters campaign aims to raise awareness of the risks of alcohol use while pregnant, planning a pregnancy or breastfeeding. An important component of the broader program is upskilling health professionals to have routine conversations with women about alcohol, pregnancy and breastfeeding. To inform this work, formative research was undertaken to understand ways in which health professionals can be motivated to address the topic of alcohol use with pregnant and breastfeeding women. In addition, research was undertaken to guide the redevelopment of online training. Insights have informed the design, implementation and evaluation of resources, training and other activities targeting health professionals.

Since launching in September 2022, 1696 health professionals have enrolled in the eLearning course, with 575 health professionals (34% of those enrolled) completing all five modules. Evaluation results show significant increases in health professionals' intention to routinely ask about alcohol during pregnancy (19.7% pre- to 79.5% post-) and provide advice on the topic (40.7% pre- to 82.6% post-). In addition, over 90,000 health professionals have been reached through engagement activities, including conferences, online presentations, podcasts and publications in 2024-2025 alone.

Building confidence, skills, and motivation among health professionals to have routine discussions about alcohol is essential to support healthy pregnancies. The Every Moment Matters campaign demonstrates that evidence-informed training can significantly improve health professionals' readiness to engage in these conversations. Continued investment to engage health professionals, alongside sustained public health messaging is critical to reduce alcohol-exposed pregnancies in Australia.

Building a Prevention-Focused Health Ecosystem: A Community-Centred Model for Sustainable Wellbeing

Ms Shoshana Wall¹

¹St Lukes, Launceston, Australia

5B - Building Sustainable Systems, Ballroom 2, May 7, 2026, 9:00 AM - 10:30 AM

As Tasmania's leading not-for-profit health and wellness organisation, we recognise that a sustainable health ecosystem must be grounded in prevention. In response to Tasmania's increasing burden of chronic disease, an ageing population, and escalating healthcare costs, we have articulated an ambitious vision to make Tasmania the healthiest island on the planet by 2050. Achieving this requires a systemic shift toward embedding prevention within long-term investment, planning, and community engagement frameworks.

Our model advances a place-based approach centred on the establishment of regional Wellness Hubs designed to promote health through three evidence-based pillars: movement, nutrition, and social connection. These hubs serve as accessible community platforms that foster collaboration, enhance health literacy, and facilitate sustained behaviour change. They also function as incubators for innovative local initiatives, providing a conduit between community organisations, health professionals, and residents.

Each hub has been co-designed through structured community consultation to ensure local relevance, optimise participation, and align services with identified needs. Since the launch of the Hobart (2023) and Launceston (2024) hubs, more than 31,000 Tasmanians have engaged in diverse health and wellness activities facilitated by a network of over 300 community partners—constituting one of the most extensive coordinated community health programs in Tasmania.

Building on these outcomes, a third hub is scheduled to open in Devonport in 2027 in partnership with the Devonport City Council to accelerate its Living Well Strategy. Future directions include the development of virtual wellness hubs to extend reach to rural and remote populations. Collectively, these initiatives represent a scalable model of prevention-focused community health engagement with the potential to inform broader population health strategies and contribute to long-term health system sustainability.

Translating authentic voices: Development of an evidence-based youth vaping cessation resource

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

BACKGROUND:

Over recent years, vaping prevalence has increased significantly among young Australians, leading to a growing need for evidence-based communications to support and encourage young people to quit vaping. We sought to develop an evidence-based vaping cessation messaging guide and accompanying digital assets to be used by professionals who work with young people.

METHODS:

Based on qualitative research (focus groups/interviews) with n=35 young Australians aged 14-24 years who vaped or had quit, we developed a series of text-based messages about vaping cessation. These messages were tested for persuasiveness, relevance and believability in a survey of n=384 young Australians aged 14-24 years who vaped or had quit. Selected messages were developed into creative concepts, and converted into digital assets, including posters and social assets (tiles and animations). Findings from the focus groups and survey were translated into a messaging guide.

RESULTS:

In focus groups/interviews, young people identified key motivators and barriers to quitting vaping. They reported a preference for vaping cessation support that would increase quitting self-efficacy and provide strategies for quitting. These findings were used to develop vaping cessation messages that centred around practical tips for quitting, how to recognise and manage nicotine addiction, and building self-efficacy to quit. Messages were generally more likely to be perceived as relevant and persuasive by young people who vaped regularly, compared with infrequent vapers. There were few differences by age group. Messages were refined based on survey results and translated into a messaging guide and accompanying digital assets (posters, and both static and animated social media assets).

CONCLUSION:

This presentation will provide a case study of translating evidence into practice, through the development of evidence-based health promotion resources that can be accessed and used by professionals who work or communicate with young people.

Can Woolworths and Coles be trusted to voluntarily improve online food labelling?

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3B - Diet - Commercial Determinants, Ballroom 2, May 6, 2026, 11:00 AM - 12:30 PM

Introduction: Online grocery shopping is increasingly common, yet qualitative studies show that Australians report facing challenges in making healthy choices in this environment. Nutrition labelling can support healthier decisions, but a 2022 study found that Woolworths and Coles frequently omitted key nutrition and composition information from their product webpages. In response, both retailers publicly committed to improving transparency and ensuring online access to product details. This study aimed to provide an updated assessment of online food labelling practices among Australia's major grocery retailers.

Methods: In February 2024, data were collected from the online stores of Australia's two largest grocery retailers, Woolworths and Coles, using automated methods. For each product page, the presence of nutrition information panels (NIPs), ingredients lists, allergen declarations, country-of-origin information, and Health Star Ratings (HSRs) was recorded. The prevalence of each labelling element was compared between retailers and against 2022 data.

Results: Data were collected for 22,332 products in 2024. Compared to 2022, a greater proportion of products displayed NIPs (+6.1%), ingredients lists (+19.5%), and HSRs (+2.5%), while fewer included country-of-origin information (-8.7%) and allergen declarations (-7.0%). In 2024, NIPs, ingredients lists, and allergen declarations were available for approximately half of products (46.3–54.9%). Country-of-origin information was more commonly displayed (84.2%), while HSRs remained infrequent (16.8%) and were more likely to appear on higher-scoring products. One retailer displayed fewer NIPs, ingredients lists, and country-of-origin details, while the other showed fewer allergen declarations and HSRs.

Conclusions: Significant gaps remain in the online provision of nutrition labelling by major Australian supermarkets, despite prior commitments to improve transparency. Regulatory requirements must be updated to ensure that essential health and nutrition information is consistently available in online retail environments. Incomplete labelling undermines consumers' ability to make informed choices and select products that support short- and long-term health.

Improving access to evidence-based alcohol and other drugs information with Artificial Intelligence

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¹Alcohol And Drug Foundation, Melbourne, Australia

4E - Alcohol & other drugs; Priority Community needs, programs and digital solutions, Harbour View 2,
May 6, 2026, 3:30 PM - 5:00 PM

Problem: Stigma, misinformation, and low trust can significantly impact access to information about alcohol and other drugs (AOD). While people prefer to seek AOD information online, there can be quality and accessibility issues which can delay people accessing the right information at the right time. AI technology via Large Language Models (LLMs) provide an opportunity to address these barriers.

What we did: An LLM-powered chatbot 'dib' was developed within an ethical framework and guided by a clinical advisory committee. dib prioritises accessibility and trust, integrating the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and evidence-based harm reduction focused content drawn from the Alcohol and Drug Foundation (ADF) website. Evaluation has included user testing with 100+ participants and analytics tracking information accuracy and accessibility.

Results: In the first eight months, dib demonstrated effectiveness through increased willingness to seek information via private chatbot interactions with more than 24,000 conversations overall with 17,961 unique users and 1,361 return users. Average engagement time is 2:22 minutes compared to 1:07 minutes on the website. Engagement with dib is highest among those aged 18-24-years (60% of users). Data from a conversational analytics system allowed the identification of AOD topics, sub-topics and substances being discussed in conversations with dib with a large proportion of conversations about alcohol and help seeking related to cessation and family support. This evidence-based approach demonstrates how emerging technologies can overcome barriers to AOD information and the potential of real-time data to inform content development for tailored and personalized information and guidance.

Lessons: Digital tools and monitoring systems can enhance rather than replace human-centred approaches and can reduce manual risk assessments. Responding to user needs, the conversational analytics system combined with human monitoring has improved harm reduction information, content covering intoxication and consent, and targeted practical self-help advice on the ADF website.

Online sales and home delivery of alcohol: a rapid review

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2E - Diet + Alcohol - Centring People and Culture & Translating Evidence, Harbour View 2, May 5, 2026,

3:30 PM - 5:00 PM

Introduction

Alcohol home delivery services have expanded rapidly, raising concerns about their impact on alcohol consumption and related harms. A rapid systematic review was undertaken to examine the relationship between alcohol home delivery services and alcohol consumption patterns, related harms and regulatory compliance across Australia and comparable jurisdictions.

Methods

A systematic search was conducted across four databases, which resulted in 21 included studies, including 13 cross-sectional and two longitudinal investigations. All studies were reviewed, with data extracted using Covidence and formal appraisal of study quality carried out using JBI quality assessment tools.

Results

Use of alcohol delivery services was consistently associated with higher overall alcohol consumption, as well as greater likelihood of heavy episodic and high-risk drinking compared to people who did not use alcohol delivery services. Rapid delivery services were linked to extending a drinking session and receiving deliveries while intoxicated, with many users reporting they would have stopped drinking if this form of delivery had not been available. Compliance with age verification requirements was often poor, with 20% to 93% of deliveries occurring without ID checks. Unattended deliveries were also a feature in some studies. Limited research explored alcohol-related harms; one study associated extended availability of delivery by one hour with increased domestic violence assaults, while other studies noted greater negative consequences among delivery users. During the COVID-19 pandemic, alcohol delivery use rose substantially and was associated with heavier drinking patterns.

Conclusion

These findings support availability theory, highlighting how alcohol delivery services, especially rapid delivery, may increase consumption and undermine existing public health protections. Strengthened regulatory measures are needed, including robust age and intoxication verification, limits on delivery hours, and controls on targeted marketing to mitigate alcohol-related harms in an evolving retail environment.

“Keep their Futures Bright” reducing parental alcohol supply to teens: an evaluation

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¹Alcohol And Drug Foundation, Melbourne, Australia

2E - Diet + Alcohol - Centring People and Culture & Translating Evidence, Harbour View 2, May 5, 2026,
3:30 PM - 5:00 PM

Introduction: Parental supply of alcohol to teenagers should be avoided, however, many parents are unaware of risk and harms associated with adolescent alcohol consumption. In recognition of this, the Alcohol and Drug Foundation (ADF) developed and piloted values-based messaging to inform the generation of a mass media campaign. The campaign aims to increase parental knowledge and shift attitudes concerning the harms of underage alcohol consumption. An evaluation of this campaign was undertaken in September 2025 with parents in the ACT to determine effectiveness.

Methods: A modified pre/post online survey design was used. Parents (n=70; 51% male) were asked questions related to their attitudes and behaviors regarding the provision of alcohol to their underage children (12-17 years), then shown the campaign materials and the attitudinal and behavioral questions readministered.

Results: Following campaign exposure, there was a significant decrease in the proportion of parents who indicated they would supply their child with alcohol, both in the home (43% to 26%) and for consumption away from home (23% to 10%). Understanding the harms associated with underage drinking to children’s brain development increased by 11 percentage points after exposure to the campaign. Agreement that alcohol is harmful to teenagers’ health rose significantly from 91% to 99% as did agreement that parents should do their best ensure their child never drinks alcohol (51% to 76%). Of parents who indicated that they were ‘likely’ to supply their child with alcohol, 55% reported reconsidering this after viewing the campaign.

Conclusions: Exposure to the campaign produced several attitudinal and knowledge impacts among parents relating to the supply of alcohol to children. Future evaluation in other jurisdictions and with more comprehensive effect measures is necessary to assess the suitability of the campaign at the population level and its potential ‘real-world’ impacts.

Stronger Through Sport: Promoting inclusion and building resilience among at-risk young people

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¹Alcohol And Drug Foudnation, Melbourne , Australia

3E - Infant and child health, Harbour View 2, May 6, 2026, 11:00 AM - 12:30 PM

Introduction: Sport participation has been identified as a likely protective factor against many adverse health behaviours and outcomes as it can provide structure, foster self-esteem, and connect young people with positive adult role models. Realising an opportunity for intervention, the Alcohol and Drug Foundation (ADF), piloted The Stronger Through Sport (STS) program which aimed to reduce anti-social behaviours among vulnerable young Australians aged 14-20 at risk of contact with the criminal justice system. The program sought to overcome common barriers to participation, including financial burdens, and transport availability and access. STS also aimed to promote partnerships between youth support services and local sporting clubs and built the capacity clubs by training designated club leaders to mentor and support at-risk youth.

The program was piloted between October 2022 to April 2024 in four regions across Tasmania, Queensland, and Western Australia.

Methods: Survey data from young people, club leaders, club representatives and youth support services was combined with recruitment and attendance data to inform the programs evaluation.

Results: Recruitment data indicated that STS successfully promoted youth participation and fostered ongoing connections to sporting clubs. Clubs valued the support provided by the program, particularly the training provided for club leaders. Of youth support services, most (85%, n= 11) reported a decline in anti-social behaviour amongst young people. The pilot program's short duration was identified as a key challenge as it prevented the collection and assessment of important long-term outcomes such as sustained reductions in anti-social behaviour.

Conclusion: As demonstrated by the evaluation findings, the STS pilot program has the potential to enhance young people's participation in sports, promoting social inclusion, reducing youth crime, and build sporting clubs capacity to support vulnerable youth. Future evaluations are recommended to determine the program's long-term impact and to ensure its continued reach and sustainability within the community.

Local Drug Action Teams: balancing structure and flexibility in place-based evaluations

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¹Alcohol And Drug Foundation, Melbourne , Australia

4E - Alcohol & other drugs; Priority Community needs, programs and digital solutions, Harbour View 2,
May 6, 2026, 3:30 PM - 5:00 PM

Problem: The Local Drug Action Team (LDAT) Program is the Alcohol and Drug Foundation (ADF)'s place-based program that seeks strengthen protective factors and address related risk factors for alcohol and other drug (AOD) harms within communities. The program (1) supports community coalitions (LDATs) to consult with their community to identify their local AOD issues and their drivers, and (2) helps LDATs to select, tailor, implement and evaluate evidence-informed activities in response to these issues. Given the diversity of community-led place-based activities being implemented across 270 LDATs throughout Australia, there are significant challenges for evaluating the individual and cumulative impacts of LDATs.

What you did: To evaluate the cumulative impact of LDATs, a new evaluation approach was needed. The approach needed to (1) provide structure and guidance to LDATs (2) enable flexibility (3) be appropriate for all LDATs (4) build LDAT evaluation capacity and (5) be sustainable. To address these needs, we created a series of LDAT Evaluation Tools: an evaluation measures guide and alternate methods guide.

Results: The application of these guides in LDATs enabled the assessment of the program's cumulative impact. Between 2021 and 2025, (1) campaign and awareness raising activities were run 36 times by LDATs, of which 93% resulted in a positive impact and reached >11,000 people, and (2) 124 training sessions or workshops were run by LDAT, which involved >10,000 people and 93% of which generated a positive result.

Lesson: The evaluation of the LDAT Program has evolved over the years. The preliminary findings from the current evaluation are promising, however, there is a need to continue to develop and refine of our processes to foster and grow the evaluation capability of communities.

Community-led model of care to enhance cancer screening among Aboriginal women

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3C - Screening Practice and Needs - Centering People and Culture & Translating Evidence, Ballroom 3,

May 6, 2026, 11:00 AM - 12:30 PM

Abstract

Introduction:

Aboriginal women in Sydney Local Health District (SLHD) experience significantly poorer cancer outcomes, driven by lower screening participation, later diagnoses, and reduced survival. In 2023, only 39.7% of Aboriginal women aged 50–74 in SLHD participated in breast screening, compared with 51.9% of all NSW women. A 2021 Cancer Council NSW study reported cervical cancer rates among Aboriginal women are comparable to developing countries, underscoring urgent need for culturally safe, community-led strategies to improve access and engagement.

Aim:

To increase Aboriginal women's participation in the BreastScreen NSW and National Cervical Screening Programs through culturally safe, place-based model grounded on Aboriginal leadership, trust, and collaboration.

Method:

SLHD's Population Health, BreastScreen NSW and Cancer Services partnered with Aboriginal Health Workers and community organisations to co-design integrated screening events in Redfern alongside the BreastScreen NSW mobile van. Piloted in 2024 and repeated in 2025, the events combined breast and cervical screening with health consultations, education, incentives, and cultural activities such as weaving workshops and yarning spaces. Aboriginal Health Workers ensured cultural safety during all the planning and delivery, by leading community engagement on the day.

Results:

A total of 90 Aboriginal women completed breast screens across the two activations at Redfern Park in 2024 and 2025, notably 16 women were first time screeners. An additional ten CSTs were completed and 18 nurse consultations fulfilled on the two days it was integrated into the event. SLHD's 2024 breast screening participation rate for Aboriginal women (46%) surpassed the NSW Aboriginal average (45.2%) and narrowed the gap with the overall rate (51.6%).

Conclusion:

This culturally safe, low-cost, and community-led model effectively improved screening participation and trust among Aboriginal women. Now embedded as an annual initiative, it demonstrates sustainability and transferability, providing a blueprint for extending culturally responsive, integrated cancer screening to other under-screened populations and settings

Aboriginal Governance structures:

A dedicated Aboriginal governance structure guided this initiative from conception to delivery. An Aboriginal Women's Cancer Screening Working Group was established, comprising Aboriginal Health Workers from Sydney Local Health District and representatives from local Aboriginal organisations. This group led all key decisions regarding design, implementation, and evaluation to ensure the program reflected community priorities and cultural values.

Aboriginal members chaired the meetings and shaped every stage, from identifying locations and community partners to determining event flow, messaging, and patient navigation support. Their leadership ensured cultural safety, inclusiveness, and relevance. The project was grounded in existing relationships of trust and respect, with Aboriginal voices central to governance rather than consulted after the fact.

Engagement occurred through direct partnerships with Aboriginal organisations, and community feedback was essential to ensuring cultural safety.

Cultural protocols were embedded throughout planning and implementation, including Acknowledgement of Country, a Welcome to Country delivered by an Aunty on the day, involvement of Aboriginal staff in welcoming clients, and the use of Aboriginal artwork and language to create a culturally affirming environment. Evaluation findings were reviewed and endorsed by Aboriginal partners before dissemination to ensure cultural appropriateness and accurate representation. This governance model ensured the program was not only culturally safe but genuinely community-led, strengthening Aboriginal women's trust in health services and supporting genuine partnership across SLHD.

Using digital tools to address oral health equity

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

For too long, oral health has been left out of Australia’s preventive-health conversation—treated as something separate, specialist, and secondary. Every year, more than 80 000 Australians are hospitalised for dental conditions that could have been avoided with early, simple preventive care.

At Friends of Really Excellent Dentistry (FRED), we are exploring how digital tools can help change that story.

Our vision is to use technology to make prevention personal, meeting people where they are, not where the health system expects them to be. We are building a suite of scalable, evidence-based digital tools designed for use by non-dental professionals across community and health settings.

These include micro-learning modules, interactive prompts, and guidance that translate preventive science into plain-language, tailored advice for individuals and families.

Rather than creating a new service silo, FRED’s model embeds oral health support within the services people already trust: aged care, disability, homelessness, and family-violence programs, helping staff identify early risks, start brief conversations, and refer for timely care.

The aim is to turn every point of contact into a small act of prevention.

We are exploring how AI might play a role in this, and how through digital engagement, we can personalise preventive support at scale, reducing avoidable hospitalisations, improving equity, and supporting sustainable system reform.

Technology is not the destination; it’s the enabler. When used ethically and inclusively, it can bring oral-health prevention into everyday life, and finally put the mouth back into the body.

Building capacity for a nourishing environment in Out of School Hours Care

Mrs Megan Maxwell¹, Mrs Amanda Ferguson¹, Mrs Michelle Riekie¹, Miss Jade Ashwell¹

¹Foodcore Nutrition Services Inc., East Perth, Australia

4B - Nutrition - Translating evidence and centring people, Ballroom 2, May 6, 2026, 3:30 PM - 5:00 PM

Problem: Out of School Hours Care (OSHC), including vacation care, plays a vital role in supporting families and providing opportunities for children's learning, growth, and social and emotional development. However, the food provided to more than 40,000 children in WA across OSHC settings is often suboptimal. Many services face challenges such as limited time and food preparation facilities, budget constraints, and limited nutrition knowledge among educators.

What you did: A mixed-methods approach was used to assess sector needs and inform resource development. Activities included stakeholder engagement (workshops with OSHC staff, n=40; volunteering and site visits during before/after school care and vacation care), partnership meetings (e.g. Department of Communities), menu reviews, and an online survey with OSHC staff (n=76).

Results: Workshops and consultations provided valuable insights into operational realities, educator capacity, and barriers and enablers to healthy food provision. Survey findings identified key challenges, including selective eating (48%), food waste (39%), time constraints (38%), managing food allergies (34%), budget constraints (28%), and sensory issues (26%). In response, Foodcore co-designed a suite of practical tools and resources with the sector, including sample menus, menu checklist, factsheets, budgeting tools, food-based activities, and a shared kitchen checklist. This aimed to increase educator capacity to provide nutritious food by reducing the barriers associated with key challenges in OSHC.

Lessons: Building trusting relationships with OSHC providers enhanced engagement and collaboration. Co-designing tailored, practical resources based on educator needs improved food literacy and supported the creation of healthier OSHC food environments. These findings highlight the importance of partnerships to strengthen the capacity of OSHC services to provide nutritious food and support the wellbeing of children. This project is an Australian Health Promotion Association scholarship, funded by Healthway.

Developing the Australian Food Advertising Assessment tool for restricting unhealthy outdoor advertising

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4A - Commercial Determinants of Health - Nutrition and Alcohol, Ballroom 1, May 6, 2026, 3:30 PM - 5:00 PM

Introduction: Unhealthy food and beverage advertising influences food preferences and consumption, making it a priority for public health policy interventions. To implement effective and consistent restrictions, a fit-for-purpose system is needed to determine which foods and beverages may not be advertised. As no such system existed for local government use, this study aimed to develop and refine a food classification system (FCS) for restricting outdoor advertising of unhealthy food in Australia on local government property and assets.

Methods: The Scarborough protocol was adapted to guide development, underpinned by principles of fairness and transparency. The FCS used a food-category approach aligned with the Australian Dietary Guidelines, with categories based on the World Health Organization Western Pacific Region Nutrient Profile Model, and supplemented with population-specific examples of permitted and restricted foods. A Nutrition Reference Group provided independent advice, and a panel of end-users (n=22) tested the FCS with 60 advertisements spanning all food groups, offering suggestions on refinements. Thematic analysis of this feedback informed refinements made to the final FCS.

Results: Fourteen end-users, including local government officers and supporting organisations, classified the advertisements and provided input. For 87% (52/60) of the advertisements, most end-users classified them in line with the intended decision. Analysis of 81 free-text comments identified refinements needed such as improved clarity for certain foods/beverages, reducing reliance on ingredient lists, and addressing over-leniency in some categories. Other revisions included adding missing items (e.g., plant-based burgers, flavoured iced tea).

Conclusion: The Australian Food Advertising Assessment tool is a rigorously developed system to support consistent restriction of unhealthy food and beverage advertising on local government property. The tool will now undergo further evaluation including an assessment of the proportion of advertisements it restricts, after which broad dissemination will occur.

Strengthening Health Equity Through Community-Led Health Promotion: Insights from a cross-sector partnership

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2A - Co-Designing for Centring People, Culture and Connection, Ballroom 1, May 5, 2026, 3:30 PM - 5:00 PM

Health inequity remains a persistent public health concern, particularly for women and girls from priority communities who experience systemic disadvantage. This abstract presents findings from a qualitative evaluation of Health Promoting Neighbourhood Centres, a partnership between the Queensland Women and Girls Health Promotion Program (Queensland Health), and peak body Neighbourhood Centres Queensland. The program resourced 25 Neighbourhood Centres to co-design and deliver locally responsive health promotion projects aimed at strengthening wellbeing and connection for women and girls in their communities.

We know that health is shaped by the places within which we are born, grow, live, work, play and age. As place-based, citizen-led organisations, neighbourhood centres, are uniquely positioned to undertake health promotion initiatives, drawing on local strengths, assets and cultural contexts. Health Promoting Neighbourhood Centres involved a flexible funding model whereby neighbourhood centres across Queensland were invited to propose a locally-driven project aimed at supporting the health and wellbeing of women and girls in their communities. Our approach sought to remove traditional barriers to funding access—including rigid and complicated application processes, and prescriptive use of funds—allowing communities to define the scope, priorities, timelines, and partnerships that best suited their local context. This flexible approach fostered community capacity and allowed for diversity and creativity in the health promotion projects' design, implementation and evaluation.

This presentation will share preliminary findings from the Health Promoting Neighbourhood Centres evaluation. We will present synthesised health and wellbeing outcomes achieved for women and girls across Queensland, and discuss enablers as well as challenges of our flexible, community-led approach. We discuss key learnings about the importance of power-sharing, adaptability, and trusting relationships. This work demonstrates how community development and health promotion can work synergistically to advance health equity.

Australia has gone quiet on COVID-19, but the community still needs answers

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¹Lung Foundation Australia, Brisbane, Australia

2A - Co-Designing for Centring People, Culture and Connection, Ballroom 1, May 5, 2026, 3:30 PM - 5:00 PM

Problem:

While it was inevitable that Australia would transition from an emergency response to managing COVID-19 alongside other infectious diseases, the shift has been stark and had consequences for public health. Vaccination rates are extremely poor, even though COVID-19 remains the leading cause of death from acute respiratory infections in Australia. To reposition prevention as essential to Australia's COVID-19 response, we must listen to and amplify the experiences of communities, especially those most affected.

What you did:

In May 2025, Lung Foundation Australia conducted an online survey exploring post-pandemic experiences of COVID-19, including impacts on daily life and priorities for future action. More than 1,500 individuals responded, including community members, health professionals, and people with lung disease.

Results:

Findings revealed that COVID-19 continues to disrupt lives. Nearly half of respondents who contracted COVID-19 since early 2024 reported moderate to severe impacts on their ability to work, with this figure rising to 62% among those experiencing long COVID. One in four respondents with a lung disease said their infection had a major or severe impact on their underlying disease. Health professionals described difficulties accessing clear guidance and caring for patients with long COVID in a system lacking appropriate services. Respondents called for better treatment access, more research, improved awareness, more services, and stronger support for clinicians. Over 700 qualitative responses offered powerful personal accounts of challenges and recommendations for change.

Lessons:

How we frame preventive issues influences whether people engage with them—especially for COVID-19. By understanding people's experiences, public health challenges can be communicated to resonate with a broader audience. In today's climate of misinformation, it can be difficult to reach and represent those most affected. Continued effort is needed to ensure these voices are heard, for stronger policy and a healthier future.

Added Sugar Warning Labels Promote Healthier Choices by Parents for Young Children

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Population Center and Department of Nutrition, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, United States of America, ⁷Food for Health Alliance, East Melbourne, Australia, ⁸Inflammatory origins, Murdoch Children's Research Institute, Parkville, Australia, ⁹Melbourne Dental School, University of Melbourne, Parkville, Australia, ¹⁰The Royal Children's Hospital Melbourne, Parkville, Australia, ¹¹Department of Paediatrics, University of Melbourne, Parkville, Australia

3B - Diet - Commercial Determinants, Ballroom 2, May 6, 2026, 11:00 AM - 12:30 PM

INTRODUCTION: Many commercial infant and toddler foods (CITFs) contain added sugars, contributing to health risks such as dental caries and excess weight gain. Front-of-pack nutrition content claims can create a misleading 'health halo' over sugary products, promoting the appeal of these products. Added Sugar Warning Labels (WLs) could counteract this effect and nudge parents toward healthier choices.

METHODS: Three experiments were conducted with parents of children aged 6 to <36 months. Study 1 (N=1,368): An online experiment tested four WL designs: control (no WL), text-only, text + teaspoon icon, text + tooth decay icon, to identify the most effective design. Study 2 (N=1,017): The best-performing WL from Study 1 was tested in a simulated shopping task involving mock products using a 2 (WL: control vs. warning) × 2 (claims: absent vs. present) design. Study 3 (N=533): assessed whether displaying WLs on actual CITF products with added sugars prompted parents to select CITFs without added sugar for their child in a naturalistic setting. Outcomes measured across studies included identification of added sugar, perceived healthiness and suitability, purchasing intentions and product preferences.

RESULTS: All WL designs showed beneficial effects compared to no label, with the text + teaspoon of sugar icon proving most effective (Study 1). Across studies, WL significantly enhanced parents' ability to identify products containing added sugars, increased perceived total sugar content and reduced perceptions of healthiness and suitability ($p < 0.05$). WLs significantly reduced parents' likelihood of choosing CITFs with added sugar and decreased purchasing intentions ($p < 0.05$), reorienting their purchasing preferences towards lower sugar options, regardless of claims (Studies 2 & 3).

CONCLUSIONS: Added sugar WLs offer an effective, scalable, evidence-based policy tool that improve parental understanding of sugar content and reduces selection of high-sugar CITFs. Mandatory implementation could support healthier choices and improve early childhood nutrition.

Perceived impact of price promotions and bulk pricing on alcohol purchasing

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4E - Alcohol & other drugs; Priority Community needs, programs and digital solutions, Harbour View 2,
May 6, 2026, 3:30 PM - 5:00 PM

Introduction. Price promotions and bulk discounts on alcohol are prevalent in off-premise retailers in Australia and may promote bulk purchasing and/or stockpiling of alcohol leading to increased consumption. This study aimed to assess the perceived impact of common price promotion strategies on alcohol purchasing by Australian adults.

Methods. Participants in the Nov/Dec 2024 Shape of Australia online population survey of Australian adults aged 18-65 who consumed alcohol in the past year and purchase alcohol in bottle shops or online (n=1,416), reported which factor(s) cause them to buy more alcohol than they had intended to (selecting from a list of pricing strategies). The non-probability data were adjusted using population benchmarks and multivariable logistic regression models analysed prevalence and predictors of perceived impact of each strategy.

Results. Fifty-four percent of participants indicated that at least one price promotion strategy made them buy more alcohol than intended. Discounted prices (e.g., “was \$40, now \$32”) was nominated as impacting purchases by the largest proportion of participants (40.2%), while multi-buy (e.g., “Any 2 for \$30”) and bulk-buy (e.g., lower price per volume when purchased as six-pack or carton than single product) strategies were nominated by 23.6% and 21.2% of participants, respectively. A significantly higher proportion of frequent alcohol consumers (5+ days /week, compared to less frequent consumers) reported that multi-buy, bulk-buy, and any price promotion strategy increased the amount of alcohol they purchased; and a significantly higher proportion of young adults (aged 18-24-years, compared to those 45-65-years) reported bulk-buy discounts made them purchase more. There were no differences by gender, socioeconomic status, regionality, or education.

Conclusions. Restricting alcohol price promotions and bulk discounts may reduce alcohol purchasing and consumption, especially among younger and more frequent alcohol consumers, complementing other highly impactful pricing policies such as minimum unit pricing and volumetric taxation.

Community Survey on Cancer Prevention: Increasing support for preventive policies in NSW

Ms Bethany Smith¹

¹Cancer Council NSW, Sydney, Australia

4C - Cancer Prevention and Screening and Early Onset Cancers, Ballroom 3, May 6, 2026, 3:30 PM - 5:00 PM

The Community Survey for Cancer Prevention aims to understand how attitudes, behaviours and beliefs have changed on known cancer risks from 2013 to current day to help build the evidence for Cancer Council NSW's key policy and advocacy asks. The survey aims to ascertain the community's understanding of, and support for preventative health measures, including where they get health and prevention information from. This also includes understanding the level of public support for broad and specific cancer prevention policies, interventions and changes.

Data collection will occur for four weeks in early 2026, through online surveys run by survey panel provider ORIMA. Approximately 3,200 people, aged 18+ and living in NSW will participate in the survey, in line with the sample sizes of previous iterations of this survey (2013, 2016, 2019 and 2022), and in an attempt to be representative of the NSW population.

It's anticipated that there will be an increase in community's understanding of cancer risks and increased support for policy change to support more funding and government support for prevention activities since the survey commenced in 2013. It's also anticipated that the community will believe the government is not doing enough to support prevention efforts, especially regarding cancer prevention. Trust in government may be lower than previous years, with an increasing number of people getting their health and preventive information through non-traditional means, such as social media.

The results from the Survey will support Cancer Council NSW's advocacy efforts, especially in the lead up to the 2027 NSW State election, with potential to have a tangible impact in the government increasing their efforts in preventive health, especially cancer risk factors.

Game on for Healthy Eating, a partnership approach for sporting club canteens

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¹Foodcore Nutrition Services Inc., East Perth, Australia, ²Healthway, Subiaco, Australia

5B - Building Sustainable Systems, Ballroom 2, May 7, 2026, 9:00 AM - 10:30 AM

Problem: Community sporting environments have significant influence on the food choices and health behaviours of the wider community. Traditionally, food sold at community sporting kiosks and canteens has been high in fat, sugar and salt, offering little nutritional value. This contributes to the overconsumption of discretionary foods and sugary drinks, often displacing healthier options from the five food groups.

What you did: This trend has shifted through a partnership between Healthway, Netball WA and Fuel to Go & Play[®]. A collaborative, settings-based approach has transformed Netball WA's headquarters into a vibrant health promoting space with a diverse menu of nourishing food and drink options that support the health and wellbeing of the netball community.

Key implementation strategies:

- Innovative nutritious food idea for facilities with limited capacity for preparation and cooking
- Repositioning confectionary to reduce visibility
- Reviewing existing suppliers' products to include healthier alternatives
- Placing healthier items in prominent positions within fridges and on countertops
- Promoting nutritious menu options on menu boards
- Rebranding the kiosk façade with Fuel to Go and Play[®] signage.

Results: Over the seven-year partnership, these small but meaningful changes have built momentum – celebrating successes, learning from challenges and achieving meaningful change. Initially, just 19% of the menu offered healthy food and drinks. The current version sits at 45%. The collaboration culminated in Netball WA developing a Healthy Food and Drink Policy, embedding nutrition principles into standard practice and ensuring sustainability.

Lessons: This fresh approach demonstrates how strategic partnerships, incremental change and evidence-based strategies can successfully reshape food environments. The model provides a practical blueprint for other sporting organisations seeking to create supportive, healthy food environments that not only fuel players for sporting performance but foster a lasting culture of health and wellbeing across the entire sporting community.

Supporting young people to remove vaping from their lives through action research

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2C - Tobacco, Vaping - Centring People, Culture and Connection, Ballroom 3, May 5, 2026, 3:30 PM - 5:00 PM

Introduction

Vaping is increasingly common among young people and has been perceived as safer than smoking. Emerging evidence suggests that single-use vapes are harmful to health and vaping acts as a gateway to tobacco use. It has been estimated that one in five young people who vape will start smoking. Little is known about factors influencing vaping and the support needed to reduce use among 12–18-year-old Tasmanians. This study aimed to work with school-aged Tasmanians to understand vaping behaviours and develop strategies to support vaping reduction in Tasmania.

Methods

A mixed-methods Participatory Action Research (PAR) approach was used, comprising an online survey (quantitative), group discussions, and interviews (qualitative). Purposive, snowball sampling was used for recruitment. Quantitative data were analysed descriptively. Qualitative data underwent a combination of deductive and inductive thematic analysis, using NVivo.

Results

Four Action Cycles (n=329) and an online survey (n=149) were completed. Integrated findings highlighted that vaping provides social capital, is driven by curiosity, provides stress relief, and remains easily accessible. Participants were aware of the harms but reported that current support is unrelatable and hard to access. They favour gripping, visual campaigns with real-life, relatable stories and direct health impacts. Motivation to quit is intrinsic, and no 'one-size-fits-all' works. Age-specific messaging with actionable guidance and emotional support was suggested. Access to vapes remained easy, and there was evidence of a shift to smoking tobacco and dual use. Insights informed Quit Tasmania's anti-vaping campaign.

Conclusion

This study shows that young people are key informants in addressing vaping and that co-designed solutions are important to them. Young people stress that motivation to quit is intrinsic and solutions must be "developed by young people for young people". By ensuring young people's voices are heard and actioned, we can support them in reducing and ultimately removing vaping from their lives.

‘Start Small’: Simple daily habits to increase population vegetable consumption

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1D - Food & Policy - Building Sustainable Systems, Harbour View 1, May 5, 2026, 11:00 AM - 12:30 PM

Introduction: Launched in Western Australia (WA) in 2012, LiveLighter® (funded by WA Department of Health) is a long-running public health social marketing program which employs an integrated communications strategy across multiple campaigns to motivate people to adopt healthy eating habits. Population data shows that less than 1 in 10 WA adults consume the recommended 5+ serves of vegetables daily,¹ echoing national figures.² The ‘Start Small’ campaign ran from August-September 2025 on catch-up TV, YouTube, Meta, TikTok, Reddit, websites and audio and focussed on increasing legume consumption among WA adults.

Methods: Cross-sectional post-campaign non-probability online survey of 458 WA adults aged 25-64 with weighting to population benchmarks. Chi-square analysis tested differences between those aware (n=65) and unaware (n=393) of the campaign with sensitivity analysis confirming the findings using multivariable models, controlling for potential confounders.

Results: Awareness of ‘Start Small’ was almost 1 in 5 (19%), with highest awareness generated by the video ads (17%), most commonly on social media and YouTube. Those who were aware of the ‘Start Small’ campaign (compared to those unaware), were more likely to endorse the health benefits of, and intend to cook and eat less meat and more legumes ($p<0.05$) and to feel confidence and urgency to eat less meat and snack on healthy foods ($p<0.05$). They were also more likely to have included legumes with dinner and consumed healthy snacks over the past week and fortnight respectively ($p<0.05$).

Conclusions: There was evidence that the ‘Start Small’ campaign was effective in impacting respondents’ knowledge, beliefs, self-efficacy, intentions and behaviours in relation to eating and cooking with less meat and more legumes and eating healthy snacks. This LiveLighter® evaluation provides evidence that a primarily digital campaign communicating simple lifestyle changes can promote short-term healthier eating intentions and actions to improve population diets and address overweight.

¹Epidemiology Directorate, 2025. Health and Wellbeing of Adults in Western Australia 2023. Department of Health, Western Australia.

²Australian Bureau of Statistics. Dietary behaviour. Canberra: ABS; 2022. Available from: <https://www.abs.gov.au/statistics/health/food-and-nutrition/dietary-behaviour/latest-release>.

Evidence for embedding smoking and vaping cessation support in primary care

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5A - Tobacco/vaping prevention and cessation, Ballroom 1, May 7, 2026, 9:00 AM - 10:30 AM

Intro: Tobacco use is the second highest behavioural risk factor for attributable deaths worldwide. To reduce this health burden, coordinated cessation care at all levels of the health system is required, including within primary care as a key point of contact with the health system. This scoping review aimed to consolidate the evidence on integrating smoking and vaping cessation support within the primary care setting to identify the most effective interventions and implementation strategies.

