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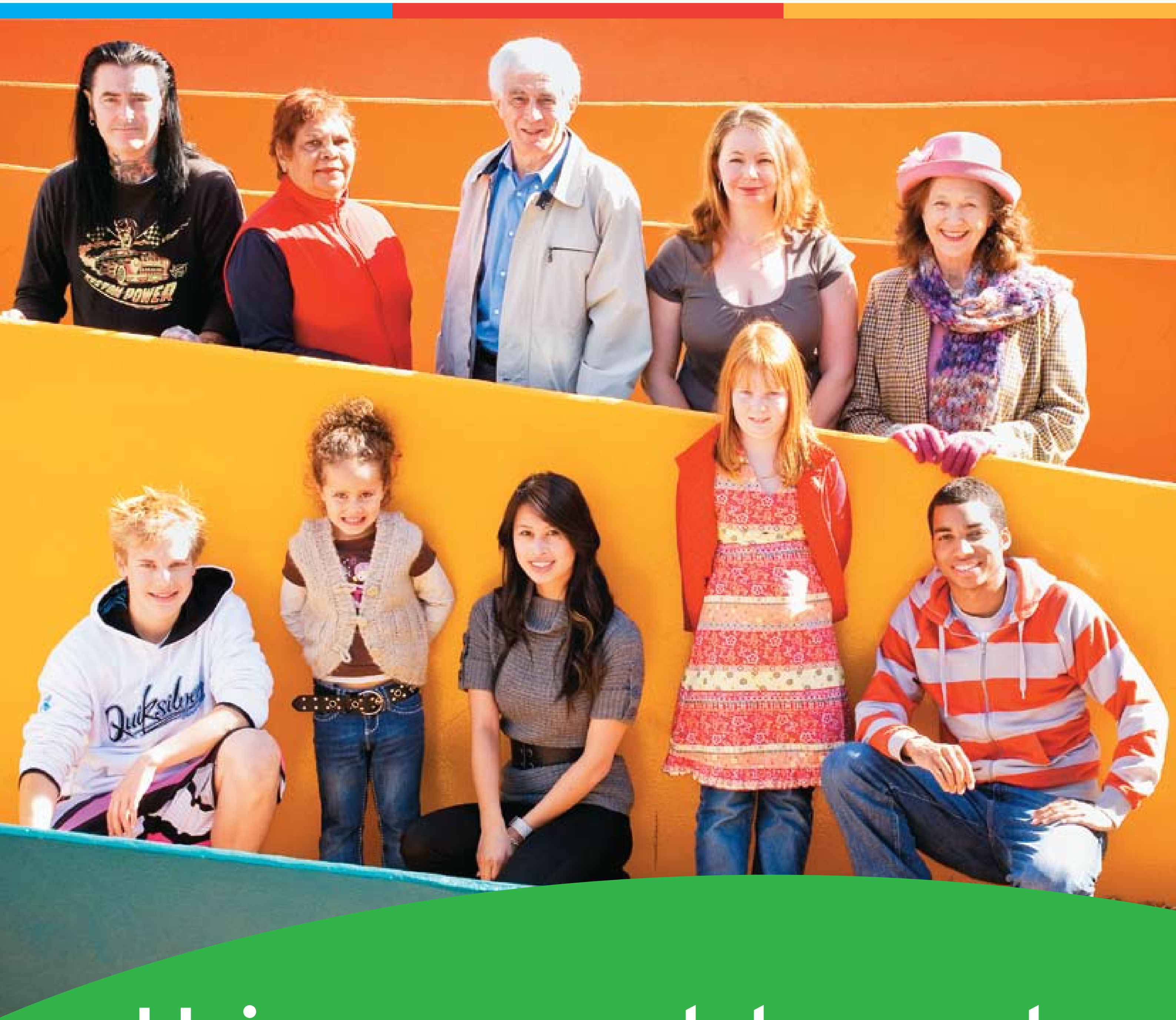

Using research to create healthy communities

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COVER PHOTOGRAPH: Mark Farrelly

Making research meaningful

Several years ago Professor Ian Johnston, former Director of Monash University's Accident Research Centre, made a politically astute suggestion: "As a researcher, I think you have to work out what keeps policymakers awake at night, and do research on that topic."[1]

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.

Research is a fundamental input to good policy: it must inform practitioners, underpin communications and drive programs.

For VicHealth, health promotion is about using new evidence to create new ideas for intervention. This should inform practice and link to policy to create health-supporting environments and behaviour change.

The cycle continues with evaluation of the interventions: it's 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.

VicHealth's investment in public health and health promotion research has exceeded $100 million. We spend nearly $7 million of our $32 million annual budget on support for postgraduate scholars, post-doctoral fellows and research centres. It is a substantial investment. For example, Australia's peak body for supporting health and medical research, the National Health and Medical Research Council (NHMRC), devoted on average about $18 million a year to public health research in Victoria between 2000 and 2007.

VicHealth's investment has created a base for public health and health promotion research. In the earlier years, our investments were broad and diverse, and included significant investigator-initiated research. The strategy worked to build a foundation for Victorian public health research.

VicHealth's role has helped to build a critical mass of public health researchers, and we have supported them in such a way that they successfully draw in funding from a range of other sources.

Our research investments are now tightly linked to the big issues – tobacco control, social inclusion, health inequalities, nutrition, alcohol and participation in physical activity. Through consultation and collaboration with community and government, VicHealth and Victorian researchers have helped shape the very questions that Victorians need answered to improve our collective health and wellbeing.

This *VicHealth Letter* showcases a variety of research investments that have all, in different ways, had a positive impact on our community's health and wellbeing. They reveal the various pathways to change and illustrate that the impact is sometimes on a system change rather than a community-based intervention or service.

While there is still scope for improvement in delivering policy-relevant research and packaging the information in a useable way, these good examples show what can be achieved when the research–policy–practice nexus works well.

Harper

TODD HARPER
Chief Executive Officer
Victorian Health Promotion Foundation

REFERENCE

1. VicHealth 2003, 'A Question of Relevance', *VicHealth Letter*, Issue No. 20, Victorian Health Promotion Foundation.

OVERVIEW: TIM THWAITES & REBECCA CONNING

Putting knowledge to work

Linking research, policy and practice to improve health and wellbeing.

It took a set of numbers to show the Shire of Murrindindi northeast of Melbourne that it had a serious problem. Social workers were aware that things were not right, but it was Community Indicators Victoria, a research project funded chiefly by VicHealth, that provided hard evidence that local food insecurity was almost twice as prevalent as the state average. People in the shire were going without meals.

The information compiled in the project was made publicly available on the internet in a form that local communities could understand and work with. The resulting message was so clear that some Murrindindi residents began dropping off food parcels for those in need.

"We now had context and credibility," said the manager of the shire's emergency relief program, David Hall. "People were suddenly aware of the food stress that we were seeing every day." The release of the figures provided a platform for discussion and action in the shire, and a benchmark upon which to judge the success of efforts made to address the problem.

This real-life scenario highlights the inherent value of public health research. It can provide evidence to alert us to important health problems, such as food insecurity or the impact of intimate partner violence. It can reveal that an issue is not quite as we thought, such as the health risk of the much publicised breast cancer gene. It can evaluate how well health programs are performing, such as improvements to post-natal care. And it can help us select between strategies as we tackle a major health problem like obesity.

The above examples are all taken from successful research studies funded in part by VicHealth. You can read about them in detail in this issue of the *VicHealth Letter*. They have each made a difference in Victorian communities, and sometimes more widely – globally in the case of the intimate partner violence study.

In many instances, these research success stories come from centres of research and practice, established by VicHealth. The centres have been strategic catalysts in new developments in public health research, health policy and health promotion interventions.

Profiled is the Onemda VicHealth Koori Health Unit at the University of Melbourne; Mother and Child Health Research at La Trobe University; and the Australian Research Centre for Sex, Health and Society, also at La Trobe.

A fourth, the Centre for Adolescent Health, provides key services at the Royal Children's Hospital. One of its initiatives – the Gatehouse Project – began as a trial intervention designed to help schools reshape their social and learning environments to better meet the emotional needs of students, and therefore prevent a wide range of poor health and behaviour. It has since become a major influence on school health models both in Australia and overseas.

Public health research at times evolves somewhat organically and it is vital that funding sources are sufficiently flexible to not only acknowledge but also support this characteristic. A research question may emerge from many sources, including the needs of a community, a policymaker's explicit quest to inform decision-making or a researcher's lingering curiosity. The overall pathway of public health innovation is typically non-linear and operates instead as a cycle, spiralling to multiple outcomes, many of which may be pursued in other arenas. This means that the original research investment is capable of generating long-term benefits for the wider community, far beyond its origins.

One illustration is the work of Professor Jenny Lewis, as featured in this issue. Her project mapped the networks that

Meaningful, sensitive engagement with communities can create opportunities for shared learning.

PHOTO: Mark Farrelly

determine how health policy is made. The mapping tool Lewis developed has now been employed by the Victorian Department of Planning & Community Development to evaluate significant development projects in Caroline Springs and Shepparton. The feedback from those sites has allowed Lewis to refine the tool for wider applications still. This work has also received international attention.

The ultimate aim of public health research is to contribute to better health and wellbeing, lessen disease and boost the efficiency of the health system. This not only demands that research is sufficiently well-targeted to ensure useful outcomes; if research is to inform policy and other actions, it also needs to be understood, appreciated and defined by a broad cross-section of people.

> ‘The public health researcher’s role is increasingly complex – media-savvy advocate, networker and catalyst for change.’

“The foundation of good public health research is that the research agenda is set jointly by practitioners, researchers and policy decision-makers, and that the process and products of the research are clearly negotiated with clarity about and commitment towards application to real-world policy decisions,” advocates Dr Shelley Bowen, Principal Policy Manager within the Chronic Disease Prevention Unit of the Department of Human Services.

