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Reaching beyond state borders

VicHealth continues to extend its reach internationally, supporting other countries attempting to start up health promotion foundations and participating in a network of existing foundations.

THE VIEW FROM OVERSEAS

An international focus has been part of VicHealth's work almost since its inception. Sharing information about the VicHealth model, internationally advocating for the use of dedicated taxes to gather funds for tobacco control, and sharing information on how to undertake health promotion are just some of the roles VicHealth has played. Over the years VicHealth has hosted delegations from a range of countries, attended workshops held by those countries, including China and Korea, run summer schools, and presented at conferences.

“There are never enough human and financial resources for health promotion, but there are always new approaches and methods to increase our options. The global health promotion foundation network, which has its origins in the Victorian Health Promotion Foundation of Australia, is a good example, which has now spread to many other countries.”

Dr Lee Jong-wook, Director-General WHO, 6th Global Conference on Health Promotion, Bangkok, 7 August 2005

From 1990, there was a more directed effort to publicise the model overseas, with CEO Rhonda Galbally hosting visits by public servants from Canada, Ireland, Singapore, New Zealand, Switzerland, China, Thailand, Indonesia, Korea and West Germany. In 1990–91 alone, VicHealth received delegations from Austria, Germany, New Zealand, the United States, Israel and the United Kingdom. Some of

those countries adopted at least some aspects of the model.

VicHealth's Director of Health Promotion Innovations, Barbara Mouy, is quick to emphasise that it's not generally a matter of just exporting the model.

Each foundation needs to be established and run differently, according to specific cultural, political and economic circumstances. For instance, health promotion foundations are reliant on existing infrastructure to spend money allocated to programs to reduce smoking or increase physical activity. In many developing countries this infrastructure may not be well developed. In some countries, internal decision-making may be influenced by external forces such as aid donors or international bodies like the World Bank. In addition, tobacco control and other non-communicable diseases may not be seen as priorities and finance ministries may be antagonistic towards earmarked taxes.

Thailand's ThaiHealth is modelled on VicHealth, while Hungary, Korea, South Africa, the Philippines, Mongolia and Malaysia are all in different phases of adopting the model. Of particular interest to countries trying to form such an organisation is the use of a dedicated tax to gather funds for tobacco control. This interest has been reinforced by the adoption of the world's first public health treaty, the World Health Organisation Framework Convention on Tobacco Control, which came into force on 27 February 2005 and is providing impetus for many countries to examine the model.

Among its many measures, the treaty requires countries to impose restrictions on tobacco advertising, sponsorship and promotion; establish new packaging and labelling of tobacco products; establish clean indoor air controls; and strengthen legislation to clamp down on tobacco smuggling.¹⁸

Countries such as Thailand and Korea have expanded on the original model by including a tax on alcohol. In a recent World Health Organisation Report, *World Report on Knowledge for Better Health, Strengthening Health Systems*, the importance of the VicHealth model for sustaining finance for health promotion research was underlined.

VicHealth joins Global Consortium for Mental Health Promotion

In April 2004 VicHealth's work in the promotion of mental health and wellbeing was acknowledged when it was invited to become a member of the Global Consortium for the Advancement of Promotion and Prevention in Mental Health.

VicHealth is one of 11 organisations to join, including the Centre for Disease Control in the USA, The Clifford Beers Foundation in the UK, the International Union for Health Promotion & Education and the World Federation for Mental Health. They will work collaboratively to develop, implement and disseminate effective interventions and policies that address factors impacting on mental health, across population groups, worldwide.

¹⁸ WHO Framework Convention for Tobacco Control and related material is available at: <www.who.int/tobacco/framework/en>

Inspired by the Australian approach, the Thai Government created the Thai Health Promotion Foundation (ThaiHealth) in 2001, which is funded from 2% of tobacco and alcohol taxes. ThaiHealth's priorities include tobacco control, alcohol control and traffic accident prevention, where the production and transfer of knowledge are both key components. Other examples include Finland, which earmarks 0.45% of the estimated annual revenues from the tobacco tax for tobacco control, health education and research; and Portugal, which earmarks 1% for cancer research, prevention, diagnosis and treatment.

International Network of Health Promotion Foundations

In 1999 VicHealth was a founding member of the International Network of Health Promotion Foundations, established in Melbourne. The network aims to enhance the performance of existing health promotion foundations and mentor and support the establishment of new health promotion foundations.¹⁹

The network currently has 12 members, including six established health promotion foundations: VicHealth, Health Promotion Switzerland, Austrian Health Promotion Foundation, Thai Health Promotion Foundation, Healthpact (Australian Capital Territory), and Healthway (Western Australia).