Methods: The search identified articles published in Australia, Canada, the European Union, the United Kingdom, and the United States between September 2020 – 2024 that evaluated smoking and/or vaping cessation interventions and implementation strategies in primary care settings. Key search terms included ‘smoking cessation’, ‘vaping cessation’, ‘primary care’, and ‘effectiveness’. Two reviewers independently extracted all relevant study details including outcome measures and methods used to verify abstinence. A narrative synthesis approach was used to identify and summarise the effectiveness of assessed smoking and vaping cessation interventions.

Results: From 2,166 initial records, 30 empirical studies met inclusion criteria. The majority of included studies examined smoking cessation strategies, with only two relating to vaping cessation. Comprehensive interventions combining behavioural support with medications like varenicline and/or nicotine replacement therapy (NRT) were found to produce favourable outcomes. Effective implementation strategies to prevent tobacco-related harm included cost-free pharmacotherapy, financial incentives, incorporation cessation care into low-dose computed tomography (LDCT) screening and spirometry feedback, and use of electronic health records (EHRs). Mixed results were found for provider education.

Conclusion: This review highlighted several interventions and implementation approaches for embedding smoking cessation into the primary care setting, and underscored the limited vaping cessation research available. The findings may enhance cessation support within primary care settings by informing best practice.

Sustaining scale-up: Implementation strategies to support embedding the INFANT program in practice

Dr Ioanna Katiforis^{1,2}, Associate Professor Rachel Laws^{1,2}, Ms Della Duric¹, Ms Sheree Spiteri^{1,3}, Dr Meg Adam¹, Associate Professor Harriet Koorts¹, Professor Kylie Hesketh^{1,2}, Dr Penny Love^{1,2}

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3E - Infant and child health, Harbour View 2, May 6, 2026, 11:00 AM - 12:30 PM

Introduction: Establishing positive health behaviours in early life is critical and sets the foundation for lifelong health and wellbeing. INFANT is an evidence-based preventive health program supporting parents with infant feeding and active play. Trained early-years professionals deliver group sessions at 3, 6, 9, and 12 months of infant age, with session content reinforced by a mobile phone app. At-scale delivery across Victoria, Australia, commenced in 2021, with varying rates of sustained delivery. This study explored the perspectives of INFANT-trained program coordinators and facilitators, focusing on the use of implementation strategies within their organisations to support at-scale delivery of INFANT across Victoria.

Methods: A multi-site, qualitative exploratory study was conducted between 2022 and 2024. Coordinators and facilitators were interviewed at 12 months (n=15) and 24 months (n=8) post-completion of the INFANT training. Thematic analysis was informed by the Implementation Strategies Applied in Communities (ISAC) compilation to identify barriers and enablers to scale up.

Results: At the time of this study, 34 of 79 Victorian local government areas were implementing INFANT, with interviewees representative of 15 local government areas. Fourteen implementation strategies were identified. Five themes were generated: (1) Leveraging partnerships, funding, and community connections; (2) Providing structured guidance and resources; (3) Adapting and tailoring INFANT to meet parents' needs and contexts; (4) Equipping and empowering facilitators to deliver INFANT; and (5) Monitoring delivery through pragmatic evaluation and technology.

Conclusion: While implementation strategies worked together to support sustained delivery of INFANT, most relied on individual and organisational efforts that were frequently constrained by inconsistent and inadequate funding and limited workforce capacity. Our study highlights the need for additional systems-level support to optimise organisational implementation if sustained, at-scale implementation of the INFANT program is to be realised.

Excluded by Design: The NBCSP and Accessibility for People with Disability.

Ms Nicole Marinucci, Ms Liz Cramb, Ms Sue Pager, Ms Kate Baker, Ms Brooke Hutchison, Ms Carla Mendoza, Professor Evonne Miller, Professor Gerald Holtmann

3C - Screening Practice and Needs - Centering People and Culture & Translating Evidence, Ballroom 3,
May 6, 2026, 11:00 AM - 12:30 PM

Since its inception in 2006, Australia's National Bowel Cancer Screening Program (NBCSP) has been an effective public health initiative, playing a key role in reducing bowel cancer incidence and mortality rates. Despite program success, public health gains have not been equitably distributed, with some priority populations experiencing persistent disparities in access, participation, and outcomes. One of these groups are people with disability. This exploratory study is the first to investigate barriers and facilitators to NBCSP participation from the perspective of people with lived experience of disability. This study employed a constructivist grounded theory approach, with conversational semi-structured online interviews to explore the experiences of people with disabilities engaging with the NBCSP. The research design incorporated a multi methods arts- based approach, including visual experience, storytelling and photo-elicitation to generate rich and empathic insights into how people with disability experience the broader screening process. 15 lived experience experts described how rigid program structures, inaccessible communication formats, and lack of tailored support mechanisms contributed to exclusion and disengagement. Thematic analysis revealed three superordinate themes discerned as: (1) program design underpinned by ableist assumptions, (2) unmet needs for personal assistance and support, and (3) pervasive mistrust in government and medical institutions. Findings highlight the limitations imposed on people with disability who experience discrimination and systemic neglect, fostering mistrust and further compounding access barriers. Recommendations to address ongoing inequities include embedding co-design principles that center disability perspectives, implementing reasonable adjustments across the screening pathway and enhancing access supports to facilitate equitable participation. These strategies have the potential to broaden the public health impact of the NBCSP by extending program success to people with disability. The findings contribute to a growing body of evidence advocating for inclusive, rights-based approaches to health program design and evaluation.

Sustaining Nutrition Education: Foodbank's nom! Initiative and the Evolution to Fee-for-Service Partnerships

Mrs Jennifer Tartaglia¹, Mrs Catherine Dumont¹

¹Foodbank Of Western Australia, Perth Airport, Australia

1D - Food & Policy - Building Sustainable Systems, Harbour View 1, May 5, 2026, 11:00 AM - 12:30 PM

Problem

Food insecurity and low nutrition literacy hinder health equity in Western Australia, especially for vulnerable groups. Although nutrition education and cooking skills can improve diets, scaling these programs and securing funding for ongoing program delivery remains difficult.

What We Did

After government funding ended in 2022, Foodbank WA developed a new fee-for-service and partnership model to support the ongoing sustainability of its programs.

This strategic shift was provided an opportunity to-reinvent our food literacy programs under a new brand 'nom!', which was informed by evidence from peer-reviewed research and previous program evaluations. Drawing on these findings, effective strategies were integrated into the nom! suite of programs, which offer hands-on cooking experiences, culturally relevant nutrition education, and comprehensive nutrition resources designed to engage diverse communities. In collaboration with schools, community organisations, and health agencies, these initiatives have been successfully delivered across both metropolitan and regional Western Australia, resulting in 563 nutrition sessions and a total of 6,546 attendances recorded for nom! programs in 2024.

Results

Learnings from earlier program evaluations, which showed improvements in food literacy and dietary intakes among program participants, informed the development of nom! This flexible program has been adapted and tailored for various audiences and settings. The fee-for-service model now accounts for about a third of program delivery, supporting the ongoing sustainability of nutrition education programs across WA.

Lessons Learned

This case illustrates that scaling evidence-based interventions can be supported by collaborative networks, flexible implementation approaches, and the establishment of new partnerships.

Key factors were the development of cross-sector partnerships, integration of programs into established community groups, and iterative design guided by continuous feedback. Cultural adaptation was addressed through co-design with local stakeholders.

Establishing collaborative partnerships with local government, corporate entities and community organisations has been central in ensuring the long-term sustainability of nutrition education programs.

The National Cessation Platform: A Digital Approach to Personalised and Equitable Quit Support

Mrs Jessica Freeman¹, Miss Claudia Galic¹, Mrs Rachael Andersen¹

¹Quit, Cancer Council Victoria, East Melbourne, Australia

5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Smoking remains the leading cause of preventable death in Australia. With the concerning uptake of emerging nicotine products such as vapes and pouches, it is critical that nicotine cessation services harness technology to reduce smoking and vaping rates across Australia.

The National Cessation Platform is a digital hub designed to connect national stakeholders and streamline cessation services. Its goal is to ensure that all Australians; regardless of who they are, where they live, or where they are on their quitting journey can access timely, evidence-based support.

Through advanced personalisation features, the platform delivers tailored resources, tools, and information based on users' individual needs and location, and is able to adapt and respond to users behaviours across the site to increase the depth of personalised content prioritised for the user. This aims to provide a seamless and engaging experience to support behaviour change at scale.

The innovative digital capabilities, and National collaborative approach to content and resource access aims to strengthen and harmonise the delivery of information, support and tools to all Australians on their quitting journey.

From Synthesis to Systems Change: Rethinking How We Use Evidence

Mr Matt Healey¹, Ms Tenille Moselen¹

¹First Person Consulting, South Melbourne, Australia

5B - Building Sustainable Systems, Ballroom 2, May 7, 2026, 9:00 AM - 10:30 AM

Turning evidence into effective prevention requires more than producing high-quality research. It depends on tailoring evidence to suit the needs, contexts, and decision realities of those who use it. This presentation explores how strategic evidence development can bridge the gap between research and action, drawing on two contrasting case studies that show the importance of “knowing your audience.”

The first case involved developing an evaluation framework for Movember’s Patient-Reported Measures grants initiative. Rather than commissioning new studies, a targeted synthesis of Implementation Science literature was translated into a practical, context-specific evaluation plan. This approach provided clear, actionable guidance grounded in existing evidence - demonstrating that secondary evidence, when curated and translated effectively, can meet stakeholder needs quickly and efficiently.

The second case applied a Systems Theory of Change approach to address lawyer wellbeing. Despite abundant existing research, the problem demanded reconceptualisation through a systems lens. By developing a shared mental model of the issue, stakeholders were able to identify leverage points and coordinate action across the sector. The process transformed how the problem was understood and tackled, illustrating how systems thinking can unlock new pathways for entrenched challenges.

Together, these cases highlight three key lessons. Evidence must be fit-for-purpose and aligned with the capacity and context of its users. Independent evaluators bring valuable objectivity and methodological skill to help make sense of complex evidence bases. And creating new data is not always the best option - strategic synthesis, reframing, and translation can lead to faster, more cost-effective impact. The presentation concludes with practical principles for practitioners: assess audience readiness before deciding how to gather or present evidence; use what already exists before generating more; and recognise that translating evidence for implementation requires a different mindset and skillset than traditional research.

Financing 'health for all': a critical macrofinancial perspective

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1A - Building sustainable systems and Investment Models, Ballroom 1, May 5, 2026, 11:00 AM - 12:30 PM

Introduction: Macrofinancial regimes are constellations of monetary, fiscal, and financial institutions that shape the creation and allocation of credit and money. In many contexts, macrofinancial regimes undermine the realisation of 'health for all' through impeding health-enabling public spending, and by imposing insufficient discipline on private finance to meet health-enabling policy objectives. This study aimed to provide a novel conceptualisation of health-enabling macrofinancial regimes (i.e., those that support global and planetary health equity), and to identify common pathways, barriers, and opportunities for establishing such regimes in different contexts.

Methods: We undertook a semi-structured critical realist review of diverse literature, coupled with targeted literature searches to explore novel insights and emergent themes. Insights on pathways for financing health for all were deductively coded against Gabor and Braun's 'green' macrofinancial regime framework. Coding of insights on barriers and opportunities was performed inductively. Codes were developed and revised in an iterative fashion.

Results: We identified a range of policy and collective action pathways for establishing health-enabling macrofinancial regimes. These were organised into the following categories: i) building and protecting fiscal space (e.g., elimination of constraints on fiscal and monetary sovereignty); ii) steering finance to support health-enabling policies and programmes (e.g., use of expansive credit policies to regulate private financial flows); and iii) democratising finance (e.g., incorporating deliberative and participatory mechanisms into spending policy decision-making). The power of private finance, and the wider regime of late financial capitalism more broadly, pose a considerable barrier to implementing the changes foregrounded above. However, in many contexts, opportunities for progressive action through prefigurative projects and engagement with political movements, parties, and decision-makers across all levels of government are becoming increasingly apparent.

Conclusion: This study has outlined and proposed some potentially important yet critically underexplored avenues for research and advocacy efforts on building health-enabling macrofinancial regimes in diverse contexts.

The role of the 'Big Three' asset managers in reinforcing industrial epidemics

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5C - Preventive health - sun safety, workplace, climate health, Ballroom 3, May 7, 2026, 9:00 AM - 10:30 AM

Introduction: The Big Three asset managers (BlackRock, Vanguard, State Street) are among the top shareholders in thousands of listed companies worldwide. Accordingly, they have considerable influence on corporate decision-making in diverse industries. This paper aimed to examine the influence of the Big Three on the governance of leading corporations in key health-harming commodity industries responsible for a large burden of preventable death and disease worldwide (i.e., industrial epidemics).

Methods: We used an innovative combination of methods and data sources. First, we analysed share-ownership in 40 selected corporations across 10 major health-harming commodity industries. Second, we examined the voting behaviour of the Big Three with respect to 61 proposals put to vote at the 2024 shareholder meetings of these corporations (28/40). These proposals related to public health, social and environmental issues, as well as shareholder payouts and political lobbying and expenditure. Third, we explored key characteristics of the 'environmental, social, and governance' (ESG) funds marketed by the Big Three.

Results: The Big Three were the most prominent shareholders across the selected corporations. In 2024, the Big Three overwhelmingly voted against proposals calling for the incorporation of social and environmental objectives into the policies and strategies of these corporations, and invariably voted in favour of proposals seeking to boost shareholder payouts and authorise political activities. The majority (54/73) of the Big Three's identified ESG funds included one or more of the identified corporations.

Conclusions: The Big Three appear to be reinforcing shareholder primacy in health-harming commodity industries, including by undermining many shareholder-led social and environmental initiatives. Despite positioning themselves as stewards of sustainability, the behaviour of the Big Three risks perpetuating widespread health inequities. States need to take greater action to address industrial epidemics, including through regulating private finance in ways that prioritise health, equity, and sustainability.

Caregiver experiences with INFANT: A scaled up early life health promotion program

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3E - Infant and child health, Harbour View 2, May 6, 2026, 11:00 AM - 12:30 PM

Introduction

Despite the importance of nutrition and movement behaviours in early life for promoting healthy growth, development and lifelong health, very few evidence-based interventions have been implemented at scale, with even fewer evaluated at scale. This study presents caregiver perspectives on participating in INFANT, an evidence-based early life nutrition and movement behaviour intervention being scaled up across Victoria since 2021.

Methods

The INFANT program consists of four group sessions for families delivered by trained early years professionals across the first year of life, complemented with a smartphone app. First-time parents and caregivers downloading the app were invited to participate in evaluation surveys when infants were 12 and 18 months of age. Participants were asked about their experiences of participating in the program, what they liked, didn't like and what could be improved.

Results

Of the 2909 eligible parents, 1690(58%) completed the 12- or 18-month survey; 453 attended at least one INFANT session and were asked the process evaluation questions. Most agreed or strongly agreed that sessions were useful and relevant (96%), engaging (92%), enjoyable (92%), increased their confidence with feeding and play (86%), increased knowledge about local services (75%) and connections with other parents (56%) and they would recommend to others (91%). Parents valued access to credible, practical and timely information, and the social connection and peer support provided by group sessions. Smaller age-specific, interactive, face-to-face group sessions were preferred. Better promotion, reminders and follow up information could enhance session accessibility and engagement.

Conclusion

The INFANT program has been well received by caregivers. Opportunities to enhance accessibility and engagement with group sessions will be integrated into future training of early years professional delivering the program.

Translating evidence into Action: The reach of the INFANT program at scale

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3E - Infant and child health, Harbour View 2, May 6, 2026, 11:00 AM - 12:30 PM

Introduction

For maximum public health impact, evidence-based health promotion programs must be scaled up and reach those most in need. Achieving equitable implementation during scale up can be a challenge, but failure to do so can exacerbate existing health inequalities. This study describes the equitable reach of INFANT, an evidence-based early life nutrition and movement behaviour program when implemented at scale.

Methods

INFANT, consisting of a free app and practitioner led group sessions offered to caregivers from birth, was scaled up across Victoria, Australia from 2021. Practitioner training was tracked via records and caregiver participation measured through an app survey. Program reach was estimated per 1000 births in each local government area (LGA). Participant sociodemographic characteristics were compared to Victorian census data for women of reproductive age. Logistic regression models identified factors associated with group enrolment/attendance.

Results

By November 2024, INFANT groups were offered in 48 (61%) Victorian LGAs and the app was used in 78 (99%) reaching 11,358 caregivers. LGAs with higher rates of practitioners trained achieved better program reach. Compared to Victorian women of reproductive age, a higher proportion of INFANT participants were university educated (72.8% vs 52.8%), English speaking (86.6% vs 72.4%), from more advantaged communities (30.4% vs 20.0%) and outside major cities (inner regional: 20.3% vs 14.7%; outer regional: 6.8% vs 2.8%). The proportion of First Nations and Australian-born participants was similar to the broader population. In LGAs offering both program components, group enrolment/attendance was higher among first-time parents, those practicing mixed feeding, living in disadvantaged communities and outside major cities.

Conclusions: This is the first study to assess the equitable reach of an early life health promotion program at scale.

INFANT achieved high reach, with group sessions reaching more disadvantaged parents. Efforts continue to expand reach for priority groups.

An “all-too likely, realistic scenario” in an anti-smoking campaign with emotional cut-through

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5A - Tobacco/vaping prevention and cessation, Ballroom 1, May 7, 2026, 9:00 AM - 10:30 AM

INTRODUCTION:

Make Smoking History’s ‘How To Tell You’ campaign aims to highlight the impact of smoking-related illness beyond the person who smokes. The campaign draws on formative research with people who smoke, which revealed that concern about causing loved ones distress—particularly through a chronic disease diagnosis—was a powerful motivator for quitting. Translating this evidence into creative action, the campaign depicts a man recently diagnosed with cancer telling his partner, children, mother, and friend about his diagnosis and treatment.

METHODS:

Qualitative research exploring emotional triggers and quitting motivations among people who smoke informed the concept and ad testing refined the creative to ensure authenticity, relatability, and appropriate emotional intensity. Evaluation of the first campaign burst, which ran in Western Australia in Feb-July 2025, assessed attitudinal, emotional, and behavioural responses among 327 Western Australian adults who smoke or recently quit.

RESULTS:

The campaign achieved strong message cut-through and impact, as well as strong emotional responses overall. Preliminary analysis revealed notable differences by parental status, prompting further exploration of how family context may enhance campaign resonance. Parents were more likely than non-parents to agree the ad was persuasive, personally relatable, emotionally impactful, and motivated them to quit or stay quit. Parents were also more likely to have discussed the ad, sought quitting information, or spoken with a health professional. However, parental status was not associated with the extent to which respondents said they thought about quitting, felt able to quit, or intended to quit as a result of the ad.

CONCLUSION:

From this case study, health promotion and preventive health professionals will gain insight into strategies for developing, refining, delivering, and evaluating an impactful anti-smoking mass media campaign that achieves emotional cut-through and prompts reflection and quit-related actions.

Embedding Prevention Long-Term: The Impact in CALD Communities Across Queensland

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4D - Community and place-based approaches, Harbour View 1, May 6, 2026, 3:30 PM - 5:00 PM

Australia's preventative health system continues to face the challenge of fragmented, short-term funding that limits the scale, reach, and sustainability of prevention initiatives. These stop-start cycles particularly disadvantage culturally and linguistically diverse (CALD) communities, where trusted relationships and consistent engagement are essential for meaningful health outcomes. To truly embed prevention on par with other national priorities, Australia requires long-term investment models that support stability, continuity, and cultural inclusion.

ECCQ's Chronic Disease team have delivered the My health for life program to CALD communities exclusively since 2017. ECCQ have led a reliable chronic disease prevention program culturally tailored to meet the needs of Queensland's diverse CALD communities. The program supports adults at high risk of developing chronic conditions to make sustainable lifestyle changes through evidence-based interventions. To strengthen equity, the program has been co-created with multicultural leaders, community health organisations, and bilingual facilitators. Consistent program delivery, culturally adapted materials, and trusted community partnerships have been central to this approach.

Through ongoing funding, ECCQ's delivery of the My health for life has engaged over 2800 participants from more than 30 cultural backgrounds. The program's longevity has built significant trust within CALD communities, resulting in improved health literacy, sustained behavioural change, and stronger connections to primary healthcare. Participants report greater confidence in managing health risks, and community partners highlight enhanced collaboration and continuity of care.

The success of the program underscores that long-term funded prevention programs foster the trust and relationships necessary for lasting impact. Sustainable investment models, mirroring Tasmania's 20-Year Preventive Health Strategy, should prioritise continuity, community ownership, and cultural responsiveness to build resilient prevention systems capable of delivering long-lasting population health benefits.

Understanding the lived experience of people who frequently use healthcare services

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1C - Mental Health and Wellbeing Value of Prevention, Ballroom 3, May 5, 2026, 11:00 AM - 12:30 PM

Introduction

High healthcare service utilisation (HSU) commonly manifests as frequent general practice consultations, emergency department presentations, hospital admissions, and/or high healthcare costs. HSU has been described as a 'red flag' for unmet care needs, with people experiencing HSU having difficulties accessing the types of care that they need. Towards maximising equity and the value of care, we aimed to gain an in-depth understanding of the causes, consequences, and needs of adults with HSU in Tasmania from the perspective of the people who experience it.

Methods

Third party recruitment was used to invite people who met one of the following criteria for HSU: in the top 5% of healthcare cost, ≥ 5 ED presentations, ≥ 4 hospital admissions, or ≥ 10 GP consultations in 12 months. A semi-structured interview guide covered participants use, access, and experience of the healthcare system, perceptions of what is important for managing their healthcare, what health outcomes are important, and how their experience of healthcare could be improved. Participants could revise their comments. Data were independently and iteratively analysed by two investigators.

Results

55 participants undertook interviews between December 2024 to September 2025. Four themes were identified: (i) what life is like for people with HSU, (ii) using many healthcare services and strategies to manage their complex care needs, (iii) receiving or not receiving the right care, at the right time, in the right place, and (iv) being a younger person with HSU.

Conclusion

The HSU experience spans multiple dimensions of a persons' day-to-day life. The many health services and strategies used suggest that they are more likely to benefit from high-value healthcare and conversely, be adversely affected by low-value or harmful care. Incorporating lived experiences into service design and healthcare delivery could help to improve outcomes and healthcare effectiveness and efficiency.

Cultivating a shared language in food systems

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4B - Nutrition - Translating evidence and centring people, Ballroom 2, May 6, 2026, 3:30 PM - 5:00 PM

Problem

The North Eastern Public Health Unit (NEPHU) collaborates with local government and other prevention stakeholders, to improve health and wellbeing and prevent chronic disease. Increasing healthy eating and strengthening local food systems is a key area of work, however, terminology and concepts in food systems are not necessarily utilised nor understood consistently across organisations and departments working in this area. This poses a barrier to efficient and effective communication and collaboration to address local food system challenges.

What we did

This work aimed to build an understanding of commonly used terms and concepts in food systems by creating a directory of key words. We reviewed published literature identified through searching Scopus, Informit and ProQuest. Grey literature was identified through a targeted online search. Key terms were extracted from included documents.

Results

Twenty-two peer-reviewed articles and 27 documents from the grey literature were included after screening. A total of 569 key terms were initially extracted, and after removing duplicates, 270 unique key terms were identified. Key terms appearing most often included food security, food insecurity, food systems and food access. Examples of key terms occurring infrequently in the documents reviewed included food democracy, food deserts, and food citizenship. Descriptive analysis of key terms suggested that a broader and more diverse range of key words was evident in the grey literature than the peer-reviewed literature.

Lessons

This literature review is an essential first step in understanding key terminology and concepts used in food systems. It can provide a useful tool for future work, such as consultation and discussion with stakeholders and partners about their understanding and use of key terms in food systems in practice. Cultivating a more universally shared language in food systems may support vital collective work to create healthier and more sustainable local food systems.

Co-designing equity: Insights from the INFANT in Darebin Project

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3E - Infant and child health, Harbour View 2, May 6, 2026, 11:00 AM - 12:30 PM

Problem

The first 2000 days of life from conception to five years is a critical period shaping cognitive, physical, and social development. Family-focused interventions during pregnancy, postpartum, and early childhood can produce lifelong health benefits and promote more equitable outcomes.

The Infant Feeding, Active Play and Nutrition (INFANT) Program, developed by Deakin University, supports families with feeding, active play and nutrition for infants and young children. Since 2021, INFANT has been implemented across Victoria; however, achieving reach and sustainability among priority populations remains a challenge.

What we did

In partnership with the North Eastern Public Health Unit (NEPHU), Your Community Health explored perspectives of service providers and predominantly First Nations, Arabic- and Mandarin-speaking families on INFANT. Consultations focused on Darebin, a rapidly growing, diverse area where nearly 45% of households speak two or more languages and Aboriginal births are among the highest in the NEPHU catchment. Guided by principles of intersectionality, equity and co-design, and informed by cultural adaptation frameworks, consultations examined models of delivery, cultural adaptability and implementation sustainability.

Results

The project identified key barriers and enablers to participation. Barriers included transport, cost, scheduling, language and mistrust of mainstream services, particularly among First Nations families experiencing ongoing impacts of colonisation. Enablers centred on trust, relationships, and culturally safe, community-led spaces and resources. Families valued informal, peer-based learning, storytelling, and flexible, co-located program delivery.

Recommendations include creating culturally safe, community-led models, co-designing simplified resources beyond translation, and embedding initiatives into existing programs for practical, ongoing delivery.

Lessons

By centring community voice, culture and connection, the project findings highlight opportunities to strengthen the INFANT Program for priority populations. This includes extending delivery beyond traditional health settings and embedding community-led, culturally safe prevention approaches for sustained equitable access for all families. These findings may also inform policy and practice for similar programs.

Supporting food system transformation in the north east of Melbourne

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1A - Building sustainable systems and Investment Models, Ballroom 1, May 5, 2026, 11:00 AM - 12:30 PM

Poor diet is a leading contributor to chronic disease and premature death in Victoria.

As one of nine Victorian Local Public Health Units (LPHUs), the North Eastern Public Health Unit (NEPHU) is providing support and coordinating collective action on healthier food environments.

The NEPHU Local Food Environments project, developed in partnership with Sustain: The Australian Food Network, provides a comprehensive analysis of local food environments across ten municipalities in Melbourne's north-east.

This initiative aimed to equip local governments with data-driven insights to inform the development of their municipal public health and wellbeing plans (2025-2029).

The project utilised a repeatable and systematic food environment mapping process that was adapted from a published methodology (Needham et al, 2022) and gave access to the ArcGIS Living Atlas, enabling interactive analysis against local neighbourhood and population characteristics.

Key findings highlight the critical role of local food environments in shaping community health and wellbeing, whereby 1700 (66.8%) of the 2544 categorised food outlets were classified as unhealthy (i.e. local take-away, take-away chain or a convenience store).

Further catchment wide insights included:

- that there is unequal access to affordable & healthy food across the catchment, with lower socio-economic areas having a higher ratio of unhealthy to healthy food outlets
- that 'food deserts' exist across the catchment where access to essential groceries and diverse food options are limited
- that there is a need for training and capacity building in healthy food environment planning, including consistency in measurement and classification approaches, and
- that there is trend of unhealthy food outlets clustering within shopping centres.

The project outlined actionable recommendations to support food systems transformation at a catchment level, informing NEPHUs next four-year Catchment Plan (2025-2029).

By providing local governments with data necessary for informed decision-making, this project contributes to the broader goal of healthier food environments.

Disability-inclusive cancer prevention: Lessons from a collaborative approach

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3C - Screening Practice and Needs - Centering People and Culture & Translating Evidence, Ballroom 3,
May 6, 2026, 11:00 AM - 12:30 PM

People with disability are less likely to participate in bowel and cervical screening and are more likely to be diagnosed at a later stage, leading to poorer survival rates. Preventing cancer among people with disability is an equity issue; many are missing out on the life-saving benefits of Australia's free cancer screening programs. Disability organisations are well placed to promote cancer screening but often cannot prioritise this due to competing demands.

In 2024-25, Cancer Council Victoria (CCV) received funding from the Victorian Department of Health to deliver projects promoting cervical and bowel screening to people with disability. Funding was provided to four Victorian disability organisations. We adopted a collaborative and flexible approach, enabling organisations to consult and co-design plans with target audiences prior to implementation. CCV's approach centered on building positive relationships and resourcing disability staff through providing tailored support.

Data collection was adaptable, with organisations choosing how to collect on key areas of change. We fostered shared learning and engagement through consistent support, capacity building sessions, a Community of Practice, and delivering a project showcase event to the broader disability sector.

CCV trained 74 staff from partner organisations and provided regular program support. Partner organisations then promoted screening widely and delivered peer-led education to people with disability. All partners planned to continue promoting cancer screening beyond the projects - some embedded it into health programs, others prioritising advocacy. All reported stronger internal capacity and the need for continued community engagement. Collaboration revealed gaps in accessible resources; CCV is working with partners to co-create materials as needed.

Effectively promoting public health messages to people with disability requires strong partnerships with trusted community organisations, and being guided by community needs and lived experience. Using flexible approaches and building sector capacity allows for sustainable ongoing collaboration.

Strengthening Australia's chronic disease prevention system: insights from sector leaders

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1A - Building sustainable systems and Investment Models, Ballroom 1, May 5, 2026, 11:00 AM - 12:30 PM

Introduction

Chronic diseases account for over 70% of Australia's disease burden, placing increased strain on health, economic and community systems. Strengthening prevention requires a clear understanding of how the chronic disease prevention (CDP) system functions, its complexity, and where coordinated action can drive improvement. Partnering for Prevention is addressing this need by working with key government and non-government leaders to strengthen the Australian CDP system through co-design.

Methods

In the first of four planned phases, The Australian Prevention Partnership Centre conducted two online workshops with leaders from government and non-government health organisations working in primary CDP. Participants explored how the system currently functions, identified and prioritised areas for improvement, and highlighted actions to strengthen it.

Results

Prevention leaders (n=29 workshop 1; n=25 workshop 2) established a shared understanding of how the CDP system operates. Eight priority areas where strategic action could strengthen the system were identified: governance, data, cross-sector collaboration, workforce, leadership, evidence translation, funding, and equity. Leaders proposed practical actions across these domains, including establishing a national prevention governance structure and investment fund, coordinating shared national priorities, and developing frameworks for cross-sector collaboration. Other proposed actions focused on creating a nationally coordinated prevention data system, embedding equity in policy and legislation, building a skilled prevention workforce, and translating evidence into joint policies and actions. These early insights offer a foundation for a national roadmap to embed primary prevention into long-term public policy and funding, accelerating sustainable, equitable improvements in population health.

Conclusion

Partnering for Prevention demonstrates the value of co-design in harnessing collective expertise to identify system-level actions for reform. Findings from this and future phases focusing on secondary, tertiary and primordial prevention, as well as cross-sectoral and consumer perspectives, will contribute to a shared way forward for a more equitable, efficient and effective CDP system.

Leveraging technology: A drug and alcohol community action dashboard

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4E - Alcohol & other drugs; Priority Community needs, programs and digital solutions, Harbour View 2,
May 6, 2026, 3:30 PM - 5:00 PM

Intro: Significant barriers hinder the application of research evidence to inform community-level prevention activities to reduce and minimise alcohol and other drug (AOD) harms. Barriers include lack of guidance and a lack of trust in the generalisability of research evidence. Research evidence can also be jargon laden, sit behind paywalls and require research experience to interpret. Thus, translation of evidence into practice requires channels which are meaningful to, and accessible for those from non-academic backgrounds. Seeking feedback on how to improve research translation from stakeholders is therefore essential.

Methods: We conducted an umbrella review of the impact of comprehensive community initiatives (CCI) on AOD harms and systematic review of primary evaluation studies. We then drafted an online resource to support the translation of this research for use in practice and policy. Through principles of user centred design and design-science research methodology we conducted eight semi-structured group discussions with 17 stakeholders to identify themes related to practical application, completeness, and interactivity of the resource.

Results: A total of 87 systematic reviews were identified and 260 evaluation studies on the impact of CCI on AOD harms. Data extraction included details on the CCI prevention activities, the communities involved, and impact. We considered different modalities to facilitate access to this data and developed a draft online resource to display this complex research evidence with functionality and features devised by a data visualisation expert. Data from the stakeholder co-design process is being analysed and used to iteratively refine the tool.

Conclusions: This online resource (expected to be available in June 2026) will provide a rigorously designed and updateable resource that summarises evidence around CCI on the prevention of AOD harms. This unique resource allows for community volunteers, program workers and policy makers to filter available data to be personally meaningful, promoting evidence-based prevention.

Ready for regulation: Retailer support of youth energy drink sales restrictions

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1D - Food & Policy - Building Sustainable Systems, Harbour View 1, May 5, 2026, 11:00 AM - 12:30 PM

Community concern and mounting evidence of health risks have led several countries to restrict the sale of energy drinks (EDs) to youth. In Australia, however, no age-specific restrictions currently exist and the feasibility, effectiveness and business outcomes of such policies remain untested. This study examined the feasibility, acceptability and economic impact of implementing an ED sales restriction for individuals under 18 years across all retail outlets within an entire regional Western Australian town, simulating a mandated approach.

A pre-post matched prospective controlled study design was used, combining qualitative interviews with retailers (n=19) conducted to assess feasibility and acceptability and interrupted time series (ITS) analysis of weekly beverage sales revenue to evaluate impact on sales. Qualitative findings demonstrated strong retailer support for the restriction, underpinned by community concerns about youth wellbeing and strong support for the initiative. Implementation proceeded smoothly, with minimal resistance from young customers, strong staff and community endorsement and universal (voluntary) continuation of the initiative beyond the trial period.

Quantitative findings showed no significant negative economic impact. ED revenue declined less in the intervention town than in the control town (-3.7% vs -11.1%), while total beverage revenue showed only a modest decline (-6.6%), consistent with broader market trends. Substitution effects were evident, with increased sales of sports drinks in the intervention town.

This study demonstrates that ED sales restrictions can be feasibly implemented across a range of retail outlets, are strongly supported by retailers and the community and can be introduced without compromising business viability. These findings provide timely evidence to inform the development of age-specific ED sales regulations in Australia.

Public responses to arguments for phasing out tobacco retail sales in Australia

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5A - Tobacco/vaping prevention and cessation, Ballroom 1, May 7, 2026, 9:00 AM - 10:30 AM

Introduction: Australia's relatively low smoking prevalence (11.1%) makes once unthinkable goals, like phasing out retail sales of tobacco products, potentially achievable. Advancing such an innovative policy requires research to identify public responses to various rationales for phasing out retail sales and to understand counterarguments. This study explored perceptions about tobacco retail regulation in Australia, including responses to possible arguments for a phase-out.

Methods: Eight online discussion groups were conducted in December 2024 with n=46 Australian adults, segmented by age (26-44, 45-69) and smoking status (yes, no). Discussions explored participants' perspectives on tobacco retail practices in Australia and perceptions about phasing out tobacco sales. Participants then assessed nine arguments in support of a phase-out.

Results: Participants generally accepted the need for some restrictions on tobacco sales, especially those related to age. Attitudes to phasing out retail sales varied, with support greatest among those who smoked and believed it would help them quit. Those less supportive, especially non-smokers, expressed concerns about individual freedoms, the illicit tobacco market, and supporting long-term smokers. In addition to helping people who smoke to quit, perceived benefits of a phase-out were to children and future generations by reducing smoking uptake and smoking-related harms, and easing pressure on the health system. The most persuasive arguments highlighted smoking harms, focused on protecting children, or emphasised environmental impacts of tobacco products. Arguments focused on industry conduct (e.g., highlighting profits and product manipulations) were less compelling.

Conclusions: While there is emerging support for phasing out tobacco retail sales, public health agencies will need to address concerns about restrictions on personal freedoms, the illicit tobacco market, and the needs of long-term smokers. Testimonials from people who smoke, that explain how a phase-out could empower them to quit may foster empathy, reduce resistance, and build support for this innovative policy, especially among non-smokers.

Vaccination uptake amongst people with intellectual disability: A systematic review

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5D - Inclusive and other approaches to health, Harbour View 1, May 7, 2026, 9:00 AM - 10:30 AM

Vaccines are one of the most cost-effective forms of preventive health care which lead to reductions in morbidity and mortality from infectious diseases. People with intellectual disability are more vulnerable to vaccine-preventable diseases, yet they are less likely to be vaccinated. Understanding rates of vaccination and adjustments which lead to successful vaccination is of key importance to improving health outcomes for this population. This study aimed to examine current evidence on vaccination uptake amongst people with intellectual disability and the impact of adjustments and adaptations on immunisation accessibility.

In accordance with PRISMA guidelines, a systematic search was conducted across Pubmed, Cinahl and Web of Science Core Collection to July 2025. Eligible studies were conducted in high-income countries and focused on vaccination uptake, vaccination accessibility and adaptations to the vaccination process for people with intellectual disability. Narrative synthesis was utilised to extract common themes and findings.

Thirty-nine studies were included in the review. Key findings included consistently low rates of uptake amongst people with intellectual disability across numerous vaccinations, particularly HPV and pneumococcal. There was evidence of low vaccination uptake amongst young people and those with milder forms of intellectual disability, impacted by misinformation on vaccination safety and importance. Misconceptions were particularly consequential for HPV vaccination uptake, exacerbated by the exclusion of people with intellectual disability from public vaccination campaigns and resources. Adaptations to vaccination processes included sensory friendly clinics, distraction and desensitisation techniques and adapted communications which produced notable improvements in uptake. Successful strategies were underpinned by shared decision-making between clinicians, people with intellectual disability and their caregivers.

Despite the complex contributors to low immunisation rates amongst people with intellectual disability, this review highlights the potential for interventions to address these barriers. Successful initiatives were all contingent upon shared decision-making between clinicians and patients/caregivers and an individualised approach to vaccination.

Oral nicotine product use among a large representative sample of Australian adults

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3A - Tobacco + Alcohol - Commercial Determinants, Ballroom 1, May 6, 2026, 11:00 AM - 12:30 PM

Introduction: Non-therapeutic oral nicotine products (ONPs) including pouches, lozenges, and gummies are available in a range of flavours and are marketed as discreet, convenient and cost-effective. It is not legal to market or supply non-therapeutic ONPs in Australia, however there are reports of pouches increasingly infiltrating the market through online sales, influencer promotion, and physical retail. The proliferation of ONPs reflects the tobacco industry's ongoing strategy to diversify products and appeal to new generations of users. The present study assessed the prevalence of ONP use among a nationally-representative sample of Australian adults to provide timely data that can inform public health responses to emerging commercial nicotine products.

Methods: Data were collected in February 2025 from the Social Research Centre's probability-based online panel, Life in Australia™, and were weighted. Use of (a) oral nicotine pouches, (b) chewable/dissolvable products, and (c) "other" ONPs, as well as smoking and vaping status and sociodemographic characteristics were assessed (N=9841; analytic sample, N=9802 with complete data). Data collection will be repeated in February 2026, and this more recent data—including updated ONP prevalence estimates—will be available at the time of the conference.

