

# 4.

Adapting to a changing environment  
1997 onwards

VicHealth Chief Executive Officer Dr Rob Moodie knows that health promotion works and is comfortable with VicHealth being put under the microscope: “I think VicHealth should only exist if it proves its worth. We should not be here unless we are doing something good, both in terms of what we do and how we do it.”

It's an attitude that has driven the organisation through a transition period that began with his arrival as CEO in 1998. The changes wrought have created not only a body that supports other organisations to improve health, but one with a much bigger brief – to identify trends and emerging health issues, drive innovative programs, create and contribute to debate, gather and interpret evidence and keep responding to a dynamic external environment.

In 1998, VicHealth was an organisation ripe for change. The tobacco buyout, critical to breaking the connection between sport, the arts and tobacco, had been completed at the start of the decade. The scope of the organisation, although an advantage in its development, had become too wide to deliver effective outcomes in all areas. Relationships with some key partners needed to be reinvigorated (former Chair Professor John Funder was instrumental in changing the governance structure with *Quit*, for example), and existing strong relationships realigned, to ensure their sustainability. The discipline of health promotion had become more sophisticated throughout the 1990s and VicHealth needed to reflect latest practices with sustainable programs. The discussion, begun during the Galbally years, was advanced but action had to follow. Finding ways to address the social factors that influence health became a legitimate concern for VicHealth and, although the previous era had delved partly into this area, there had not been a coordinated leap by the organisation to take up this complex and multi-layered challenge.

The external environment had shifted too. Pressure to show the outcomes it delivered, always present, continued to build. Luckily, the organisation had a running start. The previous regime had developed several strengths – all vital to the change program upon which VicHealth was about to embark. Its brand was strong, both in the community and politically. Its leaders, Galbally and Nossal, had established networks that were deep and wide. These long-term links established with a range of sectors outside of health such as the arts, sport and local government gave the organisation both credibility and space to change – as well as a group of involved stakeholders with which to work. These connections, combined with the rock-solid tripartisan support on the Board, gave VicHealth a great platform from which to reinvent itself.

In 1999, VicHealth began to take the steps necessary to move from its status as a funding agency that managed contracts to become a partnering organisation.

Rob Moodie was well suited to lead the organisation through this shift. Highly respected for his public health work in Australia and overseas, his natural management instinct is to find common ground and then work with people and organisations to achieve realistic goals. His ability to create effective partnerships is, says Nossal, one of his best assets. Moodie believes it's the best way to get results: "People will do, in a sense, what you tell them if you've got the money for a certain period of time, but if the relationship is not mutual, respectful, it will disappear. Therefore we've placed a great deal of emphasis on how do you do partnership, what does it really mean, what sort of relationship should you have and how can people treat each other well?"



Rob Moodie, CEO of VicHealth since 1998.

## A NEW MESSAGE FOR A NEW ERA

A nine-month consultation began. VicHealth took its message out to a range of stakeholders: VicHealth would be more effective working with organisations, rather than providing sponsorships with health messages. VicHealth's investments would be directed to those areas where it could yield the best health dividends. It would review its priority areas to ensure it was investing in areas where it could make a difference. It assessed the political environment to support government priorities. And it took stock of the reality of a community more desperate for health promotion action than ever – with declining rates of physical activity, increased anxiety and depression, and static smoking rates all areas of concern among sections of the population.

This review set a new course for the organisation. VicHealth would focus on people with the greatest health needs, but not lose sight of the needs of the general community. Tobacco control, mental health and wellbeing, participation in physical activity, healthy eating and substance misuse were re-established as priority areas to focus its investment, while investments in traditional areas such as sun protection and injury prevention were simultaneously maintained.

VicHealth would work with sectors such as sport, the arts and local government to effect structural change that promoted health. It aimed high – to be a leader and innovator in health promotion and to make a demonstrable contribution to population health. “We were working out how we would align what the organisation wants in terms of health outcomes with what sport and arts

need to deliver. It's stopped being ‘Just take your money, put your signs up and see you later’”, said Rob Moodie.

Professor John Funder, who followed Sir Gus as Chair, was also confident of breaking new ground and encouraging social change: “Just as VicHealth managed the transition from tobacco replacement, from such things as burning VicHealth's name into the grass at the racecourse, to a wider mission, we can move forward and take the community with us.”

Dean of Deakin University's Faculty of Health and Behavioural Sciences, Professor John Catford, says the new partnership approach was a brave but necessary step for VicHealth. “The great challenge for VicHealth was whether it could evolve. To its credit it has. It has changed the concept of health promotion and reframed the questions and that is really good and really smart. If it was doing the same thing it was doing 10 years ago there would be significant concern.”

Rob Knowles, who supported the review as Minister, said change was inevitable. “I wanted the funding basis to change from one that was replacing tobacco sponsorship to one that assessed the investments as good value for what can be achieved.”