While purely clinical research may thrive in a laboratory, public health research comes to life in a dynamic, interconnected web of stakeholders and its impact is expected to stretch far beyond publication output. These characteristics demand sophisticated engagement across a number of levels: with the research community at conferences and in publications, with government and non-government stakeholders and partners at forums and smaller targeted meetings, and at times with the general public. New-found knowledge is only of value when the message is packaged appropriately for each audience. Clearly, the public health researcher's role is increasingly complex – media-savvy advocate, networker and catalyst for change.

Historically, public health research of the 19th century and first half of the 20th century was built around preventing infectious disease, by measures such as improving sanitation and providing clean water. In contrast, by the 1980s, most money spent on medical research went toward treating illness. Public health was left standing in the shadows.

"In the early years, when VicHealth was trying to find its feet, it had to build up capacity and credibility for public health research," says Professor Graeme Ryan, former VicHealth Board Member and Research Committee Chair. Initially, this was achieved by investing in investigators and their ideas; later, by establishing a fellowship program to entice public health researchers with a proven track record back from overseas. Eventually, as VicHealth began to generate respect, competition for grants increased. "Funding was directed more towards public health initiatives, targeted at sensible things for VicHealth to do," Ryan says.

Investing strategically in the right people and the right issues at the right time can generate outcomes of real value. Senior Research Fellow, Associate Professor John Fitzgerald, likens choices about research funding to investment strategies: "The overall objective is to maintain a balanced portfolio of investments ranging from low-risk projects that produce low returns to high-risk projects promising high returns that may enhance the future health and wellbeing of our communities."

Over time, VicHealth's research program has accommodated more community-driven problems, with funding decisions now largely aligned to the five priority areas of VicHealth's current three-year strategic plan – reducing smoking and harm from alcohol, and promoting mental health, physical activity and healthy eating.

Mapping current knowledge helps to identify critical gaps in our understanding. Studies deemed necessary to fill the void can then be framed as a priority for research attention. "For instance, everyone knows that health promotion is good, but we can't attach a dollar sign to it," says Tass Mousaferiadis, Director of VicHealth's Research, Strategy and Policy Unit. "So we set up a project on the economic benefits of reducing disease rates. If people ate an extra serve of vegetables every day or reduced their drinking, what does that translate to in economic terms of reduced hospitalisation and increased productivity over one year or 10 years?

"The project has an advisory panel that includes people from Treasury and Human Services. So now we have researchers, practitioners and policymakers all working together on designing the questions to be answered, and all with a stake in the answers. Finally, we put the research out to tender."

> ‘It is clear that the livelihood of public health research relies on the mobilisation of key stakeholders – people coming together, connecting around ideas and nurturing creativity.’

If research efforts are to be cutting-edge, it's necessary to seek out new ways of 'doing' research. One concept being developed is the introduction of Research Practice Leaders embedded in health promotion program teams, but with links to a university research department. This approach represents a novel way of engaging people to undertake high quality public health research and evaluation to support practice, program design and policy development. Further, it acknowledges that how to best measure the impact of health promotion initiatives remains a challenging aspect of program design, with many valuable outcomes feeding into areas far beyond the traditional domains of the health system. We need to constantly question, "Does it work? How effective is it? How much does it cost?"

This approach to linking research with policy and practice is about to be further modelled through VicHealth's new Research and Evaluation Advisory Committee to be chaired by VicHealth Board Member, Professor Richard Smallwood. "This is an exciting new venture for VicHealth. We have invited local government, practising primary care workers and government officers, in addition to public health academics, to discuss with us how to best build our research program to meet future public health needs". The Committee is about to have its inaugural meeting and is charged with the task of providing VicHealth with strategic advice about its research.

Meaningful, sensitive engagement with communities can also create opportunities for shared learning. While researchers can gain insight into local experiences, locals may acquire familiarity with the research process. Supported to become active participants, communities can continue to contribute more fully in the long term, working in partnership with researchers to shape the format and function of investigative efforts.

As Bowen enthuses, "A significant step forward in designing community-relevant interventions would be to engage communities in the design of the interventions. Communities know best about what might work and why. Community wisdom and experience is a rich source of data, equal to what the research evidence tells us." The Onemda VicHealth Koori Health Unit (see page 8) is already doing this and doing it well.

It is clear that the livelihood of public health research relies on the mobilisation of key stakeholders – people coming together, connecting around ideas and nurturing creativity. A commitment to improving the health and wellbeing of a population needs to be matched with a close alliance of policy, practice and research. Only then will ideas make a difference.

Tim Thwaites is a Melbourne-based science writer and broadcaster.

Rebecca Conning works in public health and has a diverse background in applied social research and policy.

VicHealth thanks Associate Professor John Fitzgerald (VicHealth Senior Research Fellow and Associate Dean – Knowledge Transfer, Faculty of Medicine Dentistry & Health Sciences, University of Melbourne) for his contribution and advice to this issue of the *VicHealth Letter*.

Breast cancer study looks at genes and lifestyle

In 1992 VicHealth seed funding backed a research program in genetic epidemiology called the Australian Breast Cancer Family Study.

VicHealth saw the merits of the idea: to create an extensive population-based family study that would assess the real genetic and lifestyle risks associated with breast cancer. It invested $150,000, giving a start to what is now recognised around the world as a model for genetic cancer research.

The study's impact was enormous, leading to a reassessment of cancer genetics.

It was originally thought that women who had inherited a fault (mutation) in genes BRCA1 and BRCA2 would have a lifetime risk of breast cancer as high as 80%. The study showed that the average risk was about half that. It also highlighted the importance of environmental and lifestyle factors, underpinning the potentially critical role of health promotion in disease prevention and good health.

At the time, studies had focused only on families with extensive histories of breast or ovarian cancer. The standard practice for researchers was to find a family with an extreme propensity to develop a specific disease and mine their genetic make-up.

Professor John Hopper, who led the investigation, and Professor Graham Giles wanted to answer the question of how to best make a realistic appraisal of the impact of genetics and environmental factors on a person's susceptibility to breast cancer.

They put their idea of a population-based study to VicHealth. Their methodology would invite both the family member with the cancer and their first- and second-degree relatives to be blood tested and interviewed. A control group, consisting of members of the population at normal risk of developing a specific disease, as well as their relatives, would be also be tested and questioned.

The timing was good. "We had a population cancer registry," said Hopper. "We knew we could do it, we had a community that held health and medical research in high regard, we had families who knew where each other was, we had a highly centralised population, and we had a common-sense and workable approach to privacy and insurance."

> ‘For a relatively small investment, VicHealth had got the ball rolling in an area in which Australia is now internationally recognised.’

By testing the population-sampled cancer families, rather than just those families with extreme histories, the research was able to answer two questions from a population perspective.

Using breast cancer as an example, Giles explains: "If there is a breast cancer gene, how much of the population burden of that cancer is due to faults in that gene? And, given some people are carrying these genetic mutations that increase their risk, is there anything they can do about this other than having an organ removed?"

The research found that while women who carried the specific gene mutation had a higher risk of developing breast cancer than women from the population as a whole, the prevalence and lifetime risk was way less than previously estimated. It proved that an individual's genetic make-up is only part of the equation.

The results gave policymakers a better understanding of the real genetic-based risk to people.

"This population-based research meant investment decisions could be made rationally," said Hopper. The use of new technology and the development and implementation of health promotion strategies could be made with sound research underpinning them.

"It has put the genetics of common cancers in perspective on a solid, rational scientific basis," says Giles.

It also underlined the impact that a variety of environmental and lifestyle modifiers – smoking, physical activity and diet, for example – could have on breast cancer. The research has found recently that the use of oral contraceptives may in fact reduce the risk for women who have a fault in BRCA1. It has also established that smoking may double the risk for women who have a mutation in BRCA1 or BRCA2.

Because Hopper and Giles had demonstrated that they could do the studies and do them well, they were able to extract two large grants from the US National Institute of Health, each in excess of $7 million, to continue and expand the breast cancer study.

For a relatively small investment, VicHealth had got the ball rolling in an area in which Australia is now internationally recognised.

Peter Ryan is a writer with Geoff Slattery Publishing.

LINKS

To find out more about research into the role of genetic and environmental factors on the causes and outcomes of diseases, visit the University of Melbourne's Centre for Molecular, Environmental, Genetic and Analytic Epidemiology at: **www.epi.unimelb.edu.au**

FEATURE: PETER RUSS

THE ONEMDA STORY: Building partnerships to transfer knowledge

Victoria's leading Indigenous health research organisation shares the secrets of its success.

Onemda Director, Professor Ian Anderson, with two of Onemda's patrons, Aunty Joan Vickery and Uncle Kevin Coombs.

PHOTO: Les O'Rourke

The Onemda VicHealth Koori Health Unit at The University of Melbourne is not your standard academic organisation.

For starters, it's Indigenous-controlled, and there's a real passion to make a difference to the health and wellbeing of Koori people in Victoria. The name Onemda – Woiwurrung for 'love' or 'spirit' – was given to the unit in 2005 by Aunty Joy Murphy Wandin, a Wurundjeri Elder and, with Uncle Kevin Coombs and Aunty Joan Vickery, AO, one of Onemda's three patrons.

Significantly, its integrated program of social research, teaching and learning, community development and communications is highly regarded by its partners, funders and collaborators. So much so that Onemda recently negotiated the inclusion of Indigenous health in nationally agreed curriculum frameworks for medicine and public health training. And two of Onemda's staff were invited to participate in Canberra's 2020 Summit, contributing ideas on 'Options for the Future of Indigenous Australia' and 'Strengthening Communities, Supporting Families and Social Inclusion'.

PARTNERS AND LEADERSHIP, THE KEY

An Indigenous presence in health and medicine at The University of Melbourne is a work in progress. "Our work focuses on community and health development in Indigenous communities in Victoria and beyond, and building Indigenous leadership in health research and practice," says Onemda's founder and director, Professor Ian Anderson.

Originally called the VicHealth Koori Health Research and Community Development Unit, Onemda was established almost a decade ago using seed funding from VicHealth and the Australian Government.

Links with community organisations such as the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Koorie Heritage Trust Inc. undoubtedly consolidates Onemda as Victoria's leading Indigenous health research organisation. "We wanted to underpin our research work by engaging the Aboriginal community in the development of research priorities and the implementation of research projects, and by the community owning the research outcomes," adds Professor Anderson.