Results: Overall, 3.8% of Australian adults were currently using ONPs in February 2025. Compared to respondents who neither smoked nor vaped (1.6%), ONP use was higher among adults who exclusively smoked (11.2%; Prevalence Ratio (PR) (95% CI) = 7.32 (5.27, 10.17)), exclusively vaped (13.4%; PR=7.25 (4.92, 10.68)), and both smoked and vaped (22.5%; PR=12.06 (8.56, 17.00)). Use was lower among older adults (i.e., 55+ years, 1.9%; PR=0.35 (0.23, 0.52)) compared to those 18-24 years (8.3%), and higher among men/males (4.3%; PR=1.51 (1.19, 1.92)) compared to all others (3.2%).

Conclusion: Continued surveillance of ONP use among Australians is essential for monitoring patterns of use and informing public health policy and regulatory responses.

Creating Pathways to Prevention: Multidisciplinary Partnerships for Equitable, Sustainable Maternal Mental Health

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1C - Mental Health and Wellbeing Value of Prevention, Ballroom 3, May 5, 2026, 11:00 AM - 12:30 PM

Introduction:

The World Health Organization's Framework for Maternal Wellbeing (2025) highlights resilience, autonomy, and agency as vital foundations of maternal wellbeing. However, Australian maternity systems continue to prioritise screening and risk management rather than holistic wellbeing. To create lasting preventive impact, evidence must be translated into practical, equitable, and sustainable approaches that integrate across disciplines and care settings. This project sought to establish national pathways for prevention through partnerships between women, midwives, researchers, and policy stakeholders—bridging global wellbeing frameworks with local maternity practice.

Methods:

Guided by Intervention Mapping, a theory-informed, health promotion, implementation-research methodology, via multidisciplinary collaboration (n=35) across several states and territories engaged in iterative co-design processes between September 2024 and October 2025. Women's and midwives' lived experiences alongside perinatal professionals' public health expertise shaped the design and development of resources designed for adaptability, scalability, and long-term integration into routine maternity care. The process emphasised inclusion, equity, and informed decision-making to strengthen both implementation and sustainability beyond the research process into clinical practice settings.

Results:

The partnership produced four educational videos, nine visual posters, a self-directed wellbeing journal for pregnant women, and a midwife discussion guide to support preventive conversations in everyday maternity care. Maintaining momentum across diverse professional and geographic boundaries required strong facilitation, transparent communication, and a shared preventive purpose. These relational and process-driven strategies became essential mechanisms for sustaining engagement and ensuring that outcomes reflected collective values and priorities.

Conclusion:

This work demonstrates how multidisciplinary partnerships can create sustainable pathways for prevention by embedding maternal wellbeing promotion into routine maternity care. The project provides a replicable model for translating global frameworks into equitable, evidence-based practice—bridging policy aspirations with meaningful, system-level action to strengthen the wellbeing of Australian mothers.

Unlocking Midwifery's Preventative Potential: Translating Workforce Insight into System-Level Impactful Change

Mrs Lesley Pascuzzi¹, Dr Karen Heslop¹, Professor Helen Skouteris³, Dr Zoe Bradfield^{1,2}

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5D - Inclusive and other approaches to health, Harbour View 1, May 7, 2026, 9:00 AM - 10:30 AM

Problem:

Midwives are a vital but underutilised component of Australia's public health workforce. Positioned to build healthy beginnings, midwives uphold this preventative focus as core scope of practice. The biomedical focus of maternity care shapes what pregnant women can expect from midwifery services. As a result, the potential for midwives to promote maternal mental health and wellbeing to optimise outcomes is constrained. Currently maternity systems limit resourcing for midwifery to screen only to detect risk of mental illness. This project aimed to translate midwifery workforce perspectives into system-level change to build healthy beginnings for families.

What We Did:

Phase 1 involved qualitative interviews and a focus group with ten midwives exploring perceptions, enablers and barriers to mental health promotion. Thematic analysis identified insights that directly informed the design and development of a collection of resources. Phase 2 involved pretesting the resources with midwives and mothers to assess acceptability, relevance and perceived impact to elevate the role of midwives in promoting maternal mental health and wellbeing.

Results:

Phase 1 identified five themes – The Well Woman, Impact of Societal Views, Scope of Practice, Continuity of Care and Impact of the Current Maternity System. Midwives described prevention as fundamental to holistic maternity care but is constrained by fragmented medically dominated models, competing demands on clinical time and inconsistent confidence and levels of mental health literacy. These findings informed the resource development that aimed to strengthen role visibility and alignment with clinical environments.

In Phase 2, stakeholders rated the materials highly (80-90/100) and one video depicting midwives' role and scope of practice resonated most strongly, bridging the gap between professional intent and public understanding.

Lessons:

Partnering with the workforce to inform design and development of innovative practice change has the potential to enhance maternal mental health and strengthen Australia's public health and wellbeing.

Healthy Together: A place-based approach building health and wellbeing in Tasmanian communities

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¹Menzies Institute For Medical Research, University Of Tasmania, Hobart, Australia

4D - Community and place-based approaches, Harbour View 1, May 6, 2026, 3:30 PM - 5:00 PM

Background: Place-based approaches to funding preventive health initiatives are designed to address locational disadvantage and realign local systems to address complex problems. The Healthy Tasmania Five Year Strategic Plan for preventive health is managed by the Tasmanian Department of Health (DoH). In late 2023, the 'Healthy Together' grants (\$300,000 each) were offered to selected communities to foster collaboration and enable communities to work towards a shared vision for health and wellbeing through a place-based approach. This study evaluated community responsiveness, collaborative engagement, and the role of State and local governments in implementing the grants.

Methods: This study adopted a place-based evaluation framework using qualitative methods, embedded within a developmental evaluation approach (2023 – 2025). Data was collected through grant documentation review, semi-structured interviews with DoH grant administrators and key stakeholders from recipient communities, and observations at community workshops. Thematic analysis was informed by the place-based evaluation framework and focused on the establishment phase.

Results: Five of the six selected communities accepted the grants. Community selection by DoH took 12–18 months and 'readiness' was determined through review of population and health data, assessment of community capital, networks and existing funding, and community 'enthusiasm'. All communities were unsure about why they had been selected, attributing it to 'luck', 'politics' or 'need'. Community 'readiness' was considered a fluctuating concept by DoH, with only one community self-identifying as 'ready'. This new place-based, non-competitive approach to grant funding was applied using a continuous learning and improvement approach. Communities expressed some uncertainty about meeting government expectations. DoH initiated a range of supports, including local data and a community of practice, to support communities.

Conclusions: Early findings from the Healthy Together grants indicate potentially valuable new ways of working. Greater clarity about the selection process and grant expectations would alleviate community concerns in the establishment phases.

Connecting research, policy, and practice: twelve years of a national prevention partnership

Adjunct Associate Professor Nadia Mastersson¹, Ms Sherridan Cluff¹, Ms Kelly Jirsa¹, Dr Bronwyn McGill¹, Ms Karen Metcalfe¹, [Dr Mishel Shahid](#)¹, Ms Jennie Smiedt¹, Dr Leona Tan¹

¹The Australian Prevention Partnership Centre, , Australia

1A - Building sustainable systems and Investment Models, Ballroom 1, May 5, 2026, 11:00 AM - 12:30

PM

Problem

Australia has strong prevention expertise across research, policy and practice, but system constraints often limit collaboration to individual relationships and short-term projects. Evidence shows that approaches developed through enduring research-policy-practice partnerships are more likely to be implemented effectively. Strengthening prevention therefore requires sustained mechanisms that embed policy and practice perspectives through the research-to-action continuum; from identifying priorities to implementing and translating findings into real-world change.

What you did

The Australian Prevention Partnership Centre (Prevention Centre) is the largest collaboration of prevention researchers, policy makers, and health practitioners. Established in 2013 under the NHMRC Partnership Centres for Better Health initiative, it is now in its twelfth year, supported by government and non-government funding partners. The Prevention Centre connects people and evidence to provide a coordinated voice for prevention, incubate solutions and support evidence-informed action. It does this by convening national dialogues, partnering to generate and apply evidence, translating knowledge into practical resources and building workforce capability.

Results

The Prevention Centre has built a network of 1000-plus researchers and policy makers, partnered with 14 Centres of Research Excellence, supported over 400 emerging leaders, contributed to nearly 800 peer-reviewed papers and thousands of translation outputs including policy briefs, fact sheets, webinars and news stories. Its work has advanced policy-relevant research on systems change and prevention investment, and pioneered methods such as dynamic simulation modelling and implementation approaches now used nationally and internationally. Dedicated communication platforms and tailored tools have strengthened knowledge translation and accelerated the use of evidence in policy and practice.

Lessons

The Prevention Centre's experience demonstrates the impact of long-term, structured collaboration to embed evidence in action. Sustained partnership enables shared priorities to be co-developed tested and applied consistently across systems. As prevention challenges evolve, leveraging these established structures will be essential for continued impact and system-wide improvement.

The NEPHU Population Profile: Strengthening Public Health through Localised Evidence

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1E - Prevention and Cessation Programs, Harbour View 2, May 5, 2026, 11:00 AM - 12:30 PM

Problem

Understanding population health needs is foundational to effective public health planning. As a newly established Local Public Health Unit (LPHU) in Victoria, the North Eastern Public Health Unit (NEPHU) was required to develop and deliver a population health catchment plan to support health promotion and prevention activities. However, no comprehensive or consolidated data source existed specific to our catchment, with available datasets fragmented across platforms. This presented both a challenge and an opportunity: to build a tailored data profile to inform planning and support local stakeholders.

What we did

A Population Profile of the NEPHU Catchment was compiled following systematic internal consultation and extensive data sourcing and collation. Raw datasets from over 30 sources including the ABS Census and Victorian Population Health Survey were reformatted for consistency and interpretability using R software down to LGA, postcode and SA2 level. Indicators across the domains of demographics, social determinants, health risk behaviours and health outcomes were included in a comprehensive report.

Results

The report enabled more granular insight than generally available in collated data. This revealed significant variation in local populations and /or geographies across the catchment, allowing for tailored intervention strategies. Data was cross referenced for further insights, such as identifying areas with high psychological distress but low engagement with mental health services.

Lessons

The NEPHU Population Profile enabled better understanding of the local population to improve public health planning and response. The report has been valuable for partners, strengthening relationships and enabling collaborative planning. An external evaluation confirmed the utility of the resource. To date, there have been more than 150 downloads of the report.

While the initial data compilation was time-intensive, establishing a baseline has streamlined future data updates. This initiative demonstrates the power of locally curated data to drive responsive, place-based public health action and foster cross-sector collaboration.

Building Systems Thinking Capability for Australia's Prevention Workforce: A Participatory Strategy Process

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5B - Building Sustainable Systems, Ballroom 2, May 7, 2026, 9:00 AM - 10:30 AM

Introduction

Chronic disease prevention is a complex challenge that spans policy, practice, and research, involving multiple sectors and systems. To navigate this, Australia's prevention workforce needs strong systems thinking capability to understand interconnections, anticipate feedback, and design actions with sustainable impact.

Methods

As part of a national initiative to strengthen systems thinking capability, The Australian Prevention Partnership Centre convened a 90-minute participatory workshop at the PHAA Preventive Health Conference 2025 in Canberra. The aim was to capture critical elements for a systems thinking capability-building strategy for the Australian prevention workforce.

Fifty participants including Australian policy makers, practitioners and researchers from government, non-government and academic organisations applied systems thinking to the complex problem of strategy development for capability building. Small groups created causal loop diagrams illustrating factors important for building systems thinking capability. These were combined into a single digital map using STICKE software and participants identified potential leverage points for future actions.

Results

Six themes were identified to support capability building: workforce training, strategic partnerships, leadership support, advocacy and narrative, data and learning and system resources. Key leverage points for action included advocates and champions, supportive leadership, sustained funding, and contextual learning opportunities. The national strategy will focus on building foundational knowledge through contextual training, case studies, communities of practice and stories from advocates. It will also embed systems thinking in organisations through partnerships and professional development and enabling sector wide leadership and collaboration. The strategy will be implemented in phases with evaluation of the outcomes and system-level changes.

Conclusion

Systems thinking capability is an emergent property of the prevention system, strengthened through aligned, iterative, and collective efforts. The insights generated are informing a broader national strategy to enhance systems thinking capabilities across Australia's chronic disease prevention workforce. The Prevention Centre will continue to champion systems approaches to support a healthier more equitable future for Australians.

Improving Cancer Screening Access for Multicultural Communities

Ms Alana Saadeghi¹, Ms Ayesha Ghosh, Ms Ada Castle¹

¹Cancer Council Victoria, East Melbourne, Australia

4C - Cancer Prevention and Screening and Early Onset Cancers, Ballroom 3, May 6, 2026, 3:30 PM - 5:00 PM

Screening and early detection are vital to preventing and successfully treating bowel and cervical cancers, with early-stage diagnoses leading to significantly better outcomes. Despite the success of national screening programs, participation remains lower among multicultural communities, reflecting broader health inequities. Addressing these disparities requires not only awareness, but approaches grounded in co-design, and prioritising community needs and lived experiences.

Cancer Council Victoria (CCV) designed the Supporting Multicultural Communities to Access Cancer Screening project to reduce inequities. We did this by fostering trust and connection with local community health organisations that worked with Punjabi, Arabic, Vietnamese, Cantonese and Mandarin speaking communities. Building on existing partnerships with organisations experienced in community engagement, CCV provided Victorian Department of Health funding to four grantees to co-design culturally relevant initiatives. Grantees spent three months engaging in a scoping phase with community members to ensure that activities reflected the communities' needs and appropriately addressed barriers. This was followed by six months of activity implementation focusing on joint approaches of education and navigation into screening. The approach prioritised empathy and flexibility, meeting communities where they are, and using trusted voices to educate and support access to screening.

The grantees achieved strong community engagement, driving high participation and successfully guiding large numbers of previously under-screened individuals into cancer screening programs. Participants reported greater confidence navigating screening pathways, while organisations strongly agreed they are now equipped to discuss cancer screening and actively support community members in accessing services, demonstrating the impact of equity-focused projects.

Listening deeply and valuing diverse lived experiences were a key to success. This approach aimed to embed sustainable knowledge in organisations to continue delivering creative and relevant practices. Future projects would benefit from providing clear resources for people without Medicare access, and strengthening cross organisational collaboration to build upon existing campaigns and amplify impact.

Embedding LGBTIQ+ health equity in policy and systems for prevention

Ms Nicky Bath¹

¹LGBTIQ+ Health Australia, Sydney, Australia

5B - Building Sustainable Systems, Ballroom 2, May 7, 2026, 9:00 AM - 10:30 AM

The National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035 represents a landmark step toward achieving equity in health outcomes through sustained, preventive action. For the first time, the Australian Government has endorsed a national, 10-year roadmap that explicitly recognises the health needs of LGBTIQ+ populations as integral to public health. Its vision – to ensure that all LGBTIQ+ people can live healthy, safe and fulfilling lives – positions preventive health strategies as a national priority.

The Action Plan establishes a long-term framework for sustainable prevention through five interconnected action areas: leadership and culture, prevention and health literacy, accessible and inclusive care, workforce capability, and research and data. Together, these pillars strengthen the systems that enable early intervention, promote health literacy, and reduce preventable disease through inclusive and evidence-informed policy.

Sustaining prevention for LGBTIQ+ populations means embedding inclusion across all domains of public health, ensuring equitable access to screening, mental health promotion and chronic disease prevention programs. It requires health promotion campaigns that address modifiable risk factors, while recognising the social determinants that contribute to poorer health outcomes among LGBTIQ+ people. The Plan highlights the importance of coordinated implementation across governments, services and research sectors, with strengthened monitoring and evaluation to measure outcomes and ensure accountability.

By integrating prevention into the design of Australia's health systems through leadership, evidence and inclusive practice, the National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035 provides a model for sustainable, system-wide reform. It demonstrates how embedding equity within preventive health can achieve lasting improvements in population health and ensure that no one is left behind.

Sustaining prevention through LGBTIQ+ community-controlled organisations and the peer workforce

Ms Nicky Bath¹

¹LGBTIQ+ Health Australia, Sydney, Australia

1C - Mental Health and Wellbeing Value of Prevention, Ballroom 3, May 5, 2026, 11:00 AM - 12:30 PM

LGBTIQ+ community-controlled organisations have a proven track record in delivering preventive health initiatives that are trusted, relevant, and effective. Their unique strength lies in being led by and accountable to the populations they serve, enabling them to reach people who often experience exclusion or discrimination in mainstream health settings. In an environment where short-term funding cycles and policy volatility undermine long-term prevention efforts, the stability and cultural legitimacy of LGBTIQ+ community-controlled organisations represent a model of sustainable prevention.

At the centre of this model is the peer workforce. Peer workers draw on shared experience of marginalisation and resilience to engage people in health promotion, early intervention, and support services. Their presence builds trust, facilitates uptake of care, and supports the development of health literacy within LGBTIQ+ populations. From mental health and suicide prevention to alcohol and other drug services, peer-led programs have been shown to reduce risk factors, strengthen protective factors, and improve overall wellbeing.

This presentation explores how investment in LGBTIQ+ community-controlled organisations and a trained, properly remunerated peer workforce contributes to the long-term sustainability of prevention. It draws on evidence from national initiatives such as QLife and MindOut, and reflects the priorities of the National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035, which identifies peer-led, community-driven approaches as central to prevention.

Embedding these approaches within national health reform and funding frameworks is essential. Sustainable prevention for LGBTIQ+ populations requires systemic recognition of community-controlled organisations as equal partners in health delivery, and of the peer workforce as a skilled and essential component of multidisciplinary care. By resourcing these organisations and embedding peer roles across the continuum of care, governments can ensure that prevention is not only sustained, but strengthened - anchored in lived experience, cultural safety, and enduring community connection.

Digital connection for prevention: Safeguarding young people's access to community and support

Dr Ian Down¹, Ms Nicky Bath¹

¹LGBTIQ+ Health Australia, Sydney, Australia

4E - Alcohol & other drugs; Priority Community needs, programs and digital solutions, Harbour View 2,
May 6, 2026, 3:30 PM - 5:00 PM

Social connection is a recognised determinant of health, and digital environments now play a central role in how young people connect, learn and seek help. Recent legislation to restrict people under the age of 16 from accessing social media platforms presents significant implications for preventive health. While the intention of the policy is to reduce exposure to online harms, the loss of digital connection may unintentionally increase risk factors for isolation, mental distress and disengagement from support services.

For many young people - particularly those who are LGBTIQ+, live in regional areas, or experience family rejection - online spaces are often the only environments where they feel safe, affirmed and connected to peers. Social media facilitates access to health information, peer networks and helplines, such as QLife, that are integral components of Australia's preventive health infrastructure. Limiting access to these spaces risks widening health inequities and undermines the principles of sustained prevention, which rely on continuous access to trusted information and supportive networks.

This presentation will explore digital connection as a form of sustainable prevention. It will examine how social media platforms contribute to early intervention, health literacy, and the promotion of positive mental health among young people. Drawing on emerging research and consultation with LGBTIQ+ community-controlled organisations, it will outline the potential unintended consequences of restricting online engagement, and present recommendations for balanced regulation that protects safety while preserving connection.

By reframing digital participation as a protective factor rather than a risk, this discussion highlights the need for preventive health policy to evolve with the realities of young people's lives. Sustainable prevention depends not only on limiting harm but on enabling connection - online as well as offline - so that all young people can access the relationships, knowledge and support that underpin long-term wellbeing.

Healthy food and drink in local government leisure centres in Blacktown area

Mrs Rachael Graham¹, Mrs Kate Costin², Ms Bronnie Anderson-Smith¹, Ms Michelle Nolan¹, Dr Astrid Poelman¹

¹WSLHD Centre For Population Health, North Parramatta, Australia, ²Blacktown City Council, Blacktown, Australia

4B - Nutrition - Translating evidence and centring people, Ballroom 2, May 6, 2026, 3:30 PM - 5:00 PM

In March 2020, Blacktown City Council (BCC) partnered with Western Sydney Local Health District (WSLHD) to improve the food environments in five council leisure centres. A co-designed policy (The Policy) – adapted from the Healthy Food and Drink in NSW Health Facilities for Staff and Visitors’ Framework – was introduced to improve the availability of healthy “Everyday” food and drink options. The Policy outlined twelve key practices focused on availability, portion size and marketing. The Policy’s effectiveness in increasing the purchase of healthy food and drink in kiosks was evaluated, identifying areas for improvement, and understanding factors influencing success. A mixed-methods evaluation assessed The Policy’s impact through stakeholder interviews, staff surveys, compliance audits at four time points, and quarterly sales data monitoring sales from 2020 to 2023.

Over three years, centres achieved at least 75% adherence to The Policy. Sales of Everyday drinks rose from 20% to 54% and Everyday food increased marginally from 8% to 9%. However, food and drink sales declined, with 2023 figures less than half of pre-Policy levels. Staff cited challenges such as limited storage and preparation facilities, despite strong efforts to support change.

Successful food policy reform in this setting relies on:

- Codesign with end users through an iterative, flexible approach and continued monitoring
- Clear audience alignment, in this case centre staff and BCC management
- Addressing drivers to support healthier choices - marketing, education, affordability, infrastructure, supply chains and cultural norms
- Setting clear standards to improve availability, acceptability, and affordability of healthy options

Shifting Culture to Embed Smoking and Vaping Prevention in Mental Health Services

Ms Sarah Ip¹, Ms Rachel Chua¹, Dr Malvika Ravi²

¹WLSLHD Centre For Population Health, Sydney, Australia, ²WLSLHD Mental Health Services, Sydney, Australia

2C - Tobacco, Vaping - Centring People, Culture and Connection, Ballroom 3, May 5, 2026, 3:30 PM - 5:00 PM

Introduction

People with mental illness smoke at double the rate of the general population in Australia and experience disproportionately greater barriers to quitting. Mental health inpatient settings provide an opportunity for people with chronic mental illnesses to address and support unexplored health care. We sought to investigate and address attitudes and beliefs of smoking and vaping in mental health inpatients and staff within an ethnically diverse population in western Sydney.

Methods

A quantitative cross-sectional survey was conducted between May–September 2023 for inpatients and staff across 14 acute and rehabilitation units including demographic data, smoking and vaping behaviour, and attitudes across three domains: interaction between smoking and vaping with mental illness; capacity to quit; and culture of smoking and vaping. A trained Peer Support workforce assisted with inpatients' survey administration while staff participated online. A co-design process was then undertaken with both groups to develop educational resources and tools which were disseminated as a communication campaign across all inpatient wards.

Results

From 404 completed inpatient and staff surveys, 52% of inpatients smoked and/or vaped compared to 9% of staff. Statistically significant differences emerged between inpatient and staff perceptions, with contradictory beliefs on the impact of smoking and vaping on mental health recovery ($p=0.002$) despite inpatients showing a strong interest and ability to quit ($p=0.026$). These findings informed the development of a novel, co-designed communication campaign aimed at educating both groups on the mental health benefits of quitting, cessation support and nicotine dependence management in mental health services.

Conclusions

Misconceptions and permissive attitudes towards smoking and vaping persist among inpatients and staff, reflecting gaps in knowledge and understanding. As part of a wider intervention, a communication campaign was implemented to address gaps in knowledge and shift cultural attitudes around smoking and vaping to holistically improve patient physical and mental health outcomes.

Scaling SunSmart in Secondary Schools: Lessons from policy and practice in Tasmania

Mrs Ashlee Walker¹, Mrs Ella French¹, Mrs Abby Smith¹

¹Cancer Council Tasmania, Launceston, Australia

5C - Preventive health - sun safety, workplace, climate health, Ballroom 3, May 7, 2026, 9:00 AM - 10:30 AM

Problem

Two in three Australians will be diagnosed with skin cancer by the age of 70. Melanoma is the most common cancer in Australians aged 15 – 29. Ultraviolet radiation (UV) is the main cause, making skin cancer one of the most preventable yet costly cancers. In Tasmania, melanoma is forecasted to become the second most commonly diagnosed cancer by 2032. Although childcare and primary schools engage in the SunSmart Schools and Early Childhood Program, little progress has been made in secondary schools. Tasmanian adolescent survey data shows over 40% of secondary students reported not receiving any sun protection-related lessons at school, and preference for tanning increased from 57% in 2017 to 65% in 2022/23.

What we did

In 2017, Cancer Council Tasmania extended the SunSmart program to offer a tailored UV program to secondary schools. The aim was to increase uptake in sun protection policies and adherence to sun protective behaviors by providing one-on-one support to schools for policy development; and delivering educational workshops to students and school health nurses to reinforce sun protective behaviours.

Results

To date, 52% of secondary schools have adopted a UV policy, covering more than 9,000 students. Participating schools have implemented practices (from all five sun protective measures) that create sun protective environments and guide behaviours.

Lessons

Key barriers to scaling in secondary schools include cost and planning complexity of shade infrastructure and policy gaps including where the department mandates a sun protection policy but not SunSmart program membership. At an individual level, adolescent hat wearing was identified as a persistent barrier. Student feedback indicates sun protection uptake would increase if uniformly enforced, reducing peer pressure. Next steps include advocating to make the SunSmart program membership mandatory, undertaking research to audit shade infrastructure and policies and regulations for shade in school and other youth-focused settings.

Team Keen Bean: a low-tech way to reach and engage LiveLighter® audiences

Anne Finch¹, Dr Andrea Nathan^{1,2}, Gael Myers¹, Ainslie Sartori¹

¹Cancer Council WA, , Australia, ²School of Population and Global Health, The University of Western Australia, , Australia

2D - Leveraging Technology for Prevention, Harbour View 1, May 5, 2026, 3:30 PM - 5:00 PM

Problem:

LiveLighter® is a comprehensive healthy lifestyle program, funded by the Western Australian (WA) Department of Health since 2012, and delivered by Cancer Council WA. To complement the 'Start Small' campaign on increasing legume consumption (August to September 2025), a personalized strategy to increase confidence and skills in cooking with beans was trialed.

What you did:

The Team Keen Bean Challenge (TKB) was a four-week cooking challenge designed to run on an electronic direct mail (EDM) platform. TKB was advertised on social media, newsletters, radio and digital advertising. Registration during the campaign period was incentivized with a competition. Registrants received weekly emails, each containing: two bean-centric recipes (with shopping lists) tailored to household size; recipe videos accessible on multiple platforms; information and additional resources; and a single survey item. The final email included a brief evaluation survey link.

Results:

A total of 989 registrations were received. Most people (68%) were new or very new to cooking with beans (n=549). YouTube (42%) was the most popular platform to watch recipe content (n=52). Engagement with TKB content on social media platforms was low. Overall, 93% of respondents agreed TKB was enjoyable (n=41). Most also agreed TKB increased their confidence (73%) and skills (66%) in cooking with beans.

Lessons:

Using an EDM platform to schedule rolling registration to TKB was a low effort, high reward way to engage with our audience. We had less engagement on social media and more engagement via survey questions in the EDMs than expected. Inclusion of single item survey questions in EDMs can provide a low effort way to gain feedback from your audience. As "scrolling" becomes a source of entertainment or distraction, getting into someone's inbox adds an extra opportunity to leverage our existing content (recipes and cooking videos).

Harnessing community voice for compelling messages that address commercial determinant norms

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¹Cancer Council WA, , Australia, ²Common Cause Australia, , Australia

4D - Community and place-based approaches, Harbour View 1, May 6, 2026, 3:30 PM - 5:00 PM

Problem

The rapid rise of fast-food outlets, their marketing and accessibility, including locations next to homes and schools has normalised them in our diets. Commercial determinants of health models recognise the potential for strategic civil society mobilisation as one avenue that can contribute to systemic change. Yet the extent and effective framing of how best to harness community voice in relation to Western Australia's planning laws to limit fast-food outlets is unknown.

What you did

Two studies were conducted. Study one was a content analysis of six years of WA development assessment panel agendas to identify how many fast-food outlet applications were assessed, how many received community objection, and on what basis objections were made. Study two involved: i) discourse analysis to identify dominant frames of how fast-food outlets and planning decisions are discussed in Australia; ii) in depth interviews with key advocates; and iii) online survey testing of promising message theme effectiveness.

Results

Study one found 81% of proposals with public responses received included objection to new fast-food outlet locations with clear themes for objection evident. These included the impact on amenity, traffic, and character of the area, as well as the contradiction between our health aspirations and growth of fast-food outlets, particularly near schools. Study two identified effective messaging frames to increase support for better planning for fast-food outlets location and approvals, as well as frames that should be avoided. Findings were used to create a message guide.

Lessons

Both studies uncovered the undemocratic way in which drive-through fast-food outlets are approved and how community voices are ignored. The message guide recommends highlighting the David and Goliath battle communities face when objecting to proposed new fast-food outlets. These findings can be used for ensuring community voice is used effectively as part of advocacy efforts.

The configuration and flow of resources within a community-based prevention collaboration

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4D - Community and place-based approaches, Harbour View 1, May 6, 2026, 3:30 PM - 5:00 PM

It is widely accepted that 'soft infrastructure' within communities, such as narratives, relationships and trust, can make or break community-based initiatives. These are the type of resources that flow within and between community organisations; some are active, others are latent to be harnessed when the time is right. Within systems science, resources and their distribution are considered a critical component of the underlying causes of complex problems, such as chronic disease or obesity. Yet, there are few examples of studies that define and monitor soft infrastructure, alongside more traditional notions of community assets such as facilities or programs.

The study presented here is nested within the Pathways in Place project at Victoria University. Within our community-based work, we formed an action network of local organisations to collaborate, codesign, and implement actions to strengthen the local employment system – an important Social Determinant of Health, to bolster opportunities for work for young people in Melbourne's West. The project, funded by the Paul Ramsay Foundation, included funding for community action which provided a unique opportunity to consider the relationship between funding coming into the community and resources already vested in the organisations and built over time.

We present our methodology (workshops and surveys) in defining and monitoring the flow of resources within the action network, alongside early findings. We consider the relationship between funding and community resources and argue that attention be paid to how outside funding can work to reconfigure community resources in the pursuit of population health. We elevate 'soft infrastructure', such as trust and community knowledge, to signal where 'harm' may lurk in community-based prevention efforts. We warn of unintended consequences and ponder what sustaining prevention means for the flow of resources within communities.

Banking physical activity across mid-adulthood and physical function in older age

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1B - Economic Value of Prevention, Ballroom 2, May 5, 2026, 11:00 AM - 12:30 PM

Aims: The aim of this study is to investigate the associations of the accumulation, and profiles of physical activity over eight years with physical function in mid-aged Australian adults.

Methods: Data from the HABITAT cohort (N = 722) were analysed. Physical activity was self-reported in 2007 (mean age: 52.0 years, SD: 7.1), 2009, 2011, and 2013. Physical function measures (grip strength, chair stand, arm curl, step in place, sit and reach, back scratch, and timed up-and-go) were assessed in 2014–2015 (mean age: 60.3 years, SD: 7.1). Linear regression analyses were used to investigate the association between a cumulative physical activity score (2007–2013) and profiles of physical activity over the eight years with a composite z-score of physical function.

Results: A positive dose-response relationship was observed between cumulative physical activity and physical function. Participants in the highest tertile of cumulative physical activity scores had significantly better physical function than those in the lowest tertile [β : 0.27 (95% CI: 0.17, 0.38)]. Overall, accumulated physical activity was associated with higher physical function z-scores, regardless of the age when the activity was accumulated. Participants in the highest physical activity tertile at both age 52 and age 58 had significantly better physical function scores than those always in the lowest tertile [β : 0.34 (95% CI: 0.20, 0.48)]. Analyses of changes over time showed that participants who increased their physical activity levels had better physical function scores than those who remained in the lowest tertiles.

Conclusion: Accumulating physical activity, regardless of the timing, appears to enhance physical function in mid-aged adults before the transition to older age. Strategies to prevent declines in physical activity during this life stage should be a public health priority for maintaining health and functional capacity with an ageing population.

Addiction Delivered Differently - Monitoring Nicotine Pouch Use Among Young Australians

Miss Emily Jenkinson¹, Miss Ciara Madigan¹, Ms Alecia Brooks¹, Mr Sam Egger³, Professor Becky Freeman²

¹Cancer Council NSW, Woolloomooloo, Australia, ²University of Sydney, Camperdown, Australia, ³The Daffodil Centre, Woolloomooloo, Australia

5A - Tobacco/vaping prevention and cessation, Ballroom 1, May 7, 2026, 9:00 AM - 10:30 AM

Introduction:

The commercial interests of Big Tobacco continue to undermine public health. With deep financial resources, the industry is constantly innovating, manufacturing and marketing new nicotine products designed to attract and addict new users - particularly young people. Despite strong restrictions in Australia, nicotine pouches have emerged as a new threat in the nicotine product landscape. Their growing presence raises urgent concerns about youth appeal, legislative and enforcement gaps, and broader implications for preventing nicotine addiction.

Methods:

This mixed-methods study draws on data from Generation Vape - Australia's largest research collaboration on youth vaping. A national sample of 4,895 young adults (aged 18–24) was surveyed between October 2024 and April 2025 (Waves 7-8), with additional qualitative insights from 113 young adults participating in Wave 8 focus groups. By May 2026, findings from Waves 9 and 10 will also be included to track emerging trends.

Results:

The proportion of young adults who have tried nicotine pouches increased from 13.0% in 2024 to 14.8% in 2025. While overall patterns of use remained stable, daily use rose from 2.9% to 5.0%. Notably, 1 in 5 (21.5%) young adults who had attempted to quit vaping said they would consider using nicotine pouches as a cessation aid. Qualitative data revealed that while pouches were perceived as discreet and effective for managing cravings, many users described negative effects such as nausea and vomiting.

Conclusion:

Nicotine pouches represent a growing threat to the health of young people in Australia. Generation Vape findings have triggered public health action, including new factsheets for young people, parents, and educators as part of NSW Health's Vaping Toolkit expansion. Continued surveillance on young people's patterns of use and access, stronger legislation and sustained enforcement are essential to counter the evolving tactics of Big Tobacco and protect young Australians from harm.

Crunch&Sip®: a story of 20-years sustained delivery in primary schools

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1D - Food & Policy - Building Sustainable Systems, Harbour View 1, May 5, 2026, 11:00 AM - 12:30 PM

Problem:

There are few real-world, long-term nutrition programs in primary school settings for practitioners to learn from. This presentation describes the sustained delivery of Crunch&Sip® in Western Australia (WA) and critically reflects on key ingredients contributing to its successful sustainment.

What you did:

A case study approach was utilised and involved collating and triangulating multiple evidence sources (e.g. document analysis, evaluation reports etc.).

Results:

Crunch&Sip® aims to improve dietary habits of WA primary school students by incorporating a scheduled break for eating vegetables and fruit and drinking water in the classroom. A pilot project demonstrated ease of uptake, immediate impact, and potential for long-term sustainability. Crunch&Sip® was launched statewide in 2005 with delivery managed by Cancer Council WA. Since 2015, Healthway has funded Crunch&Sip®. There are 563 schools currently certified as implementing the program, representing 58% of eligible schools.

Initial evaluation surveys described program delivery from an equity lens, which informed adaptations to prompt equity considerations within school certification processes. Qualitative evaluation identified barriers and facilitators to adoption, which informed fidelity-consistent adaptations and flexible delivery in classrooms. Furthermore, the importance of leadership support, teacher support and entrenchment within school culture for successful sustainment was highlighted, leading to adaptations within the school certification process to seek collective support and ownership. In 2018, the program evolved with the addition of parent nutrition education sessions to support healthy lunchbox preparation. Recent classroom observation and audits identified Crunch&Sip® facilitates an increase of 0.25 serves of vegetables daily.

Lessons:

A number of key ingredients contributing to successful Crunch&Sip® sustainment were identified and found to align with the Integrated Sustainability Framework. In summary, 20 years of Crunch&Sip® demonstrates sustainment is not static but dynamic - achieved through continual adaptation, diversification of engagement strategies, and reinforcement of core goals across multiple levels of the school community.

Policy with Purpose: Strengthening National Policies to Drive Sustainable Implementation

Ms Joanna McGlone¹, Ms Annabel Sexton¹, Ms Amanda McAtamney¹

¹Cancer Council Australia, Sydney, Australia

5D - Inclusive and other approaches to health, Harbour View 1, May 7, 2026, 9:00 AM - 10:30 AM

The persistent translation gap between research and practice remains a major barrier in preventive health, highlighting the need for national policies that drive lasting change. The challenge in implementing health and medical research is well known, with a staggering 85% of health research estimated to be wasted. (1) Evidence-based national policies bridge this gap by applying research into coordinated action, however, without clear mechanisms for implementation and evaluation, these too risk futility. The National Preventive Health Strategy exemplifies a policy document with the potential to improve the health of Australians. However, its impact is undermined by limited measurable targets, inadequate implementation resourcing, and no monitoring and evaluation framework.

Cancer Council Australia develops evidence-based cancer control policies which inform advocacy work. A key component of our work involves submissions on national policy, often in collaboration with national committees, experts, and public health organisations. Since 2023, we submitted to consultations on 28 national strategies, frameworks, and roadmaps related to cancer control. We reviewed these submissions to identify common themes and recurring issues to inform ongoing advocacy to strengthen national health policy.

Analysis of these submissions found that half (15) of these called for clearer implementation plans. We noted an absence of clear monitoring and evaluation mechanisms in 88% (22). Of the ten policy documents now published, only two included monitoring frameworks at release, while four referenced future review processes without specific detail.

To ensure research translates into improved health outcomes, national policies must embed implementation resources, clear targets, defined actions, and regular evaluation from their release. In this presentation, we identify key factors that underpin effective national preventive health policy. Through impactful policy documents, we can ensure that evidence is effectively translated into meaningful preventive health outcomes for all Australians.

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Investing in Inclusion: The Value of Disability-Accessible Cancer Prevention Initiatives

Ms Annabel Sexton¹, Ms Kate Whittaker¹, Ms Clare Lynex¹

¹Cancer Council Australia, Sydney, Australia

4C - Cancer Prevention and Screening and Early Onset Cancers, Ballroom 3, May 6, 2026, 3:30 PM - 5:00 PM

Ensuring accessibility in all cancer prevention initiatives is critical to achieving equitable health outcomes for Australians. Approximately 4.4 million people have disability in Australia, representing 18% of the population.¹ People with disability experience disparities across many cancer risk factors, including higher smoking rates, poor nutrition, and physical inactivity.¹ This impact is compounded by inequities in key social and economic determinants of health, including income, education, and employment.¹

National frameworks such as the Australian Cancer Plan, Australia's Disability Strategy 2021–2031 and the National Preventive Health Strategy 2021–2030 note the importance of tailored health promotion and health information. However, without defined accessibility targets, there is a risk that efforts will focus on short-term, one-off initiatives, rather than long-term, integrated activities benefiting all Australians.

What we did:

Cancer Council Australia develops evidence-based cancer control policies to inform our advocacy. In 2025, we released the Disability and Cancer Care Policy, highlighting priorities to improve equity in cancer care for people with disability. However, with rising cancer rates in Australia,² inclusivity is vital across the cancer control continuum. We are developing an action plan to advance these priorities and highlight opportunities to improve outcomes for people with disability across all stages of cancer.