VicHealth realised it would need to work more closely with the Cancer Council in the future. VicHealth would also reinvent its relationship with sport and the arts, becoming more involved in brokering strategies that improved participation. To address the decline in physical activity, it would begin to work beyond sport with active recreation providers, and advocate for change to the built environment to support physical activity. It would make a more strategic and long-term investment



Professor John Funder, VicHealth Chair 1997–2004, awards the Northeast Support and Action for Youth: SmartArts Music Program for their contribution to promoting the health of Victorians, 2002.



Ms Jane Fenton (right), VicHealth's current Chair, presents Ms Sally Beck from the Geelong Performing Arts Centre with an award for excellence in health promotion, 2004.

## Active young Africans

“In 2002–2003, Banyule City Council received \$25,000 in VicHealth funding for the Active Young Africans Project for young people from the Horn of Africa countries, particularly Somalia. The project was in partnership with Darebin City Council and the Victorian Co-operative on Children’s Services for Ethnic Groups (VICSEG). Activities over the 12-month life of the project included basketball and soccer tournaments, young women’s swimming and gym programs, excursions and school holiday camps. There were more than 1500 registrations for the series of 10 major programs for young women, and nearly 900 registrations for the eight major programs for young men.”

“The project was highly successful on a number of fronts. It provided significantly increased opportunities for young people to participate in physical activities, and cultivated



positive role modelling and peer support through its leadership program. It also raised awareness of the cultural, social and recreational needs of African young people within the broader Banyule and Darebin communities, leading to changes such as the Olympic Leisure Centre’s development of a women-only swimming session.”

“From a health and wellbeing perspective, the positive outcomes for disadvantaged groups like this cannot be understated. The project has enhanced young participants’ self-esteem, personal development, leadership skills and connection to their peers.”

**Frances Gianinotti, Coordinator of Youth Services at Banyule City Council**

in research. It would endeavour to connect the research and program areas more closely and build a public health research workforce that would make Victoria a leader in the area. It would take a lead role in developing a mental health promotion plan. It would attempt to address health inequalities by improving access to healthy food for sections of the community.

To Rob Moodie such moves need to be ongoing if the organisation is, as he said at the beginning, to prove its worth continually. Internally, he says,

the place must continually sharpen its edges. “As far as being a learning organisation and being innovative, we have to keep learning and keep out in front. I’m keener and keener on talking about outcomes. For instance we should focus on the intermediate outcomes in our mental health plan. Are we starting to increase the levels of social connection, and reduce freedom from violence and discrimination as we claim?”

“In terms of physical activity, we are starting to make some headway, with one survey showing that last year

there was a 2.5% increase in Victorians participating in sufficient physical activity to achieve health gains<sup>9</sup> ...to be honest, we’re still yet to prove more of the outcomes in physical activity and mental health and wellbeing. They are huge challenges. No one has really got the answers yet. I’m very hopeful that we will.”

“We must continue to listen and build relationships. If you’ve got a good relationship you can negotiate with organisations and communities,” said Rob Moodie.

<sup>9</sup> Department of Human Services 2002 & 2003, *Victorian Population Health Surveys 2002 & 2003 selected findings*, Melbourne, Victoria.

In 2002 VicHealth began to realign its structure to reflect the shift in strategy. This would help it respond quickly to external circumstances and maintain its visibility as it moved away from the sponsorship model of promoting health. As the strategic directions for 2003–2006 were developed, VicHealth established core units to focus on issues such as physical activity, healthy eating, mental health and wellbeing, health inequalities, research workforce, tobacco control, sun protection, alcohol, drugs, and sexual and reproductive health.

Most of the instigators of the Tobacco Act believe VicHealth remains on the right track. David White says that through VicHealth, initiatives have happened that would never have been possible otherwise. “It’s taken on a life of its own. It’s moved successfully and continually into areas such as mental health, as well as tobacco. It is able to send messages to people successfully in subtle ways that impact across a whole spectrum of society, without any negative connotations that might be associated with a government of the day informing people. It’s not a prohibition organisation; it’s saying if you want to behave in a certain way, be aware of the consequences of your behaviour.”

Ron Best did not agree with the change in direction. He says that VicHealth has lost opportunities to push the brand, which means it’s now struggling to be seen as separate from government. “VicHealth was established as an independent body and should fiercely fight to keep that independence.” He’d like to see it as an Institute for Excellence – a place people automatically come to for information on public health.

Rob Knowles says VicHealth’s very success may create danger. “Governments may try to push more responsibility on to VicHealth without a consequential increase in resources. In the past there have been ideas on occasions that VicHealth should become an even greater player in health and become responsible for promoting good health per se, and become the greatest vehicle for doing that.”

By contrast, Mark Birrell believes VicHealth’s impact across a range of areas remains its most important safeguard. He thinks it has proved its worth many times over and barring disaster will continue to do so. “I think its strength has been proven by the fact it’s endured frequent changes of government and of minister – it’s endured the inevitable wish of Treasury that it didn’t exist, and it’s endured some tortuous attacks by the tobacco industry. So now it’s a permanent and significant institution. I can’t imagine an obstacle in its path that would stop it – other than inactivity. The work that’s being done now is different, but equally active – and I think the only thing that could harm it would be if it became a slow or unrepresentative body. It’s still seen as multipartisan. It’s welcome.”