



VicHealth

LETTER

Issue No. 20 Autumn 2003



RESEARCH

Translating Research to Practice

Benefits of Public Health

Research Fellowships

4 ASKING THE RIGHT QUESTIONS; SEEKING STRONG ANSWERS

Overview of Public Health and Health Promotion Research in Victoria with particular emphasis on VicHealth's approach.

9 A QUESTION OF RELEVANCE

How do researchers ask the right questions and how do researchers market their research.

12 EVIDENCE SHOWS THE BENEFITS OF PUBLIC HEALTH

The Federal Minister for Health and Ageing, The Hon. Kay Patterson, details the implications of the report *Returns on Investment in Public Health: An Epidemiological and Economic Analysis*.

16 TRANSLATING RESEARCH INTO PRACTICE

Professor Ian Johnston, Director of Monash University's Accident Research Centre, explains the evolution of road safety programs and research in Victoria.

18 VICHEALTH FELLOWSHIPS

We outline the potential benefits of the VicHealth Fellowship program for research in Victoria.

20 NEWS

VicHealth news including funding opportunities, publications and seminars.



FROM THE CEO

When 1061 people died on Victorian roads in 1970, the response to solving the problem began with a one-word question: why? Solid, credible research investigated and revealed possible causes of fatal accidents such as alcohol, fatigue, speeding, and lack of seat belts. This forced the implementation of significant and ongoing strategies such as Random Breath Testing, often backed by legislative support, to make our roads safer. This is just one example of a successful public health program backed by well-resourced research. Tobacco, HIV/AIDS, and coronary heart disease are other high-profile public health issues addressed through systematic, organised, and high quality research that feeds into strategies at many levels.

Successful public health programs are underpinned by a strong system of investigation, surveillance, monitoring, reporting, and evaluation. We must therefore develop and maintain a robust system of evidence gathering.

VicHealth is approaching evidence gathering from several angles. We are focusing on building research capacity through leaders who can gather resources and people. Collaboration rather than competition will bring results, create innovative ideas and build a public health research community that attracts funds and resources.

Our Research Fellowship—Senior and Public Health—and Public Health Scholarship Programs are designed not only to sustain research but also to develop a research network that encourages cross-pollination of ideas. The Victorian Public Health and Research Education Council (VPHREC) also plays a vital role in bringing stakeholders from across the research spectrum together to work with a common purpose. We also support initiatives under our learning strategy which brings together researchers and practitioners to build understanding and create connections.

We have a core focus of building evidence to support health promotion and public health activity. Since 1999 we have commissioned research when necessary to answer broad questions related to policy and programs such as: What impact has new tobacco legislation had on attitudes and behaviour in restaurants? Our investment in centres of research and practice also assists us to maintain ongoing and co-ordinated evidence gathering capabilities.

Research must make the link between research and practice. It must inform practitioners, underpin communications and drive programs. The best research doesn't end with the sentence: 'This issue needs more research.' The best research answers questions that are clearly articulated, builds knowledge that is essential, and adds to the understanding of issues. To maximise the chances of this happening, since 1999 VicHealth has aligned its research investment to its priority areas such as promoting mental health and wellbeing, tobacco control, physical activity and substance misuse. It is not all one-way though. Practitioners need assistance to build skills that allow them to tap into research and evaluate programs effectively.

The quality of research and researchers in public health has never been in doubt. The Wills' review showed that of Australian biomedical, clinical and public health researchers, it was the public health researchers who had the highest citation index (ie. provided the most quoted work internationally).¹ We must continue as a sector to build and support a process that maximises the impact of public health and health promotion research and creates a strong cycle linking research to evidence to practice to evaluation. This will ensure more public health and health promotion success stories.

Dr Rob Moodie
Chief Executive Officer

1. Wills P, The virtuous cycle – working together for health and medical research, Health and Medical Research Strategic Review, Final Report, Commonwealth Department for Health and Aged Care, May 1999.

Asking the Right Questions; Seeking Strong Answers

VicHealth will invest just over \$5 million into research during 2002-2003. Good research (as well as monitoring and evaluation) is essential to successful public health activity.

The Victorian Public Health Research and Education Council (VPHREC) emphasised this recently when it said: 'A vibrant and innovative public health research sector translates directly into improvements in the health of the Australian population.'¹

The challenge to maintain a 'vibrant and innovative public health research sector' means research must be visible by collaborating with other researchers, informing practice, and evaluating its, and other's, work.

Professor John Funder, Chair of VicHealth, emphasised at the Public Health Research Symposium the 'crucial nature of critical mass in research', stating the notion of the lone researcher was no longer relevant. It is why many organisations are involved in building the infrastructure in health promotion and public health research.

It's a big change for many but we must build connections—connections between research and practice, researchers and practitioners and, vitally, research and improved health. The necessity for accountability and results must be balanced against a structure that continues to support innovation, initiative and risk-taking.

Investing in people and priority-driven research

The Victorian Health Promotion Foundation has overhauled its approach to research since 1999. We are now focusing on investing in good people and centres of research and practice to support them and their work, rather than just focussing on the research projects themselves. We are also directing investment in research towards our priority areas.

The Wills Report² stated that a priority-driven research approach includes:

- an informed priority setting that engages federal and state health authorities, practitioners and consumers;
- embracing investigator-initiated, peer-reviewed proposals within broad priority areas;
- greater recourse to contracted research in very specific areas of need, building a capacity for priority-driven research, and;
- a more explicit approach to integrating this knowledge into policy and practice.³

This, in broad terms, reflects the organisation's approach to research.

Supporting investigation into areas such as tobacco control, physical activity, inequalities in health, and mental health and wellbeing, has aligned research outcomes to the overall priorities of the organisation. For example, the VicHealth Centre for Tobacco Control, established under the auspices of the Cancer Council Victoria in 2001, is a research investment targeting a priority area.

The Foundation has continued with the Centres of Research and Practice model to support the growth of expertise and research in specific areas. At varying levels we invest in the VicHealth Centre for Tobacco Control, the Koori Health Research and Community Development Unit, the Australian Research Centre in Sex, Health and Society, the Centre for Adolescent Health, the Centre for the Study of Mothers' and Children's Health and the soon-to-be-established Centre for the Promotion of Mental Health and Social Wellbeing. Supporting expertise in this way enables closer connections and greater dialogue to occur between researchers and practitioners.

This organisation's learning strategy has also been developed to assist in transferring knowledge between researchers and practitioners. Part of the aim is to provide opportunities for building and disseminating knowledge through seminars and forums involving researchers and visiting Fellows. In March 2003 VicHealth held the Public Health Research Symposium. This symposium brought together many researchers to discuss a broad range of issues from dissemination of research to research methods to new areas of public health and health promotion research. Details of this symposium and presentations are available at: www.vichealth.vic.gov.au/seminars

Fellowship and scholarship program

A significant investment in a senior Fellowship program, a public health Fellowship program and a public health PhD scholarship program has been made. We currently have eight Senior Research Fellows, 10 Public Health Research Fellows and eight Public Health PhD Scholars. This is in addition to another 10 NHMRC PhD scholars who receive supplementary funding. Each Fellowship supports the researcher for five years of public health and health promotion research within Victoria, and the scholarships are over three years. These programs support innovative research, are designed to entice researchers working overseas back to Australia, increase the competitiveness of



Victorian public health researchers at the national and international level, and, importantly, encourage candidates who possess the ability to support other potential researchers in their area of expertise (see page 18-19). At the same time, VicHealth is up-skilling the recipients of these grants by providing such skills as media training and leadership development to ensure they can maximise use of their knowledge.

Competitive in seeking funding

These shifts are critical for public health researchers. In comparison to biomedical research, public health and health promotion research does not have many funding avenues. Historically, public health and health promotion research projects received a small allocation of the National Health and Medical Research Council (NHMRC) funding in percentage terms. This had meant, in turn, that the NHMRC

received fewer applications for such projects. University resources directed towards research are often under pressure, while the Australian Research Council was set up to fund research in all fields of science, social sciences and humanities—not medical or health-related research. The National Heart Foundation funding of Fellowships, even if investigating public health issues, is obviously confined to the impact on heart disease.

Ensuring adequate funding is available for public health and health promotion research is therefore vital to maintain quality output. Apart from our funding approach NHMRC is implementing its Capacity Building Grants in Population Health Research as part of a strategy to increase the allocation of its resources towards public health research. We have made it a condition of application for Research Fellowships that applicants simultaneously apply for a concurrent, nationally competitive award; this has been ►►

Quick questions to Professor Terry Nolan

Professor Terry Nolan is the Head of the School of Population Health and Department of Public Health at the University of Melbourne. He is also the chair of VPHREC.

What is the value of public health and health promotion research?

