



IUHPE 23rd World Conference on Health Promotion: Waiora - Planetary Health and Sustainable Development for All

REPORTS from AHPA bursary recipients

Ana Renda – Health Promotion Officer – NSW Health

I would like to thank AHPA for providing me with the opportunity to attend the 23rd IUHPE conference. It has been a great experience to learn more about health promotion and the actions that are happening worldwide to improve human wellbeing. Also, I feel grateful for presenting my modest work in the area of early childhood chronic disease prevention.

A brief description of the most valuable session(s) attended at the Conference and why;

The most valuable session attended was the plenary by Sir Michael Marmot where he spoke about ensuring health equity by acting on six propositions:

- (i) give every child the best start in life,
- (ii) improve education and life-long learning,
- (iii) create fair employment and jobs,
- (iv) ensure a minimum income for a healthy standard of living,
- (v) build healthy and sustainable communities, and
- (vi) apply a social determinants' approach to prevention.

During his presentation he showed how life expectancy is still increasing but not at a same rate as before and how gross domestic product does not necessarily mean a healthier, long-lasting lives. The point he was trying to make was that the complex issue of health inequity needs to be approached from various angles (through the propositions) and how as health promotion practitioners, we need to be mindful of these strategies and take action. I was particularly interested in hearing about the first proposition *give every child the best start in life* as this is the area of work I focus on. Hearing his presentation encouraged me to do more research about the SDGs affecting childhood health worldwide and the actions taken to reduce inequality.

How elements from the Conference will be applied to practice:

Most of the sessions I attended during the conference focused on child and maternal health, health promoting schools and healthy early childhood. There were different strategies being discussed and lots of projects being presented. There were two presentations and a workshop presented by academics from University of Tasmania and Western Australia which addressed the same issues and challenges when implementing health promoting programs in schools in New South Wales. The presenters provided the audience with tools and ideas

of how to increase health literacy amongst teachers and how this could potentially affect the students' health outcomes. This first session was helpful to gain insights of how teachers work, what they prioritise to teach to students and how we can incorporate the "lessons learnt" into our practice. The second session focused on the work with urban schools and I was particularly interested in the relationship between the Department of Health and Education and how it works in WA. Both departments hold a strong partnership that allows practitioners and academics develop, implement and evaluate health promotion programs and this, in my opinion, is key to a successful implementation.

Other sessions I attended focused on evaluation, implementation and community engagement. I wanted to gain more general knowledge in health promotion and on strategies to improve implementation of programs in the community. One of these sessions focused on strengthening community engagement. It was interesting to hear about different systems, methods and tools to improve community-based prevention programs. One presenter discussed the work conducted by the Australian Prevention Partnership Centre. She presented on how community programs still work in silos and how this issue could be tackled using a systems thinking approach. Also, she presented on how the communities can have a role in preventing chronic diseases. Most of the organizations being interviewed were not aware of the opportunity they had as change agent. However, they were doing prevention work even though it was not their core business and therefore, making contributions towards chronic disease prevention. It would be interesting to continue to gain knowledge in this area because as I work in the implementation of an obesity prevention program, it would be important to know how we can collaborate more effectively with other organisations to achieve better outcomes for children and families.

All these new insights into health promotion practice allow me to have a broader look into the work being done in the field and the possibilities to connect my work with current programs and practices.

How I will disseminate learnings with colleagues:

Every two weeks, the Healthy Children Initiative team meets to discuss any updates or activities coming up. I will be able to discuss with my colleagues about my presentation and provide them with feedback about the experience.

Every month, the Health Promotion Unit holds a meeting where we could participate and share our current projects. During this meeting, I will be share my knowledge learnt throughout the conference and also about my experience in presenting at an international conference. Also, I will share the notes, flyers, photos and websites for them to look into.

Catherine MacDonald, Nutrition Project Officer, Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Kia ora.

A brief description of the most valuable session(s) attended at the Conference and why;

I was thrilled to receive a bursary from the Australian Health Promotion Association to attend the IUHPE 23rd World Conference on Health Promotion in Rotorua. What a terrific excuse to visit the land of the long white cloud (although who needs an excuse?!) and learn from expert health promoters in research, policy and practice. To single out a session that I found most valuable is near impossible as I found every presenter had an insightful and engaging story to share. Here I'll share a couple of highlights.