The network works particularly closely with representatives of countries in the Asia-Pacific region via a partnership with the WHO's ProLead program, which is supporting 12 countries to look at establishing health promotion foundations.

¹⁹ International Network of Health Promotion Foundations mission statement available at <www.hp-foundations.net/>.

The Malaysian experience

Malaysia is well on its way to establishing a health promotion foundation. It has an interest in implementing public health strategies to support tobacco and alcohol control measures and has looked to the VicHealth experience for guidance, inspiration and, where required, advice.

Edmund Ewe, Director of the Health Education Division of the Ministry of Health, Malaysia, is an admirer of the model developed in Victoria: "VicHealth is synonymous with comprehensive and successful health promotion programs that are supported by many partners outside the traditional health arena. It has succeeded in making health promotion into everybody's business, so much so that it seems

almost every organisation in Victoria is working for health."

"We in Malaysia would like to see this happen in our own country. We want to do away with the false notion that promoting and safeguarding health is only the duty of the Ministry of Health. We want to emulate VicHealth in building partnerships with different sectors and engaging them in creating health for the nation wherever our people live, work, play and study."

"Most of VicHealth's health promotion programs in the areas of promoting good physical, mental and social health are very well known internationally. One of its great achievements is to build capacity for all aspects of health promotion, including research and training."

VicHealth has been working with Fiji and Tonga as part of this program, work which complements previous work undertaken in the region with Kiribati, Fiji and Tonga.

Rob Moodie doesn't see VicHealth necessarily as the leader in all this, although he concedes that other countries might view VicHealth in that way. "Networks exist to create learning and advocacy. As long as we contribute our goodwill in a mutually respectful way, we will continue to benefit from the international relationships as much as anyone."

THE STORY WITHIN AUSTRALIA

The model developed in Victoria has had an influence within Australia, as well as internationally. The idea was rapidly taken up by the anti-tobacco movement in other Australian states; however, only Western Australia's Healthway remains in its original form.

The development of Healthway in Western Australia paralleled that of VicHealth. In 1991, it was established as a statutory body, operating as an independent organisation governed by an 11-member Board representing arts, sports, health, youth and rural interests, with the broad objectives of:

- funding activities that promote health, particularly that of young people, and providing grants to organisations engaged in health promotion programs and research; and
- offering sports, the arts and racing:
 - a replacement source of funding for activities sponsored by the tobacco industry;
 - sponsorship support for sports and arts activities to encourage a healthy lifestyle and to provide opportunities to promote health messages.

As with VicHealth, but unlike Foundation SA, Healthway did not conduct health promotion programs itself, but provided funds to enable a range of government and non-government agencies to do so. Non-government health agencies, while initially lacking experience in the sponsorship area, were eventually ready and willing to develop sponsorships in the sports, arts and racing areas.

In its early years, Healthway's priorities included determinants of

healthy behaviour, effective health communications, injury prevention, cancer prevention, cardiovascular disease prevention, mental health promotion, physical activity promotion, good nutrition education, musculoskeletal disorders, tobacco smoking control, alcohol abuse, HIV infection prevention, sexually transmitted disease prevention, sex and fertility education, and education in human relationships.

As with VicHealth, Healthway found that after a few years it was moving towards a more proactive approach to its funding in an effort to reach identified target groups, such as youth, those with health inequalities, country organisations, and those who have more limited participation opportunities because of gender, disability, language barriers or income.

Healthway is a recognised leader in the evaluation of health promotion, funding the Health Promotion Development and Evaluation Program (HPDEP) as an independent organisation based at the University of Western Australia. HPDEP also offered training to health agencies to develop skills and expertise in marketing, sponsorship, program planning and evaluation, as well as an evaluation and consultancy service for recipients of grants.

Healthway's current goals are:

- the creation of healthier environments, particularly through the sponsorship program; and
- the careful entrusting of the allocation of funds on behalf of the people of Western Australia.

In South Australia the *Tobacco Products Control Act 1986* was amended in response to the successful floating of VicHealth, to

allow the introduction of a health promotion foundation akin to the Victorian example. VicHealth's South Australian equivalent, Foundation SA, was established in July 1988, later became Living Health and was disbanded in 1997.