OVERCOMING THE 'WE DON'T LIKE RESEARCH' HURDLE

Indigenous people were initially suspicious about research into their health – who was doing the research, why, and how was it being communicated? In 2000 Onemda published the aptly titled *We don't like research…But in Koori hands it could make a difference,* the findings of a major community workshop into health research that aimed to identify how to build Koori ownership of research.

Fast forward to 2008, and there is a new trajectory of community trust, and a commitment to building research capacity within Indigenous communities. Onemda's resolve has earned enthusiastic support from many community organisations, the key to its continued success.

ENCOURAGING TESTIMONIALS FOR ONEMDA

Koorie Heritage Trust CEO, Jason Eades, says the Trust is "proud of the relationship that it has developed with

LINKS More information on the Onemda VicHealth Koori Health Unit can be found at **www.onemda.unimelb.edu.au**

Onemda and the work we have been able to achieve together as partners on some very significant projects". These projects include cultural awareness training for first-year medical students, the writing of an oral history on the development of community-controlled health organisations in Victoria and the successful delivery of cross-cultural training.

A research, policy and advocacy organisation based within Onemda is the Centre for Excellence in Indigenous Tobacco Control (CEITC), which develops programs to support Indigenous communities throughout Australia to tackle the burden of smoking. "Being based at Onemda gives us access to an extraordinary amount of expertise in the Indigenous health area," says CEITC's Manager, Viki Briggs. "Last year Onemda worked with us to produce our training kit for Indigenous health workers, *Talkin' Up Good Air.*" This highly popular kit, now in its third printing, has been made available to all Indigenous medical services in the country.

FROM LITTLE THINGS ...

As with any start-up organisation, Onemda initially found it a challenge to compete with more established research organisations in the competitive system of applying for research grants. How times change! Last year, based on its good track record in delivering on research promises, Onemda staff and their research collaborators achieved 100% success in the grants they applied for, including two 5-year Australian Research Council Research Fellowships.

Onemda is flourishing under a wider perception that without community acceptance and control, changes in health are painfully slow. Its research inroads, and strong plans, continue to transform Indigenous health policy in Australia from a purely clinical model to a community-based model, and from strict biomedical research to social research. This in turn has allowed Onemda to increase its capacity and to progress its research agenda. Today it has more than 20 staff, and growing.

Now, the Koori people own their own research, and it's not imposed on them. The significance of this is that they can actively shape the research agenda and make it meaningful to the community.

PRACTICAL SOCIAL RESEARCH

Onemda's research is social-based, practical and cooperative, and underpinned by rigour and best practice. "Our ongoing community workshops provide an opportunity for Aboriginal people in Victoria to share their experiences of research. They are a really powerful vehicle for reinforcing the kind of research methods, data collection, evaluation and practices that are relevant to communities," says Paul Stewart, Research and Community Development Worker at Onemda.

> ‘Its research inroads continue to transform Indigenous health policy in Australia.’

In November, Onemda, with funding from the Cooperative Research Centre for Aboriginal Health, hosted a major symposium on 'Racism and Indigenous Health' at the university, which attracted national and international participants. "Following the symposium's agenda for research, we're now developing a more detailed program to study the effects of racism on Indigenous health and wellbeing," says Dr Yin Paradies, the project's coordinator.

Another recent collaboration, the 'Heart Health Follow Up Project', revealed a remarkably low death rate for residents of the Aboriginal community of Utopia in the Northern Territory compared with the general NT Aboriginal population. Researcher Dr Kevin Rowley says that the reasons for Utopia's success include "the decentralised layout of the community, which allows for greater access to traditional lands for hunting and gathering; a unique, proactive health service which travels to remote outstations; and a high degree of personal mastery and control over life circumstances".

TEACHING AND LEARNING

Onemda has also embarked on developing an ambitious teaching and learning program at the university led by Aboriginal academics and guided by Onemda's partnerships with local Koori Elders and community organisations.

"When Onemda started, there were very few Indigenous students within the university's Faculty of Medicine, Dentistry and Health Sciences; now there are more than 30 Indigenous students in the Health Sciences area, which is a good start," says Shaun Ewen, who leads the development and delivery of Indigenous health content at the Faculty.

BUILDING BRIDGES THROUGH COMMUNITY DEVELOPMENT

Onemda embraces a philosophy of Indigenous community development – the bridge that links Onemda to the community and provides a framework of trust, connectivity and collaboration. As a result, it has scores of partnerships and collaborators. Its integrated program serves as a good example of how knowledge, experience and ideas can be shared between researchers and the community – to the benefit of both parties.

"You need the relationships from the beginning, not just at the end," says Professor Anderson. "To impart knowledge there is also a sharing of knowledge – it's a two-way, not just a one-way, process."

Onemda has achieved a lot of the foundation work needed for Indigenous health to improve significantly in Victoria. This small, but innovative, organisation continues to grow in scope and depth, while remaining true to its founding principles.

Its partnership approach attracts ongoing funding bodies and gives Onemda greater entrée into policymaking at state and national levels. Onemda's not sitting at one table – it's sitting at different tables, from local to international collaborations.

As a vehicle for how research should be translated into action, Onemda promises to attract the very best academics, practitioners and collaborators to its ranks.

Peter Russ is a freelance editor, writer and researcher, with an interest in population health and environmental issues.

For information on the Centre for Excellence in Indigenous Tobacco Control, go to: **www.ceitc.org.au**

LINKS

Sex, health & society

Our collective sexual health is in better shape, thanks to the Australian Research Centre in Sex, Health and Society.

In 1992, VicHealth granted seed funding for the creation of a Centre for the Study of Sexually Transmitted Diseases at La Trobe University. Now called the Australian Research Centre in Sex, Health and Society, ARCSHS – pronounced 'archers' – has grown into one of the world's leading centres for collaborative social research undertaken with public health and health promotion outcomes in mind.

Director of the Centre, Professor Marian Pitts, says that VicHealth funding was absolutely critical. "The seed funding allowed founding director Professor Doreen Rosenthal to apply for grants and talk to state and federal health departments about what sort of research might be relevant and useful. Given the amount of research that has come to Victoria because of that funding, it must have paid for itself many times over."[1]

The Centre pioneered a community liaison model, which involves the community in research projects from inception right through to the uptake of research outcomes in policy and practice.[2]

Researcher Dr Jeffrey Grierson describes it as "really vigorous engagement in the community, not just a token HIV-positive person on a reference group. As a research body, we've made a space where we can talk honestly about the research needs and our views on the issues. Organisations and individuals aren't doing the 'organisational performance' when they talk to us."[3]

Characteristic of the combined community, government and research partnership that has underpinned Australia's success in responding to the HIV epidemic, this approach represents a best-practice model for health promotion in other fields. For example, Pitts was recently asked to speak at a national roundtable on hearing loss prevention. "They wanted to know how you do research and construct the research questions in a way that feeds into prevention education. Despite the fact I know nothing about hearing loss prevention, I talked about research into practice and community liaison, and practitioners could see the relevance for themselves."

> 'Universities are very hot on knowledge transfer these days, but I think to myself 'we were doing it back in 1993!''

Researchers at ARCSHS work in partnership with community liaison officers and external practitioners in prevention education and social policy. The capacity of this model to optimise research for public health was recognised with one of the inaugural Victorian Public Health Awards in 1997, acknowledging the Centre's ground-breaking work in the field of research into practice.[4]

It all began with Anne Mitchell, an adult educator who pioneered workplace AIDS education programs at the Department of Human Services. Mitchell joined the Centre soon after its inception. Her responsibilities grew so quickly the Centre soon created a Community Liaison and Education Unit. In July 2003 she became founding director of Gay and Lesbian Health Victoria, a world-first collaboration between ARCSHS, Women's Health Victoria and the Victorian AIDS Council, created to promote the health and wellbeing of GLBTI (Gays, Lesbians, Bisexual, Transgender, Intersex) people in Victoria.[5]

Essential to the success of the Centre has been the research culture established by its founding director, Professor Doreen Rosenthal. "It was always my intention that it should be a multidisciplinary group. I'm a psychologist by training, so I employed an anthropologist, sociologist, health educator, and Anthony Smith, who had done his PhD on crocodiles, although I think he'd call himself an epidemiologist these days. You lead by example: I was really interested in bringing different perspectives from different disciplines to this major problem around HIV. Although I might, as a psychologist, have a particular view about knowledge, other people have equally important and useful views'."

Rosenthal left the Centre in 1999 to become Director at the Key Centre for Women's Health in Society at the University of Melbourne, where she applied the same model of translational research to brilliant effect. Recently retired, her successor at the Key Centre is another ARCSHS alumnus, Professor Anne Kavanagh, and Rosenthal feels confident she will continue the tradition. "The community liaison model at ARCSHS came from the ground up. At the time it was unique – nobody had heard of anything like this. Universities are very hot on knowledge transfer these days, but I think to myself 'we were doing it back in 1993!'."