Sir Michael Marmot's presentation centring on social justice, health equity and sustainable development was a call to action to all health promoters. There's never been a time when 'Think globally, act locally' has been so crucial. As Sir Michael explained, if we can create the conditions for people to live dignified lives, health will improve and inequalities will reduce. However, millions of people around the world experience multiple disadvantages. We were asked, 'How are people supposed to follow health promotion advice if they have no money?' This is extremely relevant to healthy eating advice, where in Victoria in 2014, [around 1.8 million Victorians experienced food insecurity](#) in the preceding 12 months, by at least one of seven measures of food insecurity.

Sir Michael demonstrated how to share stories from individuals and mix with population health data, resulting in compelling storytelling. Sir Michael recalled a visit to a remote Aboriginal community in the Northern Territory where the courthouse looms large and there are high incarceration rates. There are also high rates of people with mental illness in prison. "If we want to prevent incarceration, prevent mental illness. There's lots we can do." The need to reduce poverty was also emphasised and that housing is a poverty issue and a food issue. "Poor people can't afford decent housing, and housing is making people poor." Millions of people have to make choices around having food, housing or heating. Sir Michael did assert that there is good news. Coventry in the UK has become a [Marmot City](#), with the principles from the [Fair Society Healthy Lives \(The Marmot Review\)](#) being embedded into the core functions of the council and its partners – improving health and reducing inequalities in Coventry is a priority for everyone who is working to improve the lives of the people in the city. This example highlighted evidence based policy presented in a spirit of social justice.

A sub plenary titled, 'The efficacy of Indigenous health promotion for planetary wellbeing' was another conference highpoint. Dr Mihi Ratima discussed emerging issues in Indigenous health promotion and highlighted the urgency required for the past 150 years in inequalities between Maori and non-Maori people. There has been little significant change in addressing inequities over the last few decades. We all must, "Address complex issues, in multiple ways, at multiple levels." Dr Ratima compared generic global health promotion with Indigenous health promotion that is centred on Indigenous peoples. Optimal wellness for Indigenous peoples requires access to their physical environment and that access to land

is an Indigenous driven process with environmental protection as core. Dr Ratima urged non-Indigenous people to have humility. “Know your place, you never know better.” “Don’t take indigenous peoples’ knowledge away for your use. It should benefit them.” Importantly, “The only way to move forward is together.”

Working in public health it can sometimes feel like we’re up against monumental hurdles to achieve a better and more sustainable future for all. But seeing firsthand that we have the evidence, skills and allies to create change, and that we are making progress in our fight for the public good, is inspiring.

Having worked in public health nutrition with Victorian Aboriginal communities for many years, I was drawn to sessions that explored food, nutrition and Indigenous health. The conference theme, ‘WAIORA: Promoting Planetary Health and Sustainable Development for All’ was evident in many conference sessions and strengthened my understanding of the relationship between human and planetary health.

The need to apply an environmental lens to health promotion is clear. Our natural and built environments influence our health and wellbeing and, in turn, we influence the health of our environments. This interdependent relationship must be at the forefront of any initiative that seeks to improve the health and wellbeing of individuals, communities and populations. In working with priority population groups to improve access to safe, affordable, nutritious and culturally appropriate food we must protect and nurture our environment. We can, and must, learn from Indigenous peoples who have been caring for country for tens of thousands of years.

I look forward to sharing my key learnings from the conference with colleagues via online platforms and team meetings. I am also keen to circulate these key learnings with networks established through my previous roles in Victorian Aboriginal health and nutrition. As a member of a number of professional organisations, I will share my insights from the conference via relevant interest groups.

My heartfelt thanks to the Maori people for hosting us in Aotearoa. Your generosity and wisdom is immense, invaluable and treasured.



Leah Stevenson, PhD candidate, James Cook University.