Results:

This presentation will identify how existing cancer prevention initiatives can be adapted to embed accessibility, ensuring these efforts benefit the entire population. With approximately 21% of all health expenditure in Australia attributed to modifiable risk factors,³ the economic case for inclusive prevention initiatives is clear.

Lessons:

Given disparities in health determinants among people with disability, prevention strategies that overlook accessibility are economically inefficient. Achieving meaningful change in preventative health equity requires collaboration across government, research, and non-government sectors. By embedding accessibility as a core principle of all cancer-related initiatives, we can ensure preventative actions support all Australians.

References

1. Australian Institute of Health and Welfare. People with disability in Australia. Canberra: AIHW; 2024.
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Perceptions of environmental sustainability labelling of packaged foods among Australian consumers

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4A - Commercial Determinants of Health - Nutrition and Alcohol, Ballroom 1, May 6, 2026, 3:30 PM -

5:00 PM

Introduction

Despite growing interest in sustainable consumption, limited research has explored how consumers interpret sustainability information on food packaging. This study aimed to explore Australian consumers' awareness and perceptions of sustainability labelling, its role in food choices, and suggestions for implementing dual labelling systems that display product nutrition and sustainability information simultaneously.

Methods

A qualitative study was conducted using focus group discussions. The study sample was stratified by age, sex, and location (metro vs regional). A total of 12 focus groups were conducted, involving 112 participants from three Australian states: New South Wales, Victoria, and Queensland. Participants discussed their perceptions of current sustainability labelling on food packages and suitable ways to display dual labelling on food packages. Data were analysed thematically.

Results

Four main themes emerged: (1) participants often did not prioritise environmental sustainability when making food choices; (2) price sensitivity and health concerns generally took precedence over environmental sustainability; (3) barriers to adopting sustainability labels involved scepticism, misinterpretation, and mistrust caused by the proliferation of claims and lack of standardisation; and (4) labelling systems proposed included evidence-based sustainability labels endorsed by trusted organisations, having comprehensive information, with product nutrition and sustainability information displayed separately.

Conclusion

Participants reported minimal engagement with sustainability labels, frequently prioritising cost and healthiness of foods. Lack of trust and poor label comprehension were often noted as barriers to the effectiveness of labels. A clear, trustworthy, and uniform approach to sustainability labelling, displayed separately from nutrition information, was suggested as a means to encourage healthier and more sustainable food selections.

A hidden toxic visitor? Third hand tobacco smoke in social housing

Ms Michelle Daley¹, Ms Emily Vecchio, Ms Kari Fox

¹Cancer Council NSW, Woolloomooloo, Australia

5A - Tobacco/vaping prevention and cessation, Ballroom 1, May 7, 2026, 9:00 AM - 10:30 AM

Problem: Third hand smoke (THS) consists of residual tobacco smoke pollutants that remain on surfaces and in dust after tobacco has been smoked. Safe housing is identified as a key social determinant of health, yet THS exposure is an often-overlooked issue. While evidence on the health risks is still emerging, there is consensus that THS is likely to cause harm. Social housing residents have limited choice to decline housing where previous tenants smoked inside and can be disproportionately affected. A lack of data on the prevalence and impacts of THS exposure among Australian social housing residents hinders policy action.

What we did: We explore the case of a social housing resident in NSW, who was negatively affected by THS pollutants from previous tenants who smoked in the property. We supported the resident to negotiate with their housing provider to remediate the residence to reduce their exposure to THS. Using this illustrative case study, we will briefly consider policy and practice implications.

Results: Our presentation highlights inconsistencies in social housing provider policy regarding indoor smoking, smoke-free housing provision and approaches to remediating properties affected by THS.

Lessons: It is difficult and costly to eliminate THS pollutants from a residence once established. Adopting smoke-free social housing policy would reduce resident exposure to second and third-hand smoke pollutants, contributing to greater health equity. There is also a need for evidence-based guidelines for housing providers on how to remediate properties affected by THS.

Early-onset cancers: Creating balanced, evidence-based public health messaging for young people

Ms Annabel Sexton¹, Ms Joanna McGlone¹, Ms Amanda McAtamney¹

¹Cancer Council Australia, Sydney, Australia

4C - Cancer Prevention and Screening and Early Onset Cancers, Ballroom 3, May 6, 2026, 3:30 PM - 5:00 PM

Cancer rates are increasing in younger people,¹ both in Australia and globally. Australia also has the highest incidence of early-onset colorectal cancer.^{1, 2} Alongside this, there is a proliferation of misinformation regarding cancer risks, and the benefits of screening for individuals in this age group.

The increase in early-onset cancers has resulted in growing public concern and underscores the need for trusted public health organisations such as Cancer Council to provide balanced, evidence-based messaging to communicate cancer risk. Public health messaging must also effectively communicate the potential harms of screening for younger, asymptomatic individuals, as we know that screening at a younger age can increase the risk of adverse effects, which can outweigh the benefits, especially as the likelihood of the screening detecting cancer is significantly lower.^{3, 4} In our suite of national cancer prevention policies, we create priority areas for action which address modifiable risk factors, as we know that 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.⁵

Our presentation will discuss identified priorities and how we are advocating for their implementation 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 reduce the burden of early onset cancers, including the need for regular evaluation of cancer screening programs, increased awareness from healthcare professionals on the issue, and an improved evidence base. We will also share how we continue to balance increasing awareness of the signs and symptoms of cancer among young people, to prompt early presentation to healthcare professionals, whilst ensuring that we focus the public discourse on the proven strategies to reduce modifiable risk factors in everyday life.

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Rising cancer rates – prevention is key

Ms Amanda McAtamney¹, Ms Joanna McGlone¹

¹Cancer Council Australia, Sydney, Australia

5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Cancer incidence in Australia continues to rise, largely due to both an increasing and ageing population. (1) More than 4.5 million cancer cases are expected to be diagnosed in Australia between 2020 to 2044, (2) and treatment advancements alone will be insufficient to address this increased cancer burden, highlighting the strong need to invest in prevention efforts.

We know that there are several key modifiable risk factors for cancer, including tobacco use, exposure to ultraviolet radiation, alcohol use, physical inactivity, overweight and obesity, and dietary factors. Estimates for Australia have indicated that 38% of cancer deaths could be attributed to modifiable risk factors. (3) There is a strong economic case for investment in prevention, as health system spending in Australia was highest for cancer, responsible for \$19.7 billion in 2023-2024, (4) and modifiable risk factors contribute significantly to health spending, including overweight and obesity (\$7 billion), tobacco (\$4.6 billion), and alcohol use (\$3.1 billion). (5)

Cancer Council Australia have a suite of national cancer prevention policies which are evidence-based and used to make recommendations for action by government, and other non-government organisations. Given that many of the risk factors for cancer are shared with other chronic conditions such as diabetes and cardiovascular disease, these policies have broader value for population health beyond cancer control. Cancer Council calls for collaborative, multi-sectoral action, in which the government and other public health organisations coordinate efforts around shared risk factors, and develop unified prevention messaging.

Our presentation will explore how we advocate for investment in cancer prevention through our cancer prevention policies, which provide priority actions across a range of modifiable risk factors. We will also demonstrate examples of how we collaborate with public health organisations, through shared advocacy and joint submissions to national consultations to maximise impact and reduce the burden of cancer and chronic conditions in Australia.

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Generation Quit: Quitting Intentions and Support Preferences for Young Vapers in Australia

Miss Ciara Madigan¹, Miss Emily Jenkinson¹, Ms Alecia Brooks¹, Mr Sam Egger², Professor Becky Freeman³

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³The University of Sydney, Camperdown, Australia

2C - Tobacco, Vaping - Centring People, Culture and Connection, Ballroom 3, May 5, 2026, 3:30 PM - 5:00 PM

Introduction:

As vaping rates among young people have surged over the past decade, public health efforts are now shifting toward developing effective quit support services tailored to this growing need. In Australia, there are several cessation offerings for people looking to quit smoking, however, tailored vaping cessation support for young people is lacking. There is a clear need to understand young people's quitting intentions and preferred support pathways.

Methods:

This mixed-methods study collects data from teens (14-17s) and young adults (18-24s) between October 2023 (Wave 5) and April 2025 (Wave 8) as part of the national Generation Vape research project. The sample was drawn from 9,897 young adults and 11,994 teens via online cross-sectional surveys administered every six months.

Results:

42% of young adults think they are very or extremely addicted to vaping, and of current vapers surveyed, half (50%) had ever tried to quit vaping before, most commonly without any support or with support from friends or family. Over half (52%) of young adult current vapers were thinking about quitting vaping within the next 30 days to six months. Teens had similar quitting experiences, noting that 18% would consider a smartphone app to help them quit vaping.

Conclusion:

Generation Vape data shows that young people's awareness of nicotine addiction and intention to quit vaping is high. These findings have directly informed public health action, including the development of targeted campaigns, educational resources and cessation tools like NSW Health's PAVE app. Data has also informed the Cancer Council NSW co-designed national digital platform that gives young people (aged 14-25) personalised vaping cessation support via app and website, utilising an AI powered chat interface. Generation Vape stands as a model for evidence-informed implementation, bridging research and real-world impact in the evolving landscape of youth vaping cessation.

Ensuring Impact: Adaptive Policy for Genomics in Cancer Prevention

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¹Cancer Council Australia, Sydney, Australia

4C - Cancer Prevention and Screening and Early Onset Cancers, Ballroom 3, May 6, 2026, 3:30 PM - 5:00 PM

Genomics has the potential to significantly enhance personalised cancer prevention, risk reduction, and early detection. However, to realise this potential, the implementation of effective, adaptive, and responsive national policy is essential, whilst ensuring appropriate safeguards are in place. Evidence regarding the role of genomics in cancer prevention is expanding rapidly, increasing pressure on policymakers to keep pace and establish strategies and frameworks that support implementation. Challenges such as workforce capacity, evidence gaps, unclear models of care, and delays in the adoption of new interventions pose a risk of Australia falling behind international best practice.

Australia has been a global leader in many areas of cancer control, from tobacco regulation to the renewed National Cervical Screening Program. While these policies have undoubtedly been effective, their development and implementation often take years. In the fast-evolving field of genomics, this temporal lag risks policies being outdated or not aligned with current evidence. There is also a lack of clear expertise and leadership in this space, given its new and rapid emergence, and clinicians are not typically aware of the technical aspects of genomics. This creates ambiguity as to who is responsible for the development of policy guidance and advice in genomics.

Cancer Council Australia develops evidence-based policies which inform our advocacy work. We recognise the need for policies to keep pace with genomic evidence, so that its benefits can be realised equitably for all Australians while minimising risks. This presentation will propose tangible actions to strengthen the translation of research into evidence-informed policies that keep pace with this rapidly evolving field. We call for collaboration and clear translation pathways across the health and medical research sector to achieve the timely, effective, and equitable adoption of genomics in Australia's cancer prevention efforts.

Creative Evolution: How Every Moment Still Resonates After Four Years

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¹Foundation For Alcohol Research And Education, Canberra, Australia

5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Every Moment Matters is a national health promotion campaign which aims to increase awareness and seeks to change behaviours around alcohol use during pregnancy and breastfeeding. The public health messages are advertised through a national mass media campaign. Since launching in 2021, the campaign video has been viewed more than 107 million times, and the audio advertisement listened to more than 16.7 million times. Although there is no creative fatigue with existing creatives, a proactive review was undertaken to ensure the creative concepts and messages continue to resonate with the target audience and achieve the intended impact. This case study outlines the process that was undertaken to use evidence to build onto a successful public health campaign.

The review process included stakeholder interviews and discussions, analysis of the external evaluation data and feedback register. Creative concepts were then developed, and these were then focus tested through an independent research agency.

While this process is yet to be completed, collective analysis indicated that expecting parents are keen to be well informed about rapidly evolving knowledge and best practice in this field. Based on the findings, concepts added to the campaign will focus on social norms messaging highlighting the role and influence of women's support networks and how everyone has a part to play in alcohol free pregnancies. This process has been time consuming, complex but deeply iterative. Despite the challenges, we've learned that collaboration takes patience and flexibility, and partnerships are invaluable.

Using evidence from different sources such as independent evaluation, audience feedback, focus group testing, and media reach insights is essential to inform continuous campaign improvement and sustain engagement for greater impact.

Prevention Through Culture and Connections: Celebrating 15 Years of Tackling Indigenous Smoking

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5A - Tobacco/vaping prevention and cessation, Ballroom 1, May 7, 2026, 9:00 AM - 10:30 AM

Problem

Aboriginal and Torres Strait Islander peoples have historically experienced high rates of tobacco use and related health inequities. In 2010, approximately 50% of the population smoked, contributing to preventable chronic disease and premature mortality. Addressing these disparities requires culturally responsive prevention approaches that is built on trust and connection. The Tackling Indigenous Smoking (TIS) program was launched to meet this need in 2010, combining evidence-based strategies with Aboriginal and Torres Strait Islander leadership to drive sustained change.

What you did

The TIS program has delivered culturally responsive, community-driven prevention initiatives across Australia for 15 years. It blends evidence-based strategies with creative approaches to build trust, connection, and empowerment. To document this journey, the National Best Practice Unit Tackling Indigenous Smoking (NBPU TIS) developed a digital repository that capturing the evolution of the program through funding periods, highlighting program aims, activities, outcomes, and lessons learned.

Results

Over this period, smoking rates declined from 50% to 27%, demonstrating the impact of sustained, community-led prevention. The repository illustrates how community-led strategies have adapted to changing environments while centring culture, creativity and connection. It traces its growth from its 2010 beginnings to the internationally recognised population health promotion program it is today. Amplifying the powerful Aboriginal and Torres Strait Islander voices, and innovative strategies, that have driven the measurable change that defines the program.

Lessons

By centring culture and connection, the TIS program provides a blueprint for effective, sustainable prevention. Demonstrating that lasting change occurs when:

- communities' lead
- local voices and lived experience are valued
- trust and connections are built

The digital repository serves as a living record of sustainable prevention, sharing program impact, and preserving lessons to inspire future prevention initiatives.

Aboriginal Governance Structures

The TIS program is proudly led by Aboriginal and Torres Strait Islander peoples, and this principle of self-determination is embedded in the co-creation of the TIS digital repository. This project is managed by the NBPU TIS in collaboration with key voices from the TIS program workforce, stakeholders, and local cultural knowledge holders. This collaborative approach ensures the repository reflects the lived experiences, cultural strengths and leadership of the communities it represents.

The NBPU TIS is a consortium led by Ninti One Limited, an Indigenous-led organisation, working in partnership with the University of Canberra's Health Research Institute and Edith Cowan University's

Australian Indigenous HealthInfoNet. NBPU TIS provides culturally responsive, evidence-based practice support to TIS teams across Australia.

More than a historical archive, the repository is a celebration of Aboriginal and Torres Strait Islander voices, leadership, innovation, and self-determination. By documenting the evolution of the TIS program, the repository contributes to a broader movement of sovereignty, truth-telling, and health equity.

The repository captures the stories, ideas and creativity of the TIS workforce over the years, highlighting their successful efforts to reduce smoking and vaping in Aboriginal and Torres Strait Islander communities. By sharing these insights, the repository honours past achievements and supports future community-led prevention efforts. It stands as a living record of Aboriginal and Torres Strait Islander excellence in health promotion, reinforcing the importance of cultural governance in achieving sustainable, meaningful change. This approach ensures that the knowledge, voices and leadership of Aboriginal and Torres Strait Islander peoples remain central to the ongoing story of tobacco control and health equity.

Scaling prevention through digital solutions: The Way to Wellness portal

Ms Claudia Regan-Knights¹

¹Health Contact Centre, Clinical Excellence Queensland, Queensland Health, Brisbane, Australia

2D - Leveraging Technology for Prevention, Harbour View 1, May 5, 2026, 3:30 PM - 5:00 PM

The Way to Wellness (WTW) portal exemplifies how digital health tools can enhance the reach and efficiency of preventive health programs. Delivered by the Health Contact Centre and commissioned by the Prevention Strategy Branch at Queensland Health, WTW is a statewide virtual service supporting patients to optimise their health while on public waiting lists through risk assessment, brief advice, and referral to evidence-based programs.

In response to service delivery challenges, including long call durations, manual processing, and patient fatigue, WTW developed a secure, user-friendly online portal. Launched in mid-2023, the portal enables patients to complete a dynamic risk assessment online, receive tailored brief advice instantly, and access a summary via email. This digital-first approach empowers patients to actively participate in their care and streamlines the telephone-based component of the service, allowing the counselling workforce to focus on co-creating personalised health goals and action plans with patients.

Preliminary evaluation has demonstrated strong uptake (over 75% of patients use the portal), a 27% reduction in call duration, and high satisfaction among both patients and staff. The portal has reduced manual overhead and enabled the service to support an additional 400 patients (29% increase) annually without increasing staffing. Through consumer evaluation, users have reported confidence in the portal's usability, clarity, and relevance of health advice. All users completed the risk assessment independently, highlighting accessibility. Feedback has informed improvements in language and layout, which have since been implemented.

This project highlights how digital platforms can support scalable behaviour change and contribute to the sustainability of preventive health services. The WTW portal serves as a proof of concept for other preventive health initiatives. The presentation will offer insights into the lessons learned and benefits of digital health interventions such as the WTW portal.

Placement and promotion of unhealthy food and beverages in South Australian supermarkets

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3B - Diet - Commercial Determinants, Ballroom 2, May 6, 2026, 11:00 AM - 12:30 PM

Introduction

Restricting the strategic placement and promotion of unhealthy food and drinks in supermarkets presents a promising policy option for obesity prevention. This study aimed to evaluate the extent to which prominent store displays are being used to promote unhealthy products, and to examine the types of promotions applied in South Australian supermarkets.

Methods

A cross-sectional audit was conducted, sampling supermarkets (n=31) from four store groups (Aldi, Coles, Woolworths, independent stores), located in areas with differing socioeconomic disadvantage across Greater Adelaide. Photographs of prominent in-store displays were coded using an audit tool that captured product categories (sugar/artificially sweetened drinks, confectionery, sweet/savoury snacks, desserts, unhealthy meals, other), location (store entry, near end-of-aisle, checkout area, other general locations) and promotion types (temporary, permanent, other). Results were reported as the proportion (%) of displays containing unhealthy food/drinks and the proportion (%) of unhealthy food/drink placements featuring promotions.

Results

Preliminary findings showed that across all stores, 77% of prominent displays contained unhealthy food/drinks. Confectionery and sugar-sweetened drinks were the most featured unhealthy products in audited displays (35% and 22% respectively). All checkout displays, 81% of end-of-aisle, and 66% of island bin displays contained at least one unhealthy food/drink placement. A total of 74% of unhealthy food/drink placements featured at least one promotion. Specifically, promotions were applied to 80% of confectionery placements and 71% of sugar-sweetened drink placements. The proportion of unhealthy food/drink placements with a promotion was highest in end-of-aisle displays (82%). Temporary promotions were more common than permanent promotions across unhealthy food/drink placements (55% vs. 18%).

Conclusion

The strategic placement and promotion of unhealthy food and drinks are used extensively across South Australian supermarkets, likely encouraging their purchase and adversely affecting population diets. These findings underscore the need for policy reform focused on restricting exposure to, and promotion of, unhealthy food/drinks.

We Breathe-Youth Education: Building Smoke-Free Futures Through Culture, Connection and Community.

Ms Soozie Gillies¹, Ms Nakia Moreton Stewart¹, Mr Sean Kinchela¹, Mrs Kate Greenwood¹, Mr Darcy Trindall¹, Mr Damien Rotumah¹, Dr Penney Upton², Dr Thrishila Parshu Ram², Ms Molly Dean²

¹Grand Pacific Health, Batemans Bay, Australia, ²Health Research Institute - University of Canberra, Canberra, Australia

2C - Tobacco, Vaping - Centring People, Culture and Connection, Ballroom 3, May 5, 2026, 3:30 PM - 5:00 PM

Intro:

'We Breathe – Tackling Indigenous Smoking' (We Breathe) is an Aboriginal-led health promotion initiative delivered by Grand Pacific Health and funded under the Australian Government Tackling Indigenous Smoking (TIS) program. Operating across South-East NSW, We Breathe builds trust and connection through culturally centred youth education activities in schools, and at community based cultural and sporting events. This research was guided by Aboriginal Governance through a Project Reference Group (PRG) of Elders, youth representatives and We Breathe staff. We Breathe initiatives combine creativity, empathy, and strong cultural identity to deliver compelling public health messages that move hearts and minds. The objective of these activities is to increase knowledge of smoking and vaping harms among youth, empower youth to challenge tobacco industry tactics and strengthen intentions to live smoke and vape free by highlighting the benefits of strong, healthy futures grounded in culture and connection. We evaluated the impact, reach and effectiveness of these youth education activities in promoting healthy choices among youth.

Methods:

Grounded in Aboriginal governance and culturally safe research, the PRG played an active role in shaping the project's design, delivery, and evaluation. Their leadership ensured Aboriginal and Torres Strait Islander voices and perspectives were embedded throughout, guided by Indigenous Data Sovereignty principles, ethical standards from the Aboriginal Health and Medical Research Council (AH&MRC) and the CONSolidated criteria for strengthening the reporting of health research involving Indigenous Peoples (CONSIDER statement). Evaluation tools and consent processes were co-designed to reflect Aboriginal and Torres Strait Islander ways of knowing, being, and doing. The RE-AIM framework informed evaluation design: Reach and Effectiveness were tracked through routine monitoring data, youth surveys and smoke and vape-free pledges, while stakeholder interviews and youth focus groups captured Adoption, Implementation and Maintenance. Aboriginal staff led data collection and analysis, strengthening community capacity and ensuring cultural integrity at all stages of the research.

Results:

Data collection commenced in October 2025. Early findings showing strong youth engagement and increased awareness of smoking and vaping harms reflecting the program's intended outcomes of increased knowledge, attitudes, and intentions towards living smoke- and vape-free. Initial insights highlight the value of culturally tailored delivery, inclusive approaches and non-judgmental language that resonates with both Aboriginal and Torres Strait Islander and non-Indigenous youth. Further data collection and analysis will gather feedback on the design and delivery of activities and will explore how the intended outcomes of changes in knowledge, attitudes, and intentions have been further achieved.

Conclusion:

We Breathe take pride in working with our communities not for them and appreciate that only by actively listening and engaging with our communities can we hope to make positive change. It is so important to us that Aboriginal and Torres Strait Islander communities lead this process, and that it is

evidence based, only then can prevention messages move hearts and minds. Culturally grounded activities that emphasise creativity, empathy and community engagement can also increase knowledge, shift attitudes, and strengthen intentions for smoke and vape free futures. This evaluation offers valuable lessons on what drives effective, community-led youth prevention programs. By listening deeply, centring culture and strengthening connection, We Breathe helps shape a future where youth are empowered to make smoke and vape free choices.

The acceptability of screening children for type 2 diabetes: understanding parents' perspectives

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5D - Inclusive and other approaches to health, Harbour View 1, May 7, 2026, 9:00 AM - 10:30 AM

Introduction

The growing rate of type 2 diabetes (T2DM) among children worldwide places significant health and financial burdens, for individuals and the greater health system. Globally, T2DM screening guidelines have been developed for children, however, details of practice implementation are lacking. Inconsistencies in screening practice has resulted in under-reporting, missed diagnoses and irreversible chronic disease development. The aim of this research was to gather perspectives of parents to understand the acceptability of screening children for T2DM in Australia, with ideas for effective implementation in practice.

Methods

The study utilised a mixed-methods approach, via survey questionnaires and semi-structured interviews. Eligible participants included parents living in Australia, providing care for at least one child younger than 18 years. Participants were recruited via social media, health professional contacts and word-of-mouth. Question themes related to i) health system engagement, ii) T2DM perceptions, iii) acceptance of T2DM screening in children and iv) ideas for implementation and raising awareness among parents.

Results

A total of 32 surveys and 4 interviews were completed at the time of submission (early November 2025), with a goal of 100 surveys and 15 interviews at the completion of data collection. Preliminary findings suggest that parents are either very supportive (60%) or supportive (40%) of screening their child/children for T2DM. The most accepted environments were GP clinics (93%) or schools (60%), with health practitioners in a GP clinic (93%) or hospital (53%) or school health nurses (53%), deemed the most suitable individuals.

Conclusion

Empowering parents regarding T2DM screening implementation, informs the development of a screening strategy with high acceptance and sustainability in practice. This will identify children at greatest risk early to promote appropriate prevention and management strategies. Ultimately, the growing burden of disease progression will be halted, avoiding significant health and financial costs for current and future generations of Australians.

Commercial foods for babies and toddlers: what are Australian children consuming?

Mrs Andrea Schmidtke^{1,5}, Dr Sherly Li^{2,3}, Ms Susan Clifford^{2,4}, Ms Amy Walsh², Ms Olivia Wilson², Ms Justyna Cyza², Ms Daisy Shepherd^{2,4}, Ms Melissa Wake^{2,4}, Ms Helen Truby⁴

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3B - Diet - Commercial Determinants, Ballroom 2, May 6, 2026, 11:00 AM - 12:30 PM

Introduction: Globally the marketing and composition of commercial foods marketed to infants (<12 months) and young children (12-48 months) is in the spotlight. There is limited regulation in Australia for these foods despite 78% failing to meet World Health Organization nutrient recommendations, and many products being marketed to make them seem healthier than they are. Better regulation is currently under consideration in Australia. This is the first large scale study to describe the extent and nature of consumption of these foods by very young Australians, addressing a critical evidence gap which is essential to facilitate comprehensive regulatory action.

Methods: Generation Victoria (GenV) is Australia's largest and most diverse child and parent study. Between June-August 2025, 7427 parents completed a cross-sectional online survey about their GenV child aged 1.5-4 years. The survey examined consumption of commercial foods marketed to infants and children, including prevalence, dietary contribution, frequency and timing of introduction. Subgroup analyses compared child/parent characteristics including child age/sex, household size, childcare attendance, ethnicity and socio-economic status.

Results: 90% of the young children had ever consumed these foods and 80% consumed them in the last month. Of children who had ever consumed them, 43% were 'frequent consumers' in the last month (having these products 5 or more days of the week), and 90% started consuming them within the first 12 months of life. 97% of parents agreed there should be regulation ensuring packaging doesn't make the food seem healthier than it is.

Conclusions: Most children begin eating commercially marketed foods by 12 months, contributing substantially to their diets. Comprehensive regulation of these foods is needed, given the importance of optimising nutrition during this critical time of life, mounting evidence that these foods do not meet nutritional guidelines, and parent support for more accurate messaging on packaging.

“Tell me what it was like”: childhood type 2 diabetes diagnosis perspectives

Ms Jessica Hardt¹, Dr Jacqueline Walker¹, Dr Brooke Devlin¹, Dr Tony Huynh^{1,2}, Dr Robyn Littlewood^{1,3}

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5D - Inclusive and other approaches to health, Harbour View 1, May 7, 2026, 9:00 AM - 10:30 AM

Introduction

The prevalence of type 2 diabetes (T2DM) among children across the globe has increased in parallel with obesity. Inconsistencies in screening practice have led to under-reporting, missed diagnoses and irreversible chronic disease development, highlighting the need for strategies to promote early identification. The aim of this research was to gather perspectives of parents with children living with T2DM, to understand their journey through the health system and ideas to promote supportive care during the diagnostic process.

Methods

This study predominately utilised qualitative research methods, with semi-structured interviews allowing participants to openly share their experience and ideas for supportive care. Quantitative data (participant demographics) was collected via a pre-interview questionnaire. Eligible participants included parents of all cultural backgrounds living in Australia, providing care to at least one child younger than 18 years, diagnosed with T2DM. Participants were recruited via social media and health professional contacts, with interviews conducted via telephone, Microsoft Teams or in-person where possible.

Results

The study aims to collect a total of 15 interviews at the completion of data collection. Giving a voice to the families of children living with T2DM will help to better understand their experience relating to diagnosis, including the factors that impede and promote a supportive environment. Results of interest will include the following proportions: i) parents reporting a positive experience, ii) settings of diagnosis and health professionals involved, iii) parents feeling well supported during their child's T2DM diagnosis.

Conclusion

Empowering consumers and listening to stories of lived experience helps to understand the diagnostic process, and improve the early identification of T2DM among children living in Australia. Consumer-led suggestions for improvement will contribute to the development of a highly acceptable approach among parents. Ultimately, successful implementation will prevent irreversible disease progression, and halt T2DM prevalence among current and future generations of children.

A health economic evaluation of the Way to Wellness service

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1B - Economic Value of Prevention, Ballroom 2, May 5, 2026, 11:00 AM - 12:30 PM

Patients on public waitlists often present with complex, modifiable risk profiles that contribute to chronic disease burden and poorer surgical outcomes. Despite being largely preventable, these risks are rarely addressed during the waiting period, representing a missed opportunity for preventive health intervention.

Way to Wellness (WTW) is a statewide virtual health service delivered by the Health Contact Centre, and funded by the Prevention Strategy Branch at Queensland Health. It supports patients on public waiting lists, particularly those awaiting elective surgery, to improve their health and wellbeing. WTW delivers a comprehensive risk assessment, brief advice, and referrals to evidence-based behaviour change programs. Through a coaching session, patients receive tailored support to understand their health risks and create an actionable wellness plan. The service is designed to be scalable, efficient, and complementary to targeted pre-surgical care.

While WTW has previously evaluated patient-reported health outcomes, an opportunity now exists to assess the health economic value of the service through a PhD-led evaluation, focusing on cost-effectiveness and cost-utility. The evaluation focuses on WTW interactions with orthopaedic and gynaecology surgery patients.

The health economic evaluation will assess the value of WTW, including its impact on patient-reported outcomes and modifiable risk factor reduction (such as smoking, physical inactivity, risky alcohol consumption, etc). Data collected includes EuroQol 5-Dimension, 5-Level health-related quality of life tool, risk profiles, surgical outcomes, health system use and service delivery costs. Long-term modelling will analyse the cost-effectiveness of the WTW service.

Initial patient-reported outcomes suggest WTW is a promising model for prioritising prevention with surgical patients. Findings from this health economic evaluation will support understanding of the service's value, impact and outcomes, aligning with Queensland Health's strategic objectives to identify high-value care. This presentation will share preliminary insights from the evaluation, including observations on patient outcomes and the potential for health economic impact.

Wellness my Way: Centring Prevention through Community-Led Connection and Trust

Miss Madeline Forbes¹, Claudia Regan-Knights², Kathy Morrow³, Shelley Peardon-Freeman², Joanne Isabel², Helen Wassman³, Claudia Maddren³, Tahlia Alsop³, Li Kheng Chai¹, Sjaan Gomersall³, Clare Johnson¹, Joanna Munro¹

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4D - Community and place-based approaches, Harbour View 1, May 6, 2026, 3:30 PM - 5:00 PM

Problem:

Although prevention programs are available, they are not commonly accessed by communities, revealing a gap in the reach and utilisation of prevention programs and the need for effective approaches to engage communities.

What you did:

Wellness my Way (WMW) addresses this gap by embedding prevention locally and building trust, awareness and collaboration between local organisations, community members, and prevention programs.

WMW leverages an existing Queensland Health service, Way to Wellness, to simplify access to prevention via a digital health assessment followed by personalised telephone-based coaching. Coaches connect individuals with programs aligned to their health goals, that are available locally in communities.

Central to implementation are 'Connectors' - community members who raise awareness, engage others, and integrate prevention into community life. By leveraging existing relationships and local context, Connectors ensure the program is delivered in ways that are relevant, trusted, and accessible. A locally tailored marketing campaign featuring community members further strengthened engagement and participation.

Wellness my Way is an initiative of the Queensland Government, delivered in partnership by Health and Wellbeing Queensland, Queensland Health's Health Contact Centre, South West Hospital and Health Service, and The Health and Wellbeing Centre for Research Innovation at The University of Queensland.

Results:

Stakeholder feedback indicates Wellness my Way is an acceptable and effective approach to embedding prevention locally. The program has built trust and collaboration across sectors, breaking down silos and fostering shared ownership of prevention. Early findings show increased referrals and participation in prevention programs.

Lessons:

Wellness my Way demonstrates the value of leveraging local connections and community leadership in prevention. Supporting Connectors to engage their communities has fostered trust and ownership, highlighting the importance of investing in relationships to deliver preventive health initiatives that are locally relevant and enduring.

Shifting the system to put Food First. Learnings from Food Hubs.

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1D - Food & Policy - Building Sustainable Systems, Harbour View 1, May 5, 2026, 11:00 AM - 12:30 PM

Achieving a healthy, equitable, and sustainable food system in Victoria requires coherent, strategic, and coordinated action across diverse actors, sectors, and communities. Recent Victorian Government inquiries into food insecurity and food supply resilience have reaffirmed the need for integrated and preventative approaches to address these challenges.

Between 2022-2025, VicHealth invested \$4.4 million in seven Future Healthy Food Hubs, supporting community-led organisations in regional Victoria and outer metropolitan growth corridors. These hubs strengthened local food systems by building on existing relationships, infrastructure, and services to create spaces where communities can access affordable, local, and culturally appropriate food. The initiative provided long-term funding and capacity-building support, fostering financial sustainability and embedding innovation at the local level. Each hub hosted two Youth Food Systems Traineeships, offering practical experience and education to build leadership skills and food system literacy.

By the conclusion of the investment, systems-level shifts were identified across the Food Hubs, including the adoption of systems thinking and movement beyond traditional service delivery models, strengthened community networks; for greater impact and reach, and shifts in local mental models. However, challenges remain in establishing viable business models and securing longer-term funding to ensure the ongoing sustainability. These insights highlight both the opportunities and the complexities of embedding prevention and sustainability within local food systems.

The learnings from the Food Hubs have directly shaped VicHealth's new Local Partnerships for Food First (LPFF) investment, commencing in 2025. Over the next three years LPFF will adopt a systems-level approach that integrates cross-sector collaboration, backbone support, and engagement with decision-makers to align resources and scale preventative change. Together with the vision of the Victorian Public Health and Wellbeing Plan 2023-2027, under the 'increasing healthy eating priority' these efforts aim to drive a statewide transition toward a healthier, fairer, and more sustainable food system in Victoria.

Cooks Connect: building capacity among ECEC cooks to strengthen healthy food provision

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¹National Nutrition Foundation, Richmond, Australia, ²Victorian Department of Health, Melbourne, Australia

2E - Diet + Alcohol - Centring People and Culture & Translating Evidence, Harbour View 2, May 5, 2026,

3:30 PM - 5:00 PM

A comprehensive needs analysis conducted by the Healthy Eating Advisory Service (HEAS), with support from the Victorian Government, revealed that cooks working in long day care (LDC) centres play a vital but often overlooked role in children's nutrition. Cooks expressed strong motivation to provide nutritious meals but reported significant barriers. This includes working in isolation, low recognition, limited menu planning time, opportunities for professional development and peer connections. These insights highlighted opportunities within the sector, to co-design solutions that build the confidence of cooks, strengthen their connections, and foster a shared sense of purpose in creating healthy food environments.

In response, HEAS developed Cooks Connect, an initiative designed to connect and empower cooks in LDC. Grounded in lived experience, collaboration, and respect, this provides a model for local health promoters to bring cooks together through facilitated peer network meetings. The model supports cooks to share practical strategies, celebrate their role, and strengthen relationships with peers, while also connecting with educators and centre managers to prioritise healthy eating through menu planning and curriculum resources. Health promoters are equipped with a step-by-step framework, toolkit and supporting resources, which can be used as an entry point to services. These local networks foster trust, creativity, and mutual learning amongst cooks.

Since its launch two years ago, Cooks Connect has grown steadily, with 13 networks now established across Victoria. Ongoing consultation with cooks and health promoters allows Cooks Connect to remain relevant and meet the needs of the workforce. The initiative demonstrates how listening deeply to cooks and valuing their lived experiences can transform prevention practice. By empowering cooks, strengthening their professional identity, and embedding them within a supportive community, Cooks Connect offers a scalable model that nurtures the people and culture at the heart of early childhood nutrition.

Parental perceptions of food labels in an online grocery shopping context

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3B - Diet - Commercial Determinants, Ballroom 2, May 6, 2026, 11:00 AM - 12:30 PM

Introduction

This study aimed to explore parents' relative perceived effectiveness of different types of food labels shown alongside unhealthy packaged snacks in an online grocery shopping context.

Method

A national sample of 1,326 Australian parents (with children 5-18 years) evaluated one of four unhealthy packaged snacks shown with no label (baseline), then according to label conditions: control label (shown first), Health Star Rating (HSR), Nutri-score (NS), and Warning Label (WL; either nutrient content, health effects or ultra-processed food WL) in randomised order. Participants rated: likelihood of purchasing (baseline, and after viewing labels), perceived effectiveness of labels ('persuasive potential', 'discourage consumption'), and ranked labels from least to most likely to reduce purchase. Scores between label conditions were compared using General Linear Models (repeated measures, one-way).

Results

All labels (WL, HSR and NS) performed better on all measures compared to the control label and/or baseline ($p < .001$). Participants reported significantly higher mean scores for WL than HSR and NS on each perceived effectiveness measure, and significantly lower mean scores on likelihood of purchasing (i.e., reduced likelihood). HSR and NS were generally perceived similarly, though HSR scored significantly higher than NS for 'persuasive potential', and NS scored significantly lower than HSR on likelihood of purchasing. Participants ranked WLs as most likely to discourage purchasing (53%), followed by HSR (22%), NS (15%) and control (10%). Between-group comparisons indicated the three WLs (nutrient content, health effects, ultra-processed food) were perceived similarly across all outcomes.

Conclusion

All labels performed better than the control or no label, with warning labels perceived as most effective. Results reinforce findings of other food labelling studies and demonstrate the potential for the application of food labels in an online grocery shopping context to support parents' informed decisions when purchasing food for their families.

Dementia risk reduction strategies for socioeconomically disadvantaged Tasmanians: an implementation science approach

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¹University Of Tasmania, Hobart, Australia

3D - Prevention programs - Translating evidence into action, Harbour View 1, May 6, 2026, 11:00 AM - 12:30 PM

Introduction:

Dementia disproportionately affects socioeconomically disadvantaged groups. Most contributing factors (e.g., obesity, hypertension, physical inactivity) are socially patterned and emerge during midlife. Understanding the drivers of these risks is essential for designing equitable prevention strategies. Using an implementation science approach, this study investigates root causes of behaviour and identifies change mechanisms and strategies to address the social determinants of dementia.

Methods:

Guided by the COM-B framework, structured interviews were conducted with 44 adults (22–63 years) from three socioeconomically disadvantaged neighbourhoods to examine capabilities, opportunities and motivations for three protective behaviours: healthy diet, physical activity and regular GP check-ups. Using the Behaviour Change Wheel (BCW), findings were systematically mapped to generate a theoretically grounded “menu of options” for dementia prevention through complementary behavioural and policy strategies.

Results:

Over half of participants met criteria for obesity and were insufficiently active, while none met NHMRC dietary guidelines. Despite high rates of GP visits, 38% had unmanaged or unscreened chronic conditions. Barriers to change spanned all COM-B domains: diet was constrained by low food literacy, financial stress and access to unhealthy foods; physical activity by physical limitations, lack of companions and safety concerns; and GP attendance by low service availability and trust. Enablers included social and financial stability, while motivation was driven by perceived benefits and positive past experiences. Strategies for change identified were in three domains: 1) education and motivation: improving food literacy and self-efficacy through tailored education and peer support; 2) enablement and service provision: enhancing financial stability, integrated primary care, and subsidised prevention programs; 3) environmental restructuring: creating supportive local contexts that facilitate healthy choices: e.g. affordable healthy food and safe neighbourhoods.

