



The Story  
of VicHealth  
A world first in  
health promotion



# VicHealth and health promotion milestones 1987–2005

## 1987

Victorian *Tobacco Act 1987* passed in Parliament.

The Victorian Health Promotion Foundation (VicHealth) established with funding from government-collected tobacco taxes and mandated to promote health in the State of Victoria.

## 1988

VicHealth moves to buy out tobacco company sponsorship of sport and the arts; *Quit*, *Heart Health* and other health promotion programs replace the tobacco sponsorships.

The Anti-Cancer Council of Victoria (now the Cancer Council Victoria) receives funding from VicHealth to run its *SunSmart* and *Quit* programs.

Foundation SA (the South Australian health promotion foundation, later renamed Living Health) established.

VicHealth funds first Victorian breast cancer screening program.



Healthway (the Western Australian Health Promotion Foundation) established under the *Tobacco Control Act 1990*.

Centre for the Study of Mothers' and Children's Health (later renamed Mother and Child Health Research) established.

Centre for the Study of Adolescent Health (later renamed Centre for Adolescent Health) established.

Prevalence of smoking in Victoria from 1986 to 1991 declines at the rate of 1% per year, from 31.5% to 25.6%.<sup>1</sup>

## 1991

Federal Government bans tobacco sponsorships and most remaining forms of advertising from 1995.

Centre for the Study of Sexually Transmitted Diseases established; later changed to Australian Research Centre in Sex, Health and Society (ARCSHS).

Publication of *A Considerable Success* – an evaluation of VicHealth's first five years from an economic perspective, by Dr Neville Norman of the University of Melbourne.

## 1992

## 1989

Tobacco billboard advertising replaced.

*Food and Nutrition Program* established.

*Healthy Localities* project brings local government, community agencies and residents together to identify priority health issues and implement local health promotion strategies.

VicHealth funds significant research into Alzheimer's disease at the Mental Health Research Institute.

ACT Health Promotion Fund (changed to Healthpact in 1995) established.

## 1990

A ban is placed on all tobacco advertising in Victorian print media.

Victorian Arts Centre becomes completely smoke-free.

First community-based cervical screening program established.

VicHealth establishes a Public Health Fellowships Scheme (which runs until 1992), funding Victorian researchers for 3 years.

Launch of the State Government's Cancer and Heart Offensive, aimed at cutting the numbers of people dying prematurely from Victoria's two biggest killers.

Of Australia's top private companies based in Victoria, 75% now totally smoke-free (an increase of 25% in one year).

Launch of *Partnerships with Healthy Industry* – health promotion in the workplace.

## 1993

World Health Organisation calls for other countries to adopt the VicHealth model.

VicHealth holds its first national conference to examine the pioneering developments of working with sport and art organisations to promote health.

VicHealth funds research arm of the Early Psychosis Prevention and Intervention Centre, a program which will increase capacity to intervene and prevent youth suicide.

## 1994

New Strategic Plan (Healthy Victoria to the Year 2000) launched; the emphasis is on knowledge transfer.

VicHealth launches *Healthy Families of the Future*, a program to improve mental health and wellbeing within families.

Completion of tobacco sponsorship replacement program.

## 1995

<sup>1</sup> Centre for Behavioural Research in Cancer 1986, 1988, 1989, 1990, 1991, 1992, 1995, 1996.

## 1996

The work of VicHealth in promoting health is recognised when the World Health Organisation Medal for Excellence is presented to the Premier of Victoria, Jeff Kennett.

*Active for Life* launched in schools to teach children about making exercise a healthy lifetime habit to prevent heart disease.

VicHealth-sponsored sporting organisations are encouraged to promote smoke-free environments with healthy food options and sun shade.

Health Promotion Switzerland established.

Sport program redevelopment announced: shift from sponsorship model to increasing participation in physical activity through the *Promoting Health through Sport and Active Recreation Program*.

Introduction of smoke-free dining in Victoria.

Launch of *Together We Do Better* campaign promoting mental health and wellbeing.

*Food Security Program* begins, aimed at giving people in disadvantaged communities better access to fresh foods.

Thai Health Promotion Foundation (ThaiHealth) established.

## 2001

## 1997

Australian High Court invalidates state tobacco fees, which ends tobacco-fee funding for VicHealth; funding from state budget commences.

Federal Government and *Quit* agencies in the states and territories develop the National Tobacco Campaign. The campaign includes graphic TV ads depicting the health effects of smoking. A national Quitline is introduced.

Foundation SA disbanded.

Austrian Health Promotion Foundation established.

*Walking School Bus Program* commences in four local councils; 14 primary schools and 224 children participate.

VicHealth joins forces with education, adolescent and welfare organisations to highlight bullying behaviour as a significant mental health issue.

Launch of *Out of School Hours Sports Program* to increase physical activity of primary school aged children.

## 2002

## 1998

VicHealth Senior Research Fellowships Scheme begins, bringing successful Australian researchers working overseas back to Victoria. In the first year, two senior fellows are funded for 5 years.

Removal of sponsorship from Carlton Football Club after continuing breaches of sponsorship agreement by their chairman, John Elliott.

Launch of VicHealth's Indigenous research centre: the Koori Health Research and Community Development Unit (renamed Onemda VicHealth Koori Health Unit in 2005).

VicHealth launches *Leading the Way: Councils Creating Healthier Communities*, a resource to better equip councils to identify and respond to the built, social, economic and environmental issues that affect health and wellbeing in communities.

VicHealth now fully funds or supports 55 fellows and scholars.

## 2003



## 1999

VicHealth's *Strategic Directions 1999–2002* focuses on physical activity, healthy eating, substance misuse, tobacco control and mental health and wellbeing.

VicHealth launches the *Mental Health Promotion Plan* for Victoria, focusing on social connectedness, freedom from discrimination and violence, and economic participation as major factors impacting on mental health.

Victorian Public Health Research and Education Council (VPHREC) launched.

International Network of Health Promotion Foundations established.

## 2000

The VicHealth Centre for Tobacco Control opens, focusing on legal, economic and social research to strengthen tobacco control initiatives.

VicHealth begins funding the Cochrane Health Promotion and Public Health Field to establish it in Australia and support the field's local and international activities.

Public Health PhD Research Scholarships Scheme introduced, providing 3 years of funding for young Victorian researchers.

New *Arts for Health Program* funding begins, with a focus on participation and access.

Government of Victoria amends its Tobacco Act to introduce smoke-free dining, bans on point-of-sale advertising, and increased penalties for retailers who sell to minors.

*Health 2004: The World Conference on Health Promotion and Health Education* takes place in Melbourne. It attracts over 2000 delegates in four days.

*The Health Costs of Violence* shows the extent of intimate partner violence and its enormous impact on women's mental health and wellbeing.

*Food Security Demonstration Projects* from City of Yarra and City of Maribyrnong win Victorian Public Health Awards for Excellence and Innovation.

Smoking rates drop below 17% of Victoria's adult population (from 31.5% in 1986).

*Quit* celebrates its 20th anniversary as an anti-smoking campaign.

More than 3000 Victorian primary school children from 200 schools walk to and from school as part of VicHealth's *Walking School Bus Program*.

## 2005

## 2004



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# Foreword

I am pleased to provide the foreword to this wonderful book. The creation of the Victorian Health Promotion Foundation (VicHealth) was a significant policy change by the Victorian Government, and signalled a new vision and commitment to health promotion. The innovative proposal to apply a dedicated tax on tobacco to fund such a foundation was groundbreaking for its time, and opened the door for a program of wide-ranging reform in health promotion. Several foundations from around the world have adopted the VicHealth model and now collaborate as members of the International Network of Health Promotion Foundations.

Overwhelming political support from all parties set the foundation for VicHealth to work with government and industry to address the big issues in health with a long-term view. Initially the tobacco industry was tackled head-on by replacing tobacco sponsorships with health promotion messages. VicHealth showed how the media could be used to advocate for change in policy. This adaptability displayed early on has continued, and allowed VicHealth to address the challenges that have presented over the years in imaginative and practical ways.

In line with the need to adapt its activities to the pressing health issues of society, VicHealth has been at the forefront of research and innovation in promoting mental health and wellbeing, and increasing participation in physical activity. Issues including mental health, physical activity, poor nutrition and health inequalities require diverse and innovative ways of partnering and networking, coupled with highly skilled advocacy techniques to lobby for the promotion of good health. The ingenuity, persistence and commitment of leaders such as Nigel Gray, Gus Nossal, Rhonda Galbally, David White, Mark Birrell, John Funder, Jane Fenton, Rob Moodie and a team of hard working professionals have made this possible.

*The Story of VicHealth – a world first in health promotion* is a fascinating overview of VicHealth from inception to present day. This publication will provide readers with an insight into the breadth of work undertaken by VicHealth and the complexity of applying health promotion concepts and programs to the multifaceted policy environment of health.



I commend this book to all who are interested or involved in health promotion and to those who have watched the development of VicHealth.

I continue to wish VicHealth every success in the future.

A handwritten signature in black ink that reads "Bronwyn Pike". The signature is written in a cursive, flowing style.

The Hon. Bronwyn Pike MP  
Minister for Health

# Preface

Out with the *Marlboro Man* and in with *Quit* – the idea was smart – just like David White, Mark Birrell and Nigel Gray, the architects and champions behind the model. They understood the benefits of investing in long-term initiatives and laid the foundations for the creation of VicHealth.

The success of the organisation is the result of the vision, persistence and commitment of many individuals whose contributions are honoured in this book.

Few have been more influential in shaping VicHealth's character than its inaugural Chief Executive Rhonda Galbally, whose foresight, determination and exceptional work was critical to the early success of the organisation. The irrepressible Sir Gustav Nossal brought the Board together and inspired those involved to work for the greater good. Professor John Funder demonstrated outstanding leadership and made significant and sustainable advances during his long chairmanship.

It is both a privilege and honour to follow in their footsteps, and to work alongside Rob Moodie, whose inspired appointment has raised Victoria's profile as a leader in health promotion, both nationally and internationally. He has developed VicHealth's role so that it now not only supports other organisations to improve health, but identifies trends and emerging health issues, drives innovative programs, creates and contributes to debate, gathers and interprets evidence and keeps responding to a dynamic external environment.

The challenges involved in promoting health will only increase as time goes on – as will the necessity for an innovative, effective and committed VicHealth.



**Ms Jane Fenton AM**  
Chair, VicHealth



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Thanks are also offered to Rhonda Galbally for permission to use material from *Just Passions: The personal is political* (Pluto Press Australia, 2004) and to the Cancer Council of Victoria for historical data.

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VicHealth also thanks Peter Ryan for his work in bringing together this rich and groundbreaking history.

Finally, thank you to all the individuals and organisations that have been connected with VicHealth in some way or another since 1987 and have worked with people and communities to make Victoria healthier.





# 1.

The start of Something Big  
How the Tobacco Act  
came into being

Late in the evening of 17 November 1987, the *Tobacco Act 1987* was passed by State Parliament in Victoria, Australia. The Victorian Health Promotion Foundation (VicHealth) was born – the first health promotion body in the world to be funded by a tax on tobacco. It was the result of an unparalleled public health advocacy effort.

The quietly spoken Nigel Gray is persistent. Two years after arriving as Director of the Anti-Cancer Council of Victoria (now Cancer Council Victoria), he came to a conclusion: reducing smoking was one obvious way to cut cancer rates. That was 1970.

By February 1987, David White was Victoria's Health Minister in the State Labor Government. He was the eighth consecutive Victorian Health Minister to whom Gray had articulated his potent message. The message was simple and accurate: using tobacco causes cancer. Cancer rates could be reduced if fewer people smoked. No Health Minister, however, had found a way to implement Gray's big idea – to increase taxes on cigarettes to keep them out of reach of young people and to ban tobacco advertising and sponsorship.

Tom Roper, Health Minister from 1982 to 1985, had told Gray the only way to stop tobacco sponsorship of sport and the arts would be to 'buy out'<sup>2</sup> the tobacco companies. White's advisor, Peter Worland, thought the notion of a tax to reduce smoking sounded too negative. Creatively Worland combined the ideas, suggesting that a tobacco fee be used to buy out tobacco sponsorship and that a body be set up to promote positive health messages.

In White's office, Gray and White met to discuss an Anti-Cancer Council proposal for mammographic screening. Towards the end of the meeting White changed tack. His words would alter the landscape of tobacco control and health promotion in Victoria forever.

<sup>2</sup>'Buy out' in this context means 'replacement'. The term is used colloquially. In fact, VicHealth could only offer 'replacement' sponsorships when the sport and arts organisations were free from existing tobacco contract obligations. Otherwise, there was the risk that the tobacco companies could sue VicHealth for inducing a breach of contract.

Gray recalls: "David said his father had died of emphysema, this was not an election year, and he'd be interested in doing something about tobacco." With the softest of taps, opportunity had knocked.

Gray acted quickly. Within two days his proposal was on the Minister's desk. "We'd been talking about it like a broken gramophone record for years and years", he said. Throughout his 19 years at the forefront of public health in Victoria, Gray had advocated, but not antagonised. He'd stuck to the science and never let emotion overcome reason. "You have to walk a fine line", admits Gray. As each issue progressed, he consulted his colleague, Dr David Hill (now Director of the Cancer Council Victoria), to ensure their words would reflect the data. Then a public position would be taken. As a matter of course, he made himself available to the press: "We did make it clear that we were the people to come to, to ask questions", said Gray.

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**"If we did not have Nigel in the Cancer Council, we could not have entered the fray."**

**David White, former Victorian Health Minister (Labor)**

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Gray's credibility on all sides of politics was beyond question. His commitment was unmatched. These strengths were to be critical. "I think that the tobacco industry lost because the health professionals won, not the politicians. Someone like Nigel Gray is rather hard to discredit", said Mark Birrell, Shadow Health Minister at the time.



David White, former Victorian Health Minister (Labor) – his words would alter the landscape of tobacco control and health promotion in Victoria forever.

Based on Gray's proposal, White quickly committed himself to a campaign to get a Bill through the Victorian Parliament. The Bill would put a levy on tobacco, creating a fund to buy out tobacco sponsorship, to do research, to provide funds to sports and activities that hadn't previously received funding. Gray agreed, in his words, to be the go-between, building bridges, disarming defences, utilising allies, mobilising support in the wider community. "I was to be the architect of the public campaign, but it was David White who told me what to do about the politicians", said Gray. "He advised me to talk to Mark Birrell, who was already on side, and get him to run our strategy in the Liberal Party. Without any discussion directly between those two, it was decided that our focus would be a Bill, and that Mark would run the Liberal side and David would run the Labor side."

Passing such a Bill would not be a simple task. Labor was the State Government but the opposition Liberal Party held the numbers in the Upper House, the Legislative Council. Under Victoria's bi-cameral parliamentary system any Bill had to pass through both Houses to become legislation. Therefore both parties had to be convinced of its merits before it was passed.

Enormous pressure was expected from the tobacco industry, particularly towards the Liberal Party, who would generally be philosophically opposed to taxation or any other restraint on business. The National Party held seats in tobacco-growing areas and was expected to oppose the Bill. Public opinion was thought to favour such an idea, but was an unknown at the start of the campaign. Treasury, traditional opponents of any dedicated

('hypothecated') tax, also had to be convinced of the idea. Gray admits now he didn't think chances of success were high.

White and Gray mapped out a strategy and a timetable. The Bill was to be introduced before the House rose for Christmas, so they had to move fast. Gray contacted an old friend, Bob Fordham, who was Leader of the House and had the Bill placed on the agenda. Step one had been taken.