Public health and health promotion research is important because it provides the evidence base for what we do in public health and it is crucial to the implementation, development, evaluation and sustainability of public health programs so that the long-term benefits can be gained.

What is the value of research and education to the public health workforce?

Modern public health and public health promotion is a complex business and the adequate skilling of the workforce in all of its relevant domains is crucial to having an effective public health and health promotion strategy, or to setting up an action that the community might adopt.

What are some of the problems facing public health researchers?

One of the problems facing public health research is its capacity to cope with the demands of the complexities such as biotechnology in public health, the changing society and its requirements. Capacity means having

people with adequate training to be part of a workforce. It also means we need the capacity to determine information by having access to databases to work on cohort groups and conduct large scale interviews.

Researchers do need to find better ways to disseminate their information and to improve the uptake and level of knowledge within the community. We have to improve the part of our public health research workforce that looks at the delivery of information into the community, workplaces and health care settings. We may need to look for ways to better fund the down streaming, translation, filtering and distribution of information into this range of settings.

What impact does public health research have on health promotion practice and policy?

Public health research is fundamental to the development of effective and sustainable policy in public health. One example is the tobacco regulations. If these were implemented without local evidence base then I doubt they would have been as successful.





introduced to raise the profile of public health research with the NHMRC, ARC and other national funding bodies; and to increase the overall number of public health researchers and research projects that are funded, particularly in Victoria.

The support of the Fellows is designed to make them more competitive in seeking national and international funding opportunities.

Such approaches are geared toward improving the status of public health and health promotion research in Victoria.

Evidence to highlight progress

The ever-present strain on the health dollar combined with the long-term nature of many health promotion and public

health strategies means it is critical that we use evidence not only to point strategies in the right direction in the first place, but to monitor, evaluate and report on achievements in public health. We have invested a significant proportion of the total project budget in evaluation to support all programs. Research must not only be translated into practice, but practice must be measured. Former Commonwealth Health Minister Dr Michael Wooldridge explained this imperative in the August 2002 edition of the Health Promotion Journal of Australia: 'If you look at...diabetes, asthma, cervical cancer, breast cancer, immunisation, tobacco—they all have measurable deliverables, something that can show whether they work or whether I'm (as Health Minister) just wasting a bucketload of money. I couldn't have kept (activity) going and increased the resources going into those areas if I hadn't been able to measure something and satisfy people that things were getting better.'⁴

Directing investments as described is a strong start for public health and health promotion research however it is not the end of the matter. Complex questions remain about how to translate research into practice, what balance to strike between investigator-led research, priority-driven research and commissioned research, the value of public health programs and how to ensure that the research investment continues to 'translate directly into improvements in the health of the Australian population'.⁵

This edition of the VicHealth Letter will examine some of these issues.

REFERENCES:

1. James R, Higher education at the crossroads, Response to the overview paper and discussion paper: Setting Firm Foundations, Victorian Public Health Research and Education Council, September. 2002. Available on Department of Education, Science and Training website: http://www.dest.gov.au/crossroads/issues_sub/pdf/i238.pdf
2. Wills P, The virtuous cycle – working together for health and medical research, Health and Medical Research Strategic Review, Final Report, Commonwealth Department for Health and Aged Care, May 1999.
3. Wills P, The virtuous cycle – working together for health and medical research, Health and Medical Research Strategic Review, Executive Summary, p. 6, Final Report, Commonwealth Department for Health and Aged Care, May 1999. Available at: http://www.health.gov.au/nhmr_c/wills/hmrsr/pdf_110599/execsummary.pdf
4. Borthwick C, Not a single vote: the politics of public health, An interview with Michael Wooldridge, Health Promotion Journal of Australia, 2002: 13(2), p19-22.
5. James R, Higher education at the crossroads, Response to the overview paper and discussion paper: Setting Firm Foundations, Victorian Public Health Research and Education Council, September 2002. Available on Department of Education, Science and Training website at: http://www.dest.gov.au/crossroads/issues_sub/pdf/i238.pdf
6. National Health and Medical Research Council, Background policy paper for capacity building grants in population health research. Available at: <http://www.health.gov.au/nhmc/funding/capacity.htm>

An NHMRC initiative

NHMRC now offer Capacity Building Grants in Population Health Research. The principal aim of these grants is to ensure high-quality, internationally first-rate population health research is being conducted in Australia.

The Capacity Building Grants in Population Health Research are part of a wider NHMRC strategy designed to further develop population and health services research in Australia.

This strategy includes:

- encouraging applications to the Fellowships and Training Awards programs by ensuring that the conditions meet the needs of population health researchers and appropriate peer review is available. The establishment of Practitioner Fellowships and part-time Career Development Awards, for example, enable population health researchers to continue to contribute to policy and practice;
- encouraging applications for research funding through the Program Grants scheme by providing flexibility to develop new teams, by recognising a contribution to policy and practice as part of record of achievement and by ensuring appropriate peer review, and;
- developing priority areas through targeted funding by the Strategic Research and Development Committee, and other sources.⁶

Further information available at:
www.health.gov.au/nhmc/funding/capacity.htm



Centres of excellence in research and practice

Centres carry out research that fills an identified gap in current research and practice activity and contributes to national and state health policy objectives.

The centres provide education and training, mainly at postgraduate level, but also through short specialised continuing professional education courses. They develop and implement activities that are informed by evidence-based research and reflect contemporary health promotion methods while developing and maintaining cooperative links with communities relevant to the research and practice activities of the centre. The centres also undertake consulting activities and maximise opportunities to become self-sustaining by the end of the nine-year funding period.

The Victorian Health Promotion Foundation currently supports at varying levels four Centres of Research and Practice, and the VicHealth Koori Health Research and Community Development Unit. VicHealth is to establish a new Centre for Research and Practice in Mental Health Promotion and Social Wellbeing. The Centre for Adolescent Health and the Australian Research Centre in Sex, Health and Society have become basically self-sustaining after being in place for a decade but continue to receive some VicHealth funding.

Centre for Adolescent Health

The Centre for Adolescent Health is a centre for research, advocacy, education and training in the area of adolescent health which aims to improve the health and well-being of young people in Victoria from 10-24 years of age.

Location: Royal Children's Hospital **Director:** Professor George Patton

Centre for the Study of Mothers' and Children's Health

The Centre for the Study of Mothers' and Children's Health aims to improve maternal and child health in Victoria through a program of research, education and contribution to health policy development. The research program covers pregnancy, maternity service provision, emotional well-being of mothers, pre-term birth and sudden infant death syndrome.

Location: La Trobe University **Director:** Professor Judith Lumley

Australian Research Centre in Sex, Health and Society

The centre undertakes research into social and behavioural aspects of sexually transmissible diseases (STDs), their prevention and their consequences; focuses resources and provides leadership in the study of STDs, and provides knowledge, skills and resources to inform practice and policy.