Conclusion:

This work demonstrates the translation of behavioural evidence into equity-focused dementia prevention strategies. By identifying individual, organisational and policy-level opportunities, it informs a scalable and sustainable way forward.

Exploring how prevention is funded: insights from a cross-jurisdictional leadership forum.

Ms Sherridan Cluff¹, Adjunct Associate Professor Nadia Masterson¹, Professor Alan Shiell³, Professor Andrew Wilson², Professor Penny Hawe²

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1A - Building sustainable systems and Investment Models, Ballroom 1, May 5, 2026, 11:00 AM - 12:30 PM

Problem

It is widely recognised across the prevention sector that chronic disease prevention in Australia is underfunded. The challenge lies not only in the level of investment available but also in how funds are allocated across the prevention system. Understanding how funding decisions are made, and how money is channelled and managed, is essential to making the best use of existing resources and building a more sustainable prevention system.

What you did

The Australian Prevention Partnership Centre (Prevention Centre) funded the research project 'How do we fund Public Health in Australia? How should we?', which mapped how prevention funding flows from governments to organisations delivering programs. Building on the evidence published from this work, the Prevention Centre convened a cross-jurisdictional leadership forum to explore the barriers and enablers that shape how prevention funding is allocated across the system, with a focus on improving how funding works rather than advocating for increases in the amount. The forum brought together senior executives from Commonwealth, state and territory health departments and agencies, held under Chatham House rules to support open and constructive discussion, to identify practical pathways for funding reform.

Results

The forum will generate a clearer understanding of the challenges and opportunities for strengthening national prevention funding mechanisms, along with agreed priorities to improve how prevention funding is mobilised, monitored and sustained in Australia. This presentation will share outcomes from the forum[^].

Lessons

Insights from the forum will contribute to stronger coordination of prevention leadership across jurisdictions and will support work with governments to embed prevention more effectively within funding frameworks. This includes complementing existing efforts to strengthen prevention funding, such as the Productivity Commission's proposal for a National Framework for Investment in Prevention and enhancements to the Australian Institute of Health and Welfare's reporting on public health expenditure.

[^] The forum will be held in December 2025, so preliminary findings cannot be included in this abstract.

Age-related trends in alcohol use and risky drinking among Australian adolescents

Dr Ashleigh Haynes^{1,2}, Ms Maree Scully¹, Ms Emily Baker¹, Mr Ian Koh¹, Professor Sarah Durkin^{1,2}, Professor Victoria White³

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4E - Alcohol & other drugs; Priority Community needs, programs and digital solutions, Harbour View 2,
May 6, 2026, 3:30 PM - 5:00 PM

Introduction: Delaying alcohol initiation in adolescence reduces the risk of harmful use in adulthood. Recent cohorts of adolescents in Australia and other high-income countries are less likely than previous cohorts to drink at all, or to drink at risky levels. This study aimed to address gaps in understanding by examining whether declines in drinking have been consistent across younger and older adolescents in Australia and whether declines have begun to plateau.

Methods: Data were from a repeated cross-sectional survey of Australian secondary school students aged 12-17 years, conducted triennially between 2002 and 2017 and then in 2022/23. Students self-reported lifetime (ever had part of an alcoholic drink), past-month and past-week alcohol use, and risky alcohol use among past-week drinkers (5+ drinks on any one day). Linear and segmented regression analyses were conducted to investigate differences in alcohol use trends among younger (12- to 15-year-old) and older (16- to 17-year-old) students from 2002-2011 and 2014-2022/23.

Results: Significant linear declines in alcohol use (lifetime, past-month, past-week) were observed in both age groups from 2002-2022/23, with slightly steeper declines in lifetime use for younger students (which slowed from 2014-2022/23) and past-week use for older students. Risky alcohol use among past-week drinkers significantly declined from 2002-2011 for older but not younger students, whereas there was no significant decline in either age group from 2014-2022/23.

Conclusions: Findings indicate an overall decline in alcohol use among younger and older adolescents in Australia since 2002 that has slowed in more recent years. Given the vast health, economic, and social benefits of reducing population-level alcohol use, policies and other prevention levers are still needed to continue driving and accelerating declines in adolescent drinking in Australia. In addition, targeted efforts to address risky drinking among the remaining past-week drinkers may be needed.

The impact of the cost-of-living crisis on younger women's health and wellbeing.

Dr Simone Mccarthy¹, Dr Hannah Pitt¹, Dr Grace Arnot¹, Dr Victoria Brown¹, Professor Lisa Gold¹, Professor Samantha Thomas¹

¹Deakin University, Burwood, Australia

1C - Mental Health and Wellbeing Value of Prevention, Ballroom 3, May 5, 2026, 11:00 AM - 12:30 PM

Introduction: The cost-of-living crisis (CoLC) has intensified financial pressures and health inequalities across populations, with women disproportionately affected. Persistent gender-based inequities, such as the gender pay gap and the unequal burden of unpaid care, compound women's vulnerability during economic instability. Research indicates that these inequities contribute to poorer physical and mental health outcomes for women, particularly when essential needs such as housing, food, and healthcare become increasingly unaffordable. However, few studies have engaged directly with women to understand how these pressures are experienced in daily life. This study aimed to explore the lived experiences of younger Australian women navigating the CoLC, and to identify the policy changes they believe could best support women's health and wellbeing during periods of economic strain.

Methods: A qualitative online survey was conducted with n=570 younger Australian women (18-40 years old). The study explored the health and social impacts of the CoLC on younger women's lives, and their suggestions about the range of policy responses that could help women during times of economic crisis. Data were analysed using reflexive thematic analysis to construct themes reflecting women's lived experiences and recommendations for reform.

Results: Three themes were developed. First, the CoLC was described as a source of stress that shaped everyday life, particularly in relation to food insecurity, unaffordable housing, student debt, and insecure employment. Second, participants reported direct health consequences, including skipping medical and dental care, reducing food intake, and deteriorating mental health. Third, women called for fairer and more inclusive policies, including stronger housing protections, pricing reforms, and improved access to healthcare.

Conclusion: The cost-of-living crisis is a public health issue that threatens to entrench long-term inequities in women's health and wellbeing. Addressing these challenges requires gender-responsive economic reform and policies that prioritise equity, care, and collective wellbeing.

Beyond the menu: Building sustainable healthier food environments in LDC services

Miss Jodie McGough¹, Deepa Dital¹, Christina Mastoris¹, Rita Alvaro², Ms Ricky Gelman

¹National Nutrition Foundation, Richmond, Australia, ²Victorian Department of Health, Melbourne, Australia

1D - Food & Policy - Building Sustainable Systems, Harbour View 1, May 5, 2026, 11:00 AM - 12:30 PM

Within a complex and commercially driven system, long day care (LDC) services are seeking opportunities to embed healthier food environments in everyday practices. More than 850,000 children attend LDC services where up to 70% of their daily food intake is provided. As LDCs face systemic barriers to prioritising healthier food environments, food provision is frequently overlooked and isolated interventions such as training or resources alone rarely lead to sustained change.

The Healthy Eating Advisory Service (HEAS), delivered by National Nutrition Foundation with support from the Victorian Government, started with a flexible and adaptive approach, allowing its implementation framework to evolve in response to the sector's needs while also aligning with the National Quality Framework requirements. HEAS translated the Australian Dietary Guidelines into LDC-specific menu planning guidance, then developed a whole-of-organisation support model. This includes capacity building, tailored advice, and digital tools such as FoodChecker, alongside face-to-face and online training, communities of practice, webinars, and a network model to support cooks. HEAS works across interrelated systems including engaging with decision-makers, such as centre directors and policy partners, and workforce including educators, cooks, and health promoters, enabling tangible changes through practical techniques, tools, and ongoing support.

HEAS has supported over 1,400 Victorian LDCs, with 60% achieving menu alignment to guidelines. This signals a mindset shift towards valuing healthier food provision and achieving what is feasible within constraints. HEAS builds capability and relational infrastructure rather than delivering prescriptive programs. Its adaptive, evidence-informed approach has enabled practitioners, leaders, and policy partners to co-create solutions that work within their real-world constraints.

HEAS demonstrates how government-funded advisory models can catalyse systems change. By investing in infrastructure, workforce capability, and values-driven support, healthier food environments become embedded, not peripheral. HEAS' adaptive, evidence-informed approach has influenced organisational practices, strengthened relationships, and shift towards prioritising nutrition.

Healthy Lungs At Work: Understanding Workers' Lung Health in Australia

Ms Kerstin Greeneberg¹

¹Lung Foundation Australia, Milton, Australia

5C - Preventive health - sun safety, workplace, climate health, Ballroom 3, May 7, 2026, 9:00 AM - 10:30 AM

Introduction: Occupational lung diseases (OLDs) is the term given to describe a range of lung conditions caused by breathing in dusts, fumes, gases and other hazardous agents in the workplace. There has been a resurgence of OLDs in Australia, including a recent epidemic of silicosis.

Method: To build awareness of OLDs within at-risk workplaces, Lung Foundation Australia (LFA) released the Healthy Lungs at Work Quiz. The Quiz is an online tool designed to prompt knowledge of lung health hazards and safety practices used in the workplace. It takes the respondent on a journey to identify their exposure to hazardous agents, the types of safety practices implemented (or not) in their workplace and whether they are experiencing any symptoms. It also includes an option to download a report to take to their doctor to initiate conversations about their workplace exposure and risks. The Quiz went live during LFA's National Silicosis Prevention and Awareness Campaign, launched in October 2023 and has run in subsequent years 2024 and 2025. To reach culturally and linguistically diverse workers, of which there are a large proportion working in these industries, the Quiz was translated into six languages – Vietnamese, Simplified Chinese and Arabic, Punjabi, Nepali and Spanish.

Findings: This presentation will share the key findings from the 2025 Quiz results, including the most reported industries where exposure is occurring, the most common type of exposures, workers' awareness of control measures, and common symptoms experienced. The presentation will also provide a comparison of previous years' outcomes.

Conclusion: The results of this Quiz will continue to build on evidence regarding the OLD climate in Australia, with a focus on risk factors. The findings will help inform key stakeholders, including government and industry, with where best to take action.

From programs to systems: reframing prevention as strategic infrastructure in public health

Dr Deepa Dhital¹, Ms Caitlin Syrett¹, Ms Joanne Richardson²

¹National Nutrition Foundation, Melbourne, Australia, ²Victorian Department of Health, Victorian Government, Australia, Melbourne, Australia

1A - Building sustainable systems and Investment Models, Ballroom 1, May 5, 2026, 11:00 AM - 12:30

PM

Australia's prevention landscape has been shaped by short-term, project-based funding, which can produce isolated successes rather than sustained, system-wide improvements in health and wellbeing. Addressing complex public health challenges such as unhealthy food environments requires a shift from prevention programs to prevention systems that are embedded, enabling, and adaptive.

The Healthy Eating Advisory Service (HEAS), delivered by National Nutrition Foundation and supported by the Victorian Government, exemplifies this shift. Since 2012, HEAS has evolved from a service into an enabling system for implementing and sustaining Victorian Government policy, including the Healthy choices: policy directive in Victorian public health services, which has achieved high compliance for four years. HEAS is strategic prevention infrastructure, connecting government policy to sector-wide practice change, that provides health professionals and food service staff with information, resources and digital tools, enabling them to engage local stakeholders, and plan, implement and maintain change.

HEAS's evolution reflects a shift in purpose, relationships, and capacity to act. Government and health service leadership creates conditions for collaboration and shared ownership, while HEAS empowers active partners that shape change. By strengthening relationships with health promotion professionals, government departments, suppliers, and health service leaders, HEAS surfaces structural barriers and workforce gaps. These insights led to co-designed and adaptive support models, including coaching, communities of practice, and resources, building capability across the system. By supporting change-makers, HEAS shifts implementation from compliance-driven activity to embedded, evolving practice, demonstrating how systems change is sustained through collective agency, strategic infrastructure and measurable systems impact.

Using a systems lens, this case re-frames prevention as strategic investment. Sustained impact requires funders to move beyond isolated programs and invest in infrastructure that adapts with complexity, enabling long-term, transformative change in public health systems.

Embedding digital tools in systems change: Lessons from FoodChecker's multi-jurisdictional journey

Dr Deepa Dhital¹, Ms Caitlin Syrett¹, Ms Julie-Anne McWhinnie²

¹National Nutrition Foundation, Melbourne, Australia, ²Victorian Department of Health, Victorian Government, Australia, Melbourne, Australia

2D - Leveraging Technology for Prevention, Harbour View 1, May 5, 2026, 3:30 PM - 5:00 PM

Shifting food environments towards healthier options is a complex challenge that depends on coordinated action across multiple system components including policy, leadership, workforce, procurement, and governance. FoodChecker is a digital platform designed to support organisations assess the nutritional quality of foods and drinks against state government nutrition criteria for long day care, schools, hospitals and health services, and more. It was developed by the National Nutrition Foundation, with support from Victorian Government.

Since 2017, FoodChecker has evolved from a Victorian tool into a nationally adaptable infrastructure funded by four state governments: Victoria, Queensland, South Australia, and Western Australia. It provides tailored, real-time feedback aligned with each jurisdiction's nutrition policies, enabling users to assess menus, improve procurement practices, and implement system-level change. To date, over 6,300 individuals from over 3,600 organisations have completed 140,000 assessments in FoodChecker.

FoodChecker's impact depends on how it is embedded into organisational processes. Skilled health professionals who work in food service, nutrition, menu planning, engaging stakeholders and policy implementation play a critical role in engaging settings, and translating insights into action. Leadership commitment, policy alignment, and governance structures are essential to convert assessment results into sustained improvements.

FoodChecker illustrates how digital tools can serve as infrastructure within broader prevention systems. Its value lies in how it connects policy to practice, builds skills in translating nutrition standards into action, and enables consistent implementation across diverse settings and jurisdictions. When embedded into organisational processes and supported by leadership, governance, and workforce capability, FoodChecker becomes a lever for system-wide change. As jurisdictions invest in prevention, FoodChecker offers a scalable, adaptable model that supports evidence-informed decision-making, strengthens accountability, and fosters collaboration.

Protocol for modelling the health and economic effects of e-cigarette policy

Prof Louisa Collins¹, A/Prof Michelle Jongenelis², Prof Kerriane Watt³, A/Prof Alexander Larcombe⁴, Dr Daniel Lindsay¹, Dr Henry Marshall⁵, Prof Francis Mitrou⁶, Dr Tan Doan³, Dr Michelle Scollo⁷, Ms Paige Preston⁸, Ms Chelsea Pirodon⁸, Mr Peter Thomas⁹, Ms Amanda McAtamney¹⁰, Ms Louise Ross¹¹

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⁵The Prince Charles Hospital, Brisbane, Australia, ⁶The Kids Research Institute Australia, Perth,

Australia, ⁷Cancer Council Victoria, Melbourne, Australia, ⁸Lung Foundation Australia, Brisbane,

Australia, ⁹Heart Foundation Australia, Melbourne, Australia, ¹⁰Cancer Council Australia, Sydney,

Australia, ¹¹Department of Health, Disability & Ageing, Canberra, Australia

1B - Economic Value of Prevention, Ballroom 2, May 5, 2026, 11:00 AM - 12:30 PM

Introduction: In 2024, Australia introduced landmark federal reforms regulating e-cigarette use. These changes prohibit the importation of single-use disposable vapes and the manufacture, supply, and sale of e-cigarettes for recreational purposes, while permitting pharmacy-based access for smoking cessation. This collaborative study aims to assess the health, economic, and equity impacts of these reforms compared to alternative strategies, including a counterfactual scenario of no major policy change.

Methods: Working with partners from Cancer Council Australia, Heart Foundation Australia, Lung Foundation Australia, and the Department of Health, Disability and Ageing, we will develop and implement an Australian e-cigarette policy simulation model to estimate short-term (5-year) and long-term outcomes. Over two years, the project will integrate new health service data on acute vaping-related harms from the pre-hospital sector, conduct stakeholder workshops to inform model structure and inputs, and undertake rapid evidence reviews focusing on respiratory, cardiovascular, and cancer endpoints. Cost components will include law enforcement, quit campaigns, and environmental impacts.

Conclusion: We will present the study design, modelling approach, and data sources, alongside plans for external validation and strategies to address uncertainty. We will seek feedback and engagement for these plans. Findings will provide the first health economic evaluation of Australia's e-cigarette reforms, offering critical insights for public policy and implications for health equity.

Accelerating action on an Australian health levy on sugary drinks

Ms Katarnya Hickey¹, Ms Jane Martin¹, Dr Damian Maganja¹, Ms Rosie Hart¹

¹Food For Health Alliance, Melbourne, Australia

4A - Commercial Determinants of Health - Nutrition and Alcohol, Ballroom 1, May 6, 2026, 3:30 PM - 5:00 PM

Problem:

A health levy on sugary drinks is widely recommended by Australian and international public health organisations and has been implemented in nearly 120 countries around the world. Evidence shows it is effective in encouraging drink manufacturers to reduce sugar in their products, in driving consumers to choose lower sugar products, and in raising government revenue. Australia is falling behind international best practice, and action is urgently needed to curb diet-related disease.

In Australia, a health levy on sugary drinks is widely supported by the sector and is also reflected in government strategies and parliamentary reports. Until now, there has not been a clear agreed public health position on how a levy should be designed and implemented in Australia.

What we did:

We developed an aligned public health position on a sugary drinks levy in Australia. Food for Health Alliance secured philanthropic funding to support the project. First steps were to establish an advisory group of public health and consumer organisations and academic experts on sugary drink taxes to inform the development of an aligned policy position. This was then taken more widely for endorsement by other organisations to support aligned advocacy.

This presentation will set out the steps we took to develop an aligned policy position, including:

- Developing the project aim and scope
- Identification of key issues and discussion points
- Assessment of evidence and strategic considerations
- Interaction with concurrent message testing project
- Policy discussion and wider stakeholder engagement
- Endorsement process

Results:

The presentation will discuss the steps and outcomes of this policy development process and the final policy outlined in the position statement.

It will also include discussion of how the policy platform has been used and will be used to support advocacy by the sector.

Lessons:

The presentation will set out major successes and challenges throughout the policy development process and offer key suggestions to other organisations considering a similar process.

UV Exposure in WHS: Advancing Sustainable Worker Protection

Ms Tara Ray¹, Liz King, Emma Stephenson

¹Cancer Council NSW, Woolloomooloo, Australia

5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Problem

Australia has the highest global incidence of skin cancer. Outdoor workers face extreme and cumulative exposure to solar ultraviolet (UV) radiation. This is not only a workplace health and safety issue, but also a matter of health equity. Outdoor workers are more likely to be male, live in rural and regional areas, and come from lower socioeconomic backgrounds, increasing their vulnerability to preventable harm.

What we did

Cancer Council NSW conducted a literature review of workplace sun safety interventions, examining 46 publications and four systematic reviews. The review covered 28 interventions across industries such as construction, farming, transport, and recreation.

Key Findings

Multicomponent interventions were consistently more effective than single-strategy approaches. Successful strategies included education, policy, environmental supports, personal protective equipment and leadership engagement. Leadership buy-in, workplace champions, and tailored messaging were critical enablers. Aligning sun safety with Work Health and Safety (WHS) legislation improves uptake and sustainability.

Lessons Learned and Next Steps

Translating evidence into action requires systems thinking, equity-focused planning and sustained investment. Tailored approaches that consider cultural attitudes, occupational norms and implementation barriers are essential to reaching underserved populations. Equity must be central to intervention design to ensure protection for those most at risk.

This review provides actionable insights for employers, policymakers, and health advocates. Embedding sun safety into workplace culture and WHS systems can reduce the burden of skin cancer and protect vulnerable Australians from preventable harm.

As the next step, Cancer Council NSW will develop a practical workplace toolkit to support implementation of best-practice sun safety strategies. The toolkit will be piloted with outdoor worker organisations to test feasibility, acceptability and impact, with a focus on supporting equity and sustainability in real-world settings.

Towards an Australian health levy on sugary drinks: public health messaging

Ms Katarnya Hickey¹, Jane Martin¹, Anna Nicholson¹, Gemma Muir¹, Dr Damian Maganja¹, Rosie Hart

¹Food For Health Alliance, Melbourne, Australia

2B - Education and Communication for Prevention, Ballroom 2, May 5, 2026, 3:30 PM - 5:00 PM

Introduction:

A health levy on sugary drinks is an evidence-based policy that has been implemented in nearly 120 countries around the world. Public health organisations are now advocating for the implementation of this policy in Australia. To build public support, the way advocates speak about this issue must be consistent and influential. This research aimed to design and test messages to guide advocacy and align communication across the Australian public health sector.

Methods:

Food for Health Alliance engaged Essential Media to undertake consumer research and message testing on a sugary drinks levy (or tax) in Australia in two phases:

- **Qualitative:** An online discussion board with n=40 Australian adults was conducted across 3 days in October 2025 to explore consumer sentiment towards a sugary drinks tax/levy and identify strong arguments for further testing.
- **Quantitative:** An online panel survey with n=1500 Australian adults, using nationally representative quota-based sampling, is planned for November 2025 to quantify consumer sentiment and assess the perceived effectiveness of messages to increase policy support.

Results:

The qualitative phase identified the following insights:

- Participants understand health harms of added sugar and think most people consume too much,
- Participants do not trust manufacturers to prioritise health over profit, and support government action,
- Arguments about driving reformulation and using revenue to fund health promotion may help to increase public support, and
- Cost of living, individual responsibility and artificial sweeteners are counterarguments that may detract support.

The presentation will include results from the national online message testing survey on support for a sugary drinks tax (available late 2025).

Conclusion:

Early results indicate public health messaging could help to increase public support for a sugary drinks tax. Final results will provide specific recommendations on the most promising messages for use by public health advocates to support adoption of the policy.

An in-depth exploration of consumers' perceptions of ultra-processed food

Dr Jo Dono^{1,2}, Dr Kerry Ettridge^{1,3}, Professor Caroline Miller^{1,3}

¹Health Policy Centre, SAHMRI, Adelaide, Australia, ²School of Psychology, University of Adelaide, Adelaide, Australia, ³School of Public Health, University of Adelaide, Adelaide, Australia

3B - Diet - Commercial Determinants, Ballroom 2, May 6, 2026, 11:00 AM - 12:30 PM

Background: Australian adults are high consumers of ultra-processed foods and drinks, which increases their risk of poor health outcomes such as overweight/obesity, type 2 diabetes, and cardiovascular disease. The concept of ultra-processing, and a level-of-processing framework to communicate dietary risk, is a relatively new way of highlighting 'what not to eat'. This study aimed to develop insights into consumers' understanding and knowledge gaps regarding ultra-processed foods and drinks.

Methods: A total of 12 focus groups (n=72) were conducted with Australian adults aged 18-64 years in October/November 2025. A semi-structured discussion guide was used to explore familiarity and understanding of ultra-processing, perceptions of ultra-processed food consumption and their potential health risks, strategies for identifying ultra-processed products, and support for interventions designed to reduce consumption of ultra-processed products. Audio recordings were transcribed and analysed thematically.

Results: Preliminary findings indicate that the term ultra-processed food was new for many participants, but it was intuitively understood as a category of food that is potentially harmful, and therefore useful for communicating dietary risk. Participants had varied understanding of the differences in manufacturing techniques used to process foods, which contributed to confusion about the differences between processed and ultra-processed products. Additionally, existing information available to consumers (e.g. ingredient lists, nutrition information) were perceived to be of limited value in identifying ultra-processed products. Participants responded favourably to the addition of front-of-pack warning labels to indicate that a product was ultra-processed.

Conclusion: The concept of ultra-processing has value in guiding consumers in what not to eat, but further guidance on how to apply the concept in practice is needed. This could be achieved through mass media campaigns and on-pack warning labels.

Skin Cancer Imposes a Substantial and Preventable Burden on Victoria's Health System

Dr Clement Wong^{1,2,3,4}, Mrs Emma Glassenbury⁴, Dr Clover Maitland^{4,6}, Professor

Louisa Collins⁵, Adjunct Associate Professor Craig Sinclair^{4,7,8,9}, Associate Professor Nikki McCaffrey^{1,2,3,4}

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Melbourne, Australia

1B - Economic Value of Prevention, Ballroom 2, May 5, 2026, 11:00 AM - 12:30 PM

Introduction

Skin cancer is the most common and costly cancer in Australia, with an estimated annual burden of \$2.5 billion. Though prioritised in the Victorian Cancer Plan, funding for the SunSmart program in Victoria has declined by 60% over the past two years. This reduction has occurred despite strong evidence supporting the effectiveness of SunSmart—a multi-component, internationally recognised skin cancer prevention program implemented since 1988. To inform future investment and support advocacy, contemporary data are needed to quantify the burden and economic and social value of skin cancer prevention in Victoria.

Methods

This project comprised two interrelated analyses, a retrospective population-based analysis of skin cancer burden on Victorian public hospitals (2017-24), using administrative data to quantify hospitalisations, procedures, costs, and bed days, and a return-on-investment (ROI) analysis of the SunSmart program versus no program using a Markov cohort model.

Results

Preliminary hospital data suggest significant impacts of keratinocyte cancer (KC) and melanoma on hospitalisations, with increasing admissions and hospital costs over the past six years. The ROI analysis estimated that delivering SunSmart over 20 years prevented 32,938 melanomas, 2,254 melanoma deaths, and 702,876 KCs, while generating 17,678 QALYs. The estimated ROI was A\$4.01 of savings in cancer treatment to the Victorian state government for every dollar spent and A\$6.45 from a societal perspective.

Conclusion

Skin cancer poses a substantial and preventable burden on Victoria's health system. Increased and sustained investment in prevention through the SunSmart program—including policy development, education, and supportive environments—alongside public education, offers significant cost savings, improved health outcomes, and reduced productivity losses. These findings provide a compelling evidence base to support long-term, equitable funding for skin cancer prevention in Victoria.

Building towards a sustainable prevention system for children and families in Queensland

Ms Kate Weller¹

¹Queensland Health, Brisbane, Australia

5B - Building Sustainable Systems, Ballroom 2, May 7, 2026, 9:00 AM - 10:30 AM

The foundations for lifelong health are established in early childhood, yet the visibility of children and families within Queensland's prevention system has historically been limited. In 2025, a Business Case for Change within the Department of Health created a catalyst to reposition this focus, aligning children and families within the existing Prevention Strategy Branch pregnancy program and strengthening a whole-of-life approach to prevention.

Rebuilding prevention for children and families requires learning what it takes to move from the margins to a sustained system priority. Using change management and communication design principles, the program has built momentum and shared purpose across sectors through visual storytelling, consistent language, and practical tools that generate buy-in and shared accountability. This approach builds on existing system strengths such as Queensland's universal child health and kindy platforms, established interagency partnerships and a growing cross-sector commitment to early years wellbeing. While progress is being made, we continue to learn and adapt as we work to embed children and families more firmly within Queensland's prevention agenda.

Although prevention funding remains largely program-based, emerging system levers are driving more collective and enduring investment. National and state initiatives including the Thriving Kids initiative, Medicare reforms, Healthy Kindy Kids and Putting Queensland Kids First are being harnessed to create alignment between policy, funding and outcomes, positioning early life prevention as a unifying driver for sustainable population health improvement.

This presentation explores the key enablers, lessons and opportunities emerging from this reform process, offering practical insights into how system alignment, design thinking and strategic communication can strengthen prevention investment. Together, these efforts demonstrate how rebuilding prevention around children and families can anchor long-term sustainability and renew a collective purpose across parallel systems.

Strengthening Quitline Queensland's Evaluation Framework Through Evidence-Based Redesign

Mr Hillary Rono¹, Ms Shelley Peardon-Freeman¹, Ms Joanne Isbel¹, Ms Hannah Brumm²

¹Health Contact Centre, Clinical Excellence Queensland, Queensland Health, Brisbane, Australia, Brisbane, Australia, ²Prevention Strategy Branch, Population Health Division, Queensland Health, Brisbane, Australia, Brisbane, Australia

1E - Prevention and Cessation Programs, Harbour View 2, May 5, 2026, 11:00 AM - 12:30 PM

Problem:

Queensland Health's Quitline service provides state-wide smoking and vaping cessation support through single and multi-contact programs. Until 2023, evaluation of client outcomes occurred via scheduled follow-up calls at 3-, 6-, and 12-months post program completion. This phone-based model was resource-intensive and excluded clients who completed single contacts or disengaged early in the multi-contact program or used nicotine vaping products. With the increase in vaping and the opportunity to leverage digital tools, a contemporary evaluation framework was needed.

What we did:

Over 12 months, Quitline translated existing evidence and knowledge of cessation experts into a new evaluation framework. Implemented in September 2024, the new evaluation framework aims to incorporate validated measures to assess tobacco and vaping cessation outcomes across all clients. The process involved technical upgrades and comprehensive staff training. Data is now collected at two time points: 12 weeks post-first planning call (EV1), and six months post-first evaluation (EV2). A dual-modality model is used to maximise client engagement and efficiency; clients receive an automated SMS with a link to an online survey, followed by up to three phone attempts. The revised measures include validated questions on point-prevalence and prolonged abstinence for smoking and vaping, plus a feedback question on client experience of the service.

Results:

Between September 2024 and July 2025, 3,113 EV1 and 481 EV2 surveys were sent to clients. Completion rates were 66.8% for EV1 and 62.4% for EV2. Most responses were collected through follow-up phone contact (75.7%) and 24.3% through the online survey. This framework increased opportunities for clients to share experiences and feedback, with compliments increasing from 51 in FY2023–24 to 70 in FY2024–25.

Lessons :

The new evaluation framework enables evaluation cycles to be activated or paused as needed, supporting responsiveness to service priorities. Quitline is preparing for a detailed evaluation of outcome data, with full analysis planned for 2026.

Applying virtual care treatment models for vaping cessation: Queensland Quitline

Ms Joanne Isbel¹, Ms Shelley Peardon-Freeman¹, Mr Hillary Rono¹, Ms Hannah Brumm², Ms Madonna Kennedy²

¹Health Contact Centre, Clinical Excellence Queensland, Queensland Health, Brisbane, Australia, Brisbane, Australia, ²Prevention Strategy Branch, Population Health Division, Queensland Health, Brisbane, Australia., Brisbane, Australia

1E - Prevention and Cessation Programs, Harbour View 2, May 5, 2026, 11:00 AM - 12:30 PM

Problem:

For two decades Queensland Health's Quitline service has provided best practice care for tobacco cessation including behavioural counselling and nicotine replacement therapy. Recently the proportion of Queenslanders who vape has increased from 2.1% (2018) to 7.7% (2024). As vaping prevalence increased, there was a need to expand the Quitline model of care, particularly as Queensland Quitline's Intensive Quit Support Program (IQSP) eligibility was not available to people who exclusively vaped. This gap created inequity in access to evidence-based nicotine-dependence treatment.

What you did:

In March 2023 Quitline was funded to expand the IQSP to include people who exclusively vape. The model of care for tobacco cessation was adapted for vaping, supported by technical system updates, and tailored staff training, including modules on engaging young people. The expansion was guided by evidence on nicotine dependence and best-practice cessation support. Clients are considered suitable for NRT treatment if they vape within 30 minutes of waking or have a history of withdrawal symptoms. In 2024, people under 30 were added as a priority population eligible for IQSP.

Results:

In 2024–25FY, 23.6 % (n=1,567) clients participating in the IQSP reported vaping (792 dual users and 774 exclusive vapers). 52% (n = 818) were female and 43% (n = 681) were male, with the highest participation among those aged 30–39 years. Preliminary evaluation outcomes show that 44% of clients who exclusively vaped reported quitting, whilst 29% of dual users quit both smoking and vaping (12 weeks post first call). Overall, 38% of respondents reported quitting vaping making IQSP clients 7.6 times more likely to quit vaping compared to those attempting an unsupported quit.

Lessons:

Principals of nicotine treatment dependence are transferrable. Clients of all ages are seeking support to quit vaping. The accessibility of vaping and illicit market present additional challenges for sustained cessation.

Weld wisely: Raising awareness of cancer risks from welding

Dr Matthew Govorko¹, Melissa Treby¹

¹Cancer Council Western Australia, Subiaco, Australia

2B - Education and Communication for Prevention, Ballroom 2, May 5, 2026, 3:30 PM - 5:00 PM

Welding is a common activity in many Australian workplaces, but it comes with serious health risks. Workers can be exposed to cancer-causing agents such as welding fumes and ultraviolet radiation from the welding arc. These exposures can lead to lung cancer and melanoma of the eye, respectively. Recent research [1] shows that over 90% of welders in Australia are exposed to welding fume, yet the use of effective control measures remains poor.

In response to this often overlooked risk, Cancer Council's KNOW Workplace Cancer project, with funding support from the Australian Institute of Occupational Hygienists Foundation, delivered a national online awareness campaign to inform and empower welders, supervisors, employers, WHS professionals, union representatives, and industry stakeholders. Launching in August 2025 to coincide with Tradies National Health Month, the campaign aimed to raise awareness of the cancer risks associated with welding and to promote effective control measures that can be used to reduce exposure and protect workers.

Key components of the campaign included producing 90-second and 15-second animated explainer videos, hosting a free webinar with an occupational cancer expert, and delivering a coordinated mix of paid and organic social media activity across multiple platforms throughout August. All assets and key messages were evidence based, supported by expert input, and aligned with the welding hierarchy of control.

Performance of this campaign exceeded both industry benchmarks and previous KNOW Workplace Cancer campaign results, demonstrating the power of targeted health messaging to relevant trade audiences. The campaign's success stemmed from three factors: platform-specific content strategy (video-first approach), precise audience targeting (trade professionals vs general audiences), and agile optimisation throughout the campaign duration. These lessons can help guide future campaigns to raise awareness of workplace cancer risks and uphold every worker's right to a safe and healthy workplace.

[1]Fritschi L, Driscoll TR, Nguyen H, Abdallah K, Carey RN. Occupational exposure to welding fume in Australia: An online survey. Australian and New Zealand Journal of Public Health. 2024 Aug 1;48(4):100165.

Consumer knowledge and perceptions of sweeteners: A national survey

Dr Enola Kay^{1,2}, Dr Kerry Ettridge^{1,3}, Dr Jo Dono^{1,4}, Professor Caroline Miller^{1,3}

¹Health Policy Centre, SAHMRI, Adelaide, Australia, ²Flinders University Institute for Mental Health and Wellbeing, College of Education, Psychology and Social Work, Flinders University, Adelaide, Australia, ³School of Public Health, The University of Adelaide, Adelaide, Australia, ⁴School of Psychology, The University of Adelaide, Adelaide, Australia

2E - Diet + Alcohol - Centring People and Culture & Translating Evidence, Harbour View 2, May 5, 2026,
3:30 PM - 5:00 PM

Introduction: The World Health Organization recommends against the use of non-sugar sweeteners (NSSs) due to limited evidence of long-term benefits and potential health risks. In contrast, non-sugar sweetened beverages are often promoted as healthier alternatives to sugar-sweetened beverages, potentially creating confusion among consumers. This study sought to provide insight into how the Australian public view NSSs.

Methods: A nationally representative online survey of Australian adults (N=2,876) assessed a range of NSS knowledge and perceptions, including general NSS knowledge, identification of sweeteners (sugars and NSSs), knowledge of NSS health effects, perceived 'naturalness' of NSSs, and NSS consumption awareness and intentions. Associations with demographic characteristics, and consumption patterns were also examined.

Results: Results indicated participants varied in general NSS knowledge. For example, 74% correctly indicated that NSSs must be listed in the ingredients list, but 77% incorrectly indicated that NSS use must also be declared on front-of-pack labels. Participants showed mixed ability to identify sweeteners, with this highest for sugars (63-69%), followed by natural sweeteners (16-72%), and lowest for artificial sweeteners (5-44%). Most (74%) believed NSS consumption to be associated with health risks, yet few perceived any personal current (15%) or future (17%) risks. Most participants perceived natural foods as important for health (87%), products containing artificial additives as harmful (56%), and sweeteners as unnatural (50%), and aimed to make healthy drink choices (68%). However, participants showed limited awareness or concern about the sweeteners they consume and were inconsistent in checking beverage packaging for added sugars (51%) or particular sweeteners (34–39%).

Conclusion: Australians value healthy and natural drink choices but displayed limited concern, awareness, and knowledge about NSSs and their NSS intake. These findings highlight the need for clear, evidence-based communication to improve consumer understanding and support informed beverage choices aligned with consumer values and public health goals.

Obesity prevention mass media campaigns: An updated rapid review

Dr Enola Kay^{1,2}, Dr Kerry Ettridge^{1,3}, Hannah Alexandrou¹, Dr Jo Dono^{1,4}, Professor Caroline Miller^{1,3}

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2B - Education and Communication for Prevention, Ballroom 2, May 5, 2026, 3:30 PM - 5:00 PM

Background: Mass media campaigns are a key population-level preventive health strategy for addressing overweight and obesity. The present review synthesised recent evidence on implemented obesity prevention campaigns and their outcomes, identifying key features of effective campaign development and implementation to inform future campaign strategies and priorities.

Method: Recent (2019-2024) evaluations of obesity prevention mass media campaigns were identified via systematic searching of two electronic databases (Medline, PubMed), supplemented with grey literature and hand searching. Campaign design, implementation, and key outcomes were reviewed.

Results: Forty-three evaluation documents, covering 19 campaigns, were assessed. The review identified a need for campaigns that adopt multi-faceted approaches (addressing multiple obesity-related behaviours), use high-reach media channels (e.g., television), and are sustained over several years, to support behaviour change at scale. Further findings highlighted the need for ongoing tracking of longer-term outcomes and population-level campaign impacts, especially for behaviour change outcomes, and the need for detailed reporting of campaign development and implementation processes to provide greater insight into the quality and reach of implemented campaigns.

Conclusion: Findings reinforce the value of mass media campaigns as a valuable and scalable tool for obesity prevention, particularly when strategically designed and sustained over time. However, findings also highlighted several priority areas for developing effective campaigns. These findings have the potential to improve the development and implementation of future obesity prevention mass media campaigns to maximise their impact for the prevention of overweight and obesity.

Leveraging mHealth to reach partners through parent-led recruitment: Learnings from HB4HNEKids

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2D - Leveraging Technology for Prevention, Harbour View 1, May 5, 2026, 3:30 PM - 5:00 PM

Problem:

Partners of breastfeeding parents are uniquely positioned to provide breastfeeding support, however, are often overlooked in intervention design. Evidence indicates that mobile health (mHealth) programs delivered to partners can improve exclusive breastfeeding and breastfeeding self-efficacy, highlighting their potential as scalable tools for personalised prevention. Healthy Beginnings for HNEKids (HB4HNEKids), an existing mHealth program, invited breastfeeding participants to connect their partner/support person to a tailored mHealth package. Initial sign-up rates were lower than anticipated, highlighting the need to refine recruitment tools to better engage partners.