A brief description of the most valuable session(s) attended at the Conference and why;

Thank you to AHPA for the opportunity to attend the 23rd International Union for Health Promotion and Education conference: Wairoa: Promoting Planetary Health and Sustainable Development For All, Rotorua, New Zealand with providing conference attendance bursary. It was a great experience. The most valuable presentations for me were by Professor Fran Baum and Sir Michael Marmot. Professor Baum emphasised the importance of thinking beyond the health service model to address the underlying issues that are the cause of poor health. Professor Baum explained the influence of corporations on the distribution of global wealth for the benefit of a small proportion of the population who are continuing to increase their wealth. Studies show that overall, communities with the least wealth have the poorest health outcomes. Sir Marmot echoed this message as he discussed the housing crisis in the United Kingdom. Through photographs, he explained the issues of the working poor. Individuals and families are working at-least full-time hours to live in basic conditions. These families often choose between paying for food, rent or heating. Both presentations declared significant issues; however, they provided solutions to address these issues. Solutions included addressing the redistribution of global wealth by; creating strong alliances with those organisations and groups that share the same vision of improving the health of the global community and to establish accountability for health and environmental decisions made by big business.

It was particularly timely for this event to be held in New Zealand. Several plenary and oral presentations referred to Prime Minister Ardern's leadership. The presenters discussed how her government is working towards mission statements that value people, family and wellbeing, before focusing on budgets. Her leadership and humility in the aftermath of the Christchurch terror attacks were also discussed.

Health promoters have significant challenges when delivering health promotion in our communities. However, I believe the overall tone of the conference was of hope and drive as many presentations and workshops involved sharing creative and inspiring ways of implementing health promotion projects.

A brief description of how elements from the Conference might be applied to the recipient's health promotion practice;

The conference theme was "Waiora: Promoting planetary health and sustainable development for all." Sustainable development has direct relevance to my current research project. My project involves integrating sustainability and health promotion practice in outdoor recreation settings. The opportunity to present the methodology behind this project at a world health promotion event provided a platform to receive valuable feedback from other researchers and professionals. It was also an opportunity to meet and learn from other researchers and professionals who are also working towards up-stream health promotion practice.

Settings-based approaches are an integral component of my project, and many presenters discussed the importance of utilising settings based-approaches. These presentations were important to me as I could consider how their discussions supported my work that focuses on environmental sustainability, health promotion and tourism theories to manage outdoor recreation settings better.

Sustainable Development Goals were also discussed at the conference. It was insightful to consider how these goals can be used to improve the social, economic and environmental outcome for communities.

A brief description of how the recipient will/has disseminated and shared their learnings with colleagues and stakeholders.

While at the health promotion conference I learnt how to use Twitter. During the event, I shared information about the presentations I attended on my Twitter. I also disseminated content through the AHPA Twitter account. The presentation and workshop I delivered were shared by other researchers through their Tweets.

I will continue to improve my social media skills and consider ways to continue to advocate for health promotion through various social media platforms.

Dr Joanne Walker, Director Policy and Strategy Development, National Rural Health Alliance.

Brief description of most valuable session(s) attended at the Conference and why

My take home message from the conference does not come from any one session or sessions. It comes from the vibe of the conference as whole.

The 23rd IUHPE World Conference on Health Promotion was based on the theme of WAI ORA: Promoting Planetary Health and Sustainable Development for All. Translated to English, Wai means water and is understood in terms of water being an essential resource to sustain life. Ora means life of being alive. Together the words encapsulate how wellbeing is dependent on environments that can support and sustain healthy lives. It also integrates health promotion eco-social principles that tell us that environments in which we live impact on the health and wellbeing at different levels from individuals, whānau (a word used consistently in the conference that means family, but also the concept of extended family) to communities, and planet.

The choice of the Māori word is also significant as it reflects the essence of the cultural influences embedded throughout this conference. From the opening ceremony to the conference conclusion delegates were encouraged to greet each other by saying 'Kia Ora'. This greeting is more than a 'hello. It literally means to wish the person wellness and life.

The presence of the Māori culture and many other Indigenous peoples was prominent visually and audibly. Many Māori speakers started their presentation in their own language and then in English. Speakers consistently spoke of the importance of being inclusive, of community connection, self-determination and empowerment. The power of speaking in their own language is a core dimension in strengthening cultural identity and kinship as was the use of traditional medicines, connection land, water and the cosmos. And as one presenter referred to this connection in terms of 'all my relations' meaning the connection of humans, land and water. The concept of 'I am the River, and the River is me' was recognised by the New Zealand Government in 2017, when legislation was introduced to grant legal rights to the Whanganui River equivalent to a person.