The multidisciplinary nature of the work drives research quality. "A number of our projects use mixed-methods approaches where qualitative and quantitative researchers are working together with a shared set of research questions – then the value is obvious

LINKS To find out more about the Australian Research Centre in Sex, Health & Society (ARCSHS) visit: **www.latrobe.edu.au/arcshs**

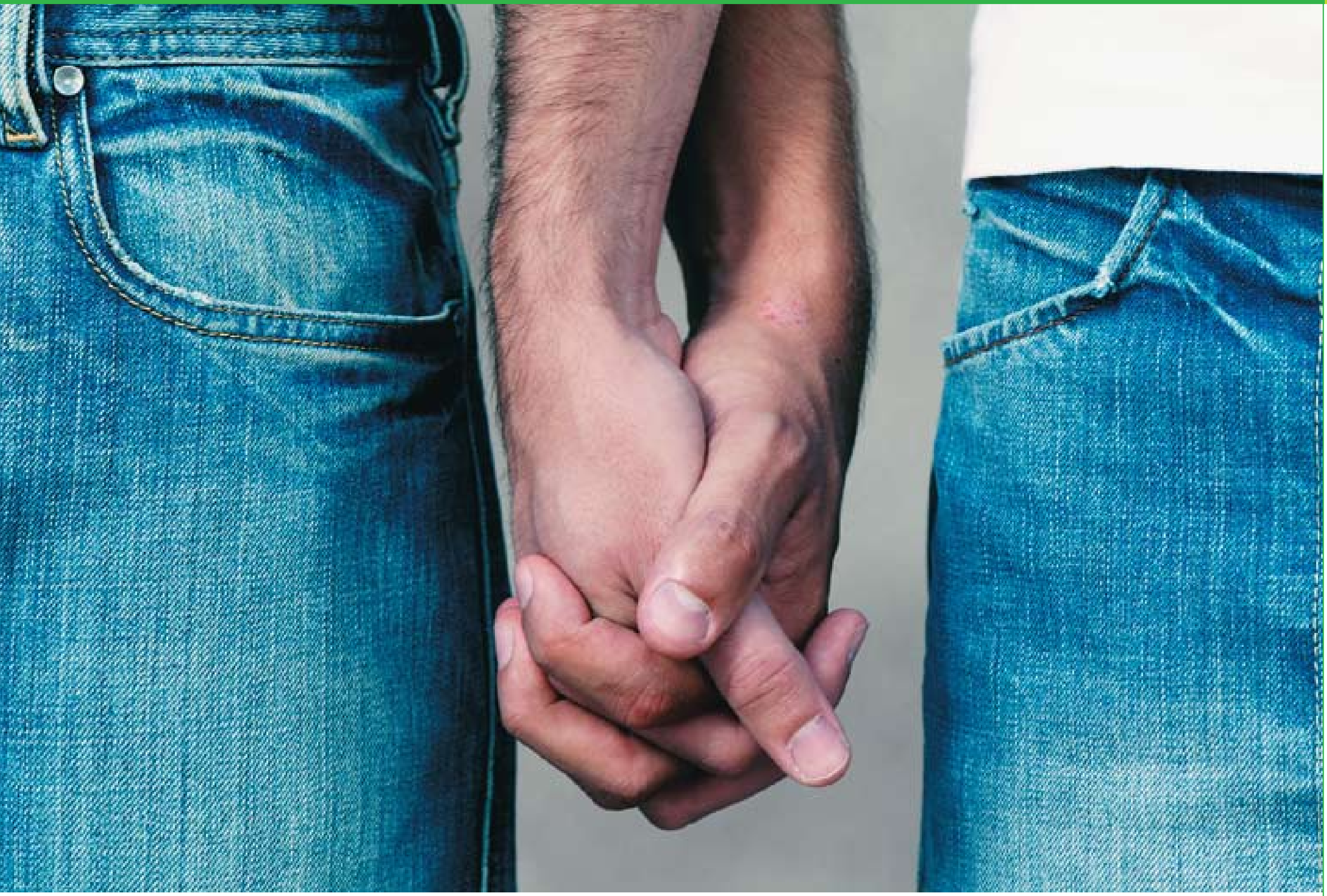

PHOTO: © iStock International Inc.

and apparent," explains Pitts. "At ARCSHS it's very much about research teams. In any of our major projects you'll see three or four chief investigators: you're constantly challenged to explain why you want to take such-and-such approach, and this contributes to relevant and salient research."

The Centre's *modus operandi* combines large-scale national research projects with smaller in-depth studies to illuminate issues and meanings in their local context. For example, in 2003 the Centre released the *Sex in Australia* report on the Australian Sex, Health and Relationships study, a cross-sectional telephone survey of the beliefs, attitudes and behaviours of mainstream Australians: a census of sex, establishing a baseline against which effects measured in smaller and more specific projects can be gauged. The Centre hopes to repeat the survey next year to create a longitudinal data set.

Then there's *Futures*, a study of the lived experience of HIV-positive Australians, which began in 1997 and is soon to recruit for the sixth edition.[6] Lead investigator, Dr Jeffrey Grierson, says there's no study as comprehensive anywhere else in the world. "It shows there are aspects to HIV-positive people's lives beyond transmission or treatment. Demonstrating that internationally is my big hobby-horse and that's why I've tried to promote projects like this in other settings (including India, Mozambique and Papua New Guinea) where HIV-positive people are absolutely treated as sources of infection or targets for treatment."

Finally, there are projects like Michael Hurley's theorisation of 'cultures of care'[7] or Pitts' analysis of differences in how gay and HIV-positive identities are practised between Sydney and Melbourne.[8] These are small, subtle, sensitive works, sustained by the research culture and made possible by the breadth of data collected for larger projects and the close links between the Centre and key organisational players in the HIV/AIDS sector. Regarding the former, Pitts argues "cultures of care could in some ways be seen as a very simple issue – just doctor–patient communication – but the perspective is thoroughly applicable to a much wider set of circumstances. We should be teaching medical students about cultures of care."

Daniel Reeders is a health communications designer currently working as Campaign Coordinator at People Living With HIV/AIDS Victoria.

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For more information on the HIV Futures survey, go to: **www.latrobe.edu.au/hiv-futures** **LINKS**

Website a window to wellbeing

Log on to the Community Indicators Victoria website and you'll find that most valuable of commodities: information. More than 50 measures of wellbeing across all of the state's 79 local government areas are there for anyone seeking insights into our lives.

But Community Indicators Victoria (CIV) is about much more than just data. Behind the numbers are myriad community conversations about issues very close to home, that affect all of us at some level. Those conversations within communities, combined with the power of the CIV data, are supporting evidence-based policy making that improves our lives.

Combining data from the Australian Bureau of Statistics, various State Government administrative sources and surveys and the CIV's own 2007 survey of more than 24,000 Victorians, the CIV site opens a window into the strengths and challenges facing individual communities. And that knowledge can be an impetus for change.

The CIV project has been largely funded by VicHealth and is hosted by the McCaughey Centre: VicHealth Centre for the Promotion of Mental Health and Community Wellbeing. Professor John Wiseman heads the McCaughey Centre, which is part of the School of Population Health at the University of Melbourne.

Professor Wiseman says the community wellness of any area can present a mixed picture. "Every community will have its strengths and challenges, and people will receive information in different ways. Some people will be concerned with certain results: for example, saying their crime rate isn't as bad as the figures show. But others will react in a positive way to the challenges they find and begin planning how to meet them.

"And that is what CIV is meant to do – get those local conversations started."

For the Shire of Murrindindi, just north of Melbourne's fringe, community indicators about different forms of security reveal a mixed picture. The percentage of residents who feel secure when walking alone at night is, at 83.2%, higher than the state average.

But on the downside, the level of food insecurity* is almost twice the state average. More than 11% of people at some stage in the past 12 months had run out of food and could not afford to buy more, the CIV survey found.

David Hall was not surprised to hear this. Mr Hall is manager of the Berry Street Alexandra office, which runs the shire's emergency relief program. The release of the CIV survey when the site was launched in July 2007 finally gave him the hard evidence to support his anecdotal knowledge.

"Now the conversation could get started," he says. "I've got huge faith in this local community, and once you get the information to them in a form they're able to understand they will jump in and support you.

"With CIV, we now had context and credibility. People were suddenly aware of the food stress that we were seeing every day."

He called on Professor Wiseman to help start that conversation. "A few weeks after the CIV website launch, David Hall invited me to discuss what the community indicators told us about wellbeing in Murrindindi. It was a cold and wet night in late winter, but there were perhaps 70 to 80 people in a room above the pub. And once I had finished my presentation, the discussion went on for another couple of hours.

"An important purpose of CIV is to provide a platform for these local conversations. For the first time there is a range of information about what wellbeing

ABOUT CIV

The Community Indicators Victoria website – www.communityindicators.net.au – was launched in July 2007, and has been developed to present and report on the wellbeing of Victorians using an integrated set of community wellbeing indicators. Its aim is to help build healthy, just and sustainable communities.

CIV was established out of the Victorian Community Indicators Project, commissioned by VicHealth and the Department of Human Services. This project identified five areas (domains) of wellbeing measurements:

- Healthy, safe and inclusive communities
- Dynamic, resilient local economies
- Sustainable built and natural environments
- Culturally rich and vibrant communities
- Democratic and engaged communities

Since its launch, the website has had more than 90,000 page hits, and there are more than 700 registered users.

CIV is a collaborative project, funded by VicHealth and hosted by the McCaughey Centre, School of Population Health, at the University of Melbourne. Other major supporters are the Victorian Government, the Australian Bureau of Statistics, the Municipal Association of Victoria, the Victorian Local Government Association, the University of Melbourne, RMIT University and Swinburne University of Technology.