All realised the media's attitude would be crucial. In Western Australia similar legislation had been proposed in 1983 and had been torpedoed – by just one vote. A concerted campaign by the tobacco industry, with support from sporting groups and advertising bodies, had been backed by the state's media outlets. Their objection to the proposed Bill: banning tobacco advertising would decimate groups that relied on it for survival. In 1987, Victoria heeded the implications of that campaign. Funds raised in Victoria with the dedicated tax would be used to buy out tobacco sponsorship of sport and the arts, thus guaranteeing their survival.

Gray knew Creighton Burns, editor of *The Age* newspaper. Burns listened to Gray's oft-repeated spiel about tobacco and promised to assign two young reporters, Fiona Harari and Graeme O'Neill, to a series of stories about the issue. Gray asked if he could influence the timing. Burns agreed. The series would run in the week Cabinet deliberated on the proposal.

Labor had to be convinced next. White wanted the proposal through the party room in June or July before the Budget. The Treasurer needed convincing. "Our discussion with the Treasurer, Rob Jolly, rested on the

## Getting News Corp on side

News Corporation, publisher of Melbourne's two other daily papers, *The Sun* and *The Herald*, was also approached. Nigel Gray discovered informally that Rupert Murdoch, the proprietor, would not object to "a local decision being made on local grounds" not to oppose a ban on cigarette advertising. White met with the editor of *The Sun*. The paper's position on the proposal was neutral. This was all that was required.

The editor of *The Herald* was unenthusiastic about Gray's views, but allowed the issue to be fully covered. Its reporting was initially non-committal and later supportive. As *The Herald* was traditionally a foe of tobacco advertising restrictions, its support (which continues today) was something of a coup for the health lobby, and was certainly noted by the politicians.

evidence that 17 people died each day in Victoria from smoking-related diseases, two people died every day from alcohol-related diseases, and one person died every two days from hard drugs. Therefore, if we were talking about drug abuse, the major issue was tobacco. Reducing tobacco use wasn't what state and federal government money was directed at. Rob [Jolly] was persuaded by that argument", said White.

Jolly was against hypothecation but saw the merits of this proposal and had a sympathetic Head of Treasury. "We were quite a different government compared with many other governments. We worked together as a team and were willing to sacrifice conventional policies if it was in the best interests of the community – myself, David and the Premier [John Cain] were all pretty strong anti-smoking people and that certainly helped in terms of the campaign", said Jolly.

In his proposal, Gray estimated A\$12 million would be needed to buy out tobacco sponsorship. Unofficial estimates at the time had the tobacco industry spending about A\$15 million

a year in contributions to sport and culture. In the end, Treasury allocated A\$24 million to VicHealth but the buyout cost only A\$6 million. The tobacco industry had, in fact, exaggerated its contribution.

Public opinion needed to support the proposal. Premier John Cain's advisors also needed to be convinced the plan was politically palatable. Gray had become aware of a poll completed at the University of Melbourne, where results showed, surprisingly, that a tax on tobacco was popular. "This was unique information. In those days nobody had any idea that any tax could be popular", said Gray. "They hadn't even thought of asking the question."

The Anti-Cancer Council commissioned a survey asking a range of questions framed by the Council's David Hill. The survey of 1136 Victorians showed that 84% would support an increase in tobacco tax of 50 cents a packet if the revenue went to such programs as health education, medical research and sports and arts funding. The results were broken down by party affiliation. This underpinned confidence in the idea and the advance continued.

The submission to Cabinet for a tax increase on cigarettes and restrictions on tobacco advertising coincided with a week-long series of articles by *The Age* newspaper, agreed to earlier by Burns, that ran under the tagline 'Victoria's Dying Habit'. It opened with an article headed 'Move to Ban Tobacco Advertising' carrying the proposed legislation and its effect. Other articles on the history of smoking, arguments for and against smoking, perspectives from cancer victims, addicted smokers, children born to smokers, tobacco growers, doctors, non-smoking advocates and the tobacco lobby ran during the week and feedback from readers was invited. "The articles really ventilated the issue", said Gray.

The proposal went through Cabinet. Critically, White and Gray decided that pushing the proposal through the Budget process would not be the best way to achieve a sustainable result. A Tobacco Bill that incorporated the tax and the restrictions on advertising and introduced the Victorian Health Promotion Foundation to manage the funds and the buyout was decided as the appropriate course of action. This turned out to be absolutely crucial.

The tobacco industry, relieved to see that no tax increases had been introduced through the Budget, was caught napping when the Bill became public. Forced to mount a campaign opposing the Bill at short notice, their response was reactive and misjudged the mood, according to Shadow Health Minister Mark Birrell. "The big picture was that everyone in Victoria, down to the brown dog in the street, knew that cigarettes did cause harm. The tobacco companies were saying 'No, they don't' or 'We don't need to discuss the medical aspects – it's a rights issue.' In Australia, that's not a

## Results of the public survey

In June 1987, the Centre for Behavioural Research in Cancer commissioned the Roy Morgan Research Centre to survey public attitudes to: the current anti-smoking campaign, to increases in tobacco taxation, to restrictions in tobacco advertising and promotion, and to the idea of putting tobacco tax revenue into a fund to pay for sporting, health and medical activities. Opinions were measured by voter intention, making the results particularly salient to the political parties.

A representative sample of 1136 adults aged over 16 years was interviewed. The poll pointed to strong community support for the new initiatives:

- 79% of Victorians believed the smoking reduction campaign currently in progress should be the same or tougher.
- 47% approved of an increased tobacco tax of 50 cents per packet; just over 20% of smokers approved of this increase.
- when asked if they would approve of a 50 cent per pack tax increase if the revenue raised were put into programs such as health education, medical research and funding sport and the arts, total approval for the tax soared to 84%.
- 63% approved of a ban on all forms of tobacco advertising. The most common reason given for not approving of such a ban was the belief that issues such as freedom, rights and democracy would suffer (54%).
- 37% would unconditionally approve of a ban on sponsorship of sport by tobacco companies.
- 57% would approve of a ban on sponsorship of sport by tobacco companies if such funding were replaced by money raised from tobacco taxes, and 35% continued to disapprove.

Source: Hill D. Public opinion on tobacco advertising, sports sponsorships and taxation prior to the Victorian Tobacco Act, 1987. *Community Health Studies* 1988; XII: 282-288.





The Anti-Cancer Council's TV commercial *The Coroner* was very provocative, very political, and deliberately so.

sustainable public position. They lost, or abandoned, the main debate and then tried to run an argument on the right to communicate. There's a valid argument there, but not for a product that visibly causes death in so many of its users. There's no other legal product in this category, and we had to run specific legislation to deal with it", he said.

By contrast, the Anti-Cancer Council had a plan, could mobilise big numbers and, along with some powerful allies, was ready to fight hard. Gray summed it up simply in a quote to *The Age* on 28 July 1987: "We attack tobacco because it is the biggest. Not worse or better, but it is the biggest [killer]." The advocate's eyes would not be taken off the ball.

The campaign that the Anti-Cancer Council implemented was sharp and effective. The TV commercial *The Coroner* was very provocative, very political, and deliberately so. In it a packet of cigarettes is pulled from a corpse during an autopsy and cited as the cause of death. *The Big Kill* – information sheets containing a breakdown of deaths by municipality – highlighted the contribution of tobacco to these figures. Sent to every suburban newspaper and every parliamentarian at their electorate office, the information impressed many of the need to act immediately.

An article was included in a special edition of *Cancer News*, the Anti-Cancer Council publication, asking donors to contact their local members.

Organisations and individuals began a letter-writing campaign at the council's urging. The mailout of the newsletter reached 140,000 members and the letter-writing campaign was regarded by many members of parliament as the biggest, most sustained in memory.

The contribution of the Peter MacCallum Cancer Institute, read out during the parliamentary debate, summed up the need for the legislation: "Up until July of this year, 1976 new patients with lung cancer were referred to the institute, and smoking histories were available for 1958 of these patients: only 71 (3.6%) were non-smokers. There is little we can do to prevent lung cancer. You can do a lot more. Please vote for the Tobacco Bill."



Sport and Recreation Victoria formally informed the sporting bodies of the proposal and most got behind the idea.

Sir Gustav Nossal, Australia's leading scientist and one of the world's leading immunologists, agreed to be the inaugural chair of the proposed Victorian Health Promotion Foundation, known as VicHealth. Nossal was approached in a late-night phone call to Tokyo by Gray. Nossal was surprised to be asked but keen to be involved. "I could see that this was the best chance to strike a real blow against the tobacco industry and I was happy to be involved", he said. A breakfast launched the foundation and announced his appointment, before the Bill was even carried – a strategic move, but one that upset some members of parliament.

Nossal's appointment was a real coup. "Having a key medical leader at the forefront gave credibility to the organisation. It was important that all key sections of the community and all important interests were lined up before we even began to fight", said White. "It sent a message to the whole medical profession that this was not some fantasy land but was something credible." Birrell agreed: "The strength of the effort to create the foundation was its scientific credibility. That, more than anything, was the bridge across some of the sea of doubt or opposition that comes with grand projects like this. It had scientific rigor, scientific credibility and scientific spokesmen. Without people like Nigel Gray and Gus Nossal it probably would have been remembered as nothing more than a bright idea."

The Liberal Party party room was the next obstacle to negotiate. Birrell, who was also the Liberals' Leader of the Upper House, was already convinced

of the need to reduce smoking. He thought the idea a good one but, along with other supportive colleagues such as Tom Reynolds, Geoff Connard and Graeme Weideman, would have to fight hard to sway sceptical colleagues. The arguments against the proposal were old, but had some resonance: Would banning advertising in fact lead to a decline in smoking prevalence? If smoking is legal, why should smokers' rights be infringed? What about tobacco growers? Most of all, tobacco industry support was under threat.

Some heroes emerged. "It was a cathartic and tumultuous debate [about whether to pass the Tobacco Bill] that extended over a very considerable period", said Birrell. "But we were able to put together a team of people who wanted to seize the agenda that Nigel Gray had created – he deserves the credit as the inspiration, and he didn't leave it to the last moment to do his lobbying. He'd influenced my views, and those of a number of us in the party, for years and years. He'd created a great opportunity – but it was just the right moment; we were able to come with it. The party room debate was very intense, and there were a lot of opponents, but I tried to work with our Shadow Sports Minister at the time, Tom Reynolds, and with a number of backbenchers, to get together enough people who said we should really give this a try."

Rob Knowles, who was later to become Health Minister, recalled that a general view existed within the Liberal Party that anything done to reduce smoking was a good thing. That was due to persistent, long-term and credible lobbying by tobacco control advocates. It was more the detail that created discussion. "The idea had appeal, particularly as the

government of the day had indicated willingness for the foundation to be bipartisan if the opposition was prepared to support it. There had been a concern that the money would be used by the government of the day as a slush fund, so it was important there was give and take on both sides to create an independent body."

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**"It's fair to say that most MPs today would not be aware of the heroic achievement of getting this body up, nor be completely on top of its breadth of activity now, but the goodwill lives on and there's been no mistrust created."**

**Mark Birrell, former Shadow Health Minister and Leader of the Upper House (Liberal)**

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While conceding that philosophically he had been opposed to the Bill, the then Leader of the Opposition, later Premier, Jeff Kennett, backed the Bill in Parliament. "Just as we have taken action as a Parliament regarding deaths on our roads and drinking of alcohol and the relationship between alcohol and accidents on the road, we should not be prepared to back away from what is obviously a serious problem, and that is the dependency of young people on cigarettes", said Kennett during the parliamentary debate on the Bill.

"A lot of the debate was on the importance of keeping it [the funds raised and the foundation managing those funds] out of the hands of government during election campaigns", agreed Birrell. "There was an appeal that such a policy initiative would only be sustainable if it was at arm's length from day-to-day government, and also wasn't just subsumed into the monolithic Health Department – not

## Kennett debates the issue

“In recent times I cannot remember receiving so much correspondence from so many eminent Victorians as well as so many Victorians who are what I would call rank and file members of our community. The whole thrust of the Bill has been to try to restrict access to cigarettes by young people in our community. I do not think anyone would have any argument with that.

As a politician and campaigner, in campaigns of recent times, such as the Central Highlands Province by-election and the Nunawading Province re-election, I have spent considerable time on railway stations early in the morning. I must admit that it is of great concern to me to see the number of schoolchildren and young people who walk towards the railway station at 6.30am clutching a cigarette, and, in particular, the number of young women.

I do not for a moment deny them their right to smoke, but I do think in this community we, the legislators, must be prepared to address the problems that confront society when so many of our young are turning, in many cases through boredom and, on other occasions, through example of their parents and grandparents, to become dependent on cigarettes.

Again, I do not deny them the right to do so, but...we should not be prepared to back away from what is obviously a serious problem, and that is the dependency of young people on cigarettes.”<sup>3</sup>

**Jeff Kennett, former Leader of the Opposition and later Premier of Victoria (Liberal)**

<sup>3</sup> Victoria Parliamentary Debates, Tobacco Bill Legislative Assembly, vol. 388-389, 28 October 1987, pp. 1848-1849.

so much a sense that there would be obvious political enemies, but a sense that it would be defeated by so-called higher demands within the Health Department or defeated by the natural and perpetual opposition from the State Treasury. So to have a separate body with hypothecated revenue meant that it wasn't going to be politicised and it wasn't going to be defeated by the bureaucracy."

White's tactic was to allow the Liberal Party to make some amendments and gain some political mileage out of them. In return they would support the Bill's major features. "We had to introduce legislation saying we would make a compulsory buyout of all tobacco sponsorship", said White. "Along the way, they were going to amend it and make it a voluntary buyout and call me a Maoist and a Stalinist. I was happy for that to happen if it got the legislation through."

On 7 October, the Bill was introduced to Parliament. The Melbourne *Herald* ran an opinion piece by Gus Nossal on the same date. The debate resumed on 28 October with urgency to complete it during that session of Parliament. While the ALP and the Liberal Party discussed the form of the legislation, the National Party argued for referral of the Bill to a committee. Some estimated such a move would delay the legislation by up to three years.

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**"Mark Birrell laid out our strategy. We had to capture 12 out of 22 votes in Shadow Cabinet on the Monday, which would mean that we then had a basic 22 votes out of 64 in the party room on the Tuesday. I visited as many of the Shadow Cabinet Members as I could. The industry had been getting at several members, especially Jim Ramsay, on the basis of freedom of speech, and I had to deal with that argument. At his suggestion, I contacted our two Archbishops. David Penman said, "I'd be very pleased to help, I'll make a couple of phone calls." Frank Little was out of town, but his assistant said that he was sure the Archbishop was sympathetic (and I got a really lovely letter from Little afterwards saying that he'd taken action on the matter, though I never found out what the action was. Letters? Phone calls? Thunderbolts?)."** Nigel Gray, former Director of the Anti-Cancer Council of Victoria

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After much discussion, the Bill passed through the Legislative Council with one major amendment: sports and arts bodies would be free to choose their sponsors. Tobacco sponsorship of sports and arts would not be banned. In the public arena it became a sticking point. Labor threatened not to pass the Bill with those amendments in place. The Liberal Party argued publicly that VicHealth had the money to buy out the sponsorships and groups would be persuaded by the merits of being associated with health messages rather than tobacco – particularly with more money on offer. Free choice, though, must remain.

Gray got back on the hustings. On 5 November in *The Age* he wrote, "in summary, the differences between



The persistent Nigel Gray, who had a big idea to increase taxes on cigarettes to keep them out of reach of young people.



Shadow Health Minister at the time, Mark Birrell says the tobacco industry lost because the health professionals won, not the politicians.

the parties [were] very small and the grounds for agreement very large. As one who has advocated this cause for many years, I now feel that we are on the verge of taking a historic step forward. It would be a great tragedy if the baby was thrown out with the bathwater and the certainty of the Bill was destroyed because the Government and the Opposition cannot negotiate this final issue.”

On 14 November the amended Bill was ratified by the Legislative Assembly. The drama continued as arguments came late about the legislation being the thin edge of the wedge. Birrell, with a party room decision in his bag, just made it known he was not leaving until it passed. “We had a decision to stand behind. I didn’t know what might happen if the issue was recommitted”, Knowles said.

Late on 17 November, Gray watched the Bill passed into legislation. “It is one of the achievements I am most proud of.” White was more relieved than anything else: “You’re just trying to get there, and then hope, in the execution of it, it will survive and prosper. The elation is in the fight – you’re drained by the end.”

Birrell summed up the hopes well: “Everybody involved would have their own perception of what it was to be; there were immediate imperatives, and then the broader vision. The immediate imperatives were to buy out the leverage points that cigarette companies had inserted over sporting and other community groups.

So, there was a mission to be fulfilled – get them out of the game, stop the patronage that they had misused. Then there was a wish to better fund what were at that stage relatively embryonic *Quit*-style campaigns and to ensure substantial funding for

them. I think everybody knew that area was important and would grow. Beyond that a number of people, myself included, hoped that it would also be a body that could be a pace-setter in other public health initiatives. It could be a respected leader and an advocate – quite an unusual one, because, at the end of the day, it enjoyed multipartisan support.”

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“Nigel Gray and Gus Nossal gave it stature because of their credibility and the arguments they could mount. Then there was the political patronage without which it wouldn’t have got up, but you needed the scientific basis first. And then the political coalition: MPs who were drawn to the idea of creating a unique health promotion body. So, the campaign was a great mix of figures from science, people from politics, and – the third key criterion – allies. These were people who had helped throw up the agenda for this great new body, and were able to make clear that it had a long-term visionary agenda, or allies who could help achieve its implementation such as people from sport who said that they would alter their sponsorship practices. All these were big steps, all would need to be harnessed ... I don’t think you could have done it without all three.”

Mark Birrell, former Shadow Health Minister and Leader of the Upper House (Liberal)

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# 2.

Putting the Act into action  
The creation of VicHealth

# The first Board of VicHealth



- 1. Sir Gustav Nossal
- 2. Dr Nigel Gray
- 3. Ms Terri Jackson
- 4. Mr Ron Casey
- 5. Mr Russell Hopper
- 6. Ms Sue Natrass
- 7. Mr David Parkin
- 8. Sir Donald Trescowthick
- 9. Mr John Clemenger
- 10. Ms Pam Ryan
- 11. The Hon. Graeme Weideman (Liberal Party)
- 12. The Hon. William McGrath (National Party)
- 13. The Hon. Michael Arnold (Australian Labor Party)

Once the Tobacco Act had been passed into legislation, and the foundations laid for the creation of VicHealth, fast action was needed. A torrent of money was coming down the sluice, and it was necessary to create an organisation that could spend it. Sir Gustav Nossal had already been appointed VicHealth's first Chair. A skeleton team was then appointed on short-term contracts under the leadership of Andrew Herington (an advisor to David White and the head of the Tobacco Project Group within the Health Department). Temporary quarters were arranged at the offices of the Anti-Cancer Council until new quarters in Carlton were ready, and a committee was formed (and an executive search organisation hired) to choose VicHealth's first Chief Executive Officer.

VicHealth needed a structure to manage the workload and the politics, personnel committed to the cause of improving people's health, the capacity to adapt as society changed and the needs of the community progressed, and a reliance on partnerships and networks to make things happen. Not only that, the team at VicHealth had to complete the pragmatic, yet substantial, tasks of devising grant schemes, informing the community about them, processing applications and quickly getting funding to organisations.

### **THE IMPORTANCE OF A TRIPARTISAN BOARD**

The tripartisan nature of VicHealth's Board has been, and continues to be, one of its greatest strengths. An elected representative from each of the parliamentary parties – the Australian Labor Party, the Liberal Party and the National Party – and high-profile hard-working members

with expertise in research, medical science, sport, the arts and business/marketing have been critical to the organisation's credibility, profile and success in reaching deep into many parts of the community.

The Board's first National Party representative, Bill McGrath, agrees. "The political support from the different parties sent out a clear message – it emphasised the importance of what VicHealth was doing."

Mark Birrell says the structure was important for many reasons. "I was looking for a structure that met the goal of ensuring VicHealth outlived the inevitable challenges and threats that reforming agencies face. We needed VicHealth to have a governance structure that was balanced and representative. We found a precedent in the councils that oversaw universities, which enshrined representations from all shades of politics. It was the perfect model. I should add that by amending the original Tobacco Bill this way, I was also able to convince doubting members of my party that the initiative deserved their vote."

It wasn't, however, just the structure that made it work. The quality of the people on the initial Board, and the attitudes of parliamentarians responsible for monitoring VicHealth's activity were vital. Mark Birrell credits David White with creating the initial environment for good governance: "David White helped ensure a broad tripartisanship and that was particularly important in making it work after it was created. He did not seek to politicise VicHealth, which despite everything you could write into the legislation in terms of safeguards, could still have been done. It was of enduring importance that he ran it true to its spirit."



## Political support for a generation

Any success in managing VicHealth's myriad objectives started at the top. Former Chair Professor John Funder says: "VicHealth has been fortunate to have had good Ministers." Politicians such as David White, Mark Birrell, the late Marie Tehan, Rob Knowles, John Thwaites and Bronwyn Pike have been Health Ministers who have supported VicHealth and the ideals forged through the creation of the Tobacco Act.

Political support is vital, as VicHealth's existence is inherently vulnerable. Often public health and health promotion results take a long time to emerge. In politics, that isn't always attractive. Therefore the organisation needs champions; supporters who understand the benefits of investing at least part of the health budget in long-term initiatives. Former Health Minister Rob Knowles (Liberal) says it's why it is worth fighting for. "As a Health Minister, one thing I was very clear about is that public health initiatives per se are slow in delivering results, but the results they deliver are much more sustainable and have a much greater impact on the wellbeing of the community generally than the quick fixes."

Bill McGrath, the Board's first National party representative, was definite about the value of VicHealth: "The tobacco growers in the main accepted the change. At the time there were a lot of messages coming out from



Former Health Minister Rob Knowles (Liberal), one of many strong supporters of VicHealth, celebrates 10 years of health promotion achievement in Victoria with VicHealth CEO Rhonda Galbally (centre) and Chair Professor John Funder (right).

the Cancer Council, and from the medical research available Parliament understood the detrimental effects to smokers. It was important to get the anti-smoking messages out to young people." McGrath says that there was no better way to do this at the time than through the football leagues across Victoria, like the Ovens's & Murray league, which is still strong. "Local members were invited to the games, which were much more high profile then."

As long-serving Liberal politician and VicHealth Board member Graeme Weideman says: "We had the opportunity to do things that had never been done before. We had

to use the money available with the greatest amount of respect and get value for our money. I believe we did."

Not only that, but a collection of people with skill, ideals and integrity gathered together to sit on the first Board (see page 83 for full listing) and began a tradition of excellent and cooperative governance that continues today. The Board, as David White says, was "stacked with credibility". All he, as Minister, purported to do was provide emotional support, and let those on the Board shape its character.

White is adamant that the intention to create something above politics was essential for such an organisation to survive and prosper. “The question is why develop something that is going to be abolished? It’s just rubbish”, says White. “It needed to be tripartisan because no one stays in government forever.”

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**“The ebullient Graeme Weideman, representing the Liberal Party, was so enthusiastic a Board member that we had to assign a staff member to respond to his multitude of suggestions and ideas. Ron Best was the longest serving National Party representative; he used his Board position to search for every possibility to fight for every drop of money for the rural sector. Labor party member Eddie Micallef often joined up with Ron Best (always supported by Graeme Weideman) to promote any group from the wrong side of the tracks. Eddie would also join with Sir James Gobbo to keep ethnic interests strongly on the agenda.”**

Rhonda Galbally, former Chief Executive Officer of VicHealth

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Having such a high-profile Board, being an independent statutory authority and being answerable to Parliament has enabled VicHealth to keep discussion of health promotion and public health issues focused towards outcomes for the public good. It has allowed the organisation to advance agendas that may be considered too hot for government departments to handle and to trial leading-edge models for change. For example, in 2000 Rob Moodie, Robert Doyle (Leader of the Opposition) and the ALP’s

Bruce Mildenhall visited North America and Europe to investigate harm minimisation approaches taken in relation to illicit drug use.

“Tripartisan support is very special”, says Professor John Catford, Dean of Health and Behavioural Sciences at Deakin University. “It has meant some of the more difficult things [to deal with] have been taken away from any political bunfights, which is, of course, very good.”

Those behind the model, such as Birrell, say that it was critical that the structure be kept at arm’s length from day-to-day government. “I hoped it would be a body that was a pace setter in public health initiatives and that it could be a respected leader and advocate because it was broadly based. My aim was to get it above day-to-day politics.”

#### **APPOINTING A WORTHY LEADER**

The appointment of Sir Gustav Nossal to lead the first Board was seen as critical to the credibility of the organisation. Nossal, AC, Kt CBE, Emeritus Professor, University of Melbourne, is a world leader in fundamental immunology research. Knighted in 1977, he was made a Companion of the Order of Australia in 1989, was Australian of the Year in 2000 and is regarded as one of Australia’s National Living Treasures. Born in Austria in 1931, he emigrated with his family to Australia before the outbreak of World War II and is renowned both as an extraordinary researcher and as a communicator of complex scientific topics. Both revered and respected, he was an inspired choice.

His charisma and intellect brought the Board together and inspired

those involved to work for the greater good. He played no small part in providing some armour plating for the organisation when it came under threat or attack.

Rhonda Galbally, who was selected as VicHealth’s first Chief Executive Officer (see Chapter Three), had no doubt about his contribution: “As the most eminent research scientist in Australia, and CEO of Australia’s most prestigious research institute, the Walter and Eliza Hall Institute, Gus was naturally devoted to medical research. The world of health promotion was new to him. He was faced with a Board full of sectional interests. Some wanted funding for their own organisations; others felt they had to deliver funds to their sector. Others had political interests, where geographic constituents certainly influenced their decision making. It could have been the Board from hell. Yet somehow Gus managed to pull these disparate individuals together into a team. He achieved this through the passion of his presentation, usually about an aspect of the research program. Calling Gus charismatic is an understatement. It was his integrity that literally rallied a potentially disparate group into a tight pack.”

The essence of this description was repeated in various forms over and over again by members of the Board. “Gus was a great person to have in the driving seat”, says Bill McGrath, who represented the National Party. David Parkin, former AFL coach and long-term member of the Board, was effusive in his praise: “We were led by the most magnificent leader. I have not found in all my walks of life another person who was so intelligent but so people oriented. He just made everyone around that [Board] table

feel good about themselves – he never failed to reward people for their time and their effort. And, he made some tough decisions too.”

## CREATING A SUSTAINABLE FUNDING MODEL

Establishing a sustainable funding base for health promotion activity is notoriously difficult. It’s why the use of hypothecation – a tongue-stretching name for the tax Victoria put on cigarettes that was to be dedicated to underpinning VicHealth – became a funding model scrutinised throughout the health promotion world.

Peter Worland, former advisor to Health Minister David White, is credited with the idea. White said that Treasury, renowned for disliking earmarked taxes, first heard of the idea in 1985. Rob Jolly, then Treasurer and a man who liked the idea but was not sold on the need for dedicated tax, told White to be patient. In 1987 White’s patience paid off. “We persisted and we got it”, said White. From Jolly’s perspective it was the strength of the community support that was important. “It became a really strong community issue; to such an extent I was able to persuade the Department to actually introduce hypothecation. There was a greater prospect of getting money for that area of activity than some other that was regarded as a lower priority. The priority given to it by government reflected the community’s concern on the extent of smoking. Hypothecation served the dual purposes of allowing people to know where money was coming from and also elevating the importance of it in the community’s eyes, because it was a rare event for such a thing to happen.”

Its effect is not to be underestimated in the story of VicHealth. Such a

mechanism was revolutionary; a world first that created in Victoria a sustainable base and structure for health promotion.

Rob Knowles, Liberal Health Minister from 1996 to 1999, is just one of many people who argue the dedicated funding stream was critical to VicHealth’s success.

The dedicated tax was an efficient and unique way for the Government to raise sufficient funds to enable VicHealth to buy out the tobacco industry’s sponsorship of sport and the arts. As Randall Kent, Finance & Administration Director at VicHealth, who recalls picking up by hand the cheque from the State Revenue Office each month, says: “The concept itself was interesting – tax a harmful product, tobacco, to fund schemes and programs that benefit the community.”

The *Tobacco Act 1987* put a levy on top of existing state tobacco fees, which saw 5% of tobacco sales hypothecated to the Health Promotion Fund. In its first full year, 1988–1989, VicHealth’s budget was A\$25.215 million.

The tax was also an effective tobacco control strategy in its own right. An increase in price caused by the tax would mean fewer sales in particular segments of the market and therefore less smoking. Studies around price elasticity had shown that the price increase caused by the Tobacco Act would reduce the smoking rates of those under 18. Politically such an impact was popular. Free market/free choice arguments carried some weight in relation to the adult community, but all thought that stopping young people from taking up smoking was a reasonable and, it must be said, vote-catching objective.



Revered and respected, Sir Gustav Nossal (second from left) was an inspired choice to lead VicHealth’s first Board. He is pictured here celebrating VicHealth’s first anniversary in 1988 with Shadow Health Minister Mark Birrell (left), CEO Rhonda Galbally and Health Minister David White (right).



Peter Worland, former advisor to Health Minister David White.



The Premier, Mr John Cain, with Nunawading Quit Spectre’s captain Michelle Timms at the launch in 1989 of the VicHealth billboards in which she features.

## **A CHANGE OF GOVERNMENT PUTS HYPOTHECATION UNDER THREAT**

The benefits of such a scheme to health promotion were obvious and the gain hard won. However, its popularity with Treasury was only ever lukewarm. Treasury officials generally do not like dedicated taxes. They argue they distort priorities. The system would come under threat again in 1992, after a change of government. Everything related to government finances was coming under heavy scrutiny. VicHealth was no exception. New State Treasurer Alan Stockdale believed that the Health Department could determine health promotion's importance and allocate an appropriate budget to reflect that. He could see no reason for a dedicated tax.

Mark Birrell remembers it as a dangerous time for the tax. However, sufficient contemporary knowledge of how the legislation had been passed meant a degree of ownership over VicHealth existed within the Liberal Party. Birrell said it diverted the debate away from removal of hypothecation on principle to ensuring VicHealth survived with appropriate funding: "I wouldn't suggest that there was no tension. We'd capped the hypothecation, but Treasury wanted all the money back. Its view was – and probably still is today – that if what VicHealth did was a legitimate function of government then it should be funded out of the Health Budget. The funding in fact is a huge achievement, but it's still a drop in the ocean, and it would be obscene to take that drop away."

Graeme Weideman, a constant and vociferous supporter of VicHealth and the Tobacco Act, and a founding Board member of the organisation, was also crucial in convincing the party of the merits of retaining the original model.

Many believe the survival of hypothecation was critical to the survival of VicHealth. Knowles, who was then assistant to the Treasurer, was part of the fight to retain the dedicated funding stream. "Those in the health area knew full well that the end of hypothecation would be the death knell of VicHealth. Health funding is influenced by waiting lists and ambulances so it was crucial for us to win the argument. We did concede that VicHealth would make its contribution to recovery, as every other program would, however we'd made that concession to win the argument on hypothecation."

In *Restoring Victoria's Finances: A Beginning*, Alan Stockdale, the new Treasurer, spelt out what this meant for VicHealth:

*The Victorian Health Promotion Fund currently receives 5 percentage points or one-tenth of tobacco franchise fee receipts. For 1992–93, the VicHealth share shall be re-expressed as a fixed amount of A\$25 million, and the Government will review its funding base before the 1993–94 Budget. This measure [the rate rise, the harmonisation of Australian rates, and the capping of VicHealth funds] is estimated to raise additional revenues of A\$39 million in 1992–93 and A\$120.6 million in 1993–94.<sup>4</sup>*



VicHealth in danger with the change to a Liberal government in 1992 headed by Jeff Kennett.

<sup>4</sup> A. Stockdale, *Restoring Victoria's Finances: A Beginning*, 28 October 1992.

The Labor Party opposed this change to its legacy in Parliament. The debate that followed was in some ways a fuller consideration of the hypothecation issue than had occurred in the first instance. It was now universally conceded that VicHealth was a good thing, only the funding method was in question. Bill Forwood, now a VicHealth Board member, speaking for the Government, said in Parliament:

*There is no doubt that the Victorian Health Promotion Foundation has been an outstanding success. It was a brilliant idea, it was received well and its gestation period has proven to be effective. I will continue to argue strongly and consistently that the Victorian Health Promotion Foundation has a significant role to play in the health of Victorians. That is obviously a matter that the Government is highly aware of and will encourage.*

**However, Forwood said also:**

*Hypothecation is a difficult issue. I know that both the Treasurer and the Shadow Treasurer are on the record as opposing it ... it is one of those issues that does not enjoy unanimity of support on either side of the House.*

**White, architect of the Tobacco Act, interjected:**

*You should have seen the trouble I went to to get it in the first place.*

**Forwood:**

*I am firmly committed to arguing in every forum that we should move back to full hypothecation as quickly as possible. The current situation, however, is that the Victorian Health*

*Promotion Foundation is now getting on with the job, as are other organisations in the State, of coping with tight fiscal circumstances.*<sup>5</sup>

Hypothecation became nominal only, as the funding to VicHealth was capped without indexation from 1992 to 1996, initially at A\$25 million before moving to A\$22 million (see table next page). The annual amount allocated to VicHealth from tobacco franchise fees was determined by the Treasurer. In three years, VicHealth's budget dropped by 29%. Kent remembers the time well: "Symbolically the rationale was we can't afford to exempt VicHealth from all the cuts. Everything is getting cut, so you have to take your medicine too."

Gus Nossal and Rhonda Galbally kept quiet publicly, but behind the scenes worked feverishly to maintain the organisation close to its original state. Some in the Labor Party believed it should have fought harder and more loudly to retain funding at original levels. Compromises were made and VicHealth did change its focus, but its work continued.

Rob Knowles says it was actually a good battle for VicHealth to face, as it contained lessons for the future. "In terms of finances VicHealth doesn't necessarily rank highly, unless there are really difficult circumstances like in 1992. Having had to go through that challenge once, if we're in dire straits we could do what we did in 1992 again."

VicHealth had survived a challenge in the toughest of circumstances because the merits of its programs were obvious to everyone in Parliament.



The Hon. Bill Forwood (Liberal), who debated the hypothecation issue in Parliament.

<sup>5</sup> State Taxation (Further Amendment Bill), Second Reading, 17 November 1993, p. 1078.

## OUT OF EVERYONE’S HANDS

Hypothecation as a source of revenue for VicHealth would not survive beyond 1997. That year the High Court of Australia (following legal challenges by retailers and wholesalers upon whom licence fees were imposed) invalidated state and territory business franchise and licence fees, including tobacco fees, by deciding the tax was unconstitutional. (State franchise fees on tobacco, alcohol and petroleum were in effect excise duties. Under the Constitution, excise is the sole prerogative of the Federal Government.)

It was a worrying time for VicHealth, admits Kent, but was resolved quickly. State business franchise fees on

tobacco were abolished. VicHealth was funded from consolidated revenue to remove the immediate threat and then funding came out of standard budget expenditures – a situation that continues today. Since 1 July 1998, annual funding for VicHealth has been determined by the Treasurer, appropriated as part of Victoria’s annual budget within the Department’s appropriation.

Rhonda Galbally thinks it is a great pity that the dedicated tobacco tax was capped, then abolished. “It became the model that we were still pushing internationally, because it was the only model many countries could afford, however it wasn’t the model we were using.”

How VicHealth has been funded						
	1988	1989	1990	1993	1995	1997+
Total Victorian tobacco licence fees (as a percentage of value of wholesale sales)	30%	35%	50%	75%	100%	Nil
Proportion hypothecated to health promotion fund	1/6	1/7	1/10	1/15 (max)	1/15 (max)	Nil
Percentage of wholesale sales for health promotion	5%	5%	5%	5% (max)	6.66% (max)	Nil

### NOTES

- 1987–88 to 1991–92: Full hypothecation calculated as percentage of Victorian *ad valorem* tobacco franchise fees (the tobacco levy).
- 1992–93 to 1995–96: Nominal hypothecation, but capped. VicHealth funded from tobacco fees but actual amount capped and less than the specified maximum.
- 1996–97: Indexation of 3% introduced.
- 1997–: On 5 August 1997 the High Court of Australia invalidated state and territory business franchise and licence fees, including tobacco fees. Since then VicHealth has been funded from consolidated revenue as part of Victoria’s annual budget and paid via the Department of Human Services.



# 3.

A new era in Health Promotion  
1987–1997



The structure and funding model for VicHealth had been established and the organisation was poised for a period of frenetic activity. There was an air of expectation as the Board met for the first time on 3 December 1987.

VicHealth is a very different organisation now compared with its early days. But the first 10 years played a crucial part in creating the dynamic and innovative organisation it continues to be known as, despite significant changes in the external environment. The original focus of VicHealth was clear: to substantially reduce the impact of smoking.

VicHealth had a guaranteed funding stream with the tax on tobacco. It also had a tobacco buyout to complete – an achievement that took little over a year to be put into place, apart from the sports with national reach such as cricket, snooker, Rugby League and some Australian Football League clubs, such as St Kilda. The buyout still ranks as one of the organisation’s greatest achievements.

As a consistent, reliable funder of *Quit* – a successful and professional campaign dedicated to reducing smoking prevalence – VicHealth was able to share the impact, credibility and results that the *Quit* smoking program delivered. This allowed VicHealth the scope to tackle other areas, a position it exploited fully.

VicHealth supported *SunSmart*, which carries a well-earned reputation as a world leader in the area of sun protection. Right from the beginning, VicHealth also promoted physical activity, became a significant voice in debates around illicit drugs and

alcohol, helped set up centres of research to discover more about sexual health, mothers’ and children’s health, adolescent health, Indigenous health, funded ways to prevent sports injury, and used its social marketing muscle to inform the community about risk factors for health issues such as diabetes, asthma and heart disease (see Chapter Five for more detail).

More recently, VicHealth has led the charge to promote mental health and wellbeing, and increase participation in physical activity. The organisation has also delved deep into the social factors that influence a person’s health – poverty, poor housing, unemployment and poor education, among others. Methods of working have changed – so too have the types of partnerships and networks, and the ways in which VicHealth advocates change to support health.

Start-up Chief Executive Officer Rhonda Galbally grins now when asked where she wanted to take the organisation when she began. “In the beginning I wanted to get a viable foundation going. That was hard enough in itself. It’s hard to get something new going in a landscape where you’ve got a lot of enemies, ranging from the tobacco industry to bureaucracy – those envious of what was perceived to be a lot of money”, said Galbally.



Inaugural CEO Rhonda Galbally.

## A STRONG LEADER

Few were more influential in shaping VicHealth's character than Galbally. A dynamic individual with a giant intellect and the capacity to make something out of the smallest opportunity, Galbally's leadership was critical to the status that the organisation now enjoys.

Galbally excelled at many things, but a few of her characteristics were critical to the early success of the organisation. She was a master networker, whom Nossal affectionately describes as someone who "could knock heads together". She was a stickler for systems: records would be kept that would provide a wall around the organisation, which allowed VicHealth to show it was acting with integrity in fulfilling the intentions of the Tobacco Act – staring down the inevitable attacks on its credibility launched by the tobacco industry.

Galbally also knew how to spend money. As Rob Moodie, her successor in the CEO's seat, says, VicHealth was highly pragmatic. It never let the "perfect get in the way of the good". In other words, the organisation moved quickly to establish sub-committees to authorise spending and systems to show where the money was going. Galbally's philanthropic background meant she could recognise ways to get credible projects up and running.

## HEALTH MESSAGES THE MAIN GAME

Back then, health messages were promoted through sponsorship in an attempt to change behaviour. This was the main game – to break the nexus between tobacco and sport and the arts. It was an ambitious and, in some ways, audacious plan – to buy out tobacco sponsorships.

Organisations, many of them health agencies, built the community's awareness of a range of risk factors that might cause ill-health and helped show ways to positively address those issues. Nigel Gray concedes that most people in public health were sent on a steep learning curve. "Advertising as used by commerce is different to advertising as used by a health campaign. Coca-Cola tells you 'Buy Coca-Cola', but they don't tell you to drink it, because they don't need to. But if we are advertising *SunSmart*, we are not just saying 'Be SunSmart', we are telling you *how* to be SunSmart. Buy a 15+ sunscreen, put on a hat, wear a shirt, sit under a tree between 11 and 3. These are actually precise instructions, and that is something that we do in health advertising that is not necessary in some other forms of advertising."

VicHealth would secure sponsorship with either the peak association or, in some cases, an elite club, and allocate the health message developed in consultation with the relevant health agency. The messages were simple but memorable: "Booze Less Be Your Best" or "Move it or Lose It". Health agencies such as the Cancer Council's *Quit* and *SunSmart*, Diabetes Australia, the National Heart Foundation and the Australian Drug Foundation would then manage the sponsorship on its behalf.

All in all it led to a huge array of organisations and people with one degree of separation: VicHealth. Moodie agrees that this initial work often gives the organisation greater influence than the budget might suggest. "The notion of being an honest broker and facilitator is a good place to be."

Long-lasting connections with and between the movers and shakers in

the sporting, arts, health and research communities were established quickly, as well as links with government at all levels, the community sector across a range of areas and, it must be said, the general public.

National party member Ron Best, who served on the Board for 12 years, says that Galbally's strategy to create third party advocates for VicHealth and promote the brand meant that the organisation was quickly embraced. "Rhonda created important partnerships and networks that broke the discontent. Some groups quite rightly had trepidation about moving to funding from VicHealth. Rhonda guided and reassured them – their concerns were replaced with support and praise."

The depth of talent on the Board helped. Nigel Gray says that Ron Casey, legendary sports broadcaster and administrator, was the 'jewel in the crown', bringing to the challenge not only incredible links with sport, but enormous respect, tough negotiating skills and a commitment to fulfilling the objective of using sport as a conduit for health messages.

The research committee led by the irrepressible Sir Gustav Nossal was swamped with applications, most of them biomedical, but it would start a new age in public health research that just 20 years later is still yielding dividends for the community.

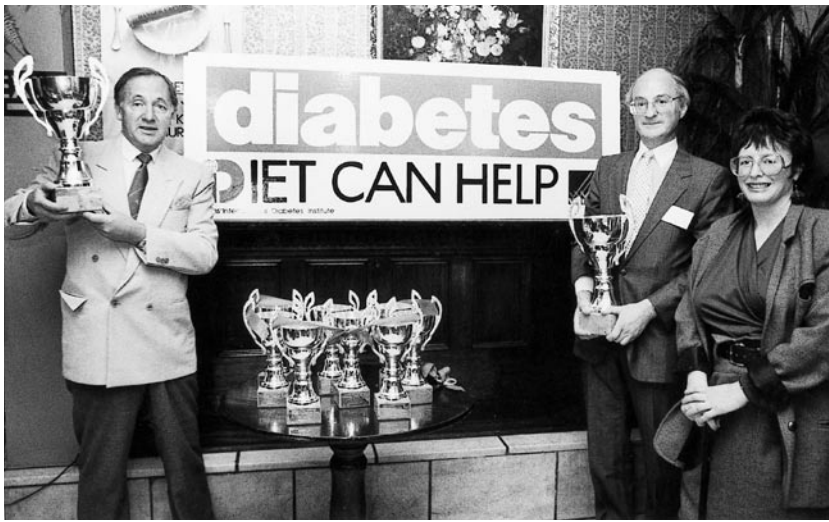
VicHealth and health agencies such as the Cancer Council, the Arthritis Foundation, the Australian Drug Foundation, the Heart Foundation and Diabetes Australia suddenly had connections and access to elite sports and arts organisations, a high level of advertising in the community, and health promotion programs on a scale that only a few years earlier would have seemed like a dream.

## Campaign examples



The messages were simple but memorable, and included:

1. Booze Less, Be Your Best (alcohol misuse)
2. Active at Any Age (increasing physical activity)
3. Quit (smoking)
4. SunSmart (sun protection)
- 5 & 6. Active for Life (increasing physical activity)



**Left** Celebrating greyhound sponsorship – Bill Collins, Professor Paul Zimmet and Rhonda Galbally.

**Right** Signage at Moonee Valley – a strong partnership was forged between VicHealth and the racing industry to promote health to the racing public.

**Far right** Through VicHealth’s sponsorship of the Herald Sun Tour, one of Australia’s premier cycling events, Victorians are encouraged to be physically active.

## SELLING THE TOBACCO BUYOUT

Of course, this wasn’t the total story. Many battles were fought and won over a short period.

One major concession had been made to ensure the passing of the Tobacco Act: no organisation or group would be forced to give up their tobacco sponsorship. Any buyout would be purely voluntary. However, the many people who’d worked so long and hard to see the Bill pass into legislation were hopeful. With funds from the dedicated tax, VicHealth would be in a strong position to argue its case. And so it transpired.

The first objective of the buyout was to replace tobacco sponsorships with sponsorships from health agencies that promoted health messages. The rest of the revenue would be used to invest in promotion of good health, safety or the prevention and early detection of disease, research and sports and arts programs.<sup>6</sup>

<sup>6</sup> Victorian Tobacco Act 1987.

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“My main job in the early days was to go around to sports bodies and ask them to give up tobacco sponsorship and replace it with promotion of a health message – the *Quit* campaign, for preference, although [VicHealth] offered other campaigns to sports that found *Quit* hard to stomach. Country Football, for example, was a reluctant bride, and its leaders didn’t want to be too offensive to their former spouse, Winfield. VicHealth thus asked them to support a campaign, “Move It Or Lose It”, mounted by the Arthritis Foundation to promote gentle exercise (though that slogan for some reason always elicited titters of anxiety from middle-aged men, particularly politicians).” Rhonda Galbally, former Chief Executive Officer of VicHealth

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Sport was guaranteed 30% of the funds by the Tobacco Act. However, as the buyout was not compulsory, VicHealth began to establish influential networks throughout the community. These extended well beyond health. In fact, so extensive was their

reach that they became a feature of VicHealth – its effectiveness and ability to move across sectors being very hard to replicate. Rob Knowles, Liberal Health Minister from 1996 to 1999, said this feature of the organisation was amazing. “It really was an endeavour to build a community initiative so that it wasn’t just government that had ownership over it, but the community generally. The message was permeating into activities and strata of society that traditional government programs had never reached.”

The first sport to be tackled was horse racing. “There was some debate at the Board as to whether horse racing was actually a sport – one point of view frequently expressed was that all that [VicHealth] was doing with events such as the Manikato Cup was promoting the health of Victoria’s horses, which by and large didn’t really need it,” recalled Galbally.

But legendary sports broadcaster Ron Casey brought the Board around to the view that the racetrack was where you would find a captive audience of the unhealthiest people in Australia



congregated in one spot. The deal was done. Greyhound racing was next, followed by harness racing.

David Parkin, an Australian Football icon who was also on the Board, says the then Department of Sport and Recreation played a huge role in advising VicHealth as to how to best use the money. “They gave us real insight into how the sporting bodies worked and who would be effective in getting things done”, says Parkin.

On a national level, however, it was not all plain sailing. The largest tobacco sponsorship packages in Australia were those of national sports, which naturally enough were televised in Victoria as well. Cricket was the toughest: the Benson & Hedges (Wills) deal with the Australian Cricket Board said to be worth A\$15 million over five years.

Soccer was the first national sport to come on board, with VicHealth negotiating a name change from the Winfield Socceroos to the Quit Socceroos. “Sporting teams always had some level of discomfort with the use of the word ‘Quit’ in their team



name – they feared that if they had ‘Quit’ written all over their gear it would sap their players’ energy and leach away their winning streaks – but we stuck to our guns, as *Quit* was not only a well-established name, but one that was short enough to capture on the TV cameras”, said Galbally.

State rivalries presented their own difficulties. When the tobacco industry pressed for the Motorcycle Grand Prix to be taken away from the Phillip Island Circuit to punish Victoria, every other state leapt at the opportunity. It ended up with New South Wales.

“VicHealth became famous for losing Victoria the seedy, grossly overvalued Formula One Grand Prix motorbike race. We offered to replace the sponsorship for the first motorbike grand prix, but the price went up and up and eventually we drew a line in the sand. In the end it went to Sydney, and much to my joy, it was always a complete financial disaster”, said Galbally.

VicHealth used its Board members to launch and talk up the organisation at every opportunity. Because it

was a voluntary buyout, VicHealth made it easy for the sporting and arts community to seek sponsorship funds to replace tobacco. It involved other health promotion agencies – connecting them with organisations and health messages and, where necessary, coaching them how to make maximum use of the investment.

The arts community jumped on board quickly and, for them, the tobacco buyout was a done deal – everyone happy and the smoke-free/*Quit* messages in arts foyers all around the state.

Ron Best attributes success in the rural areas to the fact that “VicHealth understood the fabric of country Victoria”. The organisation was sensitive to their needs and became involved in a lot of signature community events.

Such was the enthusiasm with which most of Victoria’s sporting and arts communities greeted VicHealth’s alternative sponsorship, the bulk of the buyout, which had been expected to take five years, was completed in just over one. Even the Confederation

of Australian Sport itself, a citadel of tobacco money, had seen the writing on the wall (or the *Quit* posters on the boundary) and signed up for A\$116,000 of VicHealth money.

Sport by sport, art venue by art venue, the tobacco industry was given its marching orders, even including events like Victoria's Stawell Gift, one of the world's most famous and prestigious footraces. By the end of 1991 the buyout was considered complete.

The process was intense and lively, but it was also energy sapping. The tobacco companies were ready for any slip-up, elite sports weren't sure whether community sport should get much money, the arts community ran the same argument, and allocation of research funding continued to be scrutinised. VicHealth and the health agencies managing the sponsorships were competing for recognition and exposure.

VicHealth's early high profile had also put some noses out of joint, and the organisation's reach continued to expand as the money was pushed out. Powerful allies had been created, but after some years the organisation's resources were spread very thinly and some relationships would feel the strain. Galbally's comments reveal the intensity of those early battles: "You have to get people on side when you're mobilising, so that when the attacks come you've got friends behind you."

VicHealth established processes to ensure politicians were informed when and where money was spent in their electorate. "When I was there," says Weideman, "I made sure that every person got to know VicHealth and every member was aware of what was happening in their electorate. We were also conscious that every

electorate should get value for the A\$30 million", said Weideman.

Ron Best, a National Party politician and member of the VicHealth Board, was also mindful of engaging and updating local members so that there would be no confusion about what VicHealth was doing. He says Galbally made sure that potential spot fires did not flare up. "There was a lot of petty jealousy because VicHealth had more money to spend than the government departments that had been looking after them – sport and recreation, for example, had A\$7 million dollars, while VicHealth had A\$28 million. Rhonda made sure that the important people were involved and understood [what was happening] and those issues were resolved without too many bones being broken."

## GOVERNANCE

The governance system set up to oversee grants was critical to the success of VicHealth's survival during its early years. Galbally, with the Board's support, established a robust and accountable system: "We established a second level of governance to handle decisions about grants – a series of committees expert in health promotion with sports, arts and research. The membership of these committees was drawn from a mixture of community representatives and others who brought specialist skills. The addition of this layer between the Board and the staff assessment of the projects proved very beneficial over the years."

"Many of the most exciting developments came from the committees. They added in a level of accountability and community involvement in VicHealth that added significantly to the building of our

support base. As far as the Board went, grant-making decisions were the hottest part of our business. Because of the lively system of inclusion of community members through the committee system, by the time a recommendation was made to the Board, the project had been well and truly vetted, debated and often redesigned. Our recommendations to Board were usually endorsed, with some unexceptional exceptions. The political members occasionally raised an issue about partisan allegiance, and Ron Casey sometimes had political concerns about the tobacco industry gaining a potential advantage from a naïve decision."

It was a pressure-charged situation, which Galbally acknowledges caused much stress within the organisation, but also claims was absolutely necessary. "In small ways, more could be drawn from my experience with the Myer trusts, where I had inherited meticulous, well-oiled systems for processing the grants and keeping track of every step in the process. VicHealth was another matter. After a couple of near misses where files were mislaid, I became anally obsessive. And it worked. Work styles, and work ethics, gradually changed. By the time the Estimates Committee enquired into our operation, we were highly organised with outstandingly accurate, safe systems. But it was at a cost – the whole VicHealth organisation was tense from flogging ourselves to achieve higher and higher standards and to take on more developmental work – all with the enemy, the tobacco industry, in the back of our minds. The enemy was real. The industry would have cheered if we had fallen down over administrative or financial mishaps", says Galbally.



The real change in health would happen with a connection at the community level, when people identified with the message and subsequently made changes to the way they worked, played and socialised.

## A SHIFT IN THINKING

Both Galbally and Nossal had recognised early the need to look beyond the sponsorship model to make a real difference to the community's health. This model remained relatively effective at reaching the general population, but often failed to reach the particularly at-risk groups. The benefits of reaching the general population were not to be discounted, though. They brought awareness among decision-makers of the issues, reliance by some sports on the funding and a network outside of health that would be impossible for a government department to establish and maintain. However, the real change in health would happen with a connection at the community level, when people identified with the message and subsequently made changes to the way they worked, played and socialised. Nossal said in the 1990 Annual Report, "It is clear to me that health promotion is in part about acceptance, at the local level, that the promotion of health is of value."

Galbally was on the same path: "All the evidence coming in showed people weren't at the risk of one behaviour, but several." VicHealth's focus began, ever so slightly, to shift from using sponsorship to promote health messages to changing the way in which VicHealth-funded institutions operated.

Galbally articulates the shift in thinking well: "The best anti-smoking strategies seemed to be those that encouraged people to get out, join groups from bowls clubs to neighbourhood houses and be in charge of their own lives. This approach would not only be effective for tobacco control, it could also

have a positive impact on such other risks as depression, alcohol and drug abuse. However, there seemed to be a reluctant admiration for the enemy's marketing strategies. If it was good enough for the marketing of smokes, the idea seemed to be, it was good enough for the marketing of anti-smoking messages. The assumption was that people consume behaviours such as not smoking in the same way as they consume a product such as cigarettes, and that the consumption of behaviour can therefore be created by the same approach used to market any consumer good or service."

"Advertisements on television and radio, pamphlets, kits and billboards can all be used interchangeably by the tobacco industry to promote the joys of cigarettes or by the anti-smoking movement's *Quit* messages. Behaviour around choices for health doesn't move through a set of 'steps' towards the light at the end of the tunnel. Human beings get tripped up by poverty, disability, alienation and despair. The more people are disenfranchised, isolated, lonely and depressed, the less likely they are to be able to act on any message except the one that is going to make their life more bearable right now."

"We needed new ideas, new explorations, discussions and debates. VicHealth's main job, as I saw it, was to ensure that the latest thinking and practice was encouraged, even if it was experimental and unpopular. As a result, while the tobacco industry was calling me a social engineering nanny who was trying to stop people from enjoying all the pleasures of life – smoking, drinking, sex, meat pies – the anti-smoking people were castigating me for being diverted from the narrow tried-and-true path that if you just tell people something





Treasurer Alan Stockdale and Health Minister (the late) Marie Tehan join VicHealth Chair Sir Gus Nossal in December 1992 to celebrate the Foundation's 5th birthday and launch *Partnerships with Healthy Industry*.

often enough with bigger and more expensive advertising campaigns, they will eventually take notice. We needed new approaches to prevention, not just more of the same”, she says.

Throughout much of Galbally’s era, the organisation would grapple with the notion of how to combine the social marketing model that their initial success and profile had been built upon, and the growing sophistication and complexity of promotions that relied on policy, skill development, strengthening community action and creating supportive environments.

The organisation’s ability to position itself as a proactive advocate for organisational and structural change to support health should not be underestimated. Galbally continued to advocate that people at the community level, on the ground – the teachers, the football coaches, the choir leaders – who were in control of their own environment were the keys to influencing and changing behaviour. Organisations saw VicHealth as a

legitimate voice in health and that its ambitions to work with the bodies it funded were worthwhile. Programs addressing community needs began to run alongside the more overt social marketing programs.

Programs such as the Healthy Localities project provided the opportunity for local government to work with community agencies and residents to identify priority health issues and implement local health promotion strategies;<sup>7</sup> the Fairlea Women’s Prison project (Somebody’s Daughter Theatre Company) by Arts Access; support of the Flying Fruit Fly Circus; and sports injury prevention programs that addressed one of the barriers to people’s participation in sport showed that VicHealth could be involved at a much more complex level than sticking signs on walls. The answers weren’t obvious, but the need to connect with the community essential.

The research program was continuing to shift the terrain towards public health research with its eventual goals

of a priority-driven health promotion research program still years off being possible. Between 1987 and 1991, biomedical investments accounted for 33% of the funding (A\$8,441,991), clinical 6% (A\$1,646,048) and public health 61% (A\$15,769, 546).<sup>8</sup>

Successful programs were making a significant impact on the understanding of health promotion issues. The Royal Children’s Hospital was funded to implement and evaluate the effectiveness of a new hearing screening program, based on the theory that it would result in a lowering of the mean age of diagnosis of deafness. A grant was given to establish a pilot mammographic screening service to determine the acceptability of such a service among Victorian women, the costs and standards to be applied. As well, a pilot of Pap smear recruitment – personal letters of invitation to women in rural Victoria for Pap smear screening – and comparison with other recruitment strategies began.

<sup>7</sup> VicHealth *Annual Report* 1990, p. 22.

<sup>8</sup> VicHealth *Annual Report* 1991, p. 10.

Programs addressing community needs began to run alongside the more overt social marketing programs. VicHealth became an 'invisible' hand in many health promotion initiatives.



Whether sponsorship was the best way to sustain behavioural change was increasingly being questioned by academics and internally. However, VicHealth itself could not change overnight. The political realities in 1992, when the Kennett Government came into power, the subsequent changes to the way it did business, and the often paranoid approach ingrained in the organisation – not without some justification – meant that investments often continued on the same lines as during the early years. Stakeholders and politicians were kept happy, the programs were easy to understand and VicHealth's visibility was kept high. However, after 10 years, with many conversations about the change needed and the departure of Galbally, the time was ripe for a new era to begin.

Minister Rob Knowles supported a review. Key members of the state ALP also wanted change and indicated as much to VicHealth. "The review of some of the early sponsorship deals was important. VicHealth had to replace big-ticket sponsorship – VFL, racing, cricket,

and major arts organisations and you needed to maintain that for about a decade. I had a willingness to support politically a review of some of that funding. I wanted the funding basis to change from one that is replacing tobacco sponsorship to one showing the sponsorship as good value for what can be achieved in health by promoting a positive health message. Funding became more of a business decision. It wasn't compensation [to replace tobacco], it was a business decision about where we can get the best bang for our buck in terms of using these funds."

VicHealth's new Chief Executive Officer, Rob Moodie, had no problem with that situation. It was essential to keep the energy levels high and the action results oriented. His opening address in the 1998 Annual Report brimmed with confidence: "I look to the future with great optimism and anticipation. As we develop a new VicHealth, I am confident that the achievements of the next 10 years will be equal to or, if not, greater than what we have achieved to date."

So a much-needed transition began. It would affect the way VicHealth worked with sport, the arts and the community as well as government. During the early years, VicHealth had developed a unique approach and had many wins. That approach was now to change. It would see VicHealth becoming an 'invisible hand' in many health promotion initiatives.



# 4.

Adapting to a changing environment  
1997 onwards

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

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

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

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

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

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



Rob Moodie, CEO of VicHealth since 1998.

## A NEW MESSAGE FOR A NEW ERA

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

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

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

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

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

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

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

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



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

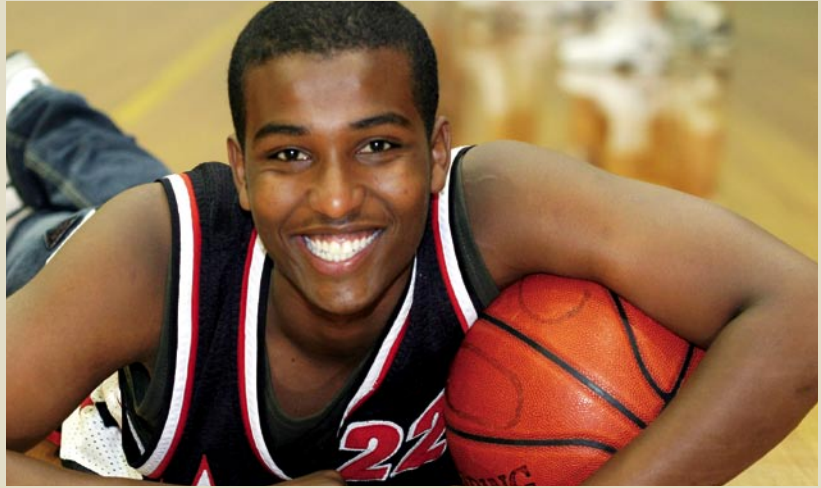


Ms Jane Fenton (right), VicHealth's current Chair, presents Ms Sally Beck from the Geelong Performing Arts Centre with an award for excellence in health promotion, 2004.

## Active young Africans

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

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



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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

## Health through football

The shift from sponsorship and branding to participation and healthy environments is particularly evident in Australian Football. In the early days, branding was the name of the game – SmokeFree messages were everywhere, adorning everything from the jumpers of the North Melbourne Kangaroos to the drink stands at amateur games, and Booze Less was particularly prevalent at country games.

When VicHealth decided to become more involved in brokering strategies that improved participation, which included moving away from the elites to grass roots clubs, it restructured its investments with various football bodies to work with the newly established Football Victoria which provided access to all levels of football across the state.

Through the partnership with VicHealth, the sport has become more inclusive, welcoming and responsive to community needs. The alliance has already benefited many participants (officials, volunteers, umpires and coaches, as well as players), clubs, leagues and the sport in general.

“Football Victoria and VicHealth recognise the physical and mental health gains from participation in footy and the need for clubs to attract and retain participants”, says Mick Daniher, Football Victoria Manager Development and Planning.



South East Youth Girls Footy Park Cup Grand Final 2004. Photo: courtesy Football Victoria

“For this reason we established a strategic alliance aimed at increasing participation in healthy and welcoming environments in both new and traditional football markets.”

Some of the initiatives underway include the ‘You Kick Like a Girl... Good for You!’ promotion, the establishment of a junior girls competition, and pathways for girls from Auskick to open age and into coaching and umpiring. Recreational football, a tamer version of the game which has broader appeal, is being trialled. There are also campaigns aimed at building the participation and capacity of volunteers, and coaching and umpiring programs.

Opportunities for Koori communities to participate on and off the field are increasing, and there is much work being done to increase interest

and understanding of the game for children and parents from diverse cultural backgrounds.

Football Victoria recently launched their Quality Club Program, designed to help community football clubs enhance their operations and provide club environments that will attract new participants, officials and members and retain those they already have.

With policies and processes in place for the responsible serving of alcohol, bouncing racism out of sport, accommodating people with disabilities, addressing training of volunteers, establishing community partnerships, and more, many club environments are on their way to becoming much more healthy and welcoming.



5.

The Big Issues

VicHealth fosters change in the social, economic and physical environments that influence the health of all Victorians. Underpinning the work is the belief that health is a fundamental human right, that everyone shares in the responsibility for promoting health, and everyone should benefit from improved health outcomes.

VicHealth works across many sectors and with many partners in the community to build opportunities for people to be informed, learn new skills and have greater access to activities, as well as create environments that enable people to enjoy healthier living.

Sitting within a state and federal system of health promotion and disease prevention, VicHealth's particular focus is on a flexible,

responsive, imaginative and evidence-informed approach to working with its partners from across different sectors in the community.

VicHealth is continually scanning the environment for, and investing in, new knowledge and approaches to help lead the discipline of health promotion. The organisation also seeks to contribute value to the larger public health system by adding to the

knowledge base and disseminating evaluation data and new evidence to practitioners and policy-makers.

While tobacco control continues to be a key focus for VicHealth, other key areas of involvement now span sport and physical activity, mental health and wellbeing, the arts, research, and sun protection. VicHealth's approach to each of these issues is detailed in the following sections.

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## Tobacco Control

VicHealth's biggest question has always been: Is smoking prevalence decreasing? The answer: Slowly, but surely. Rates are half what they were in 1987 when VicHealth began – down from 34% to 17% of Victorian adults regularly smoking. In fact, tobacco control has been one of *the* best, if not the best buy in health over the last 30 years. And with the federal and state governments facing massive increases in their health budgets over the next 30 years, it remains the best, if still largely under appreciated, 'blue chip' investment in health.

That's due to the partnership between VicHealth and the Cancer Council Victoria's *Quit* campaign – a relationship that has been maintained since 1987 – and support of successive ministers and governments for legislative change. The *Quit* partnership has required energy, consultation, intellect, courage, evidence and has, like any relationship, experienced its highs and lows. But it has endured and now prospers, as all parties recognise that the fight, although part of the



landscape, is only just beginning. *Quit*, which received a significant injection of funding from VicHealth after the Tobacco Act was passed (its budget was tripled in 1988), has been at the front line of anti-smoking campaigning for 20 years. VicHealth has been a significant other, often in the background, sometimes right up front, in the battle to reduce tobacco use in the community.

Success has been real. Now, less than one in five Victorian and Australian adults smoke. As a result, over 17,000 premature deaths are being averted each year in Australia. A lower rate of tobacco use has been a major reason for the decline in heart disease, let alone in chronic respiratory diseases. We know that people who don't smoke, or those who quit, not only live a lot longer, but they get sick for a much shorter time than smokers do.<sup>10</sup>

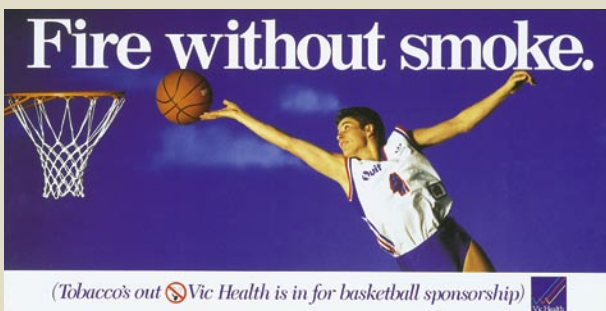
<sup>10</sup> VicHealth Centre for Tobacco Control 2003, *Tobacco Control: A Blue Chip Investment in Public Health*.

## Blitz on cigarette advertising



It would have been difficult for Melburnians to miss the anti-smoking message emblazoned on 200 prime-site billboards around the city in early January 1989. The signs: *This poster has just given up smoking (and it feels terrific)*, were the first shot in a long-term anti-smoking campaign launched by VicHealth.

The poster campaign drew attention to the decision by the Victorian Parliament to gradually phase out billboard advertising by cigarette companies. Half of cigarette company billboards had to be removed in 1989, and a further 25% the year after, with the final 25% removed in 1991.



Tobacco control is a great investment as well. In 1998 alone, the estimated total benefit in Australia was A\$12.3 billion<sup>11</sup>, made up of lower health care costs of A\$500 million, improved health status gains of A\$2.2 billion and longevity gains of A\$9.6 billion. And this was calculated using a very conservative assumption that public health programs contributed *only 10%* to the decline in tobacco consumption. The savings, due to lower health care costs, can be put back into the health system for people who don't smoke.

Most tobacco advertising has been banned. No more tobacco ads on television during peak viewing periods at the rate of one *every 12 minutes*, as happened in Australia during the 1970s. Sponsorship in sport has almost completely disappeared. No more Benson & Hedges cricket competitions, nor Winfield Cups. The dreadful irony of tobacco companies sponsoring the opera is a remnant of the past.

We know more about the lying and misrepresentations of tobacco companies. Millions of previously secret internal documents have been released through litigation in the United States, telling a 40 year tale of denial about the health effects and addictiveness of tobacco. Plus, who can forget the bosses of Big Tobacco testifying in the US Congress, putting their hands on their hearts and saying they believe that nicotine is not addictive? We know of their efforts in Australia and across the globe to directly and indirectly influence government policies, through financial contributions to political parties and individual candidates, and through sophisticated public relations campaigns.

There is compelling evidence that the partnership between VicHealth and the Cancer Council is working. The mutual respect between the two agencies is now evident. Rob Moodie says VicHealth was very lucky to be able to fund a campaign such as *Quit* because it was such a good investment. "It's the first thing I show to those who want to know what VicHealth funds and that VicHealth works", he said.

The Cancer Council's Director, David Hill, says that VicHealth is a very good and understanding funding body. "If that was the only thing I said about VicHealth that would be significant in itself; however, I do have more positive things to say. They have been consistently concerned with health outcomes and that is very important."

The Tobacco Act marked a significant development in tobacco control for many reasons. Hill says its effect should not be underestimated. "The Tobacco Act, as well as having an immediate practical impact in some of the forms of regulation and providing a steady stream of money for tobacco control, had enormous symbolic importance. The fact that this was an issue that needed its own Act of Parliament was very important. You can't quantify that aspect." It was a very important line in the sand.

When VicHealth began, *Quit* was already well advanced as a campaign. A media campaign, No Butts, had run in 1984 and the *Quit* campaign began in 1985. It moved quickly into sponsorship, sponsoring high-profile sporting clubs and personalities to communicate its message. This meant *Quit* was the best placed of all the

### In 1990 *Quit* sponsored:

- Fitzroy Football Club
- Eastside Spectres National Basketball Team
- Victorian Football League
- Nunawading Spectres Women's National Basketball Team
- Victorian Netball Association
- Victorian Tennis Association
- Australian Surfriders Association
- AFL Victorian Football Development Foundation



health agencies to take advantage of the VicHealth model when it began in 1987. *Quit*'s campaign geared up after 1987 and continued to cause smoking rates to decline. Its advocacy, research, campaigns and strategies to support quitters would see it entrenched as a world leader in tobacco control early in its history – a reputation it has continued to build on, to this day.

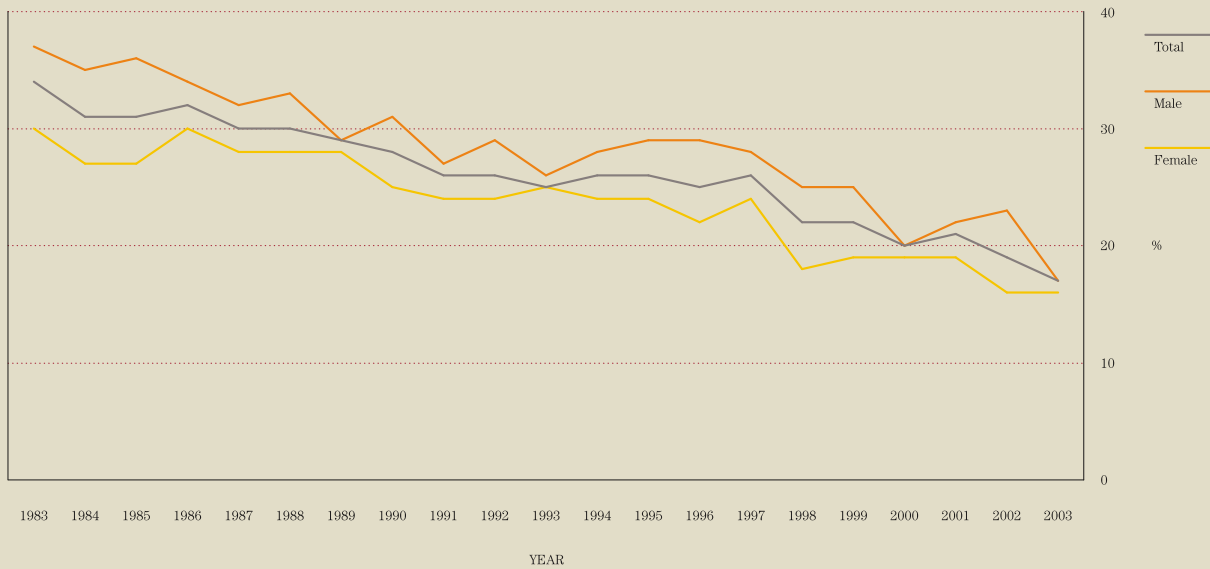
VicHealth has played a big part in this process. Of its funding, 10% (more recently 12%) has gone to the *Quit* campaign – a significant amount, but still infinitesimally small when the budgets of its opponents in the tobacco industry are considered. However, VicHealth's reliability as a source of funding and its independence from

<sup>11</sup> Applied Economics (2003), *Returns on Investment in Public Health: An Epidemiologic and Economic Analysis*, Department of Health and Ageing, Canberra.



## The decline in smoking rates

(% of Victoria's Adult Population)<sup>12</sup>



Professor David Hill, current Director of The Cancer Council Victoria.

government has enabled *Quit*, thinks Hill, to do a much more professional job in tobacco control than it might have been able to do otherwise. “I’m very enamoured with the VicHealth model for public institutions. It’s arm’s length. It depoliticises issues and you have long-term support. For instance, *Quit* is able to create television campaigns based principally on need and evidence. We do not need to be concerned about what we believe the

electors think we should be doing. They might be the same thing or they might not be”, said Hill.

The structure of the relationship has meant more than one voice has continually and effectively advocated for changes – legislative and environmental – to reduce smoking. Hill says the fact that Gus Nossal was consistently ready to speak out for tobacco control policies in his role as Chair of VicHealth added substantially to the credibility of *Quit*. Rob Moodie has continued to regard tobacco control as VicHealth’s *raison d’être*, even though the organisation he leads carries a broad health promotion brief. This has been useful for both organisations’ credibility. “The thing about tobacco control,” says Hill, “is that once you understand the issues you become an advocate.”

## John Elliott loses Carlton Football Club its sponsorship

One of the most significant developments in the early stages of Rob Moodie’s period as Chief Executive Officer was when VicHealth decided to terminate its smoke-free contract with the Carlton Football Club after Club President John Elliott chose to smoke during a nationally televised North Melbourne Grand Final Breakfast. The decision created a furore and much associated publicity for the smoke-free cause. VicHealth’s contract clearly stated club officials could not promote tobacco or tobacco products.<sup>13</sup>

<sup>12</sup> Quit 2004, <www.quit.org.au>.

<sup>13</sup> VicHealth *Annual Report 1998–1999*, p. 15.

## Arts Centre goes smoke free

The current Victorian Arts Centre website says it simply enough: *In the interests of public health, the Victorian Arts Centre is a smoke-free area.* This didn't happen by osmosis. VicHealth and *Quit* were the impetus for such change. Sue Nattrass, former General Manager of the Victorian Arts Centre and former VicHealth Board member, was part of the push. "Getting places [arts venues] to be smoke free was not that difficult in actual fact", said Nattrass. "Certainly the Victorian State Opera [VSO] was the first to take it on board and help convince the Arts Centre it should be smoke free. The singers wanted a smoke-free atmosphere right through the

venue so there was pressure from the stage up to implement some sort of structural change."

Each time the issue went to the Arts Centre Board it would take another step forward. Initially zones were set up for smokers. Those zones began to shrink. In the end the smokers disappeared out the door. In 1990, the Victorian Arts Centre became completely smoke free. "We were early adopters. There is no doubt about that", said Nattrass. "The money was important for forcing the change, but it was not the only motivation. You need conviction to carry these things out properly and the VSO were very responsible as to how they went about forcing the change."



The VicHealth Research Centre for Tobacco Control was also established in 1999. Work has focussed on the legal, economic and social aspects of tobacco control. It is, says Nigel Gray, one of the best things to happen through VicHealth funding. Back when the Act was passed, he says such a research centre was only a faint glimmer on the horizon. It further strengthened an already existing culture at *Quit* that evidence must underpin activity and public statements – *Quit's* evaluation studies are famous for their rigour. This philosophy has been crucial for maintaining credibility and respect within the community. VicHealth has also evaluated the program independently, providing an important sounding board for the campaign.

This support helped *Quit* to play an important role in supporting reforms that have dragged down smoking rates: legislation banning smoking in many public places, including workplaces; smoke-free environments in sporting clubs and stadia, including the famous Melbourne Cricket Ground; legislation abolishing point-of-sale advertising and regulating the display of tobacco products in retail outlets; media campaigns that were both confronting and effective (including an award-winning television campaign that featured a father in hospital being visited by his family); increases in the price of cigarettes and warnings on cigarette packets to discourage smoking and advertise the dangers and health consequences; and programs to support those quitting.

*Quit* has also been instrumental in Australia's national tobacco control efforts. Together with the VicHealth Centre for Tobacco Control (VCTC), *Quit* developed *Tobacco Control: A Blue Chip Investment in Public Health*, a valuable document for non-government organisations lobbying the Government for appropriate resourcing of tobacco control nationally.

*Quit* and VCTC also actively lobbied the Federal Government to ensure that Australia became a signatory to the WHO Framework Convention on Tobacco Control, a treaty that gives countries more tools to control tobacco use and save lives.

Both *Quit* and VCTC are consortium members of the National Centre for Excellence in Indigenous Tobacco Control, created in 2002 to build



Rob Moodie continues to regard tobacco control as VicHealth's *raison d'être*, even though the organisation carries a broad health promotion brief. Photo courtesy Quit Victoria.

national capacity for effective Indigenous tobacco control programs. Indigenous smoking rates, at 57.1%, are still the highest among any population group in Australia.

But still much is to be done. Tobacco is the largest cause of preventable deaths in Victoria and Australia. Despite the increased controls, the tobacco companies are still very active globally. The US Federal Trade Commission has estimated that in 2002 they spent US\$12.47 billion in the US alone on promotion, an increase of 11% over the previous year and an increase of 30% over the sum spent in 2000. No wonder former Victorian Health Minister Rob Knowles says VicHealth still has a long way to go before it loses its original focus: to substantially reduce the impact of smoking.

Hill has no doubt that the battle, although yielding many victories, is nowhere near over. "Although we're proud of pushing the fact that smoking rates have gone down so much, it is a multi-generational undertaking. Even after 20 years or

so of *Quit* being funded by VicHealth, we've only halved the prevalence of smoking during that time. So, it needs sustained funding and the ability to plan in the long term, which is what *Quit* Victoria has been able to do. The challenge is to keep it fresh. As long as it's on the public and political agenda, I'm sure we can keep going forward. But we can't afford to drop the ball", says Hill.

## Tobacco reforms in 1999

Prior to the tobacco reforms, Victorian children were spending about \$25 million per year on cigarettes, and research showed that about 40% of Victorian retailers were selling tobacco to children on a regular basis.

A number of other Australian states had already, or were in the process of, introducing smoke-free dining laws.

Tobacco reforms were part of the Bracks' Government election platform. A number of reforms were introduced to address under-age smoking rates including:

- A ban on point of sale advertising
- Restrictions on the display of tobacco products in retail outlets
- Increased penalties for cigarette sales to minors
- A negative licensing system for tobacco retailers
- Compulsory display of health warning signs in tobacco retail outlets

The Government also wanted to address passive smoking via an incremental raft of tobacco reforms that initially included smoke-free dining and smoke-free shopping centres. The intention was to phase in further smoking bans and to maintain enforcement of cigarette sales to minors laws.

In Opposition, John Thwaites, the then Shadow Minister for Health, worked closely with *Quit* and VicHealth to garner support for smoking bans in public areas, such as in restaurants.

“The Labor Party’s smoking policy developed in Opposition, and later implemented in Government, led to a wave of change, culminating in other states following Victoria’s lead, and introducing similar smoking bans”, says Minister Thwaites.

Expectations were high. Government wanted to reduce exposure to second-hand smoke, reduce the sale of cigarettes to minors by retailers, and reduce the numbers of young people smoking.

“The Government introduced the tobacco reforms with a view to getting people to quit. But it is fair to say that getting smoking rates down to as low as 16.3% is better than we anticipated,” says current Minister for Health, Bronwyn Pike.

Another highlight was the high community support for further tobacco reforms. The Parliamentary Secretary for Health, Mr Daniel Andrews MP, led the Government’s community consultation, striving to work with all key groups, from health advocates and the community to unions and industry.

In 2000, support for smoking bans in licensed premises was around 55%, in 2004 this increased to around 80%. Minister Pike says that there have been no negative economic impacts on restaurants, cafes and shopping centres as a result of the smoking bans.

On 5 May 2005 the State Government announced further reforms to the *Tobacco Act*, which include smoking bans in enclosed workplaces from 1 March 2006, smoking bans in enclosed licensed premises from 1 July 2007,



The Hon. Bronwyn Pike MP, Minister for Health.

and strengthening laws to enforce the ban on cigarette sales to young people from 1 March 2006.

Minister Pike says the phasing of tobacco reforms has been “incredibly valuable”, allowing evaluation and monitoring of each phase to inform future strategies and reforms. Increased support for the reforms has come from enhanced consultation opportunities with stakeholders and the public.

Minister Pike acknowledges there is still more work to be done, but is confident of results. “There are specific groups where we would hope to further reduce smoking rates – groups within which there have not been significant declines following smoking reforms, such as young woman, Koori Victorians, and ethnic communities. New tobacco reforms give us another opportunity to further drive down the numbers of people smoking in Victoria.”

## Sport and Physical Activity



The relationship between VicHealth and sport always loomed large over the organisation. The Act requires that at least 30% of VicHealth funds have to be paid to sporting bodies. During the initial debate, the tobacco companies had pushed hard the line that VicHealth would abandon sport once the initial flurry of activity was over. The late Ron Casey, a man vital to the early success of VicHealth, knew that if a guaranteed funding rate were legislated he would be able to allay the sporting communities' fears.

The relationship between sport and VicHealth, although evolving, still stands strong today. In many cases the sponsorship of sport to promote health messages – VicHealth's original brief – worked wonders. As a way of advocating the *Quit* and *SunSmart* messages, for example, the connection and outcomes were brilliant. Lindsay Gaze, basketball legend and VicHealth Board member, says that, in some ways, the organisation changed the face of sport in Victoria. David Parkin says it was a key part of

Victorian sport's rapid transition from semi-professional to professional in the late 1980s and early 1990s.

However, as a way of advocating participation – an issue VicHealth took a lead on in the late 1990s – the sponsorship model was not going to be as effective. By the late 1990s, it was time to change the structure of the link between sport and VicHealth.

### **The game kicks off**

When the siren first sounded in 1987, the tobacco buyout was the main game. The strategy was simple enough: health agencies such as the Anti-Cancer Council, the National Heart Foundation and Diabetes Australia would use the sponsorship to promote their key messages into the public arena.

For example, *Quit* was encouraging the community to stop smoking by sponsoring Victorian football club, Fitzroy. *SunSmart* encouraged people to employ sun protection methods by sponsoring iconic surf

lifesavers. Diabetes Australia covered the racing codes with messages about healthy diets. The Arthritis Foundation encouraged older people to be physically active.

Where a synergy existed between the message and the sport, the method worked well. Some sports managed the relationship brilliantly. Others floundered. Some health agencies maximised their sponsorship. Others took time to learn how to spend the money. Nigel Gray admits he was surprised, after his experience with the Anti-Cancer Council, that parts of the sporting sector were not geared up to use the money well. However, whatever the nature of the message and its effectiveness, one impact was certain: less tobacco advertising was reaching sports followers.

The *SunSmart* program, which linked surf lifesaving with sun protection, is one case study that exemplifies the powerful connection between sport and health. The message went beyond signs and sponsors' logos and slogans. It created news. It challenged

## Tobacco out and VicHealth in to make Victoria the sporting state of Australia

Submission to Martin Inquiry into Sports Funding and Administration, Tuesday, 25 July 1989

Mr Ron Casey, Board member of the Victorian Health Promotion Foundation and Chairman of the Tobacco Replacement Committee, told the inquiry that he was delighted at the speed with which sport has endorsed the foundation and enabled it to replace tobacco.

“Sport has expressed great pleasure that they now have an alternative

to tobacco sponsorship. Prior to the existence of tobacco legislation and the Victorian Health Promotion Foundation, sport had no choice but to take tobacco sponsorship. Sport was well aware of the contradiction in promoting a product that created bad health for sports people, while also contributing to the exploitation of young Victorians in the habit of smoking, which leads to death and illness.”

Source: *VicHealth Letter*, September 1989, Issue no. 4, p. 6.



stereotypes. It slipped into the community's dialogue and understanding of what is normal – protecting yourself from the sun. It was based on research and evidence. It demonstrated the skill of the Anti-Cancer Council in developing integrated communications campaigns. And it played a part in reversing a trend in skin cancer rates to see them decline for the first time in 50 years. (See also page 70.)

### The transition

As time went on, the use of sponsorship to promote health became unsustainable. Complementing other strategies, sponsorship had a place. On its own it could not last. As sponsorships became more outcome driven, and at the same time more expensive, the relationship between the extent of the investment and the value of the end result was put under closer scrutiny. In basic terms, as sport became an even more attractive vehicle for commercial sponsors, VicHealth began to be priced out of

the market. The organisation could get better 'bang for its buck' elsewhere.

Where relationships existed between sports and a health agency, the sports found they were sometimes serving two masters. For example, sometimes the elite level of the sport and its governing body were receiving grants that simultaneously carried different messages. It was, says Lindsay Gaze, long-time supporter of the connection between sport and VicHealth, becoming confusing and unworkable.

At the same time, sports participation and development at the community level were becoming real issues for both sport and health bodies, who shared the mutual objective of wanting more people to be active.

Gaze watched the subsequent move from advertising and sponsorship to a partnership-based approach happen: “The transition has been remarkably efficient and effective and for some of us maybe a little bit surprising. There was concern there may have been a backlash and a bit

of resistance to change. I think the consultations that we went through implementing the change and the explanations were well received.”

CEO Nigel Taylor of Surf Life Saving Victoria (now Life Saving Victoria, following a merger with the Victorian branch of the Royal Life Saving Society Australia) has also been a supporter of the shift in orientation. “In some ways the shift to focus on participation is not dissimilar to social marketing. It's only early days, but it's getting a lot of people who might not be obviously aligned to the organisation to potentially join. Transport is a big issue for a lot of communities, but lifesaving is basically free and there is a broad range of activities you can get involved in. We've addressed that by not pushing hard for members, but by trying to get people to connect to the beach initially and then, from there, take a board and go and ride a wave. We hope that over time different communities can feel more aligned.”

## Wimmera Region Sports Assembly

*In 1988, the Wimmera Region Sports Assembly first gained a grant from VicHealth to train 10 'Gentle Exercise to Music' leaders, some of whom are still involved in this today. The WRSA also gained funding from VicHealth between 1990 and 2001 to support the development of Regional Games.*

"VicHealth's early years were very much about gaining a profile. Initially it bought out tobacco sponsorships and supported a wide variety of profile and grass roots sporting events. Communities, particularly sporting clubs, saw VicHealth as another readily available funding source."

"Over time sponsorships from VicHealth required something more than these 'naming rights' and clubs developed partnerships with health agencies or altered their approach to include promoting health messages. This led to clubs developing and adopting policies to cover non-smoking, responsible serving of alcohol, healthy eating and SunSmart behaviour."

"VicHealth's funding guidelines reflect their most recent change of policy direction and now we see regular, cyclical funding programs set up to directly support VicHealth's aims. For example, funded programs aimed at physical activity rather than

sports participation now embrace applications from not only traditional sport organisations but those with a commitment to sport and physical activity such as local government and YMCAs. Each one of these agencies has a role to play in promoting and supporting an increase in physical activity for a variety of population groups. In essence, this widens the impact that VicHealth is able to have and highlights its important role in the health of Victoria."

**Di Trotter, Executive Officer,  
Wimmera Region Sports Assembly**

Rob Moodie says that VicHealth intends to keep pushing and expanding the frontiers of the science of participation and supporting sport every step of the way. "We want sport to be thinking with our assistance about the best way to attract people and keep them involved. There are more than 9500 sporting clubs in Victoria, and they are more than just clubs – they're community resources."

### Creating healthy environments

VicHealth is partnering State Sporting Associations to develop healthy environments throughout their clubs and associations as part of the *Partnerships for Health* scheme. It's a long-term process that is advancing one step, and in some cases one club, at a time. But creating healthy environments is not merely an end in itself. It underpins strategies to increase physical activity, ensures that participants

receive the full health benefits of engaging in sport, and creates opportunities for social connection.

Making people feel welcome and included is just one component of a healthy environment. All sporting associations are expected, as a condition of their involvement in the scheme, to have their affiliated clubs support 100% indoor smoke-free environments. State Sporting Associations also work with their clubs and associations to promote practices that prevent sport-related injury, encourage responsible alcohol management, provide healthy eating choices, and promote sun protection.

VicHealth Project Officer Shelley Maher says healthy environments make sporting clubs attractive and inclusive. "If you've got a place where people feel welcome and valued, they will be more likely to join a club, and then to come back the next week, and the week after that."



Gymnastics Victoria – a firm supporter of the Partnerships for Health scheme.

Maher says that the clubs that are most successful, whether that's on or off the field, tend to have a range of healthy practices in place. In many cases increased membership has allayed initial fears at club level about possible revenue losses caused by introducing responsible alcohol management or smoke-free policies.

Gymnastics Victoria is one organisation that is well advanced in developing healthy environments. Its *Club 10* program, developed nationally in response to declining

membership numbers, is an excellent model for sports grappling with the notion of how to work with clubs to improve environments. Embedded within this scheme in Victoria is the condition that clubs deliver on smoke-free environments and, over time, depending on their capacity, provide healthy eating choices at their venues.

Jane Farrance, Executive Director of Gymnastics Victoria, is a firm supporter of the *Partnerships for Health scheme*. “It’s important to build a solid club infrastructure. Clubs that are bursting at the seams and can’t have any more members are the ones that are well run.”

Recently Gymnastics Victoria has also committed to developing measures to support responsible alcohol-management and injury-prevention practices. It has five accreditation categories that enable clubs – regardless of their size, location or scope of operations – the opportunity and direction to improve continuously. Currently 103 clubs are accredited.

### **Walking School Bus Program**

In 2001, VicHealth was invited by the State Government’s Lead Agency Committee on Physical Activity to take a leading role in initiating and developing a *Walking School Bus Program* in Victoria. The development of the model was assisted by a statewide network of government and non-government agencies that had already generated or planned complementary initiatives and policies across Victoria.

VicHealth piloted the program in 2002 with four councils. Over the past three years, the program has grown to include 55 councils. Despite the program still being in a

formative stage, at least 3200 primary school children and 700 volunteers regularly walk to and from one of more than 200 schools where the bus operates across Victoria.

The program was developed in response to the fact that less than 30% of Victorian children walk to school. VicHealth recognised that if children were to be encouraged to become more active, it would be necessary to come up with relevant and innovative models, to deal with parental concerns about ‘stranger danger’ and road safety, and to engage the community and sustain real cultural change that once again makes it easy and common for children to walk independently to school. The *Walking School Bus* was the first step to addressing these issues.

The idea is simple. Children walk to school along a predetermined, safety-audited route, led by a volunteer adult ‘driver’ and with a volunteer adult ‘conductor’ at the rear. Local government authorities have acted as facilitators to establish most *Walking School Bus* networks and routes in the local area.



VicHealth piloted the Walking School Bus Program – an innovative model to deal with ‘stranger danger’ and road safety – in 2002.

## **Sports injury prevention**



The *Sports Injury Prevention Program* began in 1989 when the *Sports Safety Equipment Program* was launched. It’s VicHealth’s longest-running small grants program.

It is also one of its most far reaching. Since 1990, when the first grants were allocated, 5962 clubs through metropolitan and regional Victoria have received A\$6,286,287 in funding to buy equipment to protect participants from injuries received while playing sport. Grants go directly to the club.

The average grant approved has been about A\$1000. The types of equipment approved under the scheme include goal-post padding; cricket batting pads, gloves and helmets; goalie gear for hockey; portable steps and non-slip mats for lawn bowls; and catchers’ gear for baseball and softball. Successful applicants have also been required to attend Smartplay Workshops, which are designed to provide basic education on how clubs can reduce and prevent sports injuries.



## Food for all

In recent years VicHealth has worked with local councils on a number of food security projects to improve people's access to and consumption of a variety of foods, particularly fruit and vegetables.

These projects are now providing lasting solutions in local communities.

Food insecurity is basically an inability for people to eat regularly from sources other than emergency relief. It's much more common than we think or would like and it has much broader consequences than just diet – it impacts on people's physical, mental and social wellbeing.

Those most at risk of not eating healthy and nutritious food include people with low or no income, and those who live in poor quality or insecure housing. Often the groups who are most affected are Aboriginal and Torres Strait Islanders, refugees, single parents, people with chronic illnesses or disabilities, people living in remote or isolated areas and young unemployed people. There is growing evidence that

people experiencing food insecurity are more likely to be overweight or obese, particularly women.

“Most of the strategies to improve access to healthy eating for vulnerable groups have focused on short term emergency food relief or individual counselling and health education. Food access is a complex issue potentially involving many different players – from planners to housing officers and small business owners to health professionals – and we believe local councils are best placed to develop relevant, integrated and long lasting strategies to tackle this problem”, says Lee Choon Siau, VicHealth's project officer for healthy eating.

One example is the Braystone Project, which provides a shop, mobile market stall and delivery service for fresh fruit and vegetables in the western suburbs of Melbourne. Operated by WestNet, an organisation that provides a range of pre-vocational training opportunities for people with intellectual disabilities, the project has provided improved



access to affordable, nutritious meals by making healthy food available where people live.

The Braystone Project has had many positive outcomes. Not only have people got a better understanding of how improving their diet impacts on their lives; the market stall provides a focus for social activity and interaction, and promotes wider acceptance of people with disabilities. It's all about communities connecting and supporting each other.

Activities to improve access to healthy food choices for vulnerable groups complement VicHealth's investments in research, community development and health education for healthy eating.

By walking to school, children get some regular exercise, they make new friends and they're more alert in the classroom. Additional benefits include fewer cars on the road, less pollution and a repopulation of the neighbourhood, which results in a safer environment for children.

VicHealth's Kellie-Ann Jolly is the director responsible for the overall implementation of the program. She says there is no doubt that the *Walking School Bus Program*

increases a sense of community in the neighbourhood, and that safety around schools has improved. It's also been suggested that the bus offers a practical solution to bullying, which can occur as students walk to and from school.

Development of the *Walking School Bus* at the local level has also seen the growth of collaborative partnerships between schools and local councils and, in a number of instances, other agencies such as VicRoads,

Police, Primary Care Partnerships, Community Health Centres, Regional Sports Assemblies and Neighbourhood Renewal programs.

## Mental Health and Wellbeing



VicHealth's collaborative work in promoting mental health and wellbeing, particularly since 1999, has lifted its reputation throughout the state. The organisation has taken a leadership position, consulting widely and with experts, and using all the strategies necessary for effective mental health promotion – research, communication, policy analysis, evaluation, program and workforce development and community strengthening. The achievements, widely recognised not only throughout the Victorian community but nationally and internationally as well, demonstrate the dividends a long-term commitment to a health promotion organisation can yield.

The work also demonstrates the vision and leadership that former chair Professor John Funder (now Chair of SANE Australia) brought to VicHealth – his willingness to push forward and create the evidence.

Former Ministers for Health Rob Knowles and David White cite

VicHealth's move into mental health promotion as one of its great achievements over its lifetime. Both also admit the issue was not in their vision when they vociferously supported the Tobacco Act way back in 1987. "We have seen things happen that would never have been possible otherwise. VicHealth has taken a life of its own, governments have not intervened and it's moved successfully and continually into areas such as mental health promotion", says White.

How the promotion of mental health and wellbeing began, and what it has become, are two different things. VicHealth's investment in mental health before 1998 was focused on two very specific outcomes:

- research (Alzheimer's Disease by Professor Colin Masters at the Mental Health Research Institute, Professor Pat McGorry's Early Identification of Psychosis, and Professor Helen Herrman's work to establish baselines on the health status of primary caregivers); and

- promotion of mental health in families, schools and workplaces (workplace model adapted from the Tavistock Institute).

In December 1998, VicHealth launched *Exercise Your Mental Health*, a campaign that coincided with the arrival of the new chief executive, Rob Moodie. VicHealth concedes now it was a campaign conceived without a strategy to underpin and anchor it; however, it acted as a catalyst for the organisation to find a way to effectively promote mental health and wellbeing. "We had to bring organisations and people together and work out a coordinated approach", says Moodie.

By 1999, significant change had occurred, including the development of a Mental Health Promotion Plan.

Project worker Lyn Walker, now the Director of VicHealth's Mental Health and Wellbeing Unit, was the person assigned the task of developing the broad strategy for the plan. Walker knew that a good plan needed



policy analysis, evidence review and stakeholder input and support. VicHealth could do the analysis and review, but stakeholder input would be the key to success. Walker proposed that VicHealth invite experts from a range of fields to sit on task groups arranged around the discrete population groups – young people, old people, Indigenous people, new arrivals and regional/rural people – in order to develop the plan.

Rob Moodie, who was very keen to establish a consultative organisation that acted as a broker of good ideas, supported the process. “It wasn’t us defining the issue. It was a whole lot of people defining it. We developed a strategy which brought 100 organisations together”, he says.

Each task group consisted of 15 to 25 people with expertise in mental health, mental illness or experience and expertise in supporting the population group. A wide range of backgrounds and expertise was brought to the table – from the arts, education, housing, local government and sport. The notion that one in four people would suffer mental health problems in a 12-month period would quickly get their attention. “They all had a commitment to individual and

structural change and they came from a range of sectors and disciplines. We got a cross-fertilisation of ideas and discussion”, says Walker.

There was a buzz at VicHealth. “People were being brought into a discussion recognising the importance of social determinants to health, and being asked to be part of joint planning for future investment. It was very exciting. It also heralded a new way for VicHealth to do business, opening doors to people that had never worked with VicHealth before”, says Walker. This process marked a new era and revealed to all that the organisation was about to change.

Supported by an evidence and literature review, as well as their own expertise, the task groups, without exception, were able to establish and settle on three determinants of mental health that the plan should focus on: social connectedness, freedom from discrimination and violence, and economic participation. Improved access to these resources has many health benefits, including an increased sense of belonging, improved physical health, less stress anxiety and depression, less substance misuse, and enhanced skill levels.



**Above** The Hon. Jeff Kennett (top), Premier of Victoria, and the Hon. John Thwaites (above, left), Shadow Minister for Health, launch the Mental Health Promotion Plan with VicHealth’s Chair, Professor John Funder, October 1999.

**Left** The *Exercise Your Mental Health* campaign was a catalyst for VicHealth to find ways to effectively promote mental health and wellbeing.

VicHealth then began to grapple with these conclusions to develop a conceptual framework. “We knew what the issues were. The question was: How do we indicate the evidence, reflect health promotion practice and create a flow to the plan in relation to outcomes, so that we can reputedly proceed?” says Walker.

Walker revisited the evidence. The task group Chairs were invited back to draw out the conceptual lines. The plan began to emerge and was approved by the community and health committee and the Board. It would be a defining document for VicHealth and the way it worked.

In October 1999, the Mental Health Promotion Plan was launched. The framework was clear and logical. Factors influencing mental health and wellbeing would be addressed

## Bringing cultural communities together

“VicHealth has contributed funding towards a number of CERES (Centre for Education and Research in Environmental Strategies) events over the years, including Music Under the Stars, The Kingfisher Festival and, most recently, The Harvest Festival. Initially the funding we received was linked with a specific health organisation, such as Diabetes Australia, but nowadays funding is aligned to a project such as the *Communities Together* mental health and wellbeing initiative.”

“At the most recent Harvest Festival, for instance, hundreds of local cultural groups were involved in cooking up a huge spread. There were groups from everywhere – Ethiopia, Indonesia, Vietnam, Iraq, Sri Lanka, India, Italy,

Greece and Malta – and thousands more from the local community came along to watch the demonstrations, try the food and celebrate.”

“Through these events, people experiencing social isolation are included and a sense of community cohesion is created. This can only enhance our mental health and wellbeing.”

“Our relationship with VicHealth is very important. Not only in terms of the funding we receive, but also because they are a great partnership organisation. We’re on the same wavelength when it comes to community involvement. Instead of just telling people what they should or shouldn’t do, they



Celebrating cultural diversity at the CERES Harvest Festival.

form partnerships with established groups and get the message out that way. It’s a much more fundamental approach and it gives people a very real sense of ownership.”

**Cathy Nixon, Events and Festivals Coordinator, CERES Community Environment Park**

through a range of health promotion actions: research, workforce education and skill development, direct service pilots, community strengthening, organisational development, advocacy for legislative and policy reform, and communication and social marketing.

Over 700 organisations from many sectors have since received funding and been involved in the implementation of the plan, 32 local governments have been engaged in development and implementation activity, over 1500 people have attended launches, seminars and forums and two key stakeholder symposiums have attracted 600 attendees. More than 500 people have attended VicHealth’s pilot short course, which is aimed at developing the skills and capacity of people in different sectors

to undertake successful mental health promotion activity.

Irene Verins, one of the people who managed the implementation of the plan through VicHealth, says the first step was to look at a new kind of language which would engage people from various sectors in a common understanding of mental health: “Understanding began to change when we began to talk about mental health and wellbeing. Mental health and wellbeing has now become part of the mainstream language.” A community awareness campaign was relaunched in June 2001 as *Together We Do Better*.

By April–June 2003, this campaign had an estimated Reach of 96% of Victorians aged over 18 years (source: Optimedia).



Health Minister Bronwyn Pike launches the second phase of *Together We Do Better* in 2003, which explores ways in which individuals and organisations can remove potential barriers to participation and help everyone improve their social networks.

The inclusion of those outside health was relevant because it meant access to external resources. “It’s very useful to emphasise that the drivers of the mental health and wellbeing lie outside the health sector. It means you are able to draw on a larger resource base, instead of diluting funding allocated to the mental illness/

## A positive spin on mental health

*Report from the Western Pacific Region of the World Health Organisation, released on Mental Health Day, 2001*

An Australian agency is putting a positive spin on mental health. VicHealth, a Government-funded, privately run foundation, is engaging community groups to help shift public perceptions of mental health from illness to empowerment.

VicHealth's mantra is to ensure people feel 'connected' to their communities: school children playing sports and games; immigrants learning about their new homes; or depressed rural communities launching new initiatives to inspire community productivity. This helps

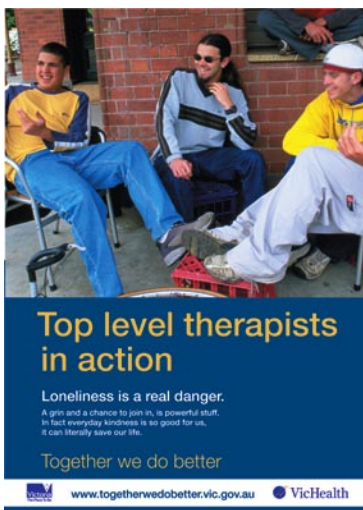
to reduce isolation and improve mental health as well as reduce the risk of developing mental illness.

One example is a project that aims to include residents of depressed rural areas in community revitalisation... other VicHealth-supported initiatives include a mentoring program for young juvenile offenders with sports role models, leadership training for Aboriginal Australians, and an initiative to help newly arrived immigrants from areas of armed conflict to deal with the stress of their old and new environments. In addition, VicHealth's programs also focus on the needs of senior citizens. According to Dr Moodie, mental health promotion is 30 years behind

physical health promotion. He says one of the group's main tasks is to develop evidence that mental health promotion has lasting results.

Dr Helen Herrman, Acting Regional Adviser for Mental Health in the Western Pacific Regional Office of WPRO who also served on VicHealth's advisory board, says this approach to mental health promotion can be applied in other countries, developing as well as developed.

"People in Government, non-governmental organisations and the community must begin to see that they can have a positive impact on mental health. This has benefits for everyone," said Dr Herrman.



One of the posters from *Together We Do Better*, the community awareness campaign that helped engage people from various sectors in a common understanding of mental health.

treatment end of the health spectrum. It's one of the most creative things that has happened", said Verins. "It encourages ownership and engenders responsibility for mental health in those not from Health."

VicHealth also recognised that a skilled workforce was needed to underpin its strategy. It therefore invested significant resources in equipping hundreds of people from a variety of professional and community backgrounds to deal with the many complex issues surrounding mental health promotion.

Verins says the last six years have been about learning, building evidence and substantiating the initial claims that came out in the plan. Moodie makes no apology for this. It was too critical an issue to sit on. "There are issues you need to push forward. You need to go with what the ideas are,

without necessarily having all the evidence that it works. In a sense we're creating the evidence", he says.

Research reports such as *The Health Costs of Violence*, showing the extent of intimate partner violence and its enormous impact on women's mental health and wellbeing (see pages 66-67 for more information), have made significant international inroads into understanding the link between violence and poor mental health, while social inclusion has been the factor most naturally leading to logical program and policy responses. Verins says it is also the factor that has been understood by people and incorporated into social policy – evidenced by the Department of Victorian Communities *Community Strengthening program*.

While this is the case, Walker also warns that with government now

committed to improving our social environments and relationships, we cannot expect this activity to address the very significant mental health impacts brought about by poverty, discrimination and alienation. Social relationships are but one part of the jigsaw; however, structural poverty and alienation remain huge mental health pressures that VicHealth will continue to respond to in current and future work.

In some areas, finding the evidence and connections has been difficult. Projects such as *Changing Lanes* in Bairnsdale – a project set up in 2004 to retain disengaged and at-risk young people in learning – have been, on their own, hugely successful. However, showing the critical link between economic participation and mental health is not an easy task. “It’s difficult to clearly define relationships of causality between one’s economic status and one’s state of mental health and wellbeing, even though we know that being unemployed makes you feel worse.”

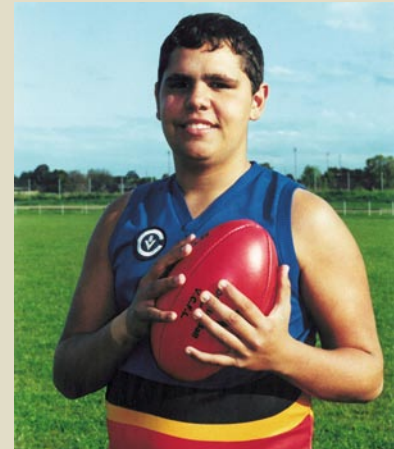
It’s where the focus has now turned – measuring the intermediate outcomes in VicHealth’s mental health plan. Moodie says the organisation has to ask: “Are we starting to change the levels of connection, freedom from violence and discrimination as we claim? We need to get people to focus on that – how well are we doing quantitatively?” John McLeod, an evaluator who has worked with VicHealth through implementation of the first plan, sums the approach up well: “The most successful strategy has been to target organisations within communities. You realise that the first step in social change or community change is not with the individual participants, it’s with the organisation, changing them and developing a policy and guidelines for doing things better.”

## Engaging the Rumbalara community

Paul Briggs is a community leader and president of the Rumbalara Football/Netball club. Most members of the Rumbalara community are Yorta Yorta people, the traditional owners of the Goulburn Valley area, which is home to the largest Indigenous population outside of Melbourne.

Rumbalara might now be considered one of the State’s more important football/netball clubs. Its members are predominantly Aboriginal. The club provides a space for the community to come together and provides potential for those within to flourish. Its activities go well beyond sport. The club promotes leadership and mentoring and has a strong focus on youth suicide prevention. It promotes pride in the culture and the community – critical for health and wellbeing. It also is a club that is successful in both netball and football. This promotes health by itself, but also provides a link to the mainstream community. These activities come under the *Healthy Lifestyles and Leadership Program*. It’s a beacon in a community that is doing it tough.

Briggs, who led the club’s development, says that before he took the proposal to VicHealth, members of the community were invisible to the mainstream community, merging through negative stereotypes – lost to school, out of the workforce, in crisis.



Health Minister at the time, Rob Knowles, remembers that the existing government structures weren’t able to address the issues and VicHealth provided a structure that could work. “VicHealth was prepared to use its status and independence to fund a community initiative when the broader community had completely lost confidence in that community sector.”

Briggs claims that without the partnership with VicHealth the club would not have got off the ground. However, without Briggs’s tireless work on behalf of his community, it’s doubtful much would have been