Location: La Trobe University **Director:** Professor Marian Pitts

VicHealth Centre for Tobacco Control

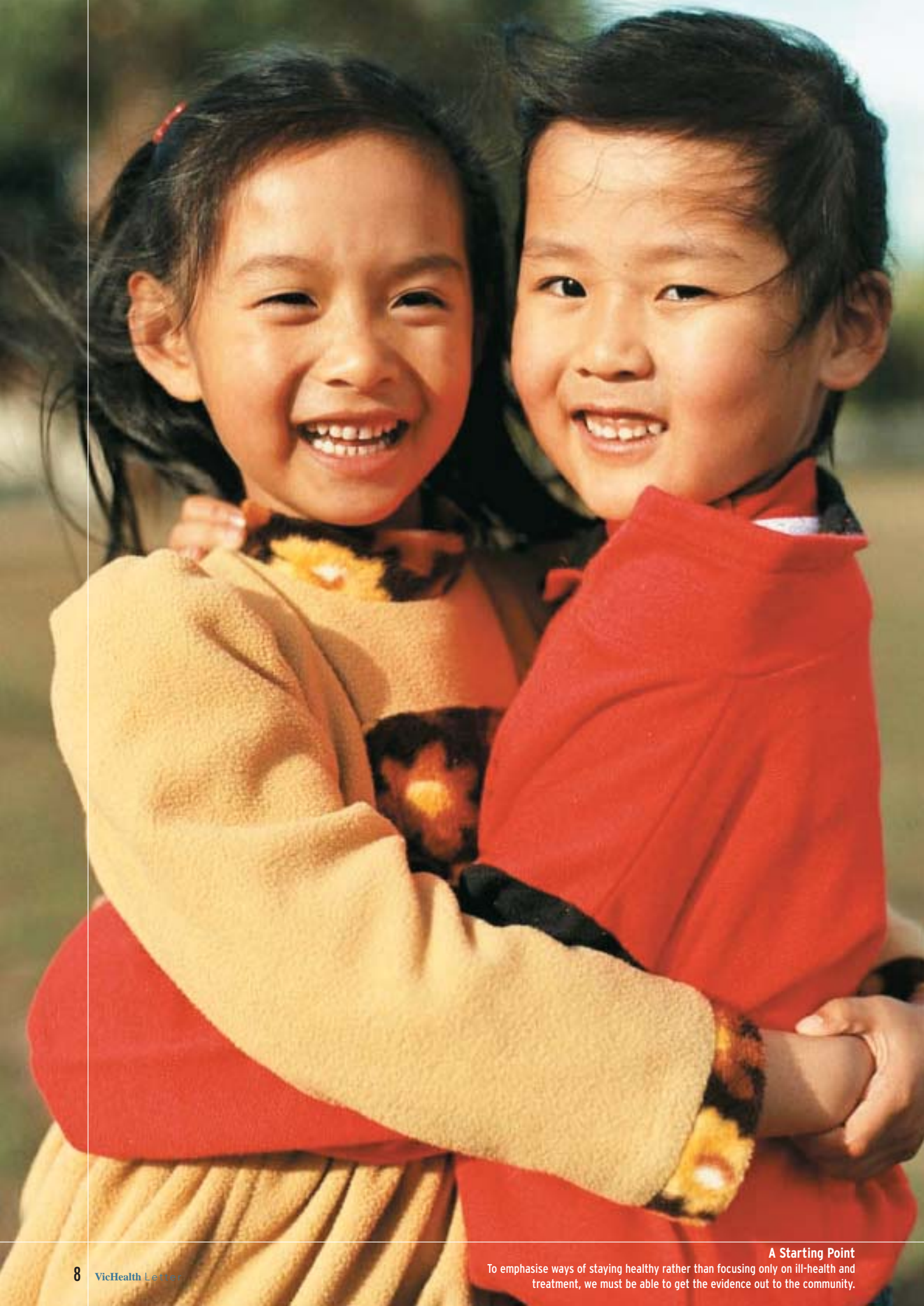
The aim of the VicHealth Centre for Tobacco Control is to contribute to the decline in smoking levels in general and in population sub-groups with high smoking levels in particular. Six streams of activity: Clean Air, Investing in Tobacco, Institutionalising Tobacco Dependence Treatment, Exposing Industry Conduct, Regulating Tobacco, and Monitoring and Surveillance provide a framework for determining priorities.

Location: The Anti-Cancer Council of Victoria (in consortium with the University of Melbourne and Monash University) **Co-Directors:** Dr Ron Borland and Ms Michelle Scollo

Koori Health Research and Community Development Unit

The key goal of the unit is to integrate high quality health services research with a community development program. The unit is committed to undertaking, collaborating in and supporting specific research programs that directly benefit the Koori community.

Location: The University of Melbourne **Director:** Associate Professor Ian Anderson



A Question of Relevance

Investigation is only one part of the research equation. Getting the information out to policy-makers, opinion leaders, and, by extension, the community, and then putting results into practice is just as important. Prominent researchers discussed this issue with the VicHealth Letter.

At VicHealth's recent Public Health Research Symposium, Dr Melanie Wakefield, Director of the Victorian Cancer Council's Centre for Behavioral Research in Cancer, demonstrated why innovative thinking is needed to translate research into practice.

Dr Wakefield admitted that the 'disconnect' between research and public health policy and practice is improving, but argued that the creation of real links is still hindered by several issues, including:

- the relevance of research to policy makers and practitioners;
- the measurement of public health research based upon its scientific quality, rather than on its impact on people's health, and;
- the dissemination of the research to policy makers, practitioners and the general community.

'There are many campaigns that have led to an improvement in the health of people and this should be the measure used when assessing the success of public health research.'

Relevance

According to Dr Wakefield, Richard Smith, editor of the British Medical Journal, estimates that fewer than 5% of studies in medical journals are both valid and relevant to clinicians, policy makers and practitioners. A range of factors, including guidelines determined by funding sources or a host organisation's profile, says Dr Wakefield, can influence research topics. One solution she puts forward is the development and promulgation of priority-driven research questions. These would help to guide new

and would-be researchers, as well as inform funders of public health research. Good models for this process exist to a point. For example, several years ago the Australian Cancer Society (now the Cancer Council Australia) and the National Heart Foundation used a consensus process involving researchers and policy and program practitioners to identify strategic research priorities for the field of tobacco control. Unfortunately, says Dr Wakefield, limited funding meant the resulting document from this process

languished, instead of becoming mandatory reading for funding bodies, researchers and students. Dr Wakefield says it is not enough to identify research questions that researchers and practitioners agree are important to answer. What is needed is a process of systematically promulgating those priorities to funding bodies likely to fund public health research, as well as universities and other

institutions where researchers may be open to considering new and more policy-relevant research topics.

'Workshops or task forces that bring together informed policy and program practitioners to identify presently unanswered specific research questions in their field would be a good place to start,' Dr Wakefield says. 'It can be a very grounding experience to learn just what kind of information gaps there are in public health practice and how irrelevant much research actually is to the decision-making process.'



In the absence of such a process, Dr Wakefield advises researchers to ‘think about perhaps the one or two pieces of research you have ever done that you think has most influenced public health policy or practice. Do more research like that!’ She also encourages policy and program practitioners to make links with researchers and communicate the areas where they are unable to find sufficient evidence to make policy or program decisions. Professor Ian Johnston, Director of Monash University’s Accident Research Centre, offers a less scientific, but politically astute suggestion: ‘As a researcher I think you have to work out what keeps policy makers awake at night’ and do research on that topic. Not a bad idea if the research undertaken is to see the light of day and be drawn into government or health agency policy and practice.

Marketing

Professor John Funder, a biomedical researcher who is also Chair of VicHealth, says that while there are some differences between biomedical and public health researchers, particularly in the area of funding, in some areas public health researchers might learn lessons from their white-coated colleagues in the laboratory. One salient lesson is in the marketing of public health research—within public health’s own workforce and externally. He says the advances of biomedical research in the past decade have been superbly marketed by research luminaries such as Sir Gustav Nossal, a former Chair of VicHealth. Nossal’s

approach has made scientific and medical advances understood and lauded by a society which is, says Prof. Funder, basically scientifically illiterate. Prof. Johnston agrees that research ‘ambassadors’ can have a major part to play particularly when a public health issue, regardless of the body of research, lacks public sympathy. Such ambassadors can recruit support and champion an unpopular cause to a range of audiences.

Prof. Funder urges public health researchers to ‘get out there and sell it. A recipe for success is to celebrate.’ He says the innovative Slip! Slop! Slap! campaign, developed by the Victorian Cancer Council more than 21 years ago, is a campaign that researchers continue to cite as a public health success that has changed public opinion and behaviour. There are many more campaigns that have led to an improvement in the health of people, which should be the measure used when assessing the success of public health research.

These arguments may occupy the minds of the scientific and public health workforce, but they have little impact on the general community, according to Professor Doreen Rosenthal, another of Australia’s leading public health researchers. Prof. Rosenthal is Professor of Women’s Health and Director of Melbourne University’s Key Centre for Women’s Health in Society. From 1995 to 1999 she was Deputy Chair of the Australian National Council of AIDS and Related Diseases. She would like to see health care and health promotion agencies take a much more aggressive and innovative approach to marketing their research findings and not rely entirely on the traditional methods of information dissemination, such as the publication of work in scientific journals and presentations to peers. The tobacco campaign, she says, offers an excellent model for people to follow when looking at ‘selling’ their work. The Victorian Cancer Council launched evidence-based media campaigns each time they began their push for new legislation.

Prof. Rosenthal sees a community liaison officer, with health promotion or education, marketing and public relations skills as an integral part of her budget and workforce. In fact, she would hive off money from the research budget in order to market the work being done by existing researchers. She says researchers who wait for the journal publication of material as a means of disseminating information to the community and practitioners can be disappointed.

‘We go for the king hit approach and look at a range of ways of getting material out into the community. If we have public health research findings that need to be discussed at a community level we plan a media launch, news releases and community papers, always using language that is accessible to policy makers. We also look at providing media skills to the researcher to best market their material,’ Prof.

How to move research to practice

Research Translators: considered as part of the public health research team, these positions would be for people who have some familiarity with research methods, but who are able to translate findings into lay terms and can strategically access and brief key decision-makers in government and elsewhere about what the research means for practice.

Priority Driven Research Questions: these would help to guide new and would-be researchers, as well as inform the funders of public health research.

A Community Liaison Officer: individual with health promotion or education, marketing and public relations skills as an integral part of her budget and workforce.