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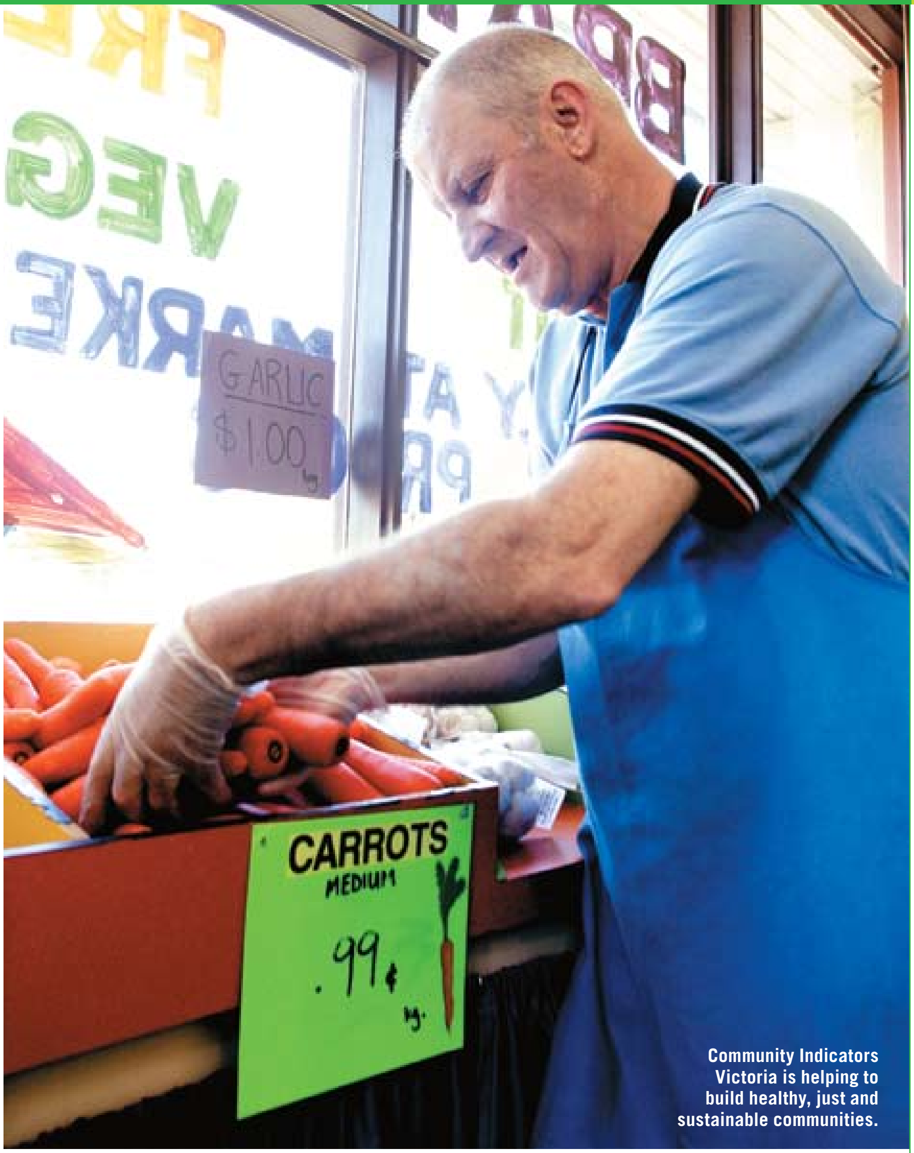
*'Food insecurity': irregular access to safe, nutritionally adequate, culturally acceptable food from non-emergency sources.

LINKS

Find out about the 50 measures of wellbeing on the Community Indicators Victoria website: **www.communityindicators.net.au**

> The CIV site opens a window into the strengths and challenges facing individual communities. And that knowledge can be an impetus for change.



Community Indicators Victoria is helping to build healthy, just and sustainable communities.

PHOTO: Mark Farrelly

means to local communities across Victoria. The information exists in one place, it's free, online and up-to-date.

"CIV gives communities a starting point where everyone can agree on the evidence, and then get on with debating the priorities and acting on them."

And this, says David Hall, is what is happening in Murrindindi. "The discussion that night, and the publicity in the local newspaper after it, has had a profound effect on our community," he says. "Many had no awareness of the level of difficulty that people within their own community were experiencing. But now we have people who, every week, buy an extra bag of non-perishables when they do their shopping and drop it off to us for our Community Food Share program. Others are giving a regular donation – $20 or $50 – once a month to the program.

"And we're looking to use CIV data in many other ways. Much of our work here is about the whole of the community, and how the community views itself. We're hopeful we can use CIV data to identify areas where there are issues, but equally in the future to check if we've been successful at addressing those issues."

At the City of Ballarat, Community Planning and Research Officer Sally Bodenham has structured much of the council's key Municipal Public Health Plan on the CIV framework that groups indicators into five domains of wellbeing – social, economic, environmental, democratic and cultural.

This impressive plan, which summarises 17 priority issues and more than 60 actions for the council over the next three years, demonstrates how different issues fit together at the local level, and how progress in one key area can relate to another.

"The CIV framework and the access that the website gives to data helps to join the dots," Ms Bodenham says. "We've been able to have more evidence-based discussion with stakeholders and also break down some myths.

"Health policy is not just thinking about illness and sick care, but also about the social, environmental and economic determinants of a community's wellbeing."

Still less than a year old, the CIV website will continue to grow. Research Fellow at the McCaughey Centre and CIV Data Coordinator, Dr Melanie Davern, says that as well as consolidating and expanding the current set of community indicators, there are plans to introduce mapping software to allow multiple comparisons of an indicator in map form across numerous LGAs.

Dr Davern, a psychologist, says an indicator by itself is a broad-level result. "It's not the whole story, but it can tell you that maybe something is going on here. It can be the place to start the discussion.

"The majority of research is focused on what and how things aren't working, whereas we're trying to create healthy people and communities by taking the positive steps of saying, 'What is working and how can we build upon that?'."

Brian Diamond is a Melbourne-based journalist who works mostly for research and educational organisations.

Read more about the City of Ballarat's Health & Wellbeing Plan at: **http://www.ballarat.vic.gov.au/Community_and_Culture/Health_Plan/index.aspx**

LINKS

Mapping Networks

Analysing networks leads to better health and wellbeing.

Strategic partnerships have been widely embraced as a way to improve service delivery across the government, community and business sectors, but how can you assess if they are achieving their goals and who is talking to whom?

An innovative 'mapping' method developed by Melbourne University professor Jenny Lewis plots the day-to-day dealings of networks, showing how partnerships are functioning and where they can be strengthened.

Lewis, an Associate Professor in Public Policy, examined the workings of Victorian primary care partnerships over three years, as a Senior Research Fellow funded by the Department of Human Services and VicHealth.

Using information gleaned from independent interviews with network participants, she created a series of dot maps that demonstrated the level of connection between partners and exposed weak links.

"If you don't get the structure right then you don't get the outcomes that you are expecting from a partnership," Lewis says.

"The maps show all the links, who people are talking to in their day-to-day work, who they would go to for strategic information, who they would go to for policy advice, who was isolated or engaged or who was just not there that should be," she explains.

When primary care partnerships (PCPs) were introduced in Victoria in 2001, it represented a major policy shift from the competitive tendering approach that dominated the state public sector for much of the 1990s.

"Lots of relationships had to be rebuilt," recalls Lewis. "People were very mistrustful of other organisations. In some places, there were organisations that were at each other's throats and always competing for the same money," she says.

The establishment of 31 PCPs brought together more than 800 agencies across Victoria, strengthening the primary health care sector through better service coordination and integrated health promotion.

Coordinators or 'brokers' help bring together key stakeholders in community health services, from local government, district nursing, aged care assessment, divisions of general practice and other relevant local agencies to make more efficient use of hospital, medical and residential services.

> ‘ The maps were a really good way to test whether a network was built successfully and to identify where there were issues. ’

While most partnership evaluation methods focus on outcomes and use self-assessment, Lewis' methodical approach provided a clear way of demonstrating how partnerships were working.

In one case, the map identified that the general practice division had only one connection with the network during its first year. Policy changes resulted in GPs becoming more engaged in PCPs, leading to better communication between GPs and other service providers.

As well as leading to structural changes in individual partnerships, Lewis' work has influenced the statewide direction for PCPs, which had initially been funded for three years.

She says the network map can demonstrate when a network is communicating effectively enough to be able to remove a funded broker without weakening the partnership.

"The network model showed us which roles were crucial to the partnership's success," adds Emma Brentnall, Executive Officer of the Campaspe PCP in northern Victoria.

"It was a major contributor to the argument that we needed to continue to have core funding for primary care partnerships so they don't collapse."

Lewis says that in the case of PCPs, which are about service coordination, the importance of the broker doesn't appear to diminish over the years.

In other community partnerships, however, the map demonstrated they could remove the broker because the connections were working on their own. "It's now about a year since they've taken that broker out and things are still going along okay," Lewis says.

Lewis' work with PCPs has received international attention, been adopted by other state government departments and won a VicHealth Award for excellence in health promotion.

Last year, the Department of Planning and Community Development piloted the mapping tool on 10 community partnerships and is now using it in other evaluations.

"The maps were a really good way to test whether a network was built successfully and to identify where there were issues, who was linked in and where they should be relationship building," says Jeanette Pope, manager of the department's Strategic Policy and Research division.

"They can diagnose problems early and get partnerships working really well. I think there will be a bit of a demand for it since this is such a popular form of governance at the moment," Pope says.

Lewis and Pope are collaborating to develop a free online self-assessment tool for the Department's website that would be available to other government departments, NGOs and community partnerships.

Victoria Kyriakopoulos is a Melbourne writer and freelance journalist.

LINKS

For more information about Professor Jenny Lewis and her work, go to: **www.politics.unimelb.edu.au/aboutus/lewis.html**

Costing Women Dearly: Measuring the impact of violence on women's health

A groundbreaking Victorian study into the health impacts of intimate partner violence has changed the face of violence prevention by showing the true scale of the problem.

That intimate partner violence is a prevalent and highly serious problem in our society has been clear for some time. Research has shown that women are more vulnerable to intimate partner violence than to any other type of violence[1], and around one in five women report being subjected to it at some point in their adult lives.[2]

But the real scale of its impact on women's health has long been obscured, thanks to a dearth of reliable data and a lack of any large-scale, systematic analysis.

In 2004 a pioneering study led by Associate Professor Theo Vos, with support from VicHealth and the Department of Human Services, went a long way towards rectifying this lack, finally revealing just how big the problem of intimate partner violence is.

The Health Costs of Violence – Measuring the burden of disease caused by intimate partner violence was an ambitious piece of research that was the first of its kind to estimate the health consequences of the problem using the 'burden of disease' methodology, an internationally recognised approach developed by the World Health Organisation.

Taking data that had already been gathered on the prevalence of intimate partner violence and the kinds of health problems it contributes to, the study estimated how much of the total disease burden for the population was caused by partner violence. This put it in direct comparison with other 'conventional' health risks like obesity and alcohol consumption.

The findings of the study sent shockwaves across the community and presented a powerful challenge to the persistent view that intimate partner violence is somehow less serious than violence committed in other situations. By showing just how severe its health impacts are, it prompted hard questions about how we go about responding to and educating people about partner violence.