But perhaps the most confronting issue that united the experiences of Indigenous peoples was the ongoing impact of colonisation and entrenched inequity that goes from generation to generation for many Indigenous peoples around the world. These inequities are now being exacerbated by planetary health impacts, one of which is climate change. Colin Tukitonga called climate change the great multiplier, as it exacerbates what is already there. In this case the impact of racism, colonisation and structural inequities.

Colin Tukitonga discussed in terms of how climate change is no longer a theoretical issue for Pacific Islanders. They are living with the impacts on a daily basis, and yet have contributed the least to climate change. The starkest image to illustrate this point is one of the Betio maternity unit's doors being under water on a Pacific island. This image is imprinted on my

brain. Can you imagine trying to get to the maternity unit to bring in a new life in such circumstances?



Brief description of how elements from the Conference might be applied to the recipient's health promotion practice

Although I have long understood that we have much to learn from Indigenous peoples' ways of knowing, learning and living, this conference has reignited my commitment to addressing cultural determinants of health.

Brief description of how the recipient will/has disseminated and shared their learnings with colleagues and/or stakeholders.

In my day job as Director of Policy and Strategy Development for the National Rural Health Alliance, I am currently in the process of developing a cultural safety project as part of the new strategic plan.

I think that one of the core outcomes will be to create culturally safe environments i.e. environments that are decolonised. To put this into action, I am going to use several strategies:

- Provide an in service with my team sharing with them my reflections and how I think what I learned can be incorporated into the development of the cultural safety project and the Reconciliation Action Plan implementation.
- Write a short synopsis of the conference for the Alliance's online magazine Partyline; and

- Convene a workshop / roundtable with the Alliance Indigenous peak body members to work with them in partnership, seek their guidance and advice on how to proceed and set tangible outcomes that we can as an organisation see that we have made a difference.

Corie Gray, PhD Candidate, School of Public Health, Curtin University

Kia Ora!

On the 7th of April, I was one of 1200 people fortunate to attend the 23rd IUHPE World Conference on Health Promotion in New Zealand. Lake Rotorua provided a splendid backdrop to hear from incredible global plenary speakers and to learn from Health Promotion practitioners from a range of countries across full five days (and nights). Speakers presented in Māori, Spanish, French, and English and it was a celebration of cultural and linguistic diversity.

The conference had a strong focus on equity, Indigenous health, and health literacy, and showcased incredible examples of work with community, particularly with Māori people. Co-design, community-based participatory research and participatory action research featured heavily across the five days.

As a current PhD student utilising both co-design and participatory action research, there were many wonderful learnings for me to take from the conference. New Zealand has strong examples of working with community, and speakers shared their experiences on a whole range of work: from working with community to design public housing that has a focus on culture, environment, and access to support services; young people using mobile phones to capture and describe their interactions with alcohol; to co-designing a mobile phone app for better health.

In a symposium chaired on community-based participatory research, there was great discussion on the outcomes and considerations of this approach. It was emphasised that community-based participatory research is an approach to research, rather than a methodology. This approach is becomingly increasing recognised in public health, acknowledging the harm caused to communities in past research, the existing strengths, and skills of community, and the opportunity to create long-lasting social change. It is defined by the power, responsibility, participation, and influence that community members have over research. Anticipated outcomes include social justice, empowerment, shared power relations, community transformation, and health equity – focusing on the ‘big picture’ in health promotion.

In particular, there was an emphasis by speakers in this session on the ‘Kaupapa Māori’ research framework. This framework is about Māori remaining Māori throughout the research process, and remaining true to their culture. Working in cross-cultural research, issues of power and participation are areas I am continuing to navigate and it was powerful to hear experiences from people working in these spaces. Panellists talked through ways of sharing power, including sharing resources, evaluating the processes of developing partnerships and allowing community members to drive decision making and utilising technology to do this.