What we did:

Breastfeeding participants in HB4HNEKids were sent a text invitation to sign up their partner/support person to receive up to 30 text messages over 6 months with practical tips to support breastfeeding. Nine combinations of three conditions (wording of invitation message; timing of invitation; recruitment survey format) were modified to improve engagement and reach. Refinements occurred in stages, allowing iterative testing based on engagement.

Results:

A minimum of 40 participants were exposed to each combination. Recruitment rates ranged from 4-24%. Wording strongly influenced engagement: warm, family-oriented phrasing referencing both mum and infant and explicitly using the term partner produced the highest response, while clinical language reduced engagement. Messages sent between 6-7pm achieved higher engagement (19-24%) than those sent during business hours (4-15%). Simplifying the sign-up survey further improved recruitment. The final optimised message, sent between 6-7pm, referencing 'partner' and 'family support', and linking to a short survey, achieved a 41% click rate and 24% recruitment rate.

Lessons:

Encouraging breastfeeding parents to connect their partners to mHealth programs shows promise, but requires attention to message design, timing, and tone. Even small changes, including personalising language and optimising delivery time, can considerably influence engagement. These findings demonstrate how parent-led recruitment can be leveraged to extend program reach and deliver personalised preventive health interventions at scale.

Find Cancer Early: Building connection through community-driven messaging in Regional WA

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Problem:

People living in regional Australia have lower five-year survival rates for all cancers combined compared with those living in major cities. Differences in symptom appraisal and help-seeking behaviour have been linked to a complex mix of cultural, social, and practical factors, including how symptoms are interpreted, perceived and real barriers to seeking care such as; optimism, stoicism, machismo, fear, embarrassment, and competing demands. In Western Australia (WA), these factors contribute to later cancer diagnosis and poorer survival.

What you did:

Find Cancer Early (FCE), an early diagnosis campaign, began in 2011 to help improve cancer survival in regional Western Australians. The latest campaign, Give yourself the best chance, includes personal stories that share their lived experience with cancer and encourage people to act early when they notice urgent cancer symptoms.

In response to research insights, community consultation, and ad testing, messages were simplified with clear, conversational plain, positively framed language. Campaign content was localised to regional areas, personal stories from Aboriginal people were built in, and Cancer Council's Aboriginal Advisory Group were consulted on campaign materials.

In March 2025, an online post campaign survey was undertaken to evaluate the campaign's credibility and effectiveness amongst regional Western Australians over 40 years.

Results :

The online survey was completed by 749 regional Western Australians, among the 72% of survey respondents who recognised the Give yourself the best chance campaign (n=558), 98% agreed the ads were easy to understand, 97% found them believable, and 94% said they could be trusted. A further 79% found them personally relevant.

Lessons:

Simplifying the language, using real local (including culturally relevant) personal stories and taking on board external feedback helped the campaign resonate with regional communities. FCE demonstrates that prevention efforts are most powerful when communities feel seen, heard, and represented

Licence to kill? Methods and support for reducing tobacco licences in WA

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3A - Tobacco + Alcohol - Commercial Determinants, Ballroom 1, May 6, 2026, 11:00 AM - 12:30 PM

INTRODUCTION:

The oversupply of tobacco products (both legal and illicit) in Australia is a powerful commercial determinant of health. All Australian jurisdictions now require retailers to hold a licence, but none restrict the number, type, or location of outlets. The aim of this research was to measure public support for reducing tobacco licences and to model the effect of hypothetical licensing reforms in Western Australia (WA).

METHODS:

In December 2024, a representative sample of WA adults reported their attitudes towards reducing tobacco availability in WA. We then investigated reform scenarios that had strong community support, including banning tobacco outlets within specified proximity to schools; banning sales from or limiting sales to certain retailer types; and capping the number of tobacco outlets based on population density. Modelling was undertaken to quantify the reductions in licensed tobacco retail outlets in WA associated with each scenario.

RESULTS:

Of the 1,012 survey respondents (11% smokers), 70% agreed that tobacco should be less available or not available at all (75% non-smokers, 26% smokers). The majority (81%) supported banning tobacco sales within 500 metres of a school. Less than one third thought tobacco should be sold at convenience stores, delis, or lunch bars. Among respondents who smoked, 46% said they would probably smoke less if they had to go further out of their way to purchase cigarettes.

There were 3,079 licenced tobacco retailers in WA in July 2025, equivalent to approximately 10.3 per 10,000 people, with higher outlet density in socioeconomically disadvantaged areas. Results will be presented for each of the modelled scenarios, together with recommendations for licensing reforms.

CONCLUSION:

Licensing reforms can directly reduce the availability of legal tobacco and indirectly reduce illicit supply, by aiding enforcement. There are impactful, sustainable options that are likely to be supported by the wider community.

Scaling the Australian Food Atlas: Providing Food Environment Evidence for Policy Action

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1D - Food & Policy - Building Sustainable Systems, Harbour View 1, May 5, 2026, 11:00 AM - 12:30 PM

Problem: Poor food environments are consistently linked to poor health outcomes. Internationally, food environment atlases have been used to guide local government decisions, enabling evidence-based planning and policy reform. However, Australia lacks such a system to monitor and improve these environments. To address this, our team developed the Australian Food Atlas—a scalable, interactive platform that maps and monitors food access using validated, nutrition-focused classifications and geospatial dashboards.

What we did: Following a successful pilot in Western Australia, in which we mapped over 15,000 food businesses across 32 metro Perth local government areas, the Atlas has now been expanded throughout Western Australia and 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. Dashboards showing maps and key metrics were co-designed with local governments to ensure they were user-friendly and would effectively support planning and policy decisions. The dashboards draw on official food business registration data, ensuring an accurate and comprehensive data set. A nutrition-focused classification framework was applied to generate meaningful indicators. AI technology was leveraged to allow timely processing of large amounts of data and also make annual updates feasible.

Results: The Australian Food Atlas provides a practical, scalable solution for translating evidence into action. It enables local governments to identify food access inequities, monitor changes over time, and implement targeted interventions aligned with state and national preventive health strategies. The Australian Food Atlas has already been used to strengthen public health planning and start conversations on urban planning policy.

Lessons: By equipping policymakers with robust, user-friendly tools, the Australian Food Atlas has strengthened pathways from research to policy and practice in two states. A nation-wide tool is required to support the delivery of equitable, impactful, and sustainable prevention strategies across systems throughout Australia.

Economic analysis for obesity prevention priority-setting in South Australia

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1B - Economic Value of Prevention, Ballroom 2, May 5, 2026, 11:00 AM - 12:30 PM

Introduction

Overweight and obesity has overtaken smoking as the leading cause of preventable health conditions nationally. In 2024, 37% of children and 66% of adults in South Australia (SA) were living with overweight or obesity. Reversing this trend requires system-wide change to address environments that promote unhealthy weight. Preventive Health SA, supported by Deakin University, is undertaking research to generate evidence on the health and economic impacts of obesity-related preventable disease and the value for money of prevention initiatives.

Methods

The program of work includes estimating the economic impact of overweight and obesity in SA from 2025 to 2030 using a prevalence-based approach, drawing on data from the SA Population Health Survey, to estimate direct (e.g., healthcare cost for chronic illness associated with high BMI) and indirect costs (e.g., productivity loss due to workforce absenteeism) using local, national, and international data. A comprehensive priority-setting study will model the cost-effectiveness of obesity prevention interventions and develop a multi-criteria decision analysis (MCDA) framework that considers criteria such as equity and feasibility, to rank prevention strategies for implementation in SA.

Results

Findings estimate that 1,107,064 South Australians are living with overweight and obesity in 2025, increasing by about 64,000 to 1,171,169 in 2030. The total cost is estimated at \$4.17 billion in 2025, increasing to \$4.79 billion in 2030, with indirect costs comprising 72% of total costs. The priority-setting study is underway, with 10 priority interventions identified for inclusion, spanning retail, marketing, procurement, urban planning, and community-based approaches. The MCDA framework and evidence from a scoping exercise on the effectiveness and cost-effectiveness of interventions will be presented.

Conclusion

This research builds the economic case for increased investment in obesity prevention and will guide the implementation of evidence-based strategies, such as laws and regulations, school- and community-based programs, and public education campaigns, to drive positive change in obesity-related health outcomes.

Data to Dialogue: Engaging MPs and Communities through the Australian Cancer Atlas

Dr Danielle Jackman¹

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4C - Cancer Prevention and Screening and Early Onset Cancers, Ballroom 3, May 6, 2026, 3:30 PM - 5:00 PM

Where people live has a profound influence on their health. Across Australia, postcode differences remain clear in the incidence, survival, and burden of chronic diseases such as cancer. Yet policymakers and communities often lack accessible, localised data to understand and respond to these disparities in an evidence-informed way. The Australian Cancer Atlas helps bridge this gap. Developed by Cancer Council Queensland and Queensland University of Technology, the Atlas is a freely available online platform that visualises small-area variations in cancer incidence, survival, and screening participation and risk factors across the country. It transforms complex epidemiological data into clear, interactive maps that make patterns and inequities visible down to suburb level.

As part of a tailored outreach campaign, every Member of the Queensland Parliament was invited to work with us Cancer Council Queensland on customised Atlas infographics that highlighted areas within their electorates with high rates of preventable cancers, combined with preventive health messaging.

MP engagement with the Atlas has led to a range of place-based prevention initiatives, from volunteer-led education activities and media engagement to the integration of Atlas data in parliamentary speeches and joint MP–Cancer Council Queensland community campaigns. Early feedback from MPs highlights the Atlas’s credibility and its value in supporting meaningful, evidence-based dialogue about cancer prevention. This presentation will showcase several MP-led community campaigns that leverage local Australian Cancer Atlas insights on preventable cancers, such as melanoma, lung cancer, and liver cancer. These case studies demonstrate the power of data storytelling to bridge the gap between research, policy, and community.

By translating complex evidence into clear, local narratives, the Australian Cancer Atlas enhances political understanding and community literacy of preventive health and motivates collective action to reduce inequities in cancer outcomes.

NSW SunSmart: A Framework for Transformation

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¹Cancer Council NSW, Woolloomooloo, Australia

1E - Prevention and Cessation Programs, Harbour View 2, May 5, 2026, 11:00 AM - 12:30 PM

Problem

An evaluation of the NSW SunSmart program found there was a decline in the personal relevance and impact of sun safety messaging in NSW primary schools. While stakeholders recognise its importance, engagement with the SunSmart program varies, as sun safety is often seen as a well-established topic. The benefits of sun protection efforts are mainly viewed through a long-term health lens, with schools rarely considering the immediate, tangible benefits. The evaluation also showed that perceived membership influenced engagement more than actual membership, highlighting the need for a refined implementation model. There is a clear opportunity for CCNSW to reposition sun safety within NSW education systems to achieve deeper engagement and sustained improvement.

What We Did

CCNSW began a quality improvement project targeting early childhood and primary schools, with plans to include secondary schools. The Discovery Phase included a literature review, stakeholder consultations, an environmental scan, and a systems analysis of the NSW educational context. These insights informed the Conceptual Mapping Phase, resulting in a sun protection framework grounded in robust theoretical and systems-based approaches. Central to the methodology is a robust governance structure, with three collaborative, multidisciplinary steering groups. These groups comprise experts, end users, and youth informants to ensure alignment and strategic integration.

Results

A comprehensive NSW SunSmart Strategy was developed, shaped by extensive stakeholder input. The Strategy prioritises key initiatives and implementation methods to advance sun safety in educational settings. Next steps include redesigning program delivery, developing multi-component interventions, and launching pilot programs supported by digital delivery methods to enable scalability.

Lessons

Engaging multidisciplinary expertise, youth perspectives, and stakeholder feedback through responsive governance is vital for progressing sun protection in schools. This collaborative approach to program redesign will ensure UV protection is sustainably integrated into the broader education agenda, supported by tailored content and delivery mechanisms.

What does it mean to be SunSmart?

Ms Claire Osborne¹, Ms Liz King¹, Ms Tara Ray¹

¹Cancer Council Nsw, Woolloomooloo, Australia

5C - Preventive health - sun safety, workplace, climate health, Ballroom 3, May 7, 2026, 9:00 AM - 10:30 AM

Introduction

The NSW SunSmart schools' program is designed to protect children from harmful UV radiation. While 86% of NSW primary schools are current or former SunSmart members, research shows that membership status alone does not necessarily translate into improved sun safe behaviours. Genuine engagement and active involvement are needed to transform program reach into lasting change, underscoring the need for ongoing innovation and continuous improvement. To address this, a thorough program evaluation was required to better identify its strengths and limitations.

Methods

The impact evaluation was conducted to systematically assess the extent to which NSW primary schools were implementing the SunSmart program, and to evaluate its influence on sun safety knowledge, attitudes, and behaviours. Additionally, the study investigated the association between program membership and the adoption of sun safe practices within these settings. The study was comprised of a school survey, a parent survey, and qualitative interviews with school staff.

Results

Perceived membership status was a stronger predictor of sun safe attitudes and behaviours than actual membership among staff and parents. Only 69% of current member schools correctly identified their membership; 23% of lapsed-member schools and 19% of non-member schools believed they were current members. Sun protection measures were similar for member and non-member schools, except for sunscreen provision, which was higher in schools identifying as members regardless of their actual status.

Conclusion

The NSW SunSmart Program has improved sun safety knowledge and behaviour in primary schools; however gaps remain in awareness and practical application. Many schools assume sun protection is embedded, leading to complacency. Both schools and parents expressed concern that, without external enforcement or reminders, students' sun-safe behaviours would likely decline. These findings highlight the need for continuous improvement and targeted strategies to sustain sun protection practices and reinvigorate sun safety as a priority in NSW schools.

Do commercial complementary foods available in Nepal comply with WHO SEARO's standard?

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4B - Nutrition - Translating evidence and centring people, Ballroom 2, May 6, 2026, 3:30 PM - 5:00 PM

Introduction

Commercial complementary foods (CCFs) are increasingly available in Nepal. However, little is known about the nutrient composition of these foods or health-related information on the packaging. This study assessed the nutrient composition and health information on the labels of CCFs available in stores in the Kathmandu Valley.

Methods

In this cross-sectional survey, conducted in 2024, we visited 4 large stores (2 supermarkets and 2 department stores), 22 corner stores, and 2 baby stores in the Kathmandu Valley and photographed all CCFs in these stores. To analyse, we extracted nutrient and health information from the label and categorized each CCF into WHO Southeast Asia Region Nutrient Profile and Promotion model (SEAR NPPM) food sub-categories. Within each category, we calculated the proportion meeting total energy and nutrient (protein, total sugar, sodium, and total fat) thresholds per 100g of product from the SEAR NPPM and the proportion with health-related labels that complied with 13 SEAR NPPM labelling requirements.

Results

We found 61 CCFs in seven (3 large, 2 small, and 2 baby stores) out of the 28 stores visited. No CCFs met all energy and nutrient thresholds, 75.6% met food group thresholds for energy, 79.5% for total fat, 50.8% for sodium, 32.5% for protein, and 25% for total sugar. Median total sugar content was double the SEAR NPPM threshold of $\leq 3\text{g}/100\text{g}$. Less than five (3.3%) CCFs were compliant with all SEAR NPPM labelling requirements. A quarter of labels complied with 'protect and promote breastfeeding' requirement, and 6.6% with 'no nutrition and health claims' requirement.

Conclusion:

CCFs in Nepal did not comply with the energy and nutrient thresholds of SEAR NPPM and had misleading health information on the labels. A standard for CCF and its strong enforcement is required to promote health and well-being of young Nepali children. Information campaigns are needed to warn caregivers about sodium and sugar in these foods.

Healthcare Anywhere: Supporting a Sustainable Health System

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5B - Building Sustainable Systems, Ballroom 2, May 7, 2026, 9:00 AM - 10:30 AM

Introduction

Unnecessary emergency department (ED) visits for non-urgent concerns strain healthcare systems, reducing capacity for critical care and increasing wait times. To support a more sustainable system, the NSW Government's Single Front Door strategy aims to divert non-urgent cases to more appropriate care pathways. A key component is healthdirect, a free 24/7 helpline connecting people with registered nurses who provide personalised health advice and triage support. The Healthcare Anywhere campaign, led by NSW Health, aimed to build awareness and trust in the service and encourage behaviour change, prompting people to consider healthdirect before visiting an ED. It promoted healthdirect's technology-enabled platform, which uses a triage algorithm to personalise a preventative approach, guiding users to appropriate care early and aiming to reduce ED demand.

Methods

A serial cross-sectional study design was used to evaluate the effectiveness of the 2025 winter campaign burst (channels: radio, social, SEM and print). Pre- and post-campaign surveys were conducted online, with independent and representative samples of over 2,000 NSW residents. Secondary analyses of call data and that of surveys of healthdirect callers were also conducted.

Results

Campaign recognition was associated with greater awareness and trust in the service, as well as increased comfort in using telephone services for health advice.

In support of a behaviour change effect, calls to healthdirect increased from pre-campaign (66,940) to post-campaign (68,079) and intent to call healthdirect for non-urgent health concerns was greater among campaign recognisers than non-recognisers. Post-campaign, a greater proportion of healthdirect callers agreed that if it had not been for healthdirect, they would have gone to ED (60%), than that of pre-campaign callers (56%).

Conclusion

The Healthcare Anywhere campaign was effective in encouraging uptake of healthdirect, a vital service that enhances the capacity and future readiness of the NSW health system.

Understanding and Responding to Health Misinformation and Disinformation

Ms Emily Bariola¹, Ms Lucy Doherty¹, Ms Anna Harrison¹, Ms Madeline Tunley¹, Ms Isabella Barclay¹, Ms Emma Jaffa¹

¹ORIMA Research, Collingwood, Australia

5D - Inclusive and other approaches to health, Harbour View 1, May 7, 2026, 9:00 AM - 10:30 AM

Introduction

Health mis- and disinformation have emerged as significant threats to preventative health, undermining trust in institutions, negatively influencing health behaviours and widening inequities. Since the COVID-19 pandemic, the spread of false and misleading health information has accelerated; however, the issue extends beyond the pandemic, affecting topics such as vaccination, nutrition, cancer screening, vaping control and emerging public health policy. Social media has been a key driver, and more recently, AI-generated content has amplified the scale and speed at which mis- and disinformation can spread. As the information environment continues to evolve, so too must the public health sector's strategies to safeguard communities from the harms of mis- and disinformation, and to ensure the sustainability of health promotion initiatives.

Methods

In this presentation we will explore how the sector can understand, anticipate and respond to the challenge of health mis- and disinformation. We will draw on insights from a nation-wide mixed-methods study, involving: (i) two focus groups with n=16 participants, stratified by degree of susceptibility to health mis- and disinformation, and (ii) an online survey of a representative sample of n=1,000 Australian adults.

Results

We will report on the extent of susceptibility to health-related mis- and disinformation, the attitudinal and social factors that determine susceptibility, the information-seeking and processing factors that heighten risk, and the health topics most prone to false information.

Moving from insights to action, we will also propose evidence-informed pathways for effective response. These will include strategies to reduce susceptibility to health mis- and disinformation, and strategies to maximise community trust in official health promotion communications and other public education initiatives.

Conclusion

Ultimately, countering the infodemic is a shared responsibility that will require a multidisciplinary response. This research contributes to this effort by providing insights and tools to aid the response of the public health sector.

Demand reduction matters in the war on illicit tobacco and vapes

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1E - Prevention and Cessation Programs, Harbour View 2, May 5, 2026, 11:00 AM - 12:30 PM

Background / Problem and Aim:

Australia has a long history of successfully implementing a multi-strategy approach that addresses both supply and demand for tobacco. Telephone-based Quitline services play a vital role in supporting cessation (i.e. demand reduction), yet few have achieved the scale, comprehensiveness, and equity focus demonstrated by Quitline Queensland. This presentation describes the evolution of Quitline Queensland's Intensive Quit Support Program over two decades, highlighting key design features, adaptation, and lessons for sustaining effective demand reduction.

Methods / Approach:

A descriptive case study approach was used to document the development, structure, and evolution of the Quitline Queensland model. The program includes multi-contact telephone counselling, free mailed nicotine replacement therapy (NRT), and extended follow-up for up to 12 months. Continuous quality improvement, data-driven decision-making, and targeted cohort engagement have guided service refinement. Key elements analysed include program design, workforce structure, referral pathways, and the enablers and barriers to reach, engagement, and sustainability.

Results / Key Outcomes:

The program demonstrates strong sustainability, operating continuously for over 20 years with enduring government commitment. In 2022–23, 57% of participants retained to the fourth counselling session reported cessation, with follow-up retention at 3, 6, and 12 months of 40%, 30%, and 22% respectively. Conversion from referral to active participation ranged from 48–70% across target cohorts. Enablers included accessible free NRT, proactive counselling, tailored messaging, and flexible delivery models such as SMS and webchat. Challenges remain in improving reach among Aboriginal and Torres Strait Islander peoples, maintaining long-term engagement, and responding to emerging issues such as vaping and digital disruption.

Implications for Sustaining Prevention:

Quitline Queensland illustrates how a demand reduction focussed intervention can be scaled, institutionalised, and adapted over time. Sustainability has been achieved through a supportive policy environment, equity-driven targeting, robust data systems, and continuous service innovation. The model offers a blueprint for other jurisdictions seeking to embed demand reduction interventions to complement the significant current focus on supply reduction including enforcement. A robust multi-strategy approach that addresses both supply and demand for tobacco and vapes is needed now more than ever.

Relevance to Conference Theme:

This work aligns with the theme Sustaining Prevention by showcasing how an evidence-informed, equity-focused service can evolve over decades while maintaining effectiveness and relevance. It demonstrates how prevention can be embedded through systems, policy, and practice integration.

Tiny tummies, big claims: Regulatory gaps in Australia's Food Standards Code

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4A - Commercial Determinants of Health - Nutrition and Alcohol, Ballroom 1, May 6, 2026, 3:30 PM - 5:00 PM

Introduction: Commercial foods for infants and toddlers (6 months to 3 years) are heavily marketed using promotional claims. These claims influence parents' perceptions and purchasing behaviours, despite many products failing to meet nutritional standards. This study quantified front-of-pack claims on foods for infants and toddlers and compared these against the requirements of the Australia New Zealand Food Standards Code.

Methods: Using an automated data scraping tool we collected product information and front-of-pack images of all infant and toddler foods available online in Australia's two major supermarkets (n=237 products). All front-of-pack claims were manually extracted into Microsoft Excel and categorised using a coding framework based on definitions of Nutrition, Health and Related claims under Standard 1.2.7 of the Food Standards Code.

Results: All products displayed front-of-pack claims. 64% of observed claims were not subject to regulation by the Food Standards Code. Unregulated claims promoted the following product features: natural or organic (40%), child development (23%), contains good ingredients (18%), free from undesirable ingredients (12%), and convenience (7%). Many unregulated claims implied benefits for children's health and development such as "full of good stuff", 'plus nothing else', 'do what's natural', and 'encourages self feeding'. 36% of observed claims were regulated Nutrition Content Claims under the Food Standards Code. These included claims such as 'no added sugar', 'no artificial colours or flavours', and 'made with prebiotics'. Whilst compliant with the Code, these claims risk misleading parents when used on products that are not nutritionally or developmentally appropriate.

Conclusion: Claims that imply benefits for children's health and development are widespread on foods for infants and toddlers in Australia, yet many remain outside regulatory control. Strengthening the Food Standards Code is critical to close regulatory gaps that permit nutrition content claims on unhealthy products and curb the extensive use of unregulated claims.

Analysis of Packaged Snack Foods: Nutrition, Ingredients, and Consumer Perceptions using Online Retail Data

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4A - Commercial Determinants of Health - Nutrition and Alcohol, Ballroom 1, May 6, 2026, 3:30 PM - 5:00 PM

Background: With current research largely focusing on physical shelves, there is limited health-focused and consumer-based analysis of online food retail environments. **Aims:** The purpose of this study was to evaluate the nutrition, allergens, ingredient content, claims, transparency and consumer perceptions of packaged snack foods in the online food retail environment. **Methods:** Data on 150 “Best Sellers” products from Amazon Foods Australia, including Biscuits, Mints and Gums, and Fruit and Chewy Lollies, were web-scraped across April-June 2025. Variables extracted included nutrition composition, ingredients, allergens, price, popularity metrics (rating and reviews), and marketing features (nutrition and health claims, buzzwords, and dietary tags). A qualitative thematic analysis of consumer reviews identified both pre-defined and emergent themes reflecting taste, health, value, and purchase motivations. Quantitative data were analysed descriptively and through multiple linear regression to explore relationships between nutritional quality, price and consumer popularity. Coding reliability was verified through inter-rater checking. **Results:** Nutrition information panels were available on only 47% to 57% of product listings, depending on the category. Allergen information was least available for Mints and Gums (29%), while Biscuits had the lowest availability of ingredient lists (52%). Products with higher energy, carbohydrate, and sugar content were more likely to receive a greater proportion of five-star ratings. Across all products, 100 nutrition content claims and 102 health claims were identified; however, only 45 nutrition claims and 5 health claims could be validated. Among 1,073 consumer reviews, taste and value were the most frequently mentioned themes. Products high in protein and dietary fibre, and low in carbohydrates and sugars, were associated with positive reviews related to nutrition facts. **Conclusions:** Packaged snack foods lack transparent information online, with minimal regulation leading to poor labelling and unregulated claims. This supports the need for stricter regulations and further research in this constantly evolving digital landscape.

Breaking Barriers to Care for Children with Cerebral Palsy in Ghana

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3E - Infant and child health, Harbour View 2, May 6, 2026, 11:00 AM - 12:30 PM

Background

Children with cerebral palsy (CP) and their families in Ghana face significant barriers to accessing health and support services. Most studies emphasize caregivers' experiences, while structural and systemic barriers remain underexplored. This study integrates voices of caregivers and healthcare professionals to better document and understand these barriers and to identify effective solutions.

Methods

Guided by critical feminist, social justice, and anti-colonial frameworks, the study employed a qualitative design combining crystallization and critical narrative inquiry to capture everyday experiences within wider cultural and social contexts. Participants were recruited using purposeful maximum variation and snowball sampling. A total of 37 semi-structured interviews were conducted with 20 caregivers (16 women and 4 men) and 17 clinicians, including physiotherapists, pediatricians, nutritionists, therapists, psychologists, and nurses, among others.

Findings

Caregivers described severe financial and emotional strain, the high cost of healthcare and assistive devices, loss of income, uncoordinated services, long hospital wait times, and inaccessible transport. Clinicians echoed these concerns and highlighted fragmented care, shortages of specialists, inexperienced providers, and poor working conditions. They noted that limited incentives drive skilled professionals abroad, while the absence of sponsored training programs restricts the growth of essential subspecialties.

Lessons Learned and Ways Forward

Bringing together voices of caregivers and clinicians revealed overlapping barriers and exposed deep structural and systemic gaps. A key lesson is that system-level changes are as critical as individual support. Therefore, stronger policy commitment, coordinated health and social services, and sustainable investment in human resources are urgently needed.

Recommendations and Conclusion

The study recommends sponsoring specialized training programs, expanding rural services, consolidating care within district hospitals, and providing structured financial support for families. It also calls for childcare centres and integrated mental health services to reduce caregiver burden. Ultimately, addressing barriers to CP care requires coordinated policies, better working conditions for health professionals, and inclusive, family-centred services. Strengthening both health and social systems will create more equitable, accessible, and sustainable care for children with CP and their families in Ghana.

Vaping or smoking: The young Australian adults who do both

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2C - Tobacco, Vaping - Centring People, Culture and Connection, Ballroom 3, May 5, 2026, 3:30 PM - 5:00 PM

INTRO:

Tobacco smoking harms nearly every organ in the body and adding the use of vapes has the potential to cause additional health risks. Young Australian adults are the highest dual users of vapes and tobacco products compared to their older and younger peers. With limited Australian research on dual use, this study aims to understand the use, behaviours and experiences of young Australian adults who are users of both vapes and tobacco.

METHODS:

This study will report findings from three waves of the Generation Vape research study, an Australian study examining the use of vapes and tobacco among young adults. Young adults (aged 18-24 years) across Australia completed an online survey between September 2023 and December 2024. Results pertaining to dual use of vapes and tobacco will be presented. Survey respondents will be broken into three user groups – smoke-only, vape-only and dual use. The analysis will include descriptive statistics, frequencies by use and behaviour characteristics. Multinomial logistic regression will compare the association between the three user groups by sociodemographic characteristics, including gender, remoteness of residence, education level and employment status.

RESULTS:

Of those who reported ever smoking and/or vaping (n=3,705), three in five (61%) had tried both smoking and vaping before. Preliminary analyses found that out of the respondents who ever reported dual use, 48% currently smoke and 50% currently vape. About half of respondents who reported current dual use indicated they intended to quit smoking (51%) and vaping (55%) within the next 30 days to 6 months.

CONCLUSION:

Modelling from this research will be used to determine which characteristics are associated with dual use among young Australian adults, and how this compares to those who only vape or smoke. These findings will provide insights into where targeted policy, campaigns and quit supports are needed to reach young adults.

Embedding skin cancer prevention in melanoma screening: SunSmart in ACEMID pilot results

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2D - Leveraging Technology for Prevention, Harbour View 1, May 5, 2026, 3:30 PM - 5:00 PM

Introduction: Every year, 2,000 Australians lose their life to skin cancer, and melanoma diagnoses are projected to increase. To address this, the federal government has funded a roadmap towards a targeted skin cancer screening program. The roadmap presents an opportunity to embed primary skin cancer prevention in skin cancer screening and early detection (secondary prevention). Following review of the evidence and barriers to implementation, we designed a brief SunSmart intervention that combines personalised skin cancer prevention advice, delivered by nursing staff during skin imaging, with text-message education and reminders, sent over the subsequent 8-weeks. After engaging health service staff and consumers to refine the SunSmart intervention, we then conducted a pilot study to test acceptability and feasibility.

Methods: The pilot feasibility study was nested in the Australian Centre for Excellence in Melanoma Imaging and Diagnosis (ACEMID) cohort study at Alfred Health. We used a mixed-methods approach to integrate process data with survey data and qualitative data from participants and providers of the SunSmart in ACEMID study. Survey questions were structured around Sekhon's acceptability framework for healthcare interventions. Data collection occurred from January to May 2025.

Results: Overall, the SunSmart in ACEMID pilot was highly acceptable to recipients and providers. The intervention's practicality, integration into existing appointments, and low burden design were key to its success. The content did not always provide new learning to participants, however most (70%) agreed it motivated them to increase their sun protection. Participants self-reported behaviours such as increased use of the UV Index, more consistent adoption of sun protection behaviours targeted in the personalised advice and sharing information with others.

Conclusions: This pilot study demonstrated it is feasible and acceptable to deliver a brief skin cancer prevention intervention during skin imaging and screening. Further research is needed to test the effectiveness and cost-effectiveness.

Policies on the prevention of alcohol harms in pregnancy and FASD

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3E - Infant and child health, Harbour View 2, May 6, 2026, 11:00 AM - 12:30 PM

Problem

Progress in alcohol control at global, national or local levels to reduce alcohol-related harms is challenging, especially as the alcohol industry may obstruct national alcohol policy efforts. Alcohol control measures are often overlooked in FASD prevention despite their critical role in complementing education and healthcare efforts. This research explored global and Australian policies on the prevention of alcohol harms in pregnancy and Fetal Alcohol Spectrum Disorder (FASD). This neurodevelopmental disability results from prenatal exposure to alcohol.

Methods

A structured Google internet search identified international and Australian policies, plans, inquiry reports, or impact statements published between January 2012 and April 2025 by international bodies, professional associations, Australian governments or peer-reviewed articles. We undertook deductive thematic analysis and appraised quality using an assessment tool.

Results

Thirty-four documents were identified, including four global, 21 Australian, and nine from Australian states or territories. The most prevalent themes were treatment and support (67.6%), stigma (67.6%), health literacy (64.7%), training (64.7%), FASD services (61.8%), and alcohol control (61.8%). Most documents were rated as having high or medium quality. Quality assessments revealed strengths in policy scope and stakeholder engagement, but gaps in resourcing and implementation guidance.

Lessons

Effective prevention of alcohol harms in pregnancy and FASD requires comprehensive policies that include alcohol control, health literacy, screening, and multisectoral collaboration. The policy focus on preventing alcohol-related harms in pregnancy and FASD has broadened to include alcohol control, with public support for tighter alcohol regulation. While national and international policies increasingly reflect this approach, gaps remain at the jurisdictional level, highlighting areas for improvement. Overall, the findings suggest the need for comprehensive, well-resourced, and actionable policies to effectively prevent alcohol-related harms in pregnancy and FASD.

Guidelines on the prevention of alcohol harms in pregnancy and FASD

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3D - Prevention programs - Translating evidence into action, Harbour View 1, May 6, 2026, 11:00 AM - 12:30 PM

Problem

Fetal alcohol spectrum disorder (FASD) is a neurodevelopmental disability that results from prenatal alcohol exposure (PAE). Clinical guidelines provide a consistent, evidence-based approach for clinicians to screen for and address PAE in antenatal settings. This research explored and appraised the quality of global and Australian guidelines on the prevention of alcohol harms in pregnancy and FASD.

Methods

A Google search was conducted for guidelines relating to PAE and/or FASD published between 2014 and 2024. The guidelines were published by international bodies and professional associations, as well as Australian state or national governments and Australian professional associations. A thematic analysis was performed to identify the inclusion of predetermined themes, and the quality of guidelines was appraised using the AGREE II tool.

Results

Fourteen guidelines on the prevention of alcohol harms in pregnancy, including PAE and FASD, were identified, including five global, seven Australian, and two from Australian jurisdictions (Queensland and NSW). Twelve guidelines focused on pregnant women as the priority group, while three guidelines focused solely on people with FASD (one focused on both). The most prevalent themes surrounding alcohol use in pregnancy or FASD were health literacy (92.9%), PAE screening (92.9%), and PAE services (71.4%).

Lessons

Most guidelines on preventing harms from PAE and FASD focus on pregnant women, with limited attention to individuals with FASD or paternal alcohol use. There is a growing recognition of cross-sectoral collaboration and ethical, non-stigmatising care. Notably, no guidelines recommend screening for both alcohol and contraception use among at-risk individuals of childbearing age, despite high rates of unintended pregnancies. Evidence-based recommendations to guide health care professionals in the management of women during pregnancy should be updated to reflect emerging evidence, broaden screening practices and consider priority populations.

Do health promotion campaigns expose industry practices that harm people and planet?

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2B - Education and Communication for Prevention, Ballroom 2, May 5, 2026, 3:30 PM - 5:00 PM

Introduction: Eliminating tobacco, alcohol, and dietary risks could prevent 36% of Australia's burden of disease. Commodities responsible for these direct harms to human health also have negative environmental impacts, via production, packaging and waste, which in turn harms our climate and the health of future generations. Exposing industry practices that harm people and the planet could motivate behaviour change. This study aimed to describe the use of harmful industry frames (that expose the practices of health-harming industries) and planetary health frames (that connect human, ecological, and planetary health) in contemporary health promotion campaigns.

Methods: We used automated data scraping to source website text from 5,562 Australian health promotion entities, using a website sampling frame constructed from the Australian Charities and Not-for-profits Commission database and a manually compiled list government entities and statutory authorities. We used a multi-stage, automated keyword filtering process implemented in Python, integrating human review to confirm filtering efficacy and iteratively refine the output. We then used a large language model (LLM), accessed through Python API, to undertake qualitative coding of campaign characteristics against a pre-defined framework. Our team conducted a secondary coding process to verify and validate the qualitative output.

Results: We identified N=3019 health promotion websites, of which over half included words indicative of health-promoting social marketing campaigns. We are currently testing and refining search terms and prompts to increase the specificity of the output. Final results (due December 2025) will characterise campaign topics, target audiences, and the use of harmful industry and planetary health frames.

Conclusions: To date, the study presents a novel and efficient approach to systematically explore a very large dataset across an entire organisational sector, accelerating our ability to map health promotion campaign messaging. Forthcoming results will describe the state-of-play and provide recommendations for future campaigns.

Geospatial Clustering of Suicidal Behaviours to Inform Targeted Prevention

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1C - Mental Health and Wellbeing Value of Prevention, Ballroom 3, May 5, 2026, 11:00 AM - 12:30 PM

Introduction

Suicidal behaviours, including ideation, thoughts, and attempts, remain a major public health concern and are risk factors for suicide. Individuals exhibiting these behaviours may reside close together supporting targeted intervention. However, the translation of spatial epidemiological findings for effective prevention initiatives is underexplored. Thus, the aim of this study was to identify and characterise “at-risk” residential clusters where individuals who had attended an emergency department (ED) in Tasmania, Australia for suicidal behaviours, reside.

Methods

Data were collected from all four public EDs across statewide Tasmania between 2017 and 2023. Retrospective discrete Poisson models were employed to identify the clusters of areas of elevated risk. Sociodemographic and episode of care characteristics were compared across clusters.

Results

Of the 12,659 ED presentations, 6,025 (48%) corresponding to 3,154 individuals were concentrated in 15 “at-risk” residential clusters (relative risk 1.26–4.34; $p < 0.05$). Individuals residing in these 15 clusters were predominantly females (58%), young (aged 0–24: 46%), resided within 10 km of the ED (65%), and were largely from socioeconomically disadvantaged areas (54% in Index of Relative Socio-Economic Advantage and Disadvantage 1 and 2). These sociodemographic and episode of care characteristics varied across the 15 residential clusters.

Conclusion

We identified 15 “at-risk” residential clusters across Tasmania among individuals who had exhibited suicidal behaviour and attended an ED. These findings provide evidence for health service planners and policymakers, to support the development of targeted, community-based prevention strategies in these high-risk areas to inform the allocation of resources for suicide prevention practices.

Framework-to-Function: Reorienting Rural Health Systems Towards Sustainable Prevention in SouthWest Queensland

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5B - Building Sustainable Systems, Ballroom 2, May 7, 2026, 9:00 AM - 10:30 AM

Problem

South West Hospital and Health Service (SWHHS) delivers care to some of Queensland's most geographically dispersed communities, with a higher proportion of First Nations peoples, rising chronic disease rates, and health inequity due to a variety of social determinants of health, compared to other regions of Queensland (State of Queensland, 2024). In response, SWHHS co-designed the Preventative Health Service (PHS) Framework to reorient health service delivery toward locally led and sustainable prevention.

What we did: Implemented a sustainable and culturally responsive, model that embeds prevention as a core function responding to expressed community need. The framework is grounded in four strategic pillars:

1. A capable, connected, place-based workforce
2. Compassionate and connected communities
3. Health equity and cultural safety
4. Prevention across all levels of care

The PHS Framework was co-designed through health needs assessment, state and national policy alignment (e.g. National Preventive Health Strategy, National Wellbeing Framework), and deep community engagement. A community-based participatory action research approach, will guide implementation, supported by Knowledge-to-Action cycle (Graham et al., 2006), and i-PARIHS frameworks (Harvey & Kitson, 2016). Realignment and reallocation of existing SWHHS, allied health and health promotion workforce, alongside external partnerships, has enabled delivery of localised screening, navigation, health coaching, and wellbeing initiatives and programs. The evaluation framework will iteratively measure system impact, outcomes and value, to inform scaling.