Intimate partner violence, the study found, is the leading preventable contributor to premature death, illness and disability in women aged 15 to 44, overshadowing other risk factors like smoking, obesity and drug use. It was revealed to be a powerful contributor to depression, anxiety, sexually transmitted disease and many other kinds of illness.[3]

According to Vos, the study showed conclusively that intimate partner violence should not just be seen as a social problem, but rather as having "very concrete and far-reaching consequences in many areas of women's health".

With the seriousness of the problem made so abundantly clear, both government and community were galvanised to respond. The study contributed to a renewed policy push in the area of family violence – the Victorian State Government responded with $35.1 million in additional funding, much of this going toward strengthening systems that support women in abusive relationships.

The changes have been directed towards the creation of an integrated service model, in which police, courts, agencies and anyone else who has a role in responding to or preventing family violence work together in a coordinated way.

"The new framework encourages all of those different areas to work together with commonality," according to Marg Welsh of Cooroonya Domestic Violence Services, an agency that has been highly influenced by the policy shift. "We're in the really embryonic stages of this, but a lot of us have big expectations."

"There's no doubt in my mind that the study played a significant role in supporting the kinds of investments that Victoria has made," says VicHealth's Melanie Heenan.

The study's influence has spread well beyond Victoria – it has led to intimate partner violence being included for the first time in the nationwide burden of disease study released last year, for example. And critically, a forthcoming update of WHO's global burden of disease report will look at its health impacts on a worldwide scale.

In focusing attention on intimate partner violence as a health issue, and galvanising support for new approaches to a problem that has profound impacts for both individuals and the community, this piece of research has been a powerful force for change.

Adam Ferguson is a freelance journalist specialising in social justice issues.

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PHOTO: James Geer *www.jamesgeer.com*

The Health Costs of Violence – Measuring the burden of disease caused by intimate partner violence can be downloaded at: **www.vichealth.vic.gov.au/ipv**

LINKS

FEATURE: THEA O'CONNOR

Listening to what women want

What do women want when it comes to giving birth? Researchers from La Trobe University's Mother and Child Health Research centre have been playing a crucial role in finding out and getting maternity-care decision-makers to listen.

PHOTO: Gil Meydan, The Royal Women's Hospital

Surveys of recent mothers have given a credible voice to the needs and wants of women giving birth.

Women-centred care. It's a term that's been used for decades, and a concept long promoted by maternity organisations. Yet when it comes to giving birth it's still too often an aspiration than a reality.

"Women-centred care means treating a woman like a government minister – giving her a bunch of advisors who provide her with all the information she needs to make her own decisions," says Leslie Arnott, National Committee Member of the Maternity Coalition. "But we get so many calls from women who've been denied the information they need to make an informed choice, have been given incorrect information that's not evidence-based or who've had their own wishes ignored or trivialised."

A core group of researchers that's been largely based at La Trobe University's Mother and Child Health Research (MCHR) over the last decade or so is changing this. Their research has been giving new mothers in Victoria a voice in the formulation of policy and practice related to maternity care. And they are slowly, gradually making a difference.

Professor Judith Lumley, Director of MCHR, established the centre in 1991 (then known as Centre for the Study of Mothers' and Children's Health) with a program grant from VicHealth and research project grants from a number of other agencies.

Says Lumley, "I wanted to establish a group of people researching in the area of mothers' and children's health with a public health focus rather than a clinical one."

Lumley saw Melbourne as the perfect location for such a centre – it had a large population of migrants and refugees, a good population data gathering system (including a review of maternal, infant and child deaths dating back to the 1950s), a strong perinatal data system and a good system for monitoring prenatal diagnosis.

A lecturer in both paediatrics and obstetrics, Lumley saw both disciplines as powerful oligarchies with very poor communication between them. "It was very clear to me that we wanted to look at the maternal health aspects seriously in their own right as well as their impact on children. That focus was, and still is, very unusual."

Lumley and her colleagues have stayed true to this focus for almost two decades, conducting three Victorian population-based surveys of recent mothers – one

LINKS

Find out more about Mother & Child Health Research at: **www.latrobe.edu.au/mchr** in 1989,[1] just prior to the Centre's inception, and another two *Recent Mothers* surveys in 1994[2] and 2000.[3] A fourth survey is underway.

These surveys have given a credible voice to the needs and wants of women giving birth. They've also provided a rigorous mechanism for checking with women themselves to see whether changes to maternity care ostensibly made in the name of women are indeed doing some good.

But this isn't always the case, as Associate Professor Stephanie Brown, who's been a lead investigator in all three population surveys (and is now Group Leader of the Healthy Mothers Healthy Families Research Group at the Murdoch Childrens Research Institute), explains: "The use of shared-care has been increasingly promoted and used over the last couple of decades. When introduced, it was thought to be better for women, allowing them to see their general practitioner in their own community for antenatal care. But our 1994 *Recent Mothers* survey found that women were *less* happy with shared-care than going to a public antenatal clinic. Poor communication between hospitals and community-based health care was causing women more inconvenience, such as doubling up on tests."

The State Government responded, funding demonstration projects to explore how best to improve information flow between the two systems. The 2000 survey was then able confirm that these improvements were having a positive impact on women. The percentage of women rating shared antenatal care as 'very good' rose from 33% in 1994 to 53% in 2000.[4]

This iterative process of change–listen–document continues in the current 2008 population-based survey involving 8000 women in Victoria and South Australia.[5] Questions have been included about women's experience of psycho-social screening, which is being encouraged during the antenatal and postnatal period. "We want to know how women respond to being asked about issues such as depression and violence, and to know what type of support they are offered when problems are identified," says Brown, the recipient of a five-year VicHealth fellowship for her work on maternal health and women's experiences of maternity care.

> ‘After almost two decades of conducting and disseminating women-centred research, Lumley and her colleagues can claim some hard-earned credit for changing the birth experience for families throughout Victoria.’

Communicating its research results in a palatable manner has always been a key aspect of MCHR's strategy. It has persisted in letting decision-makers and health care providers know about the common themes that have continued to emerge from the population surveys. These have included women preferring to see the same midwife and/or doctor before, during and after birth so they don't have to tell their story 10 times over or encounter a stranger in the labour ward. And women continuing to rate postnatal care much more poorly than care before or during birth.

Stephanie Brown was therefore heartened when she learnt that some major Melbourne hospitals were listening carefully to these findings. In the mid-90s, a network of four hospitals approached Brown to help them evaluate the major changes they were implementing to improve women's experience of postnatal maternity care.

The postnatal enhancement strategy implemented by Southern Health and Sandringham Hospital included a greater emphasis on planning for the postnatal period, home-based visits and providing women with evidence-based consumer information. Services were also reorganised to offer greater continuity of midwife care.

As a result of these changes, implemented over a two-year period, women reported being happier with the postnatal care they received, in a small but significant way.[6] The level of advice and support received in relation to discharge and going home, the sensitivity of caregivers, the proportion of women receiving domiciliary care after discharge, and the proportion of women who reported knowing the midwife who cared for them during the postnatal stay all improved.

After almost two decades of conducting and disseminating women-centred research, Lumley and her colleagues can claim some hard-earned credit for changing the birth experience for families throughout Victoria. They've given scientific weight to the central tenant of women-centred care – that listening to and responding to what women want can result in better outcomes for all, including mothers, babies and taxpayers.

Thea O'Connor is a health promotion consultant, speaker and regular contributor to the Sydney Morning Herald.

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For information on the *Healthy Mothers Healthy Families Survey*, go to: **www.mcri.edu.au/HMHFSurvey**

LINKS

FEATURE: DAMIAN ALWAY

Changing Attitudes

Behavioural research can inform marketing, advocacy and public education campaigns that create real change.

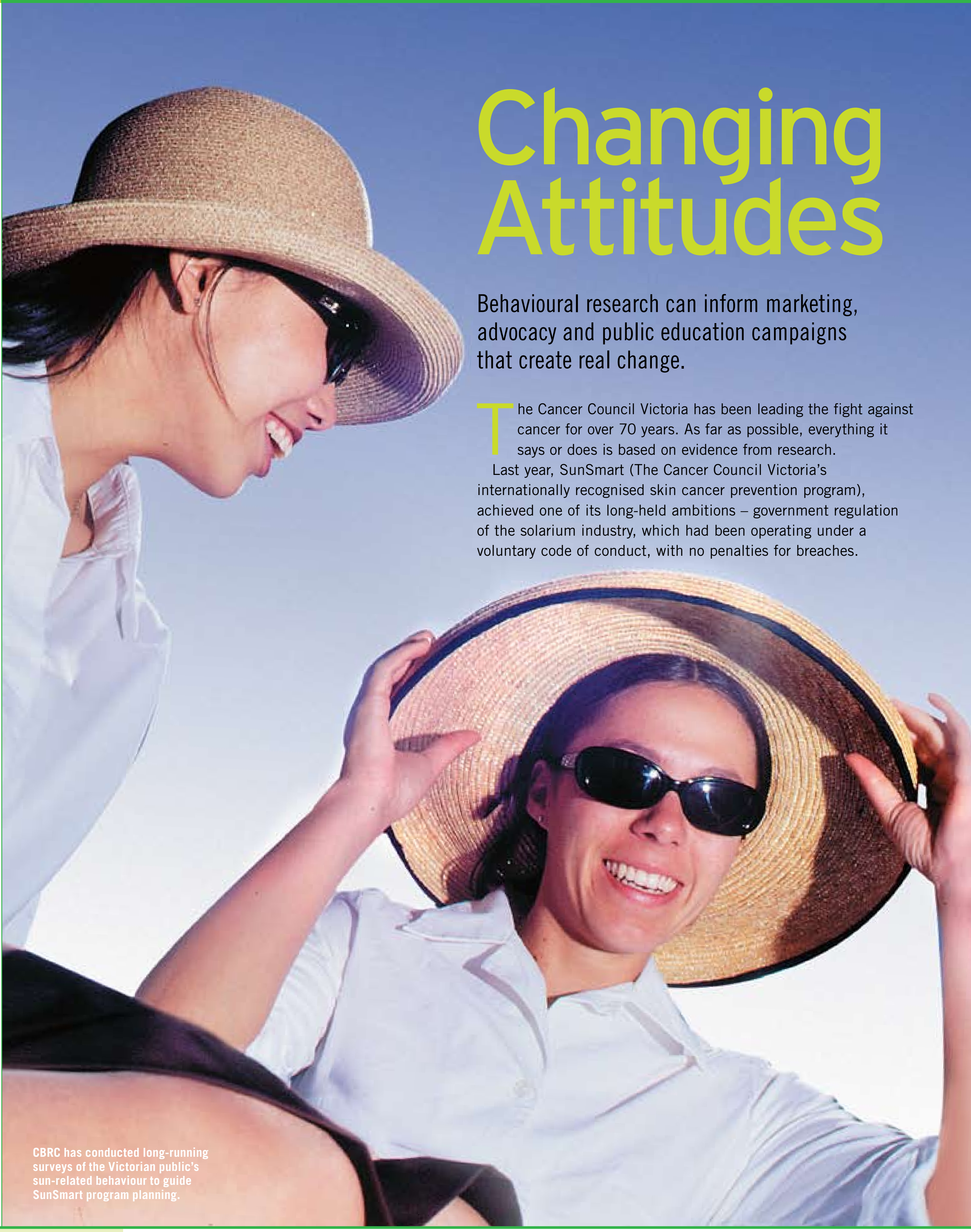

PHOTO: Ned Meldrum courtesy The Cancer Council Victoria

CBRC has conducted long-running surveys of the Victorian public's sun-related behaviour to guide SunSmart program planning.

The Cancer Council Victoria has been leading the fight against cancer for over 70 years. As far as possible, everything it says or does is based on evidence from research.

Last year, SunSmart (The Cancer Council Victoria's internationally recognised skin cancer prevention program), achieved one of its long-held ambitions – government regulation of the solarium industry, which had been operating under a voluntary code of conduct, with no penalties for breaches.

LINKS

Find out more about the Centre for Behavioural Research in Cancer at: **www.cancervic.org.au/cbrc**

The Cancer Council Victoria campaigned for government intervention by producing a body of evidence about the dangers of solarium use and the industry's own failure to self-regulate. This created mounting pressure that supported other public calls for change.

The Cancer Council's research found a burgeoning solarium industry, growing by almost 600% in a decade – ironic in a country that already produced the highest skin cancer rate in the world. This incredible growth meant that unregulated businesses were setting up near schools, and young people had easy access to solariums without any controls.

The organisation's Centre for Behavioural Research in Cancer (CBRC) set out to test the industry's self-regulation. A study by Dr Suzanne Dobbinson sent underage and fair skinned customers into solarium centres throughout Melbourne to determine their level of compliance with the voluntary Standard.

Results demonstrated that 50% of teenagers younger than 17 were allowed access without parental permission and solariums also accepted 90% of adults with a fair skin type that wouldn't tan. Both contravened the solarium industry's own standards.

After several years of advocating for change, a number of forces came together in 2007 to bring the issue of solarium regulation to the forefront of people's minds and help put it firmly on the political agenda.

Few stories are as compelling or as heartfelt as Clare Oliver's. At the age of just 25, Clare was diagnosed with melanoma and struggled to celebrate her 26th birthday. In September 2007 she died, but not before leading a public campaign to raise awareness of solarium dangers.

The Cancer Council Victoria helped to ensure Clare's voice reached as many people as possible. The *Solariums – Fashion to Die For* campaign was a joint initiative of the Victorian (Brumby) Government and SunSmart program. It was launched at the Peter MacCallum Cancer Centre, where 26-year-old Clare Oliver was treated for melanoma.

Thanks to Clare Oliver and SunSmart's campaigning, and the work of Health Minister Daniel Andrews, Victoria became the first state to regulate the solarium industry on 1 February 2008.

Ongoing, world-class research and evaluation conducted by the CBRC has been used to monitor and inform SunSmart's activities since its inception. CBRC has also conducted long-running surveys of the Victorian public's sun-related behaviour, to guide SunSmart program planning and to track change. These surveys were initially designed by The Cancer Council Victoria's Director Professor David Hill in the 1980s, and continue to this day.

> 'Ongoing, world-class research and evaluation conducted by the CBRC has been used to monitor and inform SunSmart's activities since its inception.'

"The CBRC's primary aim is to find out why people behave the way they do, and why they sometimes behave in unhealthy ways," explains the Centre's Director, Professor Melanie Wakefield. "Its focus is specifically on behavioural aspects of cancer control and discovering how people can be encouraged to change unhealthy behaviours."

The CBRC evaluates the success or otherwise of The Cancer Council Victoria's cancer prevention programs and other projects. Included in its body of work are national smoking surveys that inform trends in smoking behaviour at schools and among teenagers. Data is used to drive education and advocacy campaigns, contributing to profound changes in both smoking and lung cancer prevalence.

The push for smokefree pubs and clubs in Victoria was boosted by various pieces of CBRC research.

A landmark study published in 2002 in the international journal *Tobacco Control* surveyed Victorian smokers and found that 25% of smokers who go to social venues regularly would be more likely to quit if pubs and clubs were smokefree; and around 66% of smokers who regularly patronised social venues wouldn't mind if smoking was banned.

"This was the first study to examine the impact that smokefree hospitality venues could have on helping smokers to quit," said Professor Wakefield. "It showed that smoking bans in pubs and clubs could prompt quitting amongst regular patrons."

In June 2007, when Victorian pubs and clubs became smokefree, population surveys continued to provide evidence supporting the change. A recent survey at the time of legislation showed that 40% of smokers surveyed across all age groups believed they would quit smoking altogether in response to the smokefree legislation, with a further 11% saying the change would prompt them to reduce their smoking.

The Cancer Council Victoria also played a key role in the anti-smoking campaign that led to the Victorian *Tobacco Act 1987* and the formation of VicHealth. In 2007, The Cancer Council Victoria celebrated the 20th anniversary of this milestone, and the beginning of a long and healthy association with VicHealth.

CBRC has played a critical role in providing comparable and long-term population survey data to track change in public opinion and behaviours related to smoking and sun protection. It has also helped to better understand the kinds of media campaigns and policies that produce most change.

Combining these research tools with media savvy has allowed The Cancer Council Victoria to make the wider community aware of the issues in areas where it advocates. Its surveys and statistics have allowed it to communicate from an evidence-based position with governments and stakeholders, in a language they can immediately understand.

Damian Alway is a writer with The Cancer Council Victoria.

LINKS

For skin cancer prevention, go to: **www.sunsmart.com.au**
Details of solarium regulations can be found at: **www.health.vic.gov.au/environment/radiation/solarium**

A weighty challenge

How is research supporting strategies to tackle obesity?

The intertwined links between food, environments, lifestyles and poverty are creating significant challenges for researchers, who are trying to devise and evaluate solutions to curb our nation's ballooning weight problem.

Jo Salmon, former VicHealth Research Fellow and Associate Professor at Deakin University's School of Exercise and Nutrition Sciences, cautions against putting pressure on researchers to come up with the quick fixes. "Obesity is complex and is going to require a sophisticated, multi-level, cross-sectoral approach over a long term – 20 years, if we're lucky – to stop or even reverse the current trend."

Salmon devised the *Switch-to-Activity* trial, which involved more than 900 children and was aimed at reducing their sedentary behaviour. The findings included a reduction in boys' TV viewing and an increase in the children's confidence to switch off the TV and entertain themselves in other ways. The study informed the Victorian Government's *Kids Go For Your Life* initiative

Salmon's work has also informed the development of physical activity recommendations for children and youth for the Commonwealth Department of Health & Ageing. In addition, looking at the wider population, her work has fed into the Tasmanian Premier's Physical Activity Council physical activity strategy.

Given that obese children and adolescents are more likely to become obese adults,[1] with all of the chronic lifestyle disease risks that this brings, it's not surprising that children are the focus of many interventions.

The *Be Active, Eat Well* program at Deakin University in Geelong and Colac used a community-wide approach to increase physical activity, reduce sedentary behaviour and improve healthy eating in primary school-aged children. There is evidence that this program is leading to a slowing down of weight gain in the participants. This research will add to the body of knowledge about 'what works' in preventing obesity. It has filled a large gap in the international evidence on obesity prevention by showing that a multi-strategy approach that can be sustainable across a whole community is indeed effective.

> ' The Obesity Policy Coalition uses a similar approach to that successfully used to address tobacco control: advocacy for broad policy and regulatory reform, underpinned by an evidence base. '

CREATING HEALTH PROMOTING ENVIRONMENTS

VicLANES was one of the first studies in the world to examine how socio-economic factors and local environments influence physical activity and what people eat. It was funded by VicHealth and involved local government. Anne Kavanagh, Professor of Women's Health at the University of Melbourne, led the study. She argues that "there is no doubt that councils can improve physical activity levels by investing in infrastructure to improve it, such as walking paths".

VicLANES undertook what researchers called a local government 'translation' to ensure that municipalities understood the findings of the work and what role councillors, executive officers and planners had in improving local environments to encourage physical activity.

The rich data generated by VicLANES provided clear evidence for local decision-making. In 2006 the project won a Department of Human Services Public Health Award for research innovation because of its potential to influence policy and practice.

Research by Jo Salmon has also given planners some vital information. Salmon identified that while there are no differences in access to parks and green spaces between different socio-economic groups, the quality of parks is worse in low-income areas. According to Salmon, these findings have been of interest to the Department of Planning & Community Development: "It gives the department some direction about where to place funds if it is aware that there are parks where the facilities aren't up to scratch".

ADVOCATING FOR HEALTHY FOOD

The Parents Jury, with its strapline 'your voice on food and activity', is an Australia-wide web-based network of parents who want to improve the food their children eat and the environments in which they can be physically active. Among other things, it has supported research into the prevalence of junk food at supermarket checkouts to highlight the pressures put on parents to buy high-fat, high-sugar snacks for children.

Researchers believe that reducing advertising of these foods aimed at children could make a difference.

Obesity expert and director of the WHO Collaborating Centre on Obesity Prevention at Deakin University, Boyd Swinburn, says there is substantial evidence that food marketing has an effect on what children eat. "Children and adolescents are key targets of big budget,

LINKS To find out more about the Parents Jury, go to: **www.parentsjury.org.au**

Research is helping councils to understand how they can improve local environments to encourage physical activity.

PHOTO: Mark Farrelly

sophisticated marketing campaigns by food and beverage companies and need to be protected. Junk food marketing targets children and young people where they study, work and play. Restricting unhealthy food marketing to children would be a promising, successful and cost-effective strategy for improving children's diets."

The Obesity Policy Coalition – a joint initiative of VicHealth, The Cancer Council Victoria, Diabetes Australia – Victoria and the WHO Collaborating Centre on Obesity Prevention at Deakin University – has been advising state and territory governments on the powers they have to restrict unhealthy food marketing to children and adolescents.

Jane Martin, the Coalition's senior policy advisor, says that "up until this time they [governments] had been unaware that they had the power to act on this issue, particularly in relation to television".

The Obesity Policy Coalition uses a similar approach to that successfully used to address tobacco control: advocacy for broad policy and regulatory reform, underpinned by an evidence base. To support its advocacy efforts, it has established an Obesity Policy Network, which brings together researchers, policymakers and practitioners from across Victoria. The network is an effective way of discussing promising policies, exchanging research findings, and defining research questions to support policy and practice.

Researchers can also influence what information is being collected. For example, Dr Cate Burns, VicHealth Research Fellow and Senior Lecturer at Deakin University's School of Exercise and Nutrition Sciences, has conducted significant research on access to food and affordability. Her work is helping to explain the paradox that people with insufficient resources to purchase adequate food can be overweight and even obese. Dr Burns is testing the hypothesis that as income drops and money for food becomes tight, those with less financial resources fill up on cheaper but more fattening foods, in preference to healthy foods which may be more expensive.

The surge in food costs is making matters worse. "The costs of healthy foods are rising a lot more quickly than the costs of unhealthy foods, and much more quickly than the average inflation rate for food", said Dr Burns in a recent *Age* article.[2]

Her research linking poverty, obesity and food insecurity has been instrumental in influencing policymakers and funding bodies to prioritise investment in local food security initiatives as part of a broad obesity prevention strategy. Recently, Dr Cate and her colleagues at Deakin responded to the ACCC inquiry into the price of groceries, calling for monitoring and surveillance of the cost of healthy foods.

The pressing need for action on obesity means that there's lots of information coming out. Bringing together the disparate research and digesting it to inform future obesity prevention strategies and actions will be an ongoing challenge for researchers, policymakers and practitioners alike.

Andrew Ross is a freelance writer who specialises in urban planning, sustainable development and public health: www.fdconsult.co.uk

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TAKING ANOTHER LOOK

There is an abundance of data generated by universities' public health research projects, but not all data has been fully analysed. One university taking a closer look is Deakin. Researchers in its Behavioural Epidemiology group at the Centre for Physical Activity & Nutrition (C-PAN) are analysing their large 'bank' of existing data on healthy eating and physical activity to answer questions collectively identified by VicHealth and the research team. A community liaison officer will translate the findings to the wider community.

For information on the Obesity Policy Coalition, including its Priorities for Action, go to: **www.opc.org.au**

LINKS

Reaching out to youth

The problem of youth substance abuse is being addressed by a unique Victorian service.

In the mid to late 1990s the problem of youth drug abuse was in sharp focus. At the time, the streets were awash with cheap heroin, media outlets were full of drug-related horror stories, and public concern was at a peak.

Stemming from one of the recommendations of the Premier's Drug Advisory Council established under Jeff Kennett, the Youth Substance Abuse Service (YSAS) was launched in 1997 on a wave of state funding to provide help for young people aged 12 to 21 experiencing problems with alcohol and other drugs. Today it remains a unique and ongoing success story, having treated thousands of young Victorians since its inception.

The service originated as a partnership between four well-established agencies – Jesuit Social Services, St Vincent's Hospital, Turning Point Alcohol and Drug Centre, and the Centre for Adolescent Health (established in 1991 with funding from VicHealth and the William Buckland Trust). According to Professor Glenn Bowes, inaugural director of the Centre for Adolescent Health, each agency brought different but equally valid perspectives to the table. "There was a lot of mutual trust and respect between all four agencies," he says.

"Jesuit Social Services brought a strong understanding of how to work in the community with young people from a youth worker's perspective. St Vincent's knew how to handle the issues of drugs and alcohol from a medical point of view. And Turning Point had a service provision network to meet the needs of those with drug addiction problems," he says. The Centre for Adolescent Health brought "substantial research credentials and an understanding of the social model of health, as well as knowledge of how to design and deliver health services specifically to young people from a medical perspective," he says.


PHOTO: © iStock International Inc.

> ‘The Centre for Adolescent Health brought substantial research credentials and an understanding of the social model of health.’

YSAS's collaborative background is one of its key strengths, according to current CEO David Murray. The service is "a sort of hybrid that tries to combine the best of a holistic youth model with specialist medical interventions," he says. "And the centrepiece is a model of engagement with young people, working with them on their terms rather than imposing a particular type of treatment."

YSAS coordinates a variety of services in 13 locations spread over metropolitan Melbourne and regional Victoria, including eight drug and alcohol outreach services, home-based and residential withdrawal services, and a supported accommodation program. It is also involved in training and education for people in related fields such as juvenile justice and child protection.

According to Glenn Bowes, part of the challenge for this kind of service is to be able to engage with young people and create an atmosphere of trust and respect. "It's about meeting young people on their own ground – 'where they are at', both in terms of the stage of their life and the stage of their problematic behaviour in regards to drug use," says Bowes. "And of course not to be judgemental about that."

An understanding of the key developmental stages of adolescence is also crucial to the approach, says Paul McDonald, the inaugural CEO of YSAS. "We needed to understand that there are several stages grouped under the heading of adolescence, and how we engage a 12 year old versus how we engage an 18 year old is a completely different ballgame." This is why it is so important to have a youth-specific service, he says. "Traditional models of treating substance abuse have not taken that into account."

The success of the service has been considerable. YSAS was instrumental in the threefold increase in young people gaining access to drug treatment in Victoria that occurred during the first three years of its existence. It has also been effective for hard-to-reach groups like young women and Indigenous people – for example, through its Koori Youth Alcohol and Drug Healing Service. The YSAS model has gained it a reputation as an innovative service both within Australia and overseas.

"We've certainly worked very hard at making a service that is accessible to the broad array of young people," says David Murray.

It is unlikely that the problem of youth drug abuse will go away any time soon. But organisations like the Youth Substance Abuse Service, with its commitment to meeting young people on their own terms and providing them with the best possible support, are certainly helping to bring positive change to many young lives.

Adam Ferguson is a freelance journalist specialising in social justice issues.

LINKS

More information about the Youth Substance Abuse Service is available at: **www.ysas.org.au**

VicHealth News

'FOOD FOR ALL' ANNUAL FORUM

The Food for All Program's annual forum will be held in early August. The theme is Evaluation. Further information will be posted on the VicHealth website (**www.vichealth.vic.gov.au/foodforall**) or can be requested from Serrin Cooper at **scooper@vichealth.vic.gov.au**

THE SHORT COURSE: PROMOTING MENTAL HEALTH AND WELLBEING

VicHealth is holding a series of free two-day short courses in mental health promotion in rural and regional Victoria in 2008. These courses aim to increase the skills and capacity of workers in diverse sectors to undertake successful mental health promotion activity. For further information on the courses, or to register, please visit **www.vichealth.vic.gov.au/shortcourse**

COCHRANE PUBLIC HEALTH REVIEW GROUP

The Cochrane Health Promotion & Public Health Field has become the Cochrane Public Health Review Group. This means it will be more involved in the conduct and publication of upstream, equity-focused systematic reviews. Further information is available at **http://ph.cochrane.org** or by email: **cochrane@vichealth.vic.gov.au**

NEW HEALTH INEQUALITIES RESOURCES

VicHealth has released three new publications to support the health promotion sector to tackle health inequalities. Two research summaries provide recent data that demonstrates the burden of illness and lack of access to health resources that create unequal health. We also have a new web-based resource: The *People, Places, Processes* (PPP) report. Contact Mark Boyd (mboyd@vichealth.vic.gov.au) for copies of the research summaries, or download them and the PPP report from **www.vichealth.vic.gov.au/inequalities**

FROM MARGINS TO MAINSTREAM

5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioral Disorders

From Margins to Mainstream will explore new ways that individuals and organisations from a range of sectors can promote mental health and prevent mental illness. This conference will confirm that mental health promotion is no longer at the margins but rather firmly established in mainstream research, policy and practice arenas. A Mental Health and Wellbeing Marketplace will be on site to provide opportunities for groups to sell their crafts and disseminate their information. A lively Arts and Cultural program will also provide entertainment during the conference.

Date: **10–12 September 2008**
Venue: **Melbourne Convention Centre**
Further information:
www.margins2mainstream.com

VALE PETER THOMPSON

12/06/1953–29/1/2008

VicHealth gives tribute to the life and work of our respected former colleague, Peter Thompson, and pays sincere condolences to Heather, Marissa, Joel and Shaun. Sadly, Peter passed away earlier this year after a short illness.

Peter joined VicHealth in 1988 as a founding member of our staff. In 12 years at VicHealth he made a substantial contribution to policy and program development as a senior manager.

Peter played a pivotal role in developing VicHealth's extensive sports sponsorship program, including the tobacco sponsorship replacement program. He built all-important working relationships with peak Victorian sport and recreation bodies and linked these organisations with appropriate health agencies to support the sponsorships. He also guided the development of VicHealth's sports safety equipment program of small grants for local sporting clubs.

Peter took a leading role in VicHealth's international health promotion activities, particularly in the Asia-Pacific region, promoting the VicHealth model of using dedicated tobacco taxes for health promotion. He hosted visiting delegations and study tours at VicHealth and helped lay the groundwork for what is now a growing international network of health promotion foundations.

Peter represented VicHealth with distinction and played an important part in establishing its reputation of excellence, nationally and internationally.

VicHealth

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