I was very fortunate to be able to present on some of our work from the School of Public Health at Curtin University. In both sessions, I presented alongside an all-female line-up,

from Israel, Montreal and Hong Kong. It was wonderful to talk through current concerns and issues in my work and hear different perceptions from different international experiences. I'm looking forward to being able to flesh out some of these ideas, particularly around community assets mapping, and ideas around evaluating the research process, with my supervisors and apply it in my work.

The conference was an amazing opportunity for me to hear from and speak with both those new to health promotion and those with experience. Being able to attend was made possible by AHPA. Thank you to the team for organising, and for ongoing support at the conference.

The next conference is in Montréal, 2022 and I hope to be there, alongside some familiar faces from this years conference.

À bientôt à Montréal!



Staff members from the School of Public Health, Curtin University
L-R: Gemma Crawford, Dr Justine Leavy, Corie Gray, Assoc Prof Sharyn Burns, Dr Roanna Lobo

Presenters from the 'Overcoming barriers to preventing infectious diseases' session
L-R: Charity Oga-Omenka (Phd Candidate, University of Montreal), Dr Judy Yuen-man Siu (Assistant Professor, The Hong Kong Polytechnic University) and Corie Gray



Anthony Walsh, PhD candidate, Queensland University of Technology

The IUHPE conference was held in Rotorua, NZ, from 7-11 April 2019. I found the conference both informative and inspiring. The conference had the overall theme “Waiora: Promoting planetary health and sustainable development for all”. The Maori word Waiora comes from the two words “Wai” meaning water, and “Ora”, meaning life, well, full and alive. It means “health” or “well-being”, but also has the meaning of “fountain” or well”.

In the context of this conference, the theme was about how the ecological and social determinants of health are intertwined. Many of the speakers also talked about “commercial determinants of health”, flagging how the imperatives of profit and economic growth have resulted in many adverse health impacts for everyone, but especially the poor. In the opening plenary, Fran Baum spoke about the need for us to start to engage with “fiscal health promotion”, with 7 key tasks: 1. Keep asking who benefits; 2. Measure what we treasure; 3. Regulate transnational corporations and financial institutions to ensure they support health; 4. Encourage local and co-operative economic activity; 5. Questions privatisation and strong reformed people-centred public service; 6. Fiscal policy for equality; and 7. New SDG goals to reduce economic inequity.

For me the best plenary session was on Tuesday 9 April, addressing the conference subtheme “make all urban and other habitats inclusive, safe, resilient and sustainable and conducive to health and well-being” The first speaker, Trevor Hancock, started by reminding us that a healthy ecosystem was the fundamental basis of life and health, yet health promotion to date has been largely “ecologically blind”. He talked about the incredibly diverse and serious impacts that climate change is having on human health, and how this is THE challenge that we face. He then went on to discuss the role of the Healthy Cities movement in transforming our urban spaces into more sustainable places, and finished with a call for us to think globally and act locally. Priya Balasubramaniam and Colin Tukitonga then spoke about the specific impacts of climate change on particularly vulnerable parts of the world, with similarly urgent calls to action on carbon emissions and climate change mitigation. Colin closed by stating that climate change was the most important threat to Pacific Island lives and livelihoods, with food and water security being particularly critical risks (e.g., ocean acidification is threatening global fish and shellfish stocks, and 80% of the protein consumed by Pacific Islanders comes from the sea).

The sub-plenary on using social marketing as an advocacy tool was also inspiring and innovative, and a timely reminder that we need to always be thinking about the contribution our health promotion efforts are making towards building healthy public policy, by “changing the conversation”. It picked up on the commercial determinants of health. Trevor Shilton drew on examples of the National Heart Foundation’s innovative campaigns about fast food advertising, and introduced the term “The Scream Test” – the idea that the effectiveness of a social marketing campaign can be measured by how loudly the fast food industry reacts to it.