Outcomes and Lessons: Early impacts include strengthening governance, prevention as a priority, increased community reach and improved integration between hospital, primary care, and community services. Workforce realignment has improved rural capability and access. Evaluation design reinforces the need for long-range prevention-specific key performance indicators and culturally safe outcome measures.

Conclusions: SWHHS is demonstrating how rural health services can lead prevention reform by embedding place-based, workforce-enabled, community-informed frameworks that contribute to sustainable, upstream and integrated care reform.

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From Evidence to Action: Strengthening Community-Driven Tobacco Control Through Aboriginal leadership

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1E - Prevention and Cessation Programs, Harbour View 2, May 5, 2026, 11:00 AM - 12:30 PM

Problem: Commercial tobacco use remains a leading contributor to preventable illness and premature death among Aboriginal and Torres Strait Islander peoples. The Tackling Indigenous Smoking (TIS) program, established in 2010, addresses this challenge through community-driven strategies that prevent uptake, support cessation, and reduce exposure to second-hand smoke and vape aerosols. Translating research evidence into practical, culturally appropriate tobacco control approaches requires Aboriginal leadership, community engagement, and long-term collaboration across systems. The challenge lies not only in identifying what works, but in implementing and scaling it in ways that are equitable, impactful, and sustainable.

What you did: In 2015, the Australian Government established the National Best Practice Unit Tackling Indigenous Smoking (NBPU TIS) to support funded organisations to apply evidence-based practice. Led by Indigenous not-for-profit Ninti One Limited in partnership with the University of Canberra Health Research Institute and Edith Cowan University's Australian Indigenous HealthInfoNet, the consortium combines Aboriginal leadership with technical and research expertise to ensure that evidence is translated into practice through culturally safe, community-led processes. Aboriginal governance is embedded through Ninti One's leadership, which guides all NBPU TIS decisions, strategic direction, and engagement. This ensures that implementation is not just evidence-based but also culturally grounded, locally relevant, and aligned with self-determination principles. As part of its continuous quality improvement (CQI) process, NBPU TIS routinely evaluates its own performance and partnerships with TIS-funded organisations to ensure evidence translation remains effective and community-driven. Six-monthly online surveys conducted between 2016 and 2023 (n=351 responses) captured feedback from funded organisations on the quality of NBPU TIS support and collaboration. Survey questions addressed seven domains: Contact, Training and Development, Sharing Best Practice, Monitoring and Evaluation, Cultural Understanding, Collaborative Working, and Shared Values. These evaluations helped identify strengths, informed improvements, and refined NBPU TIS processes, thereby strengthening pathways between research, policy and practice and demonstrating CQI in action.

Results: Survey findings showed consistently high satisfaction with NBPU TIS Contact and Cultural Understanding (85–100%). Responses highlighted strong relationships, trust, and shared values as key enablers of effective practice translation. Aboriginal leadership through Ninti One was recognised as critical to ensuring cultural integrity, responsiveness, and program relevance. Shared Values, Collaborative Working and Sharing Best Practice showed steady growth, reflecting strengthened alignment between NBPU TIS and funded organisations. While access to Training and Development and support for Monitoring and Evaluation showed more variability (40–80% agreement), these results informed targeted improvements and new capacity-building strategies. CQI activities directly shaped how evidence-based tools, frameworks, and training were implemented and scaled nationally, ensuring ongoing responsiveness to community and practitioner feedback.

Lessons: The NBPU TIS experience demonstrates that embedding Aboriginal governance within evidence translation strengthens both process and impact. Key lessons include:

1. Cultural leadership enables system change. Aboriginal governance through Ninti One ensures that evidence is applied in ways that respect culture, community priorities, and self-determination.
2. CQI is a bridge between research and practice. Embedding reflection and feedback loops ensures implementation remains dynamic and effective.

3. Partnerships enhance scalability. Combining Indigenous leadership with research and technical partners supports knowledge exchange and broader system adoption.

4. Evidence needs translation, not just generation. Implementation succeeds when research is adapted to real-world community contexts.

5. Sustainability depends on relationships. Trust and shared purpose between NBPU TIS and community outreach teams underpin long-term impact.

Integrating Aboriginal leadership with evidence-based practice creates a model for national, community-driven health promotion. Lessons from NBPU TIS provide guidance for other public health initiatives seeking to embed Aboriginal leadership alongside evidence-based practice for sustained impact. This model exemplifies how prevention can move beyond theory to sustained, equitable, and community-driven action.

Listening to young Western Australians: Development of evidence-based and engaging SunSmart messaging.

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2B - Education and Communication for Prevention, Ballroom 2, May 5, 2026, 3:30 PM - 5:00 PM

INTRODUCTION:

Young Australians are a priority audience for skin cancer prevention initiatives due to their sub-optimal sun-protective behaviours and, for some, due to their desire for a tan. This formative research prioritised input from young West Australians aged 14-24 years at all stages to develop engaging, evidence-based messaging promoting sun-protective behaviours.

METHODS:

An online survey (n=240) explored participants' sun-related knowledge, attitudes and behaviours. Survey results guided development of messages/scenarios, which were tested via focus groups (n=36 participants). Messages/scenarios identified as persuasive were developed into creative concepts. Youth advisory group (n=14) feedback guided development of the final sun protection resources.

RESULTS:

Compared with males, female survey respondents reported more pro-tanning attitudes and behaviours, but were also more concerned about sun-related skin aging. Males were less sure of when to use sun protection and less likely to want to interrupt activities to apply sun protection. Focus group discussions identified the influence of tanning and fashion social norms reinforcing poor sun protection behaviours, particularly among females. For males, a suntan was often not a deliberate outcome, but rather the result of time spent outdoors with friends. The messages/scenarios identified as most effective were relevant to participants' life-stage, identified rationally or statistically the risks to young people's skin from excess sun exposure, and also provided hope/optimism about the effectiveness of sun protection. Calls to action tailored by gender were recommended. Creative concepts were developed from these findings and were refined based on feedback from the youth advisory group into digital/hard copy resources.

CONCLUSION:

This study brought together researchers, creative professionals and preventive health practitioners with young Western Australians, to incorporate their insights into tailored sun protection messaging resources. Demonstrating the rapid translation of evidence into practice, Cancer Council WA is using these resources, and sharing them with community agencies who engage with young people.

Empowering Mental Health Literacy in the Age of Generative AI

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1C - Mental Health and Wellbeing Value of Prevention, Ballroom 3, May 5, 2026, 11:00 AM - 12:30 PM

The rapid rise of generative artificial intelligence (AI) tools such as ChatGPT and DeepSeek has created unprecedented opportunities and challenges for mental health promotion and self-care. While these technologies offer accessible, on-demand support and information, their commercial design and deployment also reflect broader commercial determinants of health. These include marketing strategies that position AI tools as reliable sources of psychological guidance, often without adequate transparency regarding their limitations or potential to produce inaccurate or harmful information.

This presentation examines how health services, government, and industry can collaborate to navigate these commercial determinants responsibly, ensuring that generative AI contributes positively to mental health literacy rather than undermining it. Drawing on case examples from health education and digital literacy initiatives, we explore how coordinated “muscle work” between public institutions and commercial actors can help citizens understand both the potential and the pitfalls of AI-generated content.

We argue that in the current digital environment, AI literacy is health literacy. As generative models increasingly influence how people access and interpret information about wellbeing, the ability to critically assess, contextualise, and verify AI outputs becomes a fundamental public health skill. The talk will discuss practical strategies for integrating AI literacy into mental health education, emphasising co-design with communities, transparent communication from AI developers, and regulation that aligns commercial innovation with public health priorities.

Ultimately, this work calls for a collective effort to ensure that the commercial momentum driving AI development is balanced by a strong public health framework, one that promotes informed use, mitigates misinformation, and empowers individuals to use AI tools safely and effectively in support of their mental wellbeing.

Community: The heart of co-designing solutions to address hypertension risk

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2A - Co-Designing for Centring People, Culture and Connection, Ballroom 1, May 5, 2026, 3:30 PM - 5:00 PM

Introduction

Hypertension is a key risk factor for cardiovascular diseases, the leading cause of disease burden in Australia. Despite years of community-level health promotion initiatives, hypertension in regional and rural communities has not decreased. This research aimed to explore the understanding of hypertension risk, then co-design and pilot solutions with communities in Northwest Tasmania.

Methods

During 2023-2025, a Design Thinking Framework guided the co-design process with communities in Northwest Tasmania. Interviews, focus groups (n=81), and workshops (n=83) were conducted to explore community understanding about hypertension risk and design locally-meaningful solutions to address hypertension risk. Further workshops with community and health professionals (n=110) were conducted to plan a pilot to address hypertension risk through accurate blood pressure (BP) measurement. Qualitative data were collected through audio recordings and voting activities, with deductive and inductive analyses used to develop themes from this data. Demographic data were analysed descriptively.

Results

The community described hypertension as a silent killer, and most of their health information came from general practitioners (GPs), “Dr Google”, and pharmacies. Participants had a good understanding of hypertension risks but a limited understanding of managing hypertension beyond medication. Locally meaningful solutions included BP monitoring in GP clinics and places in the community where people gather. There was consensus that standardised measurement and advice for managing hypertension should be available wherever BP is measured. A pilot was planned to test a standardised BP monitoring protocol in GP clinics, pharmacies, and community organisations.

Conclusion.

The Northwest community involved in this study had a good understanding of hypertension risk but wanted standardised information about how to manage hypertension. Communities were key informants in the co-design process to plan a pilot aimed at reducing the risk of hypertension that is locally meaningful.

School commutes: Quantifying unhealthy food and beverage advertisements on the Gold Coast

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4A - Commercial Determinants of Health - Nutrition and Alcohol, Ballroom 1, May 6, 2026, 3:30 PM - 5:00 PM

The marketing of unhealthy food and drink has been shown to negatively impact health outcomes and increase disease risk. In 2025, South Australia implemented a ban on advertising these products on public transport assets, reflecting growing recognition of commercial determinants of health as a significant public health issue. This policy change prompted the Gold Coast Public Health Unit to conduct a cross-sectional observational study to assess the extent of unhealthy food and beverage advertising on public transport routes commonly used by school children.

Advertisements at 139 train, tram, and bus stops servicing 30 government schools on the Gold Coast were recorded between July and September 2025. Observations were conducted during typical school commute times, either 7-9am or 2-4pm. An additional 15-minute observation period was performed at the bus stop nearest each school to capture advertisements on passing buses. Advertisements were classified according to the Council of Australian Governments' National interim guide to reduce children's exposure to unhealthy food and drink promotion - Food and drink categories not recommended for promotion.

Of the 139 stops, 48% (n=67) had advertisements. A total of 345 advertisements were recorded, of which 89 (26%) were classified as food or drink not recommended for promotion. Train stations had the highest proportion of unhealthy advertisements at 80% (36/45), followed by tram stops at 47% (23/49), then bus stops at 20% (30/147). The most frequently observed categories were sugar-sweetened beverages (SSB) (n=35), particularly on train stations (n=20), and unhealthy meals from quick service restaurants (n=26).

A high number of unhealthy food and drink advertisements were identified on public transport sites, particularly SSBs at train stations. These results are consistent with interjurisdictional findings and can be used to advocate for and leverage local change for improved public policy on advertising of unhealthy food and drink on public assets.

Embedding tobacco cessation into AOD treatment services: Evaluation of the Butt-It-Out program

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1E - Prevention and Cessation Programs, Harbour View 2, May 5, 2026, 11:00 AM - 12:30 PM

Introduction: Tobacco use is higher in people accessing alcohol and other drug (AOD) services compared to the general population. Yet tobacco reduction and cessation are not regularly implemented as part of AOD treatment as other drugs are considered the priority for both providers and clients. The Butt It Out! Smoking Support Program was piloted in an AOD service to assess the feasibility and impact of an organisation-wide prioritisation of tobacco screening and treatment.

Methods: Butt-it-out was implemented in a specialist AOD service across the Australian Capital Territory to support practitioners to proactively engage with clients about smoking, monitor use over time, and provide timely, supportive referrals to cessation options. In 2022, the Cigarette Dependency Score (CDS-5) was added to the service's Intake and Review Assessment forms, and a new assessment form was implemented to capture cessation support referrals. A utilisation-focused and participatory evaluation model was employed to evaluate the feasibility and impact of Butt It Out. Operational data (e.g. staff training records), clinical data (data from all AOD assessments), and qualitative data from client and staff interviews were analysed. Evaluation measures included: staff capacity to deliver, client access, client acceptability, effectiveness.

Results: By mid-2022, smoking assessments were routinely conducted. During 2022-2024 referral to NRT, information/advice, and the QuitPro app increased. Referral to Quitline peaked in 2023. Key lessons for implementation included: systematic implementation across the service helped to establish the program; staff felt having smoking an explicit concern helped prioritise treatment and reduced barriers for clients asking for help; clients found the program to be accessible, staff to be non-judgmental, and access to free NRT a key benefit. Clients and staff felt the program supported sustained cessation.

Conclusions: The evaluation demonstrated the feasibility of implementing a routine screening and referral tool for tobacco use into AOD treatment services.

Wildfire-Related Health Impacts; A Preventive Medicine Approach for Primary Care

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5C - Preventive health - sun safety, workplace, climate health, Ballroom 3, May 7, 2026, 9:00 AM - 10:30 AM

Introduction:

The increasing frequency, intensity, and duration of wildfires globally pose a growing threat to human health. These climate-driven events contribute to acute and chronic health outcomes through exposure to particulate matter, toxic gases, heat, displacement, and environmental degradation. Vulnerable populations, including children, older adults, pregnant individuals, Indigenous communities, people living in remote regions, and outdoor workers face disproportionate risks. This presentation outlines a clinical framework for addressing wildfire-related health impacts in primary care settings. It emphasizes risk identification, patient education, and long-term monitoring to mitigate the burden of wildfire exposure.

Methods:

A review of peer-reviewed and grey literature was conducted, supplemented by guidance from public health agencies. The findings informed the development of a practical, evidence-informed approach for primary care providers.

Results:

Wildfire smoke exposure is associated with respiratory and cardiovascular exacerbations, neurocognitive decline, adverse pregnancy outcomes, and mental health disorders. Environmental contamination from wildfires further threatens water and soil safety. The proposed framework equips primary care teams to: Identify and support high-risk individuals, deliver targeted education and preparedness strategies, optimize chronic disease management, monitor for delayed health effects, and advocate for climate-resilient health systems.

Conclusion:

Healthcare providers are uniquely positioned to implement preventive strategies that reduce health risks from wildfires. By integrating environmental health into clinical practice, they can effectively prevent, monitor and manage health impacts of wildfire smoke.

The commercial tobacco epidemic in Aboriginal and Torres Strait Islander peoples

Dr Abbey Diaz¹, Associate Professor Lisa J Whop¹, Professor Raymond Lovett¹, Associate Professor Katie Thurber¹, Associate Professor Raglan Maddox¹

¹Yardhura Walani, National Centre for Aboriginal and Torres Strait Islander Wellbeing Research, The National Centre for Epidemiology and Population Health, The Australian National University, Canberra, Australia

3A - Tobacco + Alcohol - Commercial Determinants, Ballroom 1, May 6, 2026, 11:00 AM - 12:30 PM

Background: Commercial tobacco is the leading cause of preventable death and disease among Aboriginal and Torres Strait Islander peoples. It is responsible for half of all deaths in those aged 45 years and over. Its widespread use reflects the enduring impacts of colonisation, where commercial tobacco was systematically introduced across Australia. Using the four-stage Lopez model to describe the trajectory of the tobacco epidemic, we estimated in 2017 that Aboriginal and Torres Strait Islander peoples were in stage 3 (declining prevalence, increasing mortality). This study updates this assessment using the most recent epidemiology and policy data.

Methods: Published data on Aboriginal and Torres Strait Islander peoples' tobacco prevalence, smoking attributable fraction (SAF), lung cancer mortality rates, community awareness of tobacco-related harms, and policy responses were extracted and assessed in line with the Lopez model.

Results: The tobacco epidemic among Aboriginal and Torres Strait Islander peoples may be transitioning to stage 4. This shift is characterised by continued declines in prevalence (54.4% in 1994 to 34.1% in 2022-23), a potential stabilisation of smoking-related mortality in those aged ≥ 45 years (SAF estimates stable between 2009-18 and subsequent decades; 44.8%-55.9%), high societal awareness of harms (2012-13: ~90% agree smoking and second-hand smoking are harmful; 2018-20: >60% felt smoking would or has caused sickness), and the implementation of policy and programs to address structural drivers of tobacco use (e.g. point of sale accessibility and visibility, expansion of the Tackling Indigenous Smoking program).

Conclusion: The findings reinforce the urgency of Aboriginal and Torres Strait Islander tobacco control, including the abolition of the tobacco industry. While the Lopez model provides important insights, it was developed using Western and high-income population data. An Indigenous-led model is needed to centre sovereignty, truth-telling, and recognition of structural barriers to tobacco control, such as racism, colonisation and commercial determinants.

Aboriginal and Torres Strait Islander Governance: We recognise that public health evidence is shaped by worldviews, histories, power relations, and systems of knowledge production. As authors, we must be clear about our positionality. Team members bring Aboriginal and Torres Strait Islander lived experience and leadership (LJW, RL), Indigenous lived experience in public health (RM), and extensive experience in Aboriginal and Torres Strait Islander health research, tobacco control, and epidemiology (all authors).

The need for this study arose from ongoing conversations and priorities identified by Aboriginal and Torres Strait Islander peoples, communities and Tackling Indigenous Smoking (TIS) teams. The research question, study design, and preliminary report were presented, discussed, and approved by Thiitu Tharmmay, the Aboriginal and Torres Strait Islander governance group for Yardhura Walani. This group upholds Aboriginal and Torres Strait Islander ways of knowing, being, and doing, ensuring all research undertaken by the Centre is of service to communities. All members are Aboriginal and Torres Strait Islander people who provide strategic guidance, cultural and methodological expertise, and oversight across all stages of research.

This study was guided by the Maiam nayri Wingara Indigenous Data Sovereignty principles, which ensure that Aboriginal and Torres Strait Islander peoples lead, shape, and benefit from how data are collected, interpreted, and used. In this study, this was achieved by aligning the work with community-identified priorities, collective decision-making, and Indigenous-led interpretation of data. No new data were collected for this analysis.

We recognise that data are not just numbers, they represent people, families, histories, and futures. We are therefore committed to sharing findings in ways that honour self-determination, uphold relational accountability, and reflect Indigenous worldviews. This includes interpretation grounded in community strengths, transparency to those represented, and recognition that data carry responsibilities to communities, Country, current and future generations.

Barriers and facilitators to sustaining chronic disease prevention health promotion programs

Dr Louise Baldwin¹

¹Prevention Strategy Branch, Queensland Health, Brisbane, Australia

5B - Building Sustainable Systems, Ballroom 2, May 7, 2026, 9:00 AM - 10:30 AM

Title

Barriers and facilitators to sustaining chronic disease prevention health promotion in Australia

Authors

Dr Louise Baldwin, Prevention Strategy Branch, Queensland Health

Background

Sustaining effective health promotion and chronic disease prevention remains a persistent challenge in Australia. While many initiatives are developed and implemented with strong initial support, fewer are maintained long term or taken to scale. This presentation addresses the gap in understanding the factors that influence the sustainability of health-promotion programs within the Australian context and applies these learnings to real world health promotion practice.

Methods

This practice and policy based work is informed from the findings from several studies including a Delphi study with cross sector and system wide stakeholders involved in health promotion program design, implementation and sustainability across Australian jurisdictions. In that study, participants included practitioners, managers, funders and community partners engaged in chronic disease prevention initiatives. Data were analysed thematically to identify barriers and facilitators to program sustainability. This, and other studies are being used to inform real world health promotion practice.

Results

Key facilitators for sustaining health promotion practice with a chronic disease prevention focus include strong multi-sector partnerships, embedding programs within existing service structures, staff capacity and champions, ongoing funding mechanisms and adaptive program design that responds to changing contexts. Major barriers include short-term funding cycles, organisational turnover, lack of institutionalisation of programs, insufficient evaluation and feedback loop and competing priorities within partnering organisations. The findings emphasise the importance of systems thinking and infrastructure for sustaining health promotion efforts beyond initial implementation.

Conclusions

For health promotion programs to be sustained and to contribute meaningfully to chronic disease prevention, strategies must move beyond 'once-off' implementation to consider long-term integration, resource stability, institutional support and adaptive design. These findings have implications for policy, practice and research: funders and program managers should prioritise sustainability from the outset; health promotion organisations may benefit from building structural supports and systems capacity; researchers should further explore how sustainability can be operationalised and measured.

Understanding sun/UVR protection policies in workplaces in Victoria

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5C - Preventive health - sun safety, workplace, climate health, Ballroom 3, May 7, 2026, 9:00 AM - 10:30 AM

In Australia, individuals who work outdoors are exposed to significantly higher levels of ultraviolet radiation (UVR)-up to ten times more than indoor workers-placing them at greater risk of skin cancer. SunSmart delivers a UV Safety Training Program that supports workplaces through education and training to help protect outdoor workers from the harms of UVR. However, the role of policy in shaping sun/UVR protection practices in workplaces that employ outdoor workers remains underexplored. This survey examined the presence and implementation of sun/UVR protection policies (“policy” herein) in Victorian workplaces, identifying key drivers and barriers to implementation.

A cross-sectional online survey was conducted in November 2024 with 515 Victorian workplaces employing outdoor workers. Respondents included those in Human Resources (HR), policy development and/or policy implementation roles. The survey assessed workplace characteristics, policy presence, communication, and drivers and barriers to the implementation of UVR protective measures.

Two-thirds (66%) of workplaces reported having a policy-22% as a stand-alone policy and 44% integrated within a broader Workplace Health and Safety (WHS) policy. Smaller workplaces (0-100 employees) were significantly more likely to have no policy (35% cf. 21% overall). Workplaces with fewer than 20% of employees working outdoors were significantly less likely to communicate about sun/UVR protection (20 days p/year cf. 50 days p/year in workplaces with over 40% of employees working outdoors). The most common policy driver was WHS legislation (61%). Most workplaces (70%) reported barriers to implementation, including keeping policies updated and building staff capability.

Policies play a critical role in enabling sun/UVR protection practices in the workplace. However, our survey indicates smaller workplaces or those employing fewer outdoor workers are less likely to have UVR policies and practices in place. These insights have informed SunSmart’s program approach to supporting workplaces with outdoor workers, particularly smaller ones, through targeted policy guidance, training, and resources.

Supporting students with food allergies/intolerances in the Tasmanian School Lunch Program

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4B - Nutrition - Translating evidence and centring people, Ballroom 2, May 6, 2026, 3:30 PM - 5:00 PM

Introduction: The Tasmanian School Lunch Program commenced in 2022, providing cooked nutritious lunches to students at 15 Tasmanian schools and expanding to 30 schools in 2023. As a precaution, meals were not provided to students with allergies/intolerances during the first two years of the program (2022-23). 'Modified meals' were provided at a pilot school during term 4 2023, with five more schools providing modified meals during 2024. This study examined how food allergies/intolerances were addressed to allow students to safely consume the school lunches.

Methods: During 2022-24, a developmental evaluation approach was used. Qualitative data collection involved surveys, interviews, and focus groups with key stakeholders and review of project documentation. Qualitative data, including responses to open-ended survey questions, were analysed thematically. Quotes are provided in italics.

Results: Six themes were identified: allergen risk assessment and management 'we wanted to test for all the nuts and various other key allergens', limited allergen awareness 'I tend to think that training should be compulsory. There are a lot of things that could go wrong', cross-sectoral collaboration and communication 'As soon as we made connections and realised what heavy input each party had, we worked better', infrastructure and resource support to schools 'It comes down to them having appropriate training and the space to be able to do it', inclusivity and equitable access 'Dislike my child feeling left out', and building trust among stakeholders 'I am trusting the process – it is hard to trust others to feed your child when they can have a reaction but so far so good'.

Conclusion: Developing effective food allergy management processes required a collaborative and coordinated approach between parents, students, school staff, School Lunch Program staff and external stakeholders. Adequate planning, ongoing support and resources were identified as essential for providing meals suitable for students with food allergies/intolerances.

Geographic Variation in Overdose-Related Emergency Presentations Across Tasmania: Implications for prevention.

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4E - Alcohol & other drugs; Priority Community needs, programs and digital solutions, Harbour View 2,

May 6, 2026, 3:30 PM - 5:00 PM

Introduction:

Intentional and unintentional overdoses are increasing in Australia. Effective overdose prevention requires an understanding of the characteristics and needs of the communities where it is implemented. Tasmania recorded 48 drug-induced deaths in 2023, and overdoses are among the most common suicide methods. However, little is known about geographical differences in overdose presentations across the state. Using statewide emergency department (ED) data, this study aimed to identify and characterise geographical areas with high rates of individuals presenting with an overdose.

Methods:

8662 overdose-related ED presentations between 2017 and 2023 in Tasmania were included. Cluster areas with elevated risk related of overdose presentations were identified through retrospective discrete Poisson models. Sociodemographic characteristics were compared between cluster and non-cluster areas.

Results:

Twelve cluster areas were identified: eight in the Southern region, three in the North-West, and one in the North of Tasmania (Relative risk = 1.34-4.22). Individuals living inside and outside of cluster areas were predominately female (~67%), younger (0-24 years: ~49%), and lived within 10km of the ED (51%). A higher proportion of individuals in clusters were from highly socioeconomically disadvantaged areas (50%) than non-cluster areas (22%). Across clusters, the most common substances of overdose were paracetamol (22%), non-specific polypharmacy (19%), and antidepressants (18%), although paracetamol was more common in the North and Northwest compared to southern clusters .

Conclusions:

Across Tasmania, females aged <25 and those living in socioeconomically disadvantaged areas are important target populations for overdose prevention. Clustering in areas proximal to the ED may reflect higher willingness to attend or access hospital services following an overdose , differences in suicide means in remote areas, or self-harm intent in some instances. The differences in substances involved in overdoses across clusters points to the importance of place-based understandings of the risk factors and prevention needs of individual communities within Tasmania.

Embedding Implementation Strategies to Improve Antenatal Smoking Cessation Care in Maternity Services.

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5A - Tobacco/vaping prevention and cessation, Ballroom 1, May 7, 2026, 9:00 AM - 10:30 AM

Introduction:

Australian and international guidelines recommend evidence-based smoking cessation support as part of routine antenatal care delivery. Research suggests evidence-based smoking cessation care is not routinely provided in Australian maternity services. This study assessed the effectiveness of implementation strategies in increasing the routine provision of recommended antenatal smoking cessation care in public maternity services.

Methods:

A stepped-wedge controlled trial was conducted in all public maternity services from three sectors in the Hunter New England Local Health District in NSW. A best practice care pathway for addressing smoking in pregnancy (Ask, Advise, Help) was implemented in maternity services across the three participating sectors. Organisational and clinician-focused strategies supported implementation of the smoking cessation care pathway in routine antenatal care. Specifically: guidelines and procedures, reminders/prompts, leadership support, service champions, training, resources/equipment and monitoring and feedback. Outcomes were measured via telephone interviews with randomly selected pregnant people/women after their first, 28 week or 36-week gestation appointment.

Results:

Of the 13,160 eligible participants, 6831 (52%) consented to participate in the telephone surveys. The intervention demonstrated significant improvements in care provision across three key care elements – Ask, Advise and Help. Assessment of smoking status using carbon monoxide breath testing was found to be significantly higher post intervention for the first antenatal appointment (OR: 24.46; 95%CI: 16.70; 35.82). Additionally, participants who smoked or had recently quit were significantly more likely to receive recommended cessation advice at the 28-week appointment (OR: 2.07; 95%CI: 1.15; 3.72), and to be offered evidence-based support, such as Quitline referral and/or nicotine replacement therapy, at their first appointment (OR: 3.27; 95%CI: 1.35; 7.89).

Conclusion:

These findings suggest that embedding theory-driven implementation strategies into maternity care systems can enhance the consistency and quality of smoking cessation support provided as part of routine antenatal care.

The Uncomfortable Truth: Implementation of an alcohol awareness campaign in SA

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¹Cancer Council SA, Eastwood , Australia

4E - Alcohol & other drugs; Priority Community needs, programs and digital solutions, Harbour View 2,
May 6, 2026, 3:30 PM - 5:00 PM

Problem

There is low public awareness about the relationship between alcohol and cancer, with 2 in 3 South Australians not perceiving alcohol as being an important risk factor for cancer. Evidence demonstrates a causal link between alcohol consumption and seven types of cancer including cancer of the mouth, throat, oesophagus, bowel, liver and breast (female).

What we did

In May – July 2025 Cancer Council SA delivered the ‘Spread’ alcohol awareness campaign, developed by the Mental Health Commission WA. The campaign was aimed at South Australians aged between 25 – 54 years who drink alcohol, conveyed the messages that alcohol causes cancer and the importance of reducing your drinking to reduce your risk. It depicts a glass of red wine falling over and spreading to the parts of the body where cancer can occur. The campaign aired across a variety of media including a tram wrap.

Results

Evaluation results showed promising results in engagement, impressions, click throughs and campaign webpage visits. It drove reflection and intention to reduce alcohol consumption: with 91% of respondents resonating with the key message ‘Reducing your drinking will reduce your risk of alcohol-related cancer’. There were strong learnings from alcohol industry response, with 60% of campaign feedback via LinkedIn posts, emails and media articles coming from the wine industry.

Lessons

The response to the campaign highlighted the power of industry to influence policy makers and the media to amplify their views and promote misinformation to counter the campaign messages. This ‘playbook’, identified in systematic reviews and WHO analyses, involved framing the debate, influencing policy directly, and challenging the science. The response has required critical assessment in planning future campaigns to counter the industry strategies to negate the campaign.

Translating Evidence into Action: Scaling the Preventive Health Role of Naturopaths and Osteopaths

Prof. Amie Steel¹, Dr Hope Foley, Dr Tristan Carter, Prof Deborah Debono, Dr Kirsten Baker, D/Prof Jon Adams

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Introduction: Australia's National Preventive Health Strategy highlights the need to mobilise the broader primary care workforce. With over 3,500 osteopaths and approximately 10,000 naturopathic practitioners in Australia, these professions are sizeable yet under-recognised contributors to preventive health. This study investigates how practitioner and patient insights can guide scalable implementation of evidence-based preventive care within these workforces.

Methods: Two national cross-sectional surveys were conducted with practitioners (osteopaths n=220; naturopaths n=117) and their patients (n=99). Surveys assessed: a) frequency of screening for NPHS priority areas; b) confidence discussing these topics; and c) patient-reported behaviour change. Data were analysed descriptively to identify actionable pathways for system integration.

Results: Practitioners rated preventive health as highly relevant (mean 6.0–6.3/7) and routinely screened for diet, physical activity, alcohol, and tobacco use. Patients confirmed these behaviours: 93% of osteopath patients and 100% of naturopath patients discussed physical activity and nutrition. Naturopaths were more likely to address alcohol (81%) and tobacco (50%) than osteopaths (25% and 2%). Mental health was discussed by 72% of osteopath patients and 100% of naturopath patients. Patients reported moderate to high behaviour change following these discussions, with practitioners playing a meaningful role (e.g., physical activity: naturopaths 3.5/5, osteopaths 3.8/5; mental health: naturopaths 3.9/5, osteopaths 3.4/5). Naturopaths also influenced behaviour change in alcohol (3.5/5) and tobacco use (3.8/5). However, cancer screening and immunisation were less frequently addressed, particularly by osteopaths (screening 8%, immunisation 10%). Patients overwhelmingly believed their practitioner held a university-level qualification and viewed them as part of their broader care team.

Conclusion: This evidence confirms that naturopaths and osteopaths are already delivering preventive care and influencing patient behaviours. To translate “what works” into equitable, sustainable action, further action is needed including: (1) formal inclusion in preventive health policy; (2) interprofessional referral pathways; and (3) targeted professional development for under-addressed domains like immunisation and mental health.

Partnerships that Nourish: Cross-Sector Collaboration for Preventative Health through School Food

Ms Kirsty Grierson¹

¹School Food Matters, Blackmans Bay, Australia

1A - Building sustainable systems and Investment Models, Ballroom 1, May 5, 2026, 11:00 AM - 12:30 PM

Preventative health outcomes are strengthened when schools, communities, and systems work together to create supportive environments for children and young people. School Food Matters (SFM) delivers a suite of programs in Tasmanian schools that showcase a collaborative model for improving nutrition, building food literacy, and addressing inequities in access to nutritious food. Working alongside government departments, local food producers, community partners, and regional stakeholders, SFM supports school communities to implement integrated, curriculum-linked, food initiatives.

This presentation will draw on three core programs:

- Foodies – connecting young people to local food systems, hospitality and agriculture
- SmartFood – working with school canteens on providing healthy choices and a whole school approach to eating well.
- School Lunch Program (SLP), which provides nutritious, free hot lunches in 45 Tasmanian government schools. This program is currently delivering 14000 meals a week to Tasmanian students and is the largest of this model in Australia.

Together, these programs demonstrate how preventative health interventions can be embedded in school systems. These programs have guiding principles around equity, skilled workforce development, utilising local fresh produce, food literacy, and an emphasis on providing a designated social eating time. Evidence emerging highlights improved student food confidence and willingness to try new foods, increased capacity to deliver food education, strengthened school–community relationships, and enhanced connections with local producers and regional economies.

By positioning schools as central settings for health promotion, these collaborative approaches contribute to reducing the risk of diet-related disease and support children’s engagement at school. The presentation will outline key enablers and participants will gain practical insights into delivering school food programs at scale in an Australian context. This work illustrates how strategic partnerships can nourish not only students, but the broader systems that shape their wellbeing.

Schools as Anchors for Food Security and Health Equity in Tasmania

Ms Kirsty Grierson¹

¹School Food Matters, Blackmans Bay, Australia

4B - Nutrition - Translating evidence and centring people, Ballroom 2, May 6, 2026, 3:30 PM - 5:00 PM

Food insecurity remains a significant public health challenge in Tasmania, disproportionately affecting children and families in low-income and regional communities. Inadequate and inconsistent access to nutritious food contributes to poorer health outcomes, reduced capacity to engage at school, and increased risk of chronic disease across a lifespan. The School Food Matters (SFM) School Lunch Program demonstrates how a universal, school lunch program can act as a structural intervention that supports food security while promoting health equity.

Delivered through cross-sector partnerships between state government, schools, local food producers, and community organisations, the School Lunch Program provides students with a hot nutritionally balanced lunch during the school day. The model focuses on local procurement, kitchen and workforce capacity building, and a co-designed menu development that reflects nutritional standards, community, cultural and dietary needs. Implemented in diverse Tasmanian school settings, the program has shown that universal provision—rather than targeted or means-tested access—reduces stigma, increases participation, and fosters a shared sense of belonging.

Emerging evidence highlights multiple benefits: improved student concentration and readiness to learn; reduced financial and emotional pressure on families; strengthened connections between schools and regional food economies; and enhanced opportunities for food literacy and community engagement. Teachers and school staff report positive shifts in school culture, with the lunch supporting social connection and inclusion.

This presentation will describe the program's design and implementation approach, including governance structures, stakeholder collaboration, and workforce development strategies. It will also discuss insights from student and family feedback and evaluation strategies around the program. By positioning schools as stable and trusted community settings, universal school lunches such as the School Lunch Program can function as a cornerstone response to food insecurity, contributing to long-term health equity and improved wellbeing for children and families across Tasmania.

Perceived importance of healthy eating environments/programs by western Sydney primary school educators

Dr Astrid Poelman^{1,2}, Dr Paige Brooker³, Ms Kate Sewell⁴, Ms Michelle Nolan⁴, Ms Sarah McDermott⁴, Jennifer Plaskett⁴

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2E - Diet + Alcohol - Centring People and Culture & Translating Evidence, Harbour View 2, May 5, 2026,
3:30 PM - 5:00 PM

Schools are uniquely positioned to support healthy eating amongst students, offering a consistent and equitable setting for health interventions. However, it is unclear to what extent educators, trusted community members central to student health and wellbeing, perceive healthy eating as a priority within the broader education agenda, particularly in socio-economically disadvantaged communities. This study explored school staff's perceptions on the importance of healthy eating programs and environments in primary schools, and the barriers and facilitators to their successful implementation.

Using a qualitative research design, semi-structured interviews were conducted with primary school educators from western Sydney, New South Wales, an area characterized by a high level of disadvantage. We listened deeply to their lived experiences, navigating the complexities of supporting student health while managing curriculum demands and resource constraints. Interviews were held until achieving data saturation and thematic analysis was applied.

Nine interviews were completed (six principals and three teachers); two-thirds from schools of high socio-economic disadvantage (SEIFA quantile 1-2). Three themes were identified: 1) Schools are seen as critical to support healthy eating amongst students; 2) Curriculum and time pressure impact schools' ability to deliver healthy eating programs; 3) Food and nutrition insecurity challenge high disadvantaged schools. Adoption barriers included time pressures, a crowded curriculum and low parental engagement. Enablers emphasised connection and collective action: integrated cross-curricular content, established initiatives, positive role modelling, in-kind staff support, partnerships with community organisations, and a whole-of-school-staff approach.

In conclusion, educators view providing an equitable healthy eating environment and curriculum integrated classroom programs as critical for students' health, wellbeing and academic achievement. This research highlighted the need to strengthen support to disadvantaged schools with systems-based approaches and community partnerships to improve food and nutrition security status of their students to reduce health inequities short-term, and facilitate positive benefits for student's health and wellbeing longer-term.

Health knowledge in childhood is associated with better cardiovascular health in middle-age

Mr Nnamdi Eseme¹, PhD Rosie Nash², PhD RK Kelly^{1,3}, PhD Candidate MA Assemie¹, Senior Research Fellow J. Tiang¹, Post-Doctoral Fellow BJ Fraser^{1,4}, Professor AJ Venn¹, Emeritus Professor T Dwyer^{1,5,6,7}, Professor S. Gall¹, PhD RE Climie¹

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5C - Preventive health - sun safety, workplace, climate health, Ballroom 3, May 7, 2026, 9:00 AM - 10:30 AM

Introduction: Emerging evidence suggests that cardiovascular risk originates in childhood. Strengthening early health knowledge related to cardiovascular health (CVH) may be important for maintaining ideal CVH across the life course.

Aim: To examine whether health knowledge related to CVH in childhood are associated with better CVH in childhood (cross-sectional) and adulthood (longitudinal).

Methods: Data were from the Childhood Determinants of Adult Health (CDAH) that started with the 1985 Australian Schools Health and Fitness Survey (ASHFS) with follow-up 34 years later in CDAH-3 (2014–2019). A health knowledge score (continuous, range 0 [low] -15 [high]) was derived from 15-items on the knowledge and importance of cardiovascular health behaviours and outcomes, completed by 10-15-year-olds in 1985. In adulthood, validated questionnaires assessed, diet, physical activity, smoking and sleep, with clinic-measured or self-reported height and weight measured for body mass index to give a CVH score (continuous, range 0 [poor] to 100 [ideal]; categorical, ideal >80 and non-ideal <80). Associations between the health knowledge score and CVH were examined using linear and logistic regression models adjusted for age, sex, language spoken at home, highest maternal education level and socioeconomic status quartile in RStudio (v4.1.0).