Rosenthal says. 'I know a lot of academics find this notion of marketing unpalatable, but they have to think of themselves as retailers of the information. Marketing can create a big impact, it can take the issue out into the community where it can be discussed and debated. This sort of approach can often lead to a community groundswell, which will often influence policy makers and practitioners.'

Prof. Rosenthal agrees the 'king hit' media approach is difficult for smaller organisations and suggests that funding organisations need to recognise the importance of marketing research outcomes and that researchers put more emphasis into the marketing aspect of their funding applications.

Dr Wakefield agrees that public health organisations need to rethink how they disseminate their information and suggests 'research translators' be considered as part of the public health research team. These positions would be for people who have some familiarity with research methods,

but who are able to translate findings into lay terms and can strategically access and brief key decision-makers in government and elsewhere about what the research means for practice. She also encourages researchers to undergo media training in order to convey their public health messages in formats that suit the various target audiences.

'Given public health funding is tight, it behoves funding agencies to ensure that funded research is not just of good scientific quality, but also is highly relevant to public health practice,' Dr Wakefield says.

The way to get researchers to direct funds to dissemination is to have funding agencies require them to do it, she says. The National Health and Medical Research Council is already starting to ensure that issues such as relevance of the research and dissemination of findings are given greater priority when grant applications are evaluated.

Tobacco Control – a blue chip investment

The VicHealth Centre for Tobacco Control's paper *Tobacco control – a blue chip investment* outlines a practical agenda for action that would markedly reduce the social costs of tobacco use in Australia. All of the proposals are based on sound thinking and the best available evidence. The publication presents a strong example of researchers setting an agenda for discussion and action.

The paper makes seven policy proposals and outlines three potential programs of activity, along with options for financing the package – a key requirement. The document also outlines benefits to smokers and their families; Australian businesses; the Federal Government; health funders and insurers; the community; and regional Australia.

Potential Programs for Activity

1. Commercially realistic funding for public education
2. A comprehensive tobacco dependence treatment program
3. Ongoing research

This is expected to cost \$97 million dollars a year for three years.

Policy Proposals

1. Ensure cigarettes do not become affordable to children
2. Ensure complete and effective disclosure by tobacco companies to consumers
3. Regulate the manufacture and supply of tobacco products to minimise social harm
4. Reduce involuntary exposure to toxic tobacco by-products
5. Reduce commercial inducements for uptake of smoking by children
6. Support broader social policies likely to reduce demand for tobacco
7. Use financial levers to re-orient the health care system towards greater investment in prevention (more rational resource allocation).

The Report *Tobacco control – a blue chip investment* can be found at:
<http://www.vctc.org.au/publ/reports/BlueChip0%27viewA4April2003.pdf>



The Blue Chip Investment Report

Public Health: Winning Dividends



In April 2003, the Commonwealth Department of Health and Ageing released the report Returns on Investment in Public Health: An Epidemiological and Economic Analysis. The report examined the economic and social benefits of public health programs in five areas and was very positive in its findings. The Federal Minister for Health and Ageing the Hon. Kay Patterson responded to the VicHealth Letter's questions about the report.

"To me the most significant aspect of the report is the confirmation of the enormous gains that can be achieved from disease prevention and health promotion programs with a relatively small investment."

The returns on investments addressing tobacco, coronary heart disease, HIV/AIDS, immunisation against measles, and road safety programs and road trauma are obviously outstanding. What do they indicate to you and what impact, in general terms, might the report have on future Government strategy?

The returns on investment in the programs in the report are indeed outstanding. To me, they highlight the benefits of prevention, not only the health gains but also cost savings to the community in some cases and undoubtedly broader benefits to the wider economy and society.

These findings on the benefits of a prevention approach have backed the Federal Government's commitment to make prevention a fundamental component of a more effective and sustainable health system. For too long, disease prevention and

health promotion has been the 'poor cousin' of the health system. The Federal Government is building a stronger role for prevention across all parts of the health system including incorporating preventive measures into primary care. In particular, we need to look at how we can achieve greater health gains through activities targeting diet, exercise and other lifestyle risk factors.

What was the most significant aspect of the report from your perspective?

To me the most significant aspect of the report is the confirmation of the enormous gains that can be achieved from disease prevention and health promotion programs with a relatively small investment. The report reinforces the Federal Government's commitment to invest in programs such as immunisation. The savings in the measles



program, which amounted to \$155 for every dollar spent, is staggering when considered alongside the lives saved and disability avoided through prevention of some four million cases of measles.

The report shows five very successful programs. What do you think were the ingredients that made them so successful?

There were common features of the prevention activities across all of the five programs considered. First, a system-wide approach to the health system was adopted; second, government acted quickly and with appropriate funding; third, a combination of measures were adopted including media campaigns and other approaches; and, fourth the Government worked in partnership with other levels of government, non-government organisations and the community sector.

Are you able to identify or flag other health issues that you think right now could benefit in the long-term from such significant public health/health promotion investments?

The growth in the burden of preventable chronic disease combined with the ageing of our population is a ticking time bomb. Reducing common risk factors such as obesity, poor diet and lack of physical activity can help prevent a number of these chronic diseases. We are setting our sights on building an active and healthy country, and we are working in partnership with States and Territories and other stakeholders in tackling obesity and physical inactivity.

We are also very aware that we need to continue our efforts in some areas, for example, tobacco. We cannot be complacent—it is important to consolidate the progress and continue to move forward.



Building an active country
Reducing common risk factors such as obesity, poor diet and lack of physical activity to prevent a number of chronic diseases is a critical challenge for Australia.

"Health promotion and disease prevention is not just the responsibility of the health sector."



"The challenge for us is to change community perceptions away from a health system that primarily focuses on ill-health and treatment, to one that emphasises health and staying healthy and what we can do as individuals and communities to prevent ill-health and disease."

Public health successes obviously require long-term investments and activity. How can any government supporting public health endeavours ensure that the investments continue for long enough and strongly enough for success when the benefits are often not going to be obvious for many years and there are so many other pressing demands on the health dollar?

Studies like this, which illustrate the significant returns from investing in public health activities, are vital. The challenge for us is to change community perceptions away from a health system that primarily focuses on ill-health and treatment, to one that emphasises health and staying healthy and what we can do as individuals and communities to prevent ill-health and disease.

It is important to note that in some instances the benefits of public health interventions are also evident in the short to medium term, particularly in terms of reductions in overweight and obesity, and increased physical activity.

Health promotion and disease prevention is not just the responsibility of the health sector. All levels of government, the community, the private sector and individuals have a role to play. However, messages about prevention activities are often inconsistent and conflicting. We are working to change this, by providing clearer messages to enable everyone to play an active role in their own health.

What role can the public health sector play to ensure that a wider understanding of the benefits of public health programs continues to develop?

The public health sector in general can play a role by ensuring the flow of consistent and

coherent health messages to the public. The public health sector has a very important role to play in ensuring the continued development of our understanding of the benefits of public health programs. In many ways we are already playing this role. Through bodies such as the National Public Health Partnership (NPHP) we are promoting national co-ordination between various sectors, and maintaining a focus on prevention throughout the health sector. We are also placing a greater emphasis on research into the wider societal benefits of health promotion and disease prevention.

The government is working to strengthen disease prevention and health promotion messages through general practice and to support GPs in that role. We have also implemented a range of public awareness campaigns such as the dangers of tobacco smoking and messages on illicit drug use.

The report states that the return to the community is more important from a societal perspective than the measure of the financial return to government. What are the main measures in your opinion that developers of public health programs need to be focusing on when assessing success of the programs?

Governments need to focus on not only the health gain but also on other wider social benefits including cost-effectiveness. Resources for governments are always limited and there are many worthy and competing priorities. There has been little emphasis on this element in the past, but it is a very powerful measure and often will be the factor to influence other sectors outside health to focus on prevention.

Show Me the Money

The study prepared by Dr Peter Abelson from Applied Economics Pty Ltd, *Returns on Investment in Public Health: An epidemiological and economic analysis*, shows public health and health promotion are red-hot investments, with an economic return many times their cost. Commissioned by the Population Health Division of the Commonwealth Department of Health and Ageing, the report says that in Australia over the past 30 years:

- anti-tobacco campaigns have cost \$176 million and returned \$8.6 billion in benefits;
- campaigns to reduce coronary heart disease risk factors have cost \$811 million and benefits attributable to public health campaigns are worth \$9.3 billion;
- public health programs in the HIV/AIDS field have cost \$607 million and returned \$3.1 billion;
- measles immunization programs cost \$55 million and returned a whopping \$9.2 billion, and;
- road safety campaigns currently cost \$600 million each year and return \$2.6 billion.

These examples thus cover both health promotion campaigns aimed at behavioural change and more traditional public health responsibilities.