I was lucky enough to present some of my own PhD research at an excellently structured and diverse parallel session about Active Transport and Health. The opening speaker was Li Ming Wen from University of Sydney who presented an overview of evidence from Australian and international studies. He flagged the role of the over-reliance on private vehicles as major contributors to air pollution, road accidents and sedentary lifestyles. This was followed by a paper by Anja Mizdrak, from University of Otago, which presented economic modelling of the costs and benefits of increasing the use of active transport in NZ. Converting just 25% of trips <5km to walking and cycling could result in a gain of 40,000 QALYs/year, a saving in health care costs of \$700 million, and substantial reductions in NZ's carbon emissions. My own paper reported on qualitative research into factors influencing adults to choose active transport for their commuting journeys, with key findings about mental health benefits, saving money, predictability of travel time, quality of end-of-trip facilities and the aesthetic quality of routes being more important influences on decision making than any physical health benefits for many adults. Syafiqah Zulkefli, an epidemiology student from University of Melbourne, drew on data from the Victorian Integrated Study of Transport and Activity, to conclude that access to public transport and the walkability of the school neighbourhood were key predictors in active commuting to school among adolescents. Finally, Sheu-Jen Huang, from Taiwan Normal University presented data from a large study active commuting to school among Taiwanese 5th graders. Children are more likely to commute actively to school if there is family support for this behaviour, higher self-efficacy, a more pleasant physical environment and shorter distances.

I came away from the conference somewhat daunted by the challenges ahead of us as health promoters, but inspired to incorporate the idea of ecological and economic determinants of health into my future work. The challenge to fully recognize and embrace the rights of Indigenous peoples was also central to the conference, and called me to question some of my own thinking and practice. Finally, as always, the connections made through networking with an international community of health promoters were incredibly valuable, and I anticipate future collaborations in both research and practice.

Christina Heris, PhD Candidate Indigenous Epidemiology and Health, Melbourne School of Population and Global Health

Brief description of most valuable session(s) attended at the Conference and why;

The IUHPE 2019 conference brought together 1200 delegates from 73 countries in Rotorua, Aotearoa New Zealand 7-11 April 2019 to share health promotion expertise under the overarching theme of *Waiora: Promoting Planetary Health and Sustainable Development for All* with a strong focus on the health of Indigenous peoples and connection to place and the natural environment. This was underscored by the formal Māori Pohiri (welcome), te reo Māori as one of the four official languages of the conference, and the prominence of Indigenous speakers and issues throughout the program.

As my PhD project relates to Aboriginal and Torres Strait Islander adolescent tobacco use and the social determinants of smoking initiation, I sought out sessions most relevant to this work across health promotion practice, research, evaluation and policy.

The scene for the conference couldn't have been set better than the opening plenary with Sir Mason Durie introducing the concept of 14 guiding stars of Indigenous Health Promotion in *Te Pae Mahutonga: Navigating Pathways to Wellbeing*; Prof Fran Baum calling for decolonisation and respect for Indigenous peoples for their health and Sir Michael Marmot the following morning urging us to create the conditions for people to live dignified lives, through evidence based-policy presented in the spirit of social justice. He closed with a forceful call for "all governments to act. We can make a difference".

Dr Raglan Maddox highlighted the importance of research data to drive changes in health outcomes with his work as part of Our Health Counts Toronto the first to measure actual smoking prevalence among the Indigenous community and providing the opportunity for health services to respond. I was delighted to see the Tackling Indigenous Smoking team from Apunipima Cape York Health Council present how they are doing this back here in Australia with their comprehensive approach to tobacco prevention and cessation through local social marketing, *What's Your Story Cape York*; school prevention programs that promote self-esteem and resilience to reject cigarettes; health education, smoke free spaces and quit support.

Apunipima's Josh Mene emphasised the importance of youth prevention: "If we can stop young people from picking up cigarettes in the first place we will have taken a big step in closing the gap," a message that reinforced the need for my own research project. As did the final session of the conference from Patrick Mwesigye Sewa on youth advocacy and the importance of working with adolescents and youth health as there are now 1.8 billion 10-24 year olds in the world – "the future belongs to young people".

I presented findings from the Aboriginal Community Controlled Study of Environment on Aboriginal Resilience and Child Health (SEARCH) in a tobacco control session and appreciated the robust conversation between the audience and other presenters from Australia, New Zealand and Hawaii highlighting the shared experiences between these

countries, not only in tobacco control but for other health issues and Indigenous health more broadly, and the value of knowledge sharing across borders.