Results: Of the 8,498 children initially recruited, there were 953 for longitudinal analyses with complete data. In childhood, the mean health knowledge score was 13.21±1.21. In adulthood, 38% had ideal and 62% had intermediate or poor CVH. Longitudinally, each unit increase of childhood health knowledge was associated with higher adulthood CVH ($\beta = 0.89$, 95% CI = 0.09, 1.69) and increased odds of ideal CVH (OR = 1.09, 95% CI = 0.97, 1.21), after adjustment for covariates.

Conclusion: Childhood health knowledge related to CVH, is positively associated with better CVH in both childhood and adulthood. Prevention strategies that develop CVH knowledge in childhood may support higher CVH over the life course.

Co-designing culturally connected cervical screening education in South-East Melbourne

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4C - Cancer Prevention and Screening and Early Onset Cancers, Ballroom 3, May 6, 2026, 3:30 PM - 5:00 PM

Cervical screening participation remains lower among women from migrant and refugee backgrounds in Melbourne's south-east, particularly within Arabic, Hindi, Mandarin and Punjabi-speaking communities. Barriers include limited awareness, cultural stigma, language challenges and a lack of trusted information. To address these inequities, Enliven Victoria collaborated with the South East Public Health Unit (SEPHU) and Cancer Council Victoria to strengthen culturally informed community-led health promotion.

Supported by SEPHU's partnership guidance and advisory input, including through its Regional Expert Advisory Group on improving HPV vaccination and cervical screening, Enliven Victoria delivered a place-based initiative across the Local Government Areas of Casey, Cardinia and Greater Dandenong. SEPHU supported project planning with local intelligence, including demographic profiles and screening and vaccination data.

Community Health Champions, members of the Multicultural Community Engagement Network, a collective of community leaders in Melbourne's South-East, were central to the initiative. They participated in SEPHU and Cancer Council-supported capacity-building workshops, with community engagement and facilitation led by Enliven as part of broader capacity-building efforts. Participants co-designed eight multilingual educational videos, a five-language postcard series and a plain-language presentation. Twelve community education sessions and an event at the Vaishakhi Festival reached more than 475 participants, supported by bilingual facilitation and translated evaluation surveys.

Survey data (n = 157) showed strong improvements in awareness and intention to screen. Knowledge of the national cervical screening program increased from 42 to 86 per cent, and those very likely to screen rose from 47 to 70 per cent.

Empowering trusted community members as educators and co-designers fosters sustainable, culturally grounded engagement. Partnerships between public health units, community organisations and peak bodies can embed prevention within community, addressing equity gaps in screening participation. Continued investment in community capacity-building, multilingual resources and local outreach screening opportunities is critical to normalise screening and ensure prevention is inclusive and people-centred.

From Data to Partnership: Building Regional Prevention Intelligence in Melbourne's South East

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Effective prevention planning requires timely, place-based intelligence. Public health partners across Melbourne's south-east, spanning eleven Local Government Areas (LGAs) and 1.8 million people, identified a need for accessible, regionally relevant data to inform equitable prevention priorities. Fragmented access to local intelligence and limited opportunities for shared interpretation reduced the capacity to connect evidence with action.

The South East Public Health Unit (SEPHU) established a regional intelligence function to strengthen prevention planning and monitoring. SEPHU develops and disseminates a suite of epidemiological data packs, thematic reports, dashboards and LGA health profiles that bring together information on screening, immunisation, injury, risk factors and population demographics. These products, aligned with SEPHU's Population Health Catchment Plan (2023–28), are shared with local councils, community health services and sector partners to support prevention planning and reporting. Partnerships are supported through Regional Expert Advisory Groups (REAGs), which provide a platform for discussion, alignment of regional prevention priorities, and collective reflection on trends identified in SEPHU intelligence products. The SEPHU Public Health Symposium complements this approach by convening partners from local government, health and academia to share insights, showcase collaborative projects and strengthen capability in using data for prevention.

SEPHU's intelligence products and data packs have been consistently well received by partners, supporting evidence-informed dialogue and coordination of regional priorities. REAG engagement has enhanced collaboration and increased confidence in interpreting local data, while symposium participation has reinforced a shared commitment to prevention intelligence.

Regional intelligence functions can embed prevention in people, place and partnership by providing relevant data, fostering shared learning and strengthening collaboration. SEPHU's model demonstrates how trusted regional intelligence and partnership structures can connect evidence to action and promote equitable prevention across Melbourne's south-east.

Before the Baby Bump: Co-Designing Digital Preconception Health Promotion for Sustainable Prevention

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Problem: Preventive action often begins too late in pregnancy to influence critical preconception biological and behavioural factors. Public awareness of, and access to, dedicated preconception health remains low. Health professionals identify systemic barriers to effective preconception health, including time constraints, limited resources and low public demand. This highlights a critical gap in how preconception health messages are delivered and sustained.

What We Did: The “Before the Baby Bump” Preconception Health Promotion Trial aims to address this gap by co-designing a multi-strategy social media campaign to improve awareness of modifiable health behaviours among adults aged 18–45 years. Using the IAP2 Public Participation Framework, community members were active partners in shaping campaign tone, messages, and imagery. Insights from local workshops across metro and regional health services informed campaign design, ensuring the resulting content was relatable, inclusive, and action oriented. The campaign follows an “announce–inform–act” model, directing audiences to a dedicated website for education, a digital preconception health check, and access to personalised health coaching via My Health for Life, a health behaviour initiative.

Results: Before the Baby Bump demonstrates a scalable, sustainable model for prevention delivery grounded in consumer voice. Co-design confirmed that community members consistently favoured clear, strength-based, and inclusive visuals, with a strong desire for content acknowledging the shared responsibility of both partners. Critically, messaging must be non-judgemental and offer cost-effective options, addressing key barriers like financial cost. Evaluation will measure effectiveness in raising awareness, influencing behavioural intent and increasing engagement with digital preconception health pathways.

Lessons: Embedding co-design in campaign development strengthens relevance, trust, and reach; critical metrics for long-term investment. By integrating evidence, digital engagement, and community needs, Before the Baby Bump offers a cost-effective strategy for embedding preconception health promotion into Queensland’s broader preventive health infrastructure.

Reducing Sales of Sugary Drinks in Remote Community Stores: Ambient Drinks Strategy

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4A - Commercial Determinants of Health - Nutrition and Alcohol, Ballroom 1, May 6, 2026, 3:30 PM - 5:00 PM

Remote communities in the Northern Territory currently experience some of the highest rates of diabetes in the world, with full sugar soft drinks being one of the main contributors to the high intakes of free sugars. In retail, the placement and promotion of products is a key commercial determinant of health, where discretionary products are often favoured. To support customers to make healthier choices, maintain store profitability, and provide autonomy of choice, it is important for remote community stores to innovate and implement supportive health-promoting strategies.

Outback Stores, alongside local community store owners, implemented the 'Ambient Drinks Strategy' across five remote community stores between FY23 and FY25. This community driven strategy involves the relocation of full sugar soft drinks larger than 600ml from the refrigerators to the shelves, where they are sold at ambient temperature. The aims of this strategy are to steer customers towards healthier alternatives and reduced pack sizes of full sugar drinks. More recently, the strategy was implemented at a remote store in the Northern Territory.

Following implementation, the proportion of full sugar soft drinks sold reduced from 56.55% to 40.31%, with an overall -19.48% proportion reduction after 20 weeks. Between Q1FY25 and Q1FY26, sales of 1L full sugar Coke decreased by 4800L (a 23.9% proportion reduction). Alongside this, 600ml full sugar Coke increased by 1525L (9.4%), and 1.25L zero sugar Coke increased by 819L (5.2%). Water sales also increased by 165L (3%). Store drink sales volume remained stable throughout the strategy.

The ambient drinks strategy proves a viable approach to support healthier purchasing choices and positive health outcomes, while still maintaining store profitability and customer choice. Through innovation and collaboration with local community store owners and suppliers, this approach harnesses the commercial determinants of health in a way that supports positive health outcomes.

Young people's attitudes towards the Commercial Determinants of Health

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¹Deakin University, Geelong, Australia

4E - Alcohol & other drugs; Priority Community needs, programs and digital solutions, Harbour View 2,

May 6, 2026, 3:30 PM - 5:00 PM

Introduction:

The commercial determinants of health (CDoH) are a rapidly growing area of public health. Young people are particularly vulnerable to the tactics of harmful industries such as tobacco, alcohol, gambling, ultra-processed food, and fossil fuels. While most research has focused on young people's attitudes towards industry marketing strategies, limited research has explored how they conceptualise CDoH, identify priority issues, perceive government responses, and ways they would like to be involved.

Methods:

Ten online focus groups were conducted in September 2024 with 28 young people aged 16–24 years in Victoria, Australia. Participants discussed key issues affecting young people, harmful industry marketing, government roles in protecting youth, and strategies for youth engagement. Data were analysed using reflexive thematic analysis.

Results:

Participants identified the cost-of-living crisis and housing as major challenges for young people, as well as issues relating to harmful industries like social media, climate change, and vaping. While young people could discuss overt marketing strategies on television and social media advertising, they were less familiar with covert tactics such as corporate social responsibility initiatives and political donations. Many expressed scepticism about governments willingness to act, as some perceived that governments only cared about votes rather protecting young people from harmful industries. Participants called for diverse, accessible opportunities for young people to engage in advocacy and shape public health responses, recognising that it would not be a one size fits all.

Conclusion:

Young people are highly capacity of discussing the CDoH and issues that are impacting their health and wellbeing. This study highlights the need for governments and the public health community to meaningfully involve young people in all aspects of research, practice and policy relating to the CDoH. Creating inclusive engagement strategies that prioritise the needs of young people is critical to addressing harmful industries and the CDoH.

Perceptions of smoking dangers among Culturally and Linguistically Diverse communities in Victoria

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5A - Tobacco/vaping prevention and cessation, Ballroom 1, May 7, 2026, 9:00 AM - 10:30 AM

Background: Culturally and Linguistically Diverse (CALD) communities make up a significant portion of Victoria's population. Despite public health efforts to reduce smoking, inequities in smoking-related beliefs and behaviours persist. CALD communities may face unique barriers to accessing tobacco control messaging, including language, cultural norms, and recency of migration. Understanding these perceptions is vital for developing targeted messages that challenge misperceptions and support healthier behaviours.

Methods: Prevalence estimates were generated using small domain estimation methods, integrating data from the 2022 Victorian Smoking and Health Survey (n=12,000) with demographic data from the 2021 Australian Census of Population and Housing. Estimates for agreement that "the dangers of smoking have been exaggerated" were calculated for groups defined by language spoken at home, country of birth (COB), and year of arrival.

Results: Individuals born overseas were more likely (16%–52%) to agree that the dangers of smoking are exaggerated compared to Australian-born (9%). Agreement was highest among Vietnamese-born (51.8%), Chinese-born (45.7%), and Indian-born (39.6%) adults. High agreement was also observed among Punjabi (64.0%), Mandarin (46.1%), and Vietnamese (42.6%) speakers. Across all groups, men were consistently more likely than women to hold this belief. Recent migrants (arrived 2016–2021) showed the highest agreement (38.1%), compared with those who arrived before 1971 (15.4%).

Conclusion: These findings suggest that beliefs about smoking harms are a significant issue for CALD communities and may be influenced by cultural background, language, COB and year of arrival. Older migrant groups showed greater awareness of smoking harms, likely influenced by longer exposure to local tobacco control efforts.

Implications: Implications for practice include the need for culturally and linguistically tailored awareness campaigns to bridge knowledge gaps and reinforce awareness of smoking dangers. This is critical to ensure all Victorians, regardless of background, are supported to live free from its harm.

ShadeSmart: Designing smarter shade for better public spaces

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¹Cancer Council NSW, Woolloomooloo, Australia

5C - Preventive health - sun safety, workplace, climate health, Ballroom 3, May 7, 2026, 9:00 AM - 10:30 AM

Problem

Sunshine, long hot summers and limited shade are synonymous with the Australian landscape. Despite its critical role in UV protection, 45% of Australians report difficulty finding adequate shade in parks and playgrounds, and half of NSW residents are dissatisfied with shade provision at their local playgrounds. Although Cancer Council had developed comprehensive shade guidelines, their adoption within the built environment sector has been inconsistent.

What We Did

To tackle this issue, Cancer Council NSW (CCNSW), the Australian Institute of Landscape Architects (AILA), and Cancer Institute NSW (CINSW) launched the ShadeSmart partnership in 2020. This initiative promotes high-quality shade design and UV protection through:

- Continuing professional development (CPD) training for landscape architects,
- Annual ShadeSmart awards,
- Strategic advocacy efforts, and
- Collaborative, policy-relevant research.

A dedicated ShadeSmart website was also created to support awareness and engagement. Initially piloted in NSW, the program expanded nationally in 2023.

Key Findings

Key survey findings from AILA members revealed that while 40% strongly agreed that there is a duty of care to plan and design shade, only 14% actively incorporate shade design for skin cancer prevention into their work.

Since its inception, ShadeSmart has delivered seven CPD modules featuring 20 expert presenters, announced 25 ShadeSmart awards over four years, and participated in multiple collaborative research projects.

Lessons

Quality shade isn't just a design feature; it's critical infrastructure for healthy, resilient communities. Strategic partnerships with peak bodies enable systems alignment and program sustainability. Framing the co-benefits of shade for UV protection and heat mitigation has proven to be a powerful lever for engagement and impact.

Smoking cessation patterns in culturally and linguistically diverse communities

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¹Cancer Council Victoria, East Melbourne, Australia, ²Social Research Centre, Melbourne, Australia

2C - Tobacco, Vaping - Centring People, Culture and Connection, Ballroom 3, May 5, 2026, 3:30 PM -

5:00 PM

Introduction: Culturally and linguistically diverse (CALD) communities represent a significant proportion of Victoria's population, yet persistent inequities in smoking cessation outcomes highlight the need for more inclusive, culturally responsive support. Understanding cessation patterns within CALD communities is essential to inform equitable preventive health strategies. This study examined short- and long-term quitting behaviours among CALD adults.

Methods: Data were drawn from the 2022 Victorian Smoking and Health Survey; a representative cross-sectional survey of 12,000 adults. Past-year quit attempts refer to individuals who smoke and have made at least one attempt to quit in the previous year. The quit ratio is defined as the proportion of people who have been quit for at least one year among people who have ever smoked. To generate reliable prevalence estimates for CALD groups (defined by main language spoken at home, country of birth, and year of arrival in Australia), small domain estimation techniques were applied.

Results: Approximately half of CALD adults who smoke reported a quit attempt in the past year—comparable to Australian-born adults. However, quit ratios varied widely, being lower among newer migrant communities and specific language groups (e.g., Arabic, Punjabi, Vietnamese), and higher among more established communities (e.g., Italian, Greek). Across all CALD groups, females demonstrated greater long-term cessation success than males.

Conclusions: In Victoria, quit attempts were substantial among CALD communities and broadly comparable to Australian-born adults. While motivation to quit is strong, sustained quitting success varies considerably. Newer arrival groups and some language communities were less likely to sustain quitting, possibly reflecting differences in exposure to long-standing anti-smoking campaigns, or in awareness and accessibility of cessation support services. These findings highlight the need for culturally tailored strategies that address these gaps. Further exploration of community-specific knowledge and perceptions of available supports will help inform more effective and equitable cessation initiatives.

Vaping identity in young adult vape users: qualitative findings from Generation Vape

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5A - Tobacco/vaping prevention and cessation, Ballroom 1, May 7, 2026, 9:00 AM - 10:30 AM

Introduction: To prevent vaping uptake and encourage cessation, particularly in young people, Australia has made significant gains recently in vaping control. Yet, how individuals align their identity with vaping can influence their e-cigarette perceptions, use and quitting intentions. This study therefore aimed to examine vaping identity in Australian young adults (18-24 years) who vape. Focus was on this cohort as they are the highest proportion of vape users compared to other age groups.

Methods: This study reports the qualitative findings from Wave 8 (conducted in April 2025) of the Generation Vape research project. Young adults, 18-24 years old, who currently vape participated in online focus group discussions about their vape use, perceptions and identity. A reflexive thematic approach was used to analyse the data.

Results: A total of 93 individual participants took part in 21 focus groups. Three main themes were generated from the analysis: i) influencing factors of vaping identity; ii) nuances of vaping behaviour and intent in shaping vaping identity; iii) reactions to being labelled a "vaper". Findings highlighted that vaping is seen to be a less desirable behaviour, however context was seen as an important validation of use. The term "vaper" was shown to have negative connotations to young adults, being described by some as "offensive" and "embarrassing", wanting to dissociate from this label. Aspects of stigma were also evident as participants spoke about the shame and sense of perceived judgement from others for vaping.

Conclusion: Social acceptability of vaping appears to be shifting in young adults, influencing their vaping identity. Public health messaging to prevent vaping uptake or encourage cessation should be mindful of language (e.g., "vaper") as it may limit reach and influence. Similarly, consideration of vaping identity would be warranted in developing anti-vaping campaigns targeting young adults who vape to help ensure content resonates.

The art of policymaking: What drives investment in public health in Australia

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¹The University Of Melbourne, Parkville, Australia

5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Public health and preventive approaches offer strong evidence of population-wide benefits and cost-effectiveness, presenting opportunities to improve health outcomes in Australia and internationally. Decisions about public health investment are shaped by a complex interplay of political, institutional, economic, social, commercial, ideological, and narrative factors that determine how public health priorities are valued and prioritised. This exploratory research investigates how public health, particularly preventive approaches, are conceptualised and prioritised within the Australian policymaking context, and how these systemic and contextual factors influence policy choices and investment decisions. The study aims to identify key barriers and enablers to investing in public health and inform strategies for embedding prevention within sustainable policy and funding systems.

A multi-phase, mixed-method design integrates qualitative, documentary, and participatory approaches to generate insights on how prevention is prioritised and funded. Phase 1 involves semi-structured interviews with policymakers and other key stakeholders shaping policy to explore how prevention is conceptualised and what drives or constrains investment. Phase 2 explores how prevention is represented in policy and funded in practice, drawing on literature, policy analysis, and case studies. Phase 3 will build on earlier findings to engage stakeholders in refining insights and exploring practical strategies to strengthen policy engagement and guide investment in prevention.

This presentation will outline the conceptual framework and preliminary themes emerging from Phase 1 interviews. It will explore how and to what extent prevention is prioritised within political and institutional decision-making, and consider contextual factors that may influence investment. Emerging directions for stakeholder engagement and the development of a structured approach to guide future policy and investment strategies will be discussed.

By integrating insights from policymakers and other stakeholders with diverse evidence sources, this research will inform strategies to embed prevention within resilient policy and funding systems, harnessing enablers while addressing forces that deprioritise prevention.

Reimagining Health Equity and Access in the NBCSP for Remote Populations.

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4D - Community and place-based approaches, Harbour View 1, May 6, 2026, 3:30 PM - 5:00 PM

Despite the overall success of the Australian National Bowel Cancer Screening Program (NBCSP), participation rates among rural and remote communities remain disproportionately low in both Phase 1 (completion of the immunochemical faecal occult blood test [iFOBT]) and Phase 2 (follow-up diagnostic colonoscopy), contributing to delayed diagnoses and poorer health outcomes. This study aimed to move beyond the identification of superficial barriers and enablers by exploring the deeper, existential interplay between environmental contexts, access to the NBCSP and the broader healthcare system. Through an empathetic and consumer-centred enquiry, the research sought to broaden understanding of these challenges and identify actionable, community-led solutions. These insights were considered critical for informing policy and guiding decision-makers in the development of equitable and effective screening strategies for rural and remote populations. A qualitative focus group study was conducted, with analytical rigour ensured through Interpretive Phenomenological Analysis (IPA) under a critical realist lens to identify superordinate themes from individual and shared lived experiences. Findings revealed four superordinate themes that impeded access to the National Bowel Cancer Screening Program for geographically diverse populations: (1) socio-cultural norms and the stoic disposition commonly observed in rural communities; (2) reliance on rural postal systems for program engagement; (3) the pivotal roles and responsibilities of rural general practitioners; and (4) the personal economic burden associated with accessing colonoscopy services. Pragmatic recommendations were mapped across the NBCSP participant pathway, identifying necessary adaptations and patient navigation supports to enhance equity and Program accessibility. Consumer-generated recommendations focused on system-level support, advocating for models of care that deliver community-based, localised interventions and follow-up colonoscopy closer to home, to mitigate geographic barriers shaped by structural, metro centric pathways within the current NBCSP program design. These findings give rise to several critical implications for policy and practice aimed at improving program uptake across diverse geographic contexts.

Breaking the Silos: Integrating Oral Health into Primary and Cardiovascular Care

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5C - Preventive health - sun safety, workplace, climate health, Ballroom 3, May 7, 2026, 9:00 AM - 10:30 AM

Background

Evidence suggests that oral health is associated with cardiovascular diseases (CVDs). However, care for these conditions remains siloed. Integrating oral health into primary and specialist care, particularly cardiac services, presents a potential to improve early detection, and health outcomes.

Aim

This review examines oral health strategies implemented in primary and cardiovascular care settings, focusing on their impact on health outcomes, service delivery, and medical-dental collaboration.

Methods:

A systematic review of peer-reviewed studies was conducted following the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis and reported in line with the PRISMA 2020 checklist. Review included 21 studies with diverse research methodologies including systematic reviews, quasi-experimental designs, mixed-methods and service evaluations. Guided by the PICO framework data were extracted based on populations, interventions, settings, outcomes, and implementation. Study quality was assessed using appropriate JBI tools. A combination of narrative and thematic analysis was used.

Findings:

Findings highlighted key integration strategies such as upskilling non-dental providers (GPs, nurses, cardiology staff), implementing oral health screening in non-dental settings, formalising referral pathways, and co-locating oral care within general medical settings. Reported outcomes from integration included improved access, earlier detection of oral disease, enhanced provider confidence, and improved oral health knowledge in health professionals.

Conclusion:

Integrated care models can bridge the oral-CVD care divide, improving equity and outcomes. However, sustainable implementation will require policy support, workforce training, and evaluation of long-term cost-effectiveness and impact.

Qualitative evaluation of a co-designed massive open online course for stroke prevention

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2D - Leveraging Technology for Prevention, Harbour View 1, May 5, 2026, 3:30 PM - 5:00 PM

Background: Co-design is a critical tool to collaboratively develop preventive health interventions with stakeholders and end users. However, evaluations of co-designed products against participant recommendation are limited. We aimed to evaluate a co-designed Preventing Stroke Massive Online Open Course (MOOC) to determine whether co-design outputs were reflected in the final MOOC product.

Methods: The Preventing Stroke MOOC was co-designed in 2023 with health knowledge experts (n=10; 80% female) and community members (n=12; 58% female). The evaluation had three steps: (1) deductive content analysis of the MOOC; (2) deductive content analysis of 12 co-design focus groups (6 health experts; 6 community members); and (3) triangulation of findings. Deductive codes were derived from six design elements (learning objectives, structure, content, exercise, assessment and media selection) in the Analysis, Design, Development, Implementation, and Evaluation (ADDIE) instructional design model.

Results: The MOOC comprised seven core and nine optional mini-modules covering biomedical and lifestyle risk factors modules. These provided critical information to address poor knowledge, and identification and management of stroke risk factors in the community. Triangulation demonstrated the MOOC incorporated most suggestions from co-design focus groups across the six design categories. Recommendations not incorporated in the MOOC were identified across three design categories (learning objectives, content, and media selection). These included inconsistent learning objectives across mini-modules, content not always being presented in an aphasia-friendly format, limited use of simple language aligned with health literacy principles, and absence of multilingual features and media.

Conclusion: By evaluating the final co-designed MOOC features against the original codesign recommendations, we identified gaps to inform future refinements to the MOOC. This research has provided insights for strengthening the co-design process of digital education tools.

Impact of Raw Coal Ban on Air Quality and Cardiovascular Morbidity

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5E - Conversation Starters, Harbour View 2, May 7, 2026, 9:00 AM - 10:30 AM

Cardiovascular diseases (CVD) are the leading cause of death globally, with ambient air pollution (AAP) recognised as a major environmental health threat, especially in low- and middle-income countries (LMICs). While short-term exposure to AAP is consistently linked to increased risk of cardiovascular morbidity and mortality, evidence on assessing the effectiveness of interventions aimed at reducing air pollution in LMICs, including Mongolia, remains limited. Our study results revealed that PM_{2.5}, PM₁₀, SO₂, NO₂, and CO pollutants were associated with a higher risk of admission for CVD, IHD and stroke, with NO₂ and SO₂ showing the strongest effects. The highest relative risks (RRs) for PM_{2.5} and CO occurred on the same day of exposure (Lag 0), whereas PM₁₀, SO₂, and NO₂ showed the strongest associations at the two-day average (Lag 1). For each interquartile range (IQR) increase, the RRs of CVD admissions increased by 0.5% (PM_{2.5}; RR=1.005, 95% CI: 0.998-1.012), 2.9% (PM₁₀; RR=1.029, 95% CI: 1.014-1.044), 2.5% (SO₂; RR=1.025, 95% CI: 1.010-1.040), 4.1% (NO₂; RR=1.041, 95% CI: 1.016-1.068), and 0.3% (CO; RR=1.003, 95% CI: 0.995-1.012). O₃ levels remained well below the WHO-AQG throughout the study period and were the only pollutant not positively associated with CVD admissions. Subgroup analyses further revealed that the health effects of air pollution were more pronounced among women, individuals under 65 years of age, and during the cold season, when pollution levels tend to be highest due to coal combustion for heating. Our research found that, after the NCB intervention, all criteria air pollutants, except O₃, continued to exceed both the WHO-AQG and the Mongolian National Standards. Using robust epidemiological methods, short-term exposure to PM_{2.5}, PM₁₀, NO₂ and SO₂ was positively associated with increased risks of CVD admissions and mortality, including IHD and stroke. While health risks associated with some pollutants were marginally reduced, NO₂ and SO₂-associated CVD mortality increased post-intervention. Subgroup analyses revealed higher vulnerability among males, older adults (aged 65 years and above), and during the cold season, highlighting age- and gender-specific susceptibility. These findings underscore the urgent need for targeted, evidence-based interventions, including the adoption of cleaner fuels, improved household heating technologies, and comprehensive air quality management strategies in UB. Producing country-specific evidence is crucial for evaluating policy effectiveness, reducing health-related costs, informing national regulations, and advancing global understanding of environmental factors to cardiovascular health, as well as providing valuable insights for other countries facing similar challenges.

Food allergy prevention – an example of effective guideline translation

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4B - Nutrition - Translating evidence and centring people, Ballroom 2, May 6, 2026, 3:30 PM - 5:00 PM

Problem: Food allergy is common in Australia, affecting 10% of infants. Primary prevention of food allergy is important as high-level evidence indicates that timely introduction and continued inclusion of common food allergens in the infant diet, particularly peanut and egg, reduces the risk of developing allergies to these foods. In 2016, the Australasian Society for Clinical Immunology and Allergy (ASCIA), released updated infant feeding guidelines for allergy prevention. Here we describe the National Allergy Council's implementation of the allergy prevention guidelines and subsequent changes in infant feeding practices and food allergy rates.

What you did: In 2018 we developed a public health approach to implement the allergy prevention guidelines. Focus groups with parents and health professionals helped identify a meaningful brand and key messages. Resources were developed, including a website 'Nip Allergies in the Bub', practical infant feeding advice and videos, underpinned by a social media campaign.

Results: Several Australian studies have assessed changes in infant feeding practices since 2016 however methodology and approach vary. The Australian Bureau of Statistics reports on breastfeeding initiation and duration, and timing of solid food introduction. The EarlyNuts study, SmartStartAllergy, OzFITS and BabyEATS studies reported on timing of solid food and common food allergen introduction. These studies all showed a shift towards earlier introduction of allergenic foods in Australia since 2016. The EarlyNuts study reported a slowing in the increase of peanut allergy, but not in families of Southeast Asian descent. In WA, direct provision of the 2016 ASCIA guidelines to families when their infant was 6 months old was reported to be associated with reduced peanut, egg and cow's milk allergies.

Lessons: Evaluation of change should be embedded into public health programs. There is a need for harmonised infant feeding surveys with prospectively collected data to further inform infant feeding advice in Australia.

Digital self-assessment to support health promotion in Early Childhood Education and Care

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5C - Preventive health - sun safety, workplace, climate health, Ballroom 3, May 7, 2026, 9:00 AM - 10:30 AM

Problem: Early Childhood Education and Care services (ECECs) are vital settings for promoting healthy eating and physical activity among children aged 0–5 years. In New South Wales, the Ministry of Health requires Local Health District (LHD) health promotion officers (HPOs) to engage >65% of ECECs annually and support them to implement up to 16 health-promoting policies and practices. Within the Hunter New England LHD, >500 ECECs span 131,785 km², making in-person contact challenging and phone-based implementation resource-intensive. Additionally, ECEC staff report being time-poor.

What we did: To address these challenges, an online self-assessment survey was developed using Research Electronic Data Capture (REDCap). The survey allowed services with data older than 24 months to provide updates on their current implementation of the recommended policies and practices. They could then receive tailored feedback with links to relevant resources to support implementation. HPOs emailed eligible services, inviting them to complete the survey and offering a small incentive for participation. A reminder email was sent after two weeks, followed by up to three reminder phone calls to non-responders.

Results: 143 services were emailed the self-assessment survey. Completion rate of the survey was 77% (111/143), and 65% of services subsequently accessed their tailored feedback statements. 45% (51/111) of services completed the survey as a result of the emails alone and did not require the additional phone calls. The process reduced costs by approximately 36% compared to traditional HPO-conducted phone calls or service visits.

Lessons: Online self-assessments and tailored feedback represent a practical, efficient alternative for monitoring ECEC implementation of health promoting policies and practices. Future research should look to evaluate the ECEC service acceptability of this approach and further refinements, such as improving access and clarity of feedback statements, may enhance usability and increase the overall effectiveness of this approach.

Embedding Knowledge Translation to Sustain Impact in Prevention Research

Ms Candice Shean, Ms Lucy Brewer

¹Healthway, Subiaco, Australia

5A - Tobacco/vaping prevention and cessation, Ballroom 1, May 7, 2026, 9:00 AM - 10:30 AM

Problem

Preventive health research generates valuable knowledge. However, without embedded systems for translation, findings often remain siloed in academic outputs rather than shaping policy or practice. Embedding knowledge translation (KT) into funding design supports the movement of evidence into real-world settings and enables long-term impact. Evidence shows that KT planning strengthens the likelihood of sustained policy and practice change (Grimshaw et al., 2012).

What we did

Healthway introduced a KT requirement across all research funding streams to strengthen pathways from research to policy and practice in WA. Applicants must include a KT plan outlining how knowledge will be shared, applied and measured throughout the project alongside project partners. Healthway's KT guide supports this process by providing structured strategies, stakeholder engagement tools and indicators for impact.

What we are learning

Evaluation of Healthway's research program shows that embedding KT early increases the likelihood of long-term influence. However, KT is shaped by local context, partnerships and the adaptability of evidence to real-world settings (Wolfenden et al., 2022). Even comprehensive KT strategies require sustained effort and time to yield results. There is strong consensus that the impact of preventive health research on policy and practice typically takes much longer than the period for which it is funded. To strengthen scalability and sustainability, Healthway is exploring implementing longitudinal data collection at two- and five-years post-project. This aligns with the national (National Health and Medical Research Council, 2023) and international calls to track delayed impact.

Key takeaway

Embedding KT within funding design helps close the gap between research, policy and practice, supporting scalable and sustainable prevention initiatives.

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Building a Sustainable Model for Small Grants in Health Promotion

Ms Desiree Nangle

¹Healthway, Subiaco, Australia

5B - Building Sustainable Systems, Ballroom 2, May 7, 2026, 9:00 AM - 10:30 AM

Problem

Small grants provide accessible entry points for local health promotion initiatives, supporting innovation and community engagement across Western Australia. However, limited resourcing, high volunteer turnover and application and acquittal processes can limit sustainability and depth of impact. Evidence shows that sustained outcomes in health promotion depend on funding models that are proportionate, embedded in systems and supported by ongoing capacity and partnerships (Bodkin & Hakimi, 2020; Scheirer & Dearing, 2011).

What we did

Healthway reviewed data from three years of small grant investments to assess program reach, value for money and sustainability. The review analysed more than 290 grants across three funding streams and included quantitative indicators, staff assessments and qualitative insights from funded organisations.

What we found

Small grants deliver strong reach and participation relative to their size, particularly among priority groups. Projects that embedded health promotion strategies into existing systems (such as school curricula or club operations) or demonstrated community leadership and strong partnerships achieved the highest value for money and contractual performance. Isolated or one-off activities offered less strategic value and aligned with Healthway's decision to phase out funding for stand-alone events.

Feedback from organisations and Healthway staff highlighted that application and acquittal processes can be complex relative to grant size, especially for volunteer-run groups, contributing to lower uptake of grants and lack of acquittal information.

Lessons

A sustainable small grants funding model balances flexibility and accessibility with integration of long-term capacity. Recommendations to strengthen the approach include raising the small grant cap to support depth and regional reach, simplifying processes, embedding sustainability into assessment criteria and refining models for settings-based grants through partnerships with state bodies and local governments.

Key takeaway

Well-designed grants sustain prevention by keeping action local, practical and continuous. Investing in accessible, capacity-building models helps communities embed healthy practices long after funding ends.

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Adapting a sexual violence prevention program to tertiary student accommodation contexts

Mrs Kate Johnstone¹

¹Sexual Assault Support Service, Hobart, Australia, ²La Trobe University, Melbourne, Australia

4E - Alcohol & other drugs; Priority Community needs, programs and digital solutions, Harbour View 2,
May 6, 2026, 3:30 PM - 5:00 PM

Problem: Sexual Violence prevention programs in tertiary settings have been limited, with few co-educational programs for students living in residences. The Sexual Assault Support Services (SASS) evidence-informed Consent and Respectful Education (CaRE) Schools program 'CaRE@Schools' program is an established model that, through a collaboration with La Trobe University, has been adapted for residential students at the University of Tasmania (UTAS). The project demonstrates how community-based prevention expertise can be effectively scaled and embedded in new environments when guided by a shared framework, collaborative design, and rigorous evaluation. **What you did:** SASS adapted the existing CaRE@School program architecture by integrating the La Trobe University's Primary Prevention of Sexual Violence and Harassment Theory of Change, enabling the tertiary adapted program to evolve for adult learners living in student residences. Collaborating with UTAS Student Experience and Wellbeing teams, the CaRE@University project explored how prevention education could be delivered in ways that reflected the complexities of adult peer cultures, transitional life stages, and the residential context.

Results: SASS led the design and facilitation of pilot education sessions, drawing on its practice-based experience in community prevention, trauma-informed facilitation, and systems change. The collaboration with La Trobe University has provided theoretical rigour and evaluation design, while UTAS ensured alignment with institutional policy, wellbeing systems, and equity goals. This agile, co-design approach enabled iterative refinement of the content and delivery to ensure relevance, engagement, and sustainability. The project illustrates how practitioner-led innovation, grounded in evidence and supported by academic and institutional partnerships, can accelerate the translation of "what works" into meaningful, context-responsive action.

Lessons: The project highlights the need for scalable, values-based prevention models, tailored for various tertiary residential settings and students. The practitioner team will share the challenges, successes and learnings from implementing a cross-sector collaboration project between research, policy, and practice. Future considerations and recommendations for building organisational capability to embed sustainable, evidence – informed sexual violence prevention in tertiary settings will be explored.

Gender-affirming care as preventive health: Sustaining wellbeing for young people

Ms Nicky Bath, Dr Ian Down¹

¹LGBTIQ+ Health Australia, Sydney, Australia

5D - Inclusive and other approaches to health, Harbour View 1, May 7, 2026, 9:00 AM - 10:30 AM

Gender-affirming care for young people is often portrayed as a reactive or controversial form of treatment, yet it is, at its core, a preventive health intervention. It prevents the escalation of distress, self-harm, depression and suicidality; reduces the risk of long-term mental ill health; and supports the development of positive health behaviours throughout life.

This concept proposes to frame gender-affirming care within the context of Sustaining Prevention, highlighting its role in protecting and promoting health rather than merely responding to crisis. It will explore how timely access to affirming care - including social support, puberty suppression, and hormone therapy where clinically indicated - functions as primary and secondary prevention. By alleviating gender dysphoria and strengthening wellbeing, such care mitigates risk factors that contribute to poorer health outcomes across multiple domains, including substance use, cardiovascular health, and mental health.

The presentation would draw on Australian and international evidence demonstrating that access to gender-affirming care improves quality of life, reduces depression and suicidality, and enhances engagement with education and social participation. It would also consider the consequences of disrupted or delayed access - illustrating how restriction of care shifts the health system's response from prevention to crisis management.

Sustaining prevention in this context requires stable policy, adequate clinical guidance, and consistent funding for gender services across jurisdictions. It also relies on workforce capability and public health literacy to ensure that young people, families and professionals understand that gender-affirming care is not an elective or exceptional service, but a routine component of adolescent preventive healthcare.

The concept would conclude that gender-affirming care exemplifies prevention in action - reducing harm, promoting wellbeing, and supporting healthy futures. Sustaining it within Australia's preventive health system is both a moral responsibility and an evidence-based investment in population health.

UUPP: Upskilling Health Staff to Champion Bowel Cancer Screening Participation

Dr Jacqueline Burgess¹

¹QLD Bowel Cancer Screening Program, Metro South, Brisbane, Australia

4C - Cancer Prevention and Screening and Early Onset Cancers, Ballroom 3, May 6, 2026, 3:30 PM - 5:00 PM

Frontline health staff are powerful influencers of preventive health behaviours, yet many lack the knowledge and confidence to effectively promote the National Bowel Cancer Screening Program (NBCSP). The Staff Upskilling and Uniform Provision Project (UUPP) was implemented across Metro South Hospital and Health Service, Brisbane (March–September 2025), to address this critical gap.

Through concise 30-minute education sessions, 265 nursing staff were trained across multiple hospital sites. A pre-post evaluation using a brief knowledge and confidence survey was conducted immediately before and after each session. Knowledge scores increased from 75% to 89%, with the most significant gains in understanding program eligibility (+32%) and recognising that early-stage bowel cancer is often asymptomatic (+24%). Confidence rose by 64%, with the vast majority of participants reporting they felt equipped to discuss screening, demonstrate the kit, and locate relevant resources. Additionally, 93% indicated they were likely to encourage participation.

These findings underscore the untapped potential of clinical staff as prevention advocates. If those embedded in healthcare settings initially lacked this foundational knowledge, the implications for broader community awareness are profound. The hospital environment proved an effective platform for scalable, low-resource education that can ripple outward into families and communities.

Staff enthusiasm translated into a wave of grassroots innovation, with participants proposing creative, community-informed strategies to extend the program's reach—transforming a simple education session into a launchpad for broader cultural change in screening engagement.

UUPP demonstrates how targeted, replicable education can embed prevention into everyday clinical practice. By transforming health workers into confident screening advocates, it offers a scalable model for building sustainable systems, improving population screening rates, and ultimately reducing bowel cancer mortality.

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