Dr Abelson says the report shows that in economic terms public health is a good long-term investment. 'The report articulates what a lot of people in the public health field have thought for some time, but more precise costing does

let us consider these programs in an organised framework and put them into some kind of perspective. In particular, it does reinforce the message that spending on public health can often deliver a higher return than acute health care.'

While a number of earlier studies have evaluated the economic return for particular programs over particular periods, this is the first study that has attempted to calculate both sides of the ledger across much of the range of public health in Australia. While those working in the field have always been confident they could demonstrate their programs were beneficial it is vital to be able to provide the actual figures. As the report says: 'Only if the benefits of a public health program

exceed total resource expenditure and welfare costs can it be truly said that a public health program is socially beneficial in the standard economic calculus of social welfare.'

Data on public health costs in Australia are hard to come by, and the report has collated data from a wide range of sources to estimate that expenditure on the selected public health programs examined rose from \$336 million in 1975 to \$762 million in 1999. On the other side of the ledger, the authors set a value of a million dollars on a human life—approximately \$60,000 a year over a lifetime.

Even with all the figures in hand, the task of evaluation is not an easy one. Evaluation of health promotion has to take into account the multi-causal nature of both health risks and

'Public health is always going to need politicians with conviction—people who see the aim of public policy as being to use community resources in the most rational fashion rather than to buy off the loudest complaints—and I hope this report will give those politicians strong enough evidence to win their arguments.'

behaviour change, the long lag time before health benefits accrue, the effect of inflation, the influence of secular trends, and the contributions made by policy in other areas. The report discusses all these issues, sets out the basis for the author's selection of evaluation instruments, and provides a basis for further investigations.

Will these results bring about any change in the distribution of government funding? 'Politically, the trouble with public health is that its achievements are invisible,' Dr Abelson says. 'If 10 people have cancer in hospital they clearly need help; 10 people who haven't got cancer because of a health promotion campaign are only entries on a statistical table.

Public health is always going to need politicians with conviction—people who see the aim of public policy as being to use community resources in the most rational fashion rather than to buy off the loudest complaints—and I hope this report will give those politicians strong enough evidence to win their arguments.'

Arguments will still be necessary, as always, however the Abelson study does show that public health and health promotion practitioners are on the right track, and may encourage politicians and the public to support their efforts to reach the next stage.

The report can be located at:
www.health.gov.au/publth/publicat/document/roi_eea.pdf

Bringing About a U-turn on Road Safety

Professor Ian Johnston, Director of Monash University's Accident Research Centre, has been involved in the evolution of one of Victoria's public health success stories—road safety. Along with many others, he has played a role in a research-driven public health campaign, which has seen the population-based death rate in road fatalities fall by more than two-thirds over the past 30 years.

At the recent VicHealth Public Health Research Symposium, Prof. Johnston explored road safety progress as a case study, highlighting many of the issues that led to the successful application of the results of road safety research as well as the barriers to translating public health research into practice. In some countermeasure areas—traffic law enforcement being the most striking example—the body of knowledge generated through road safety research forms the base of police operating practices, and the researchers regularly assist in police training programs.

Prof. Johnston asserts that one of the keys to the relative success of the road safety public health research model is the source of research funding. Much of the road safety research, which has led to significant changes in policy and legislation, has been commissioned and funded by the agencies responsible for road safety program implementation. And so the research findings are seen as a direct investment in the prevention policy and action process. This is not the case with public health and biomedical research funded by organisations such as the National Health and Medical Research Committee where the funding and the application of results are independent.

'In a lot of public health research, the researchers, having conducted the research, then have to market the results and

champion implementation. In road safety research, the funding agencies set the problems they want solved and are thus motivated to implement the findings - with all the usual caveats about social and political acceptability, cost implications and the like,' Prof. Johnston says.

In the late 1960s, the road accident death rate was out of control in Victoria with more than 1000 people dying in 1970. The escalating road toll led to a media campaign by the daily metropolitan, *The Sun*, (with the banner theme 'Declare War on 1034'), that called on the community and the government to do something to halt the road carnage. The community began demanding action from policy makers. This led to the creation of road safety research units at both federal and state government levels which led in turn to the start of an evidence-based approach.

Prof. Johnston cited random breath testing (RBT) as a good case study. Based on information from the theory of general deterrence, in the mid-1970s Victoria enacted legislation to permit police to test any driver at any time for the presence of alcohol. However, it did little to reduce the road toll or the number of drunk drivers behind the wheel. Although the government had had the courage to introduce the legislation, it did not enhance police resources or press

A change in direction

- More than 1000 people died on Victorian roads in 1971
- Now there are 600 fewer deaths per year and 6,000 fewer serious injuries
- \$1 billion of savings in claims pay-outs
- \$4 billion of savings in indirect costs



Road Safety

Researchers have worked very closely with the TAC and Victorian Police to bring about a decline in the road toll.

RESEARCH

Heart disease is the leading cause of death among Aboriginal people. The University of Melbourne's Dr Kevin Rowley is evaluating the effectiveness of programs run by communities that aim to improve opportunities for better diet and exercise for Aboriginal people.

for substantial enforcement, in part apparently, because of a concern over the potential for a community backlash.

Disappointed with the apparent lack of effectiveness, the government's road safety agency and the police joined forces to determine ways of achieving the desired safety impact. Researchers designed an experiment involving Melbourne being divided into four sections and the police systematically varying the level of RBT across the quadrants for agreed lengths of time. The study found that a threshold level (visibility and intensity) of enforcement had to be reached for the RBT to achieve sufficient general deterrence to influence drink-driving behaviour. Armed with this evidence the government provided adequate technical and human resources to sustain the threshold enforcement level. The level of RBT rose from around 200,000 drivers tested per year to well over one million, and the number of dead drivers with a blood alcohol level above the legal limit dropped from around 50% to just over 20%. More than a decade on, with sustained, evidence-driven enforcement, the drink-driving problem has been contained at its lower level and drink-driving has become socially unacceptable.

This case study, and other stories of evidence-based road safety measures in the past 20 years, attests to the benefits of researching an issue that has widespread public support and therefore political momentum.

'As a researcher I think you have to work out what keeps policy makers awake at night,' Prof. Johnston says. 'Road safety had in the 1970s, and still has, a high public profile and there is pressure on governments to do things when the problem escalates.'

Like all revolutions, the research-led road safety revolution has its problems. Occasionally there is tension between a researcher's academic independence and the desires of the institute or agency commissioning the research. 'A government agency might ask us to evaluate one of their counter-measures, always expecting a positive answer. They don't like negative results and these can be a struggle to publish. Such cases of conflict over publication are, fortunately, very rare,' he says.

Ironically, the valuable nexus between funder and researcher can also be a barrier to researchers tackling issues 'on the horizon'. Prof. Johnston calls it 'short-termism' and means the pressure of time and resources only allows the immediate, most pressing problems to be explored.

Evaluation

The intent of evaluation is clear: to learn from experiences in the field and build better programs and projects as a result. VicHealth invests heavily to evaluate programs and projects. Information from this work directly leads to program changes and strategic organisational changes.

VicHealth recognises that evaluation is difficult at some levels but continues to emphasise its importance to effective health promotion. Our approach is to make sure the right support and parameters are available to projects to ensure quality information is gathered.

The first step is to make evaluation a part of the overall planning of any project. Talk to stakeholders at the beginning of the project to identify indicators of success. This might mean, for example, collecting information about your project and its participants before the project starts so that comparisons can be made with the results at the end of the study.

Include evaluation costs in the project budget. Evaluation is not an add-on, but a component of every project. Most VicHealth projects can spend up to 10% of the funding on evaluation. Planning for staff time, liaising with consultants (if applicable), as well as ways of collecting, interpreting and reporting the information is critical.

The evaluation consultants VicHealth commissions are required to provide evaluation assistance to projects funded under schemes. This assistance is not restricted to the projects selected to participate in evaluations. It ranges from the provision of advice on relevant evaluation frameworks and tools, working with individual projects to develop the evaluation workplan, identification of the evaluation questions, and best ways of data collection to answer these questions. Projects can benefit significantly from this resource.

VicHealth has also produced the *Partnerships Analysis Tool*; and supported the production of the *Evaluating Community Arts and Community Wellbeing' Evaluation Guide* for community arts practitioners. Both are useful tools for asking the right questions to assist in evaluation and are available at: <http://www.vichealth.vic.gov.au>



Backing Researchers for Better Results

When research paediatrician Professor Kim Mulholland was recruited from the World Health Organization in Geneva to take up a VicHealth Senior Research Fellowship, it led not just to one research project but to a whole program of activities and was instrumental in the establishment of the Centre for International Child Health (CICH).