Foundation SA began without cross-party parliamentary support and failed to bring all stakeholders on board. At least 70% of its funding was allocated to sports sponsorships, and direct health promotion activity became secondary. Rather than involving health agencies to manage these sponsorships with sporting and arts bodies, Foundation SA managed them itself.

In late 1992, Foundation SA adjusted its mission statement to allow it to support health promotion activities that were not directly associated with foundation sponsorships, but the goodwill was difficult to recover. A stakeholder survey conducted for the foundation in 1993 reported criticisms that Foundation SA had been seen to:

1. indulge too heavily in the trappings of corporate sponsorship – there were allegations that it had demanded complimentary tickets and insisted on celebrity treatment for its own representatives; adjectives such as 'grandiose' and 'self-aggrandising' were appended to the conduct to a disturbing degree;
2. favour elitist activities to the exclusion of recreational and cultural needs in comparatively underprivileged areas;
3. reject joint sponsorship proposals – in the words of one corporate executive, Foundation SA was 'vanilla-flavoured', preferring always to go it alone;

4. ignore those groups in the community who were unfamiliar with, or ill-equipped to handle, a complex application procedure; and
5. promote its own name, logo and image to the detriment of its core message.²⁰

In 1995, in the nation's capital, the ACT Health Promotion Board (known in the community as Healthpact) was established as a statutory authority under the *Health Promotion Act 1995*.

The ACT Health Promotion Board has a Chairperson and seven members with specific expertise appointed by the Minister for Health and a public service member. Unlike other similar bodies in other Australian states, the Board does not employ staff and has a service agreement with ACT Health who provides Healthpact's staff, human resource support, facilities management and financial support services. The relationship between ACT Health and Healthpact is collaborative and founded on the Board's independent identity as a statutory authority with control of its own budget and accountability for its own actions.

The *Health Promotion Act 1995* defines the Board's functions as:

- fund activities related to the promotion of good health, safety and the prevention or early detection of disease;
- promote good health in the community through the sponsorship of sports, recreation and arts activities, and cultural activities generally;

- encourage healthy lifestyles and the support of activities involving participation in healthy pursuits;
- promote community capacity to support its own good health, through self-supporting activities;
- promote good health through intersectoral collaboration; and
- fund research and development activities in support of the above functions.

Queensland toyed with the idea in the late 1980s, yet Labor decided, after a protracted debate, to not proceed with its 1989 promise to establish a Health Promotion Foundation in the state.

Towards the end of 1989, the Commonwealth House of Representatives conducted an inquiry into sports funding and administration. VicHealth made a submission that proposed the establishment of a Commonwealth Foundation.

*The Committee...considered that advertising directed at promoting socially desired attitudinal change was preferable to banning the advertising of products perceived by some to be undesirable. They did not support the establishment of a Commonwealth Health Foundation.*²¹

In the years that followed, VicHealth lobbied vigorously for further restrictions on tobacco advertising at a national level, if only to remove its difficulties with tobacco sponsorship of national peak bodies in such sports as cricket and motor sport. Rhonda Galbally believes that the support of prominent Victorian

sportspeople did much to convince federal parliamentarians that tobacco control and advertising bans could be sold to the Australian public: "Over a 12-month period around the early nineties, at least 10 top sportsmen trekked around the Federal Parliament with me, knocking on doors and putting the case. For drama nothing could top the time Ross Oakley, who was then the top honcho of the Australian Football League, presented the argument to Graeme Richardson, then Minister for Sport. Richardson screamed at Ross, 'First tobacco, then alcohol, then food, then sex. What are you guys – a pack of wowsers?' Neither I nor Ross were wowsers, and Graeme, who struck me as a bully, got more than he bargained for that day", said Galbally.

In general, however, the VicHealth network did not extend to the Commonwealth level, and public health and health promotion initiatives at the national level did not take any great account of the VicHealth model.

There are important lessons for all health promotion foundations in the experiences of Australia, and the challenges involved in promoting health will only increase as time goes on. As pressure for immediate care and treatment grows stronger by the day, Governments of all persuasions are finding it increasingly difficult to invest in health promotion and prevention. However, the economic arguments tell us that prevention is indeed better than cure, and they underline the necessity for innovative, effective and committed health promotion foundations.

²⁰ McGregor Marketing 1998, *Living Health*; Key stakeholder study.

²¹ Martin, S.P. 1990, *Can sport be bought?: the second report of an inquiry into sports funding and administration*, House of Representatives Standing Committee on Finance and Public Administration, Canberra.