This theme was present throughout the conference from the plenary of the first full day in Dr Stanley Volant's very personal presentation where he acknowledged the shared history not only between the diverse First Nations communities across Canada but also with Indigenous people in New Zealand and Australia as well; to the International Indigenous Cohort Collaborative and on the final morning the Indigenous Health Promotion and Evaluation session with Rosemary Gundjarranbuy and Emily Armstrong of Charles Darwin University. Their presentation *Finding a pathway to work together well in intercultural research* was incredibly moving as they shared how Yolŋu and balanda (non-Aboriginal) people can work together to develop partnerships, new knowledge and meanings through intercultural communication. They finished with a traditional dance and the Māori delegates responded in song, with the entire audience lefty teary and affected by this genuine moment of spontaneous connection and sharing.

Beyond the conference sessions I valued the opportunity to meet other AHPA bursary recipients, members and executive as well as get to know others working in a similar field to me back in Australia such as the delegation from Menzies School of Health Research in Darwin. I was also intrigued to observe New Zealand's approach to tobacco control as they aim to be smoke-free by 2025 with vaping products sold and promoted in the major supermarkets. While there are many commonalities between our two countries this is an interesting difference.

Brief description of how elements from the Conference might be applied to the recipient's health promotion practice;

One presentation in particular stands out as being critically important for the final months of my PhD and my future work in public health and health promotion and that was Mihi Ratima's *Emerging issues in Indigenous Health Promotion*. Mihi proposed health promotion as a vehicle that can address the enduring inequities between Indigenous and non-Indigenous people by acting in multiple ways across multiple levels but stressed the importance of Indigenous Health Promotion (IHP) as a different practice to Global Health Promotion. She outlined how IHP is a distinctly Indigenous process for self-determination, led by Indigenous people and built on a foundation of Indigenous values, beliefs, worldview and concepts of community and health. The way that Māori priorities have shaped health promotion in New Zealand illustrates opportunities for us in Australia.

Mihi's suggested way forward for non-Indigenous people working in IHP was to:

- Support: by lending our own skills and knowledge
- Attitude: Approach with humility and reverence for Indigenous knowledge
- Centre: Always centre Indigenous people and know that our place is not to lead
- Apply: Ensure that the work will always benefit Indigenous people and do not take knowledge away from the community.

Many of these same points were made in the Australian context by A/Prof Roxanne Bainbridge later in the conference specifically in relation to research – that research must be

useful, must have a benefit and be underpinned by Aboriginal and Torres Strait Islander leadership, values and ethics. Prof Ray Lovett's Mayi Kuwayu study demonstrates this in practice particularly through Indigenous leadership, design, control and data sovereignty.

These are important reminders for all working in the Indigenous health space that there is extraordinary depth of expertise already on the ground among community members and health workers (who may not have the job title or professional association membership but are practicing health promotion every day). And we can support them to do this work. Mihi closed her presentation stating that we need to move forward and must move forward together. Rosemary Gundjarranbuy and Emily Armstrong were an incredible example of what this looks like.

Brief description of how the recipient will/has disseminated and shared their learnings with colleagues and/or stakeholders.

Since returning from IUHPE I have already had the opportunity to share some of the most impactful sessions with my class (I teach into a Health Communication subject for first year Monash University public health students) and look forward to presenting this in more detail to my team at the University of Melbourne at our next group meeting.

Throughout the conference I was actively sharing through both my own personal twitter account but also the AHPA account and where relevant retweeting from the account associated with my unit's Centre of Research Excellence in Aboriginal Child and Adolescent Health (CRE REACH). This was a great experience as I was able to utilise my communications background to consider the different audiences and 'voice' for these accounts.

Given the financial barrier to attend, tweeting from conferences is a public service that organisations such as AHPA can provide - but the scale of an event like IUHPE is such that only a fragment of the program can be captured. I was really pleased to be able to assist with this active dissemination while still attending the sessions particularly relevant to my own research.

Thank you AHPA for the opportunity to attend IUHPE 2019. It was an incredibly valuable experience at this point in my PhD and I look forward to being more involved in the association in the future.