'Before I received the Fellowship, there really was no position available in Melbourne in which I could do this type of work,' he says.

Armed with the VicHealth Fellowship, Prof. Mulholland was able to secure additional funding that made the CICH, and his research, a reality. The centre is dedicated to improving the health of children in poor circumstances through public health programs and research, at the Royal Children's Hospital and within the University of Melbourne's Department of Paediatrics.

Prof. Mulholland's Fellowship is funded through the VicHealth Fellowships and Scholarships Program, which is increasing the capacity for public health research in Victoria. The program signals a fundamental change in approach for VicHealth which now invests in people and centres to support them rather than just focusing on the research projects themselves. The overall investment in people support in this financial year will be just under \$2.5 million.

The program, which began four years ago, is designed to grow research in VicHealth's priority areas while promoting innovative public health/health promotion research in

non-traditional areas such as the arts, sport, education, transport, and the built environment.

Each year, funding for up to two Senior Research Fellowships, up to three Public Health Research Fellowships, and up to six PhD Research Scholarships is available to public health researchers who have distinguished themselves in their respective fields.

Applicants must be working in, or be sponsored by, institutions that have a focus on public health research and can provide the appropriate facilities. They must also apply for a concurrent nationally competitive award through the National Health and Medical Research Council (NHMRC), the Australian Research Council (ARC) or other funding bodies.

According to Dr Julia Shelley, Director of Research, Evaluation and Information at VicHealth, the Fellowships are important because they allow researchers to dedicate themselves to their research in a climate in which universities are no longer able to fund pure research positions, and public health funding is limited.

Dr Jenny Lewis—undertaking policy research as a public health Research Fellow—says that as a political scientist interested in health, the VicHealth Fellowships were one of the few funding options open to her.

'VicHealth has a much broader agenda than some of the other health funding bodies, which is very important because research on the health policy process like mine probably wouldn't be funded by the ARC or NHMRC,' she says.

A senior research fellow at the Centre for Study of Health & Society (Dept. of Public Health) and the Department of Political Science at the University of Melbourne, Dr Lewis is looking at networks and partnerships in health. In the first part of her research project she will identify the health policymakers in Victoria and find out what issues they consider important. In the second component, Dr Lewis hopes to determine the key ingredients in successful primary health partnerships.

Currently in the third year of her Fellowship, Dr Lewis said that five years was a fantastic amount of time in which to do some in-depth research, as most research funding was only short-term.

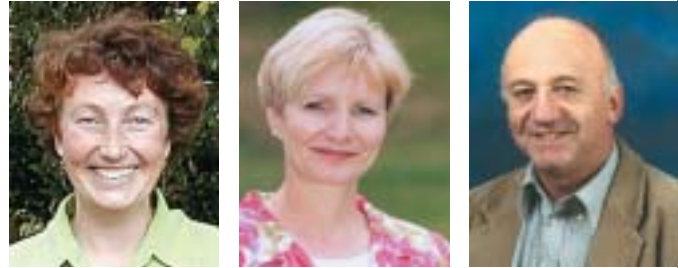
'In five years, you can do more thorough research,' she explains. 'There's enough time to build up a substantial body of work, to write books and other publications. The outcome is high quality research.'

Getting the message out

Media training is an innovative add-on to the Fellowship Program, assisting researchers to get their message out. Along with public speaking opportunities, a leadership program and networking opportunities, it is part of a strategy to maximize researchers' capacity to both carry out and disseminate their research.

Dr Jenny Lewis says the Fellowship Program is true to its name, creating a community of researchers who have become colleagues, despite working on diverse research projects in different locations.

Dr Elizabeth Waters, Murdoch Children's Research Institute, is collecting epidemiological data on the health, development, and well-being of young children in Victoria; reviewing the evidence base for characteristics and factors associated with effective public health interventions in childhood; and developing evidence-based public health and health promotion strategies, in partnership with communities, to address child health inequalities.



Jenny Lewis, Melanie Wakefield, Kim Mulholland.

The Program has also been successful in reducing the 'brain drain' in public health research from Victoria, according to Dr Melanie Wakefield, a VicHealth Senior Research Fellow. Not only does the program provide opportunities for researchers to stay, it has also lured top-flight researchers back to Australia from overseas.

Her Fellowship is a case in point. Dr Wakefield, who has a strong track record in behavioral research in the field of tobacco control, was working in the United States at the University of Illinois at Chicago, when she was attracted back to Australia to become Deputy Director of the Centre for Behavioural Research in Cancer at the Cancer Council Victoria.

'There are a lot more funding opportunities available in America, and the longer you spend away, the harder it is to

come back,' she says.

As a behavioural scientist working in the field of cancer control, Dr Wakefield's role is to find out which behaviours contribute to cancer, and how they can be modified.

Dr Shelley says that the work being carried out by Fellows will drive public health policy and program development into the future, as the Research Fellowships and Scholarships Program creates a vibrant network of public health researchers in Victoria.

Please note: VicHealth is currently seeking applications for fellowships. Information is in the news section of the VicHealth Letter and the VicHealth website: www.vichealth.vic.gov.au Closing date for applications is: 11 July 2003.

Fellows — Programs of research currently being undertaken by Research Fellows

PUBLIC HEALTH FELLOWS

Implementing and evaluating system-level change to improve adolescent health and wellbeing—Dr Lyndal Bond

The relationship between the built, social and policy environment and physical activity in families—Dr Jo Salmon

Interventions to improve cardiovascular health in Aboriginal people—Dr Kevin Rowley

Promoting long-term health and wellbeing in refugees and asylum seekers: Informing policy and practice—Dr Pascale Allotey

Connecting for health: the role of networks and partnerships in improving health and well-being—Dr Jennifer Lewis

Women's health after childbirth: a prospective cohort study of 1,900 women having a first child—Dr Stephanie Brown

The Outcomes Associated with Non-Fatal Heroin Overdose in Melbourne—Dr Paul Dietze

Long-term implications of the increasing prevalence and duration of obesity for health in Australia: an aid to more effective and targeted prevention—Dr Anna Peeters

Environmental causes of obesity and measurement of the impact of approaches to prevention—Dr Colin Bell

Health, development and well-being of young children in Victoria—Dr Elizabeth Waters

SENIOR RESEARCH FELLOWS

Integrated, community-based approaches to health promotion for Victorian blue-collar workers—Dr Anthony LaMontagne

Understanding the role of place in health inequalities—Dr Anne Kavanagh

Determinants of breast cancer risk—Dr Dorota Gertig

Child health epidemiology and new vaccines in an Asian country—Professor Kim Mulholland

Maternal nutrition in pregnancy and growth in infancy: do they influence outcome in children?—Dr Ruth Morley

Impact of changes in anti-smoking advertising and tobacco portrayal in news, film, television and music media on smoking in adults and school children—Dr Melanie Wakefield

The Social Determinants of Sexual and Reproductive Health—A/Professor Anthony Smith

Measuring the effect of social, cultural and environmental context on health and well-being—Dr Daniel Reidpath

Ms Nicky Welch, from the University of Melbourne, is examining the cultural basis of drug and alcohol consumption and health outcomes in a rural centre. She is gathering evidence for a relationship between culture and health outcomes in a rural centre.



Launch

Victorian Health Minister, the Honourable Bronwyn Pike, launched the Together We Do Better campaign to promote participation as a way to improve community wellbeing.

TOGETHER WE DO BETTER CAMPAIGN LAUNCH

Victorian Health Minister, The Honourable Bronwyn Pike, launched the second phase of the *Together We Do Better* mental health promotion campaign in Melbourne on Wednesday, April 2, 2003. The campaign seeks to increase community awareness of the benefits of strong, connected and supportive communities.

From a population health perspective, connected supportive communities that value diversity, are open and inclusive, and provide opportunities for everyone to participate in community life will have better mental and physical health outcomes.

Dr Moodie, CEO of VicHealth, said world renowned Harvard researcher Professor Robert Putnam had put the issue bluntly saying: "As a rough rule of thumb, if you belong to no groups but decide to join one, you cut your risk of dying over the next year in half."

Speaking at the launch, Australian theatre and television legend John Wood stressed the importance of welcoming others into groups and activities. "If you feel unwelcome, you may never come back, you may never have the confidence to take up the opportunities that might otherwise come your way in life," he said.

Dr Moodie said Australians were yearning to rebuild their sense of belonging and that everyone could draw strength from playing a vital role in a vibrant community.

How do we rebuild our sense of community?

Hundreds of community organisations across Victoria, including sport and recreation organisations, are already doing great work to make their activities more inclusive and to help strengthen our sense of community. Participation in a range of community-based activities such as sport, the arts and volunteering is a way of connecting with other people from different backgrounds. It provides opportunities to build mutually supportive relationships.

What's the next step?

This phase of VicHealth's *Together We Do Better* campaign is all about social connections: how to increase them; how to improve them; and how to remove barriers so that many more people have opportunities to participate and make connections.

Throughout the campaign, images in the newspapers, and radio ads are urging all Victorians to increase their own participation and find ways to help others get involved as well.

For more information check out VicHealth's *Together We Do Better* website at: www.togetherwedobetter.vic.gov.au

RESOURCES AVAILABLE:

Promoting Mental Health and Wellbeing Partner Pack

This Partner Pack explains why connection and active participation in community life is so crucial for good mental health and suggests ways this

might be achieved. The Partner Pack contains materials designed to assist you to promote mental health and wellbeing within your community.

It contains background information about the *Together We Do Better* campaign, health facts, a list of potential barriers to participation, strategies for improving access and increasing participation, links to useful websites, advocacy information and tips, information on working with the media, and a draft press release and letter to the editor.

Connections/Directions Brochure

This brochure provides ideas and ways for people to participate.

PUBLIC HEALTH RESEARCH SYMPOSIUM

The VicHealth Public Health Research Symposium was held at Darebin Arts and Entertainment Centre on March 26, 27 2003. The symposium *Public Health Research: a Foundation for Victoria's Health* attracted over 200 people, and featured the cream of research talent in Victoria.

Designed to celebrate the achievements of public health and health promotion research in Victoria, as well as discussing and examining future issues for the sector, the symposium was a success.



Highlights of the two days included keynote speeches by Professor John Funder and Dr Melanie Wakefield; a showcasing of some public health success stories in the last 15 years

such as Tobacco Control and Road Safety; a debate revealing both the intellectual and comic talents of presenters Associate professor Jeanne Daly, Professor John Catford, Dr Robert Hall, Professor Doreen Rosenthal, Dr Moira Clay, and Dr Chris Reid; presentations showing the translation of research in areas such as diabetes, asthma, and cardiovascular disease into practice; and a series of concurrent sessions focusing on a diverse range of issues.

VicHealth would like to take the opportunity to thank all the speakers who worked so hard to make the symposium

such a success. Presentations have been made available, where possible, on the VicHealth website and can be found at: www.vichealth.vic.gov.au/seminars

NEW BOARD MEMBERS

Due to retirements, the State Election in November, and the completion of terms there have been significant changes to the personnel on the VicHealth Board. VicHealth would like to sincerely thank former board members Mr Gerald Ashman, Mr Ron Best, Professor Robert Burton, Professor Helen Herrman, Ms Jenny Lindell, and Professor Graeme Ryan for their wonderful contribution to the Victorian Health Promotion Foundation.

We are very happy to announce a group of equally talented individuals to take their place. The new VicHealth Board members are:

APPOINTED

Professor Glenn Bowes

Professor Glenn Bowes is Head of Department of Paediatrics at the Royal Children's Hospital and has broad experience in clinical and academic medicine and as a public health researcher.

Ms Leeanne Grantham

Ms Leeanne Grantham is the former CEO of the Melbourne 2002 World Masters Games and the Women's National Basketball League and was National and State Telstra Business Women of the Year in 1997.

Dr Judith Slocombe

Dr Judith Slocombe, Telstra Business Women of the Year 2001, established Victorian Veterinary Pathology Services and is now a senior manager with the Gribbles pathology group.

Mr John Howie

Mr John Howie is Director of VicSport and a managing partner of Howie and Maher, solicitors.

Professor David Hill

Professor David Hill is Director of The Cancer Council of Victoria.

ELECTED MEMBERS

Elected at a joint sitting of the two houses of Parliament:

Ms Maxine Morand, MLA for Mount Waverley, from the Labour Party.

Mr Hugh Delahunty, MLA for Lowan, from the National Party.

Hon Bill Forwood, MLC for Templestowe, from the Liberal Party.

CONTINUING BOARD MEMBERS

Professor John Funder (Chair)

Mr Lindsay Gaze

Ms Belinda Jakiel

Ms Elaine Canty

Mr Tim Jacobs

Ms Jane Fenton

FUNDING OPPORTUNITIES

RESEARCH FELLOWSHIPS – APPLICATIONS

The Victorian Health Promotion Foundation (VicHealth) invites applications for Research Fellowships commencing in 2004. There are two levels of Fellowship available: Senior Research Fellowships (at Academic Level D) and Public Health Research Fellowships (at Academic Level B/Level C).

Applications close **Friday 11th July 2003**

SENIOR RESEARCH FELLOWSHIPS

There are up to two five-year Senior Research Fellowships available.

Investigators who have substantial experience in a health promotion or public health related field of research are eligible to apply. The Fellowship award is \$125,000 per annum and includes salary (Academic Level Level D), on-costs for the Fellow and some maintenance funds. Applications for Senior Fellowships from researchers currently working at a senior level overseas who wish to return to Australia are particularly encouraged, and additional funding may be negotiated up to a total of \$165,000 per annum.

PUBLIC HEALTH RESEARCH FELLOWSHIPS

There are up to three five-year Public Health Research Fellowships available.

Investigators who have experience in a health promotion or public health related field of research are eligible to apply. The Fellowship award is set in the range of \$80,000 to \$100,000 per annum, based primarily on the level of appointment, and includes salary (in the range of Academic Level B/Level C), on-costs for the Fellow, and some maintenance funds.

VicHealth Priority Areas

Preference will be given to applicants proposing to work in VicHealth priority areas (tobacco control, mental health and wellbeing, physical activity, healthy eating, and substance misuse – alcohol, illicit drugs). Applications that assist in developing the evidence-base for health promotion/public health, that focus on the

social and economic determinants of health, inequalities in health, or on 'non-traditional' areas of public health/health promotion (eg the arts, sport, education, transport, built environment) are also encouraged. Priority will be given to researchers from VicHealth Centres of Research and Practice that are in their final three years of funding. Applicants are advised to read VicHealth's *Strategic Directions 1999 – 2002*.

Eligibility

Applicants must be Australian citizens (or with permanent Australian resident status) and have a Sponsor in a Victorian institution to provide accommodation and facilities appropriate for the Fellows' research. These non-renewable Fellowships will preferably be taken up within major Research groups (including, but not restricted to, VicHealth's Centres of Research and Practice), where there is a critical mass of expertise in public health/health promotion research.

Applicants must also apply for a concurrent, nationally competitive award. Concurrent applications have been introduced to a) raise the profile of public health research with the NHMRC, ARC and other national funding bodies, and b) to increase the overall number of public health researchers and research projects that are funded, particularly in Victoria, and thus build capacity in public health research. Applicants who do not apply for a concurrent, nationally competitive award will be ineligible to receive a VicHealth Senior or Public Health Research Fellowship.

The Guidelines and Application Instruction Document is available for downloading as an RTF document on the VicHealth website www.vichealth.vic.gov.au. Please note that there is no formal application form.

Further Details

Please direct enquiries to Dr Michelle Callander, Research Coordinator, Research Program, VicHealth, PO Box 154, Carlton South, Victoria, 3053

Phone: (03) 9667 1339

Fax: (03) 9667 1375

email: mcallander@vichealth.vic.gov.au

Closing Date

Friday 11 July 2003 for formal applications submitted by the appropriate administrative officer of the Victorian institution concerned.



VICHEALTH PUBLIC HEALTH PhD RESEARCH SCHOLARSHIPS FOR 2004

The Victorian Health Promotion Foundation (VicHealth) invites applications for Public Health PhD Research Scholarships commencing in 2004. These Scholarships provide funding for graduates to undertake a PhD in public health research.

There are up to six three-year doctoral Scholarships available to graduates who have completed a health related degree (or equivalent). The Scholarship award is set at the NHMRC Standard Stipend rate (plus \$1,100 maintenance and \$550 conference travel per annum and a thesis allowance of \$860 in the final year of candidature).

VicHealth Priority Areas

Preference will be given to applicants proposing to work in VicHealth priority areas (tobacco control, mental health, physical activity, healthy eating, and substance misuse – alcohol, illicit drugs). Applications that assist in developing the evidence-base for health promotion/public health, that focus on the social and economic determinants of health, inequalities in health, or on 'non-traditional' areas of public health/health promotion (eg the arts, sport, education, transport, built environment) are also encouraged. Applicants are advised to read VicHealth's *Strategic Directions 1999 – 2002*, which can be viewed on the VicHealth website at: <http://www.vichealth.vic.gov.au/strategy>

Eligibility

Applicants must be Australian citizens (or with permanent Australian resident status) and must have applied for a concurrent nationally competitive PhD Scholarship, eg ARC, NHMRC. Applicants also need to nominate a Supervisor for their degree and take up these awards if successful at a major research centre (including, but not restricted to, VicHealth's Centres of Research & Practice) where there is a critical mass of expertise in public health/health promotion research. The centre must agree to provide accommodation and facilities appropriate for the student's research.

Application Materials

The application form and information sheet can be downloaded from our website at: www.vichealth.vic.gov.au

Further details

Dr Michelle Callander, Research Coordinator, Research Program, VicHealth, PO Box 154, Carlton South, Victoria, 3053
Phone: (03) 9667 1339
Fax: (03) 9667 1375
email: mcallander@vichealth.vic.gov.au

Closing Date

Friday 22nd August 2003 for formal applications submitted by the appropriate administrative officer of the Victorian institution concerned.

Communities Together Scheme

Closing Date

Friday 29th August 2003

Details at www.vichealth.vic.gov.au

Community Arts Participation Scheme

Closing Date

Saturday 18th October 2003

Details at www.vichealth.vic.gov.au

PUBLICATIONS



Partnerships Analysis Tool

The Partnerships Analysis Tool: for partners in health promotion provides a tool for organisations entering into or

working with a partnership to assess, monitor and maximise its ongoing effectiveness. This is available on the VicHealth website or in hard copy through VicHealth.



Creative Connections: Evaluation of the Community Arts Participation Scheme

This will be launched at VicHealth on June

13 and available in hard copy or downloadable from the VicHealth website.

Rural Partnerships in the Promotion of Mental Health and Wellbeing

Rural Partnerships in the Promotion of

Mental Health and Wellbeing is available in hard copy or downloadable from the VicHealth website. This publication provides an overview and evaluation of the Rural Partnerships for Mental Health and Wellbeing Scheme.

Website

The VicHealth website has a slightly new look after a recent upgrade. Please have a look, and register with the website at www.vichealth.vic.gov.au/register.asp to receive fortnightly updates.

CONFERENCES/SEMINARS

Your Invitation to Health 2004



The World Conference on Health Promotion and Health Education is the only regular forum for a truly global exchange of views and information on health promotion and education. The conference is presented by the International Union for Health Promotion and Education, in association with local, national and international bodies.

The 18th World Conference, 26 – 30 April 2004 in Melbourne Australia, is being organised in conjunction with the Australian Health Promotion Association, the Public Health Association of Australia and the Health Promoting Schools Association of Australia, each of whose annual national conferences are being folded into the World Conference. Significant support is also coming from the Commonwealth and Victorian Governments, VicHealth and the Australian Centre for Health Promotion.

The conference title: *Valuing diversity, reshaping power: exploring pathways for health and wellbeing*, highlights the need for broadly-based partnerships in health development if the global changes that are challenging the health of populations are to be addressed through health promotion.

The World Conference aims to bring together the diverse international membership of International Union for Health Promotion and Education with existing and new global partners for health promotion, recognising that the mobilisation of leadership and action among policymakers, field practitioners and researchers is essential to drive and sustain the type and scale of advocacy

and action needed to address priority health issues, such as those identified in the Global Burden of Disease Study, the UN Millennium Development Goals and in the WHO 2002 Report. The Conference is particularly concerned to identify and stimulate action to achieve equity in health for all people, and will give particular attention to the voices of Indigenous peoples, and to the people across the world that are experiencing the greatest disparities in health and wellbeing.

This Conference will provide 'state of the art' information from the most creditable sources across a range of health and related social and economic policy areas, health promotion, methodologies, population groups and settings. The Conference will also provide an excellent opportunity for many organisations to showcase their programs and projects before a global audience. A significant part of the program will be given over to specially organised sessions involving national governments, universities, development banks, and international agencies as we focus on developing countries and countries in transition more than ever before.

Health2004 will be complemented by other important meetings and events, including Gateway Conferences and a meeting of the WHO Mega-Country Health Promotion Network.

Call for abstracts

You can register and submit proposals for the conference through our website, www.health2004.com.au. The website is also the best place to find new information about the conference, such as keynote speakers and program details, and what else there will be to do in Melbourne that week, which we will post as they become available.

Abstract submissions may be for oral or poster presentation of work, or proposals for the organisation of an entire session or workshop. Proposals across the full range of health promotion and education activity and research are encouraged, and submission guidelines are posted on our website. Submissions may be lodged between 1 May and 31 October 2003.

We look forward to welcoming you to the conference.

Marilyn Wise, Conference Co-Chair

Rob Moodie, Conference Co-Chair

Health Inequalities Policy Forum

The Health Inequalities Policy Forum, held at VicHealth and chaired by Fran Baum and David Legge, brought together senior public health policy makers from Australia and overseas to discuss the following key issues:

- Health inequalities: What is being done within the national and state policy context?
- Health inequalities: What aren't we doing but we know that works?
- What don't we know? How do we move forward?

The aim of the forum was to commence a dialogue around issues of health inequality with key people from various states and institutions in Australia.

The forum was seen as a 'first step' toward further discussion and, hopefully co-ordinated national action around health inequalities in Australia. Presentations can be found at:

www.vichealth.vic.gov.au/seminars

VECCI/VicHealth 2003 Partnership with Healthy Industry Program

Registration: 9.15am

Seminar: 9.30 am — 12 noon

VECCI Offices, 196 Flinders Street
Melbourne, VIC, Australia

10 June: Stress Management in the Workplace

8 July: Transparent Management

12 August: Managing Discipline in the Workplace

9 September: Achieving Your Goals

14 October: Environmental Impacts on Your Business

11 November: Organisational Change

9 December: Take Control of Your Time and Life

Further information

Carolyn Journeaux, VECCI Events Manager,
on (03) 8662 5333 or fax (03) 8662 5362.

VICHEALTH LIBRARY

The VicHealth Library provides an information service to health promotion professionals and others working in partnership with VicHealth. Tertiary students can use the collection as a reference resource. The Library is open from 10 a.m. to 4 p.m. Monday, Wednesday and Thursday. Find out if we can help you be telephoning Edith on 9667 1331 or email efry@vichealth.vic.gov.au

RESEARCH RESOURCES—LIBRARY

Some of the most recent items in our collection which are relevant to research, development, and evaluation include:

Reason, Peter; Bradbury, Hilary: *The handbook of action research: participative inquiry and practice*; Sage; London; 2000.

Stone, Wendy: *Measuring social capital: towards a theoretically informed measurement framework for researching social capital in family and community life*, Australian Institute of Family Studies; Melbourne; 2001.

Nagel, Stuart S. *Handbook of public policy evaluation*, Sage; Thousand Oaks; 2002.

Mark, Melvin; Henry, Gary; Julnes, George: *Evaluation: an integrated framework for understanding, guiding, and improving public and nonprofit policies and programs*, Jossey-Bass; San Francisco; 2000.

Swann, Catherine; Morgan, Anthony eds: *Social capital for health: insights from qualitative research*, Health Development Agency (HDA); London; 2002.

Gowman, Natasha; Coote, Anna: *Evidence and public health: towards a common framework*, King's Fund; London; c2000.

Boughton, Bob: *Popular education, capacity-building and action research: increasing Aboriginal community control of education and health research*, Cooperative Research Centre for Aboriginal and Tropical Health; Casuarina; 2001.

VicHealth Koori Health Research and Community Development Unit: *We don't like research...: but in Koori hands it could make a difference*, VicHealth Koori Health Research and Community Development Unit; Melbourne; 2000.

Oliver, Sandy; Peersman, Greet: *Using research for effective health promotion*, Open University Press; Buckingham; 2001.

Yen, Irene; Frank, John: *Improving the health of working families: research connections between work and health*, National Policy Association; Washington, D.C.; 2002.

Important websites include:

- the Commonwealth government's *Research Finder* <http://rf.panopticsearch.com> an internet search tool which enables discovery of Australia's researchers, research capability and emerging technologies;

- the *Australian Digital Theses Program* <http://adt.caul.edu.au/> which aims to create a national collaborative distributed database of digitised theses produced at Australian Universities; and

- the *Virtual Technical Reports Centre* www.lib.umd.edu/ENGIN/TechReports/Virtual-TechReports.html a site provided by the University of Maryland containing international links to technical reports, preprints, reprints, dissertations, theses, and research reports of all kinds.

Disclaimer: Views and opinions expressed in the VicHealth Letter do not necessarily reflect those of VicHealth.

For information relating to this VicHealth Letter contact:

Jackie Van Vugt (Director Communications and Marketing)

Peter Ryan (Publications Coordinator)

Sharon Osman (Events and Production Coordinator)



Victorian Health Promotion Foundation

PO Box 154

Carlton South 3053 Australia

Telephone: +61 3 9667 1333

Facsimile: +61 3 9667 1375

Email: vichealth@vichealth.vic.gov.au

Website: www.vichealth.vic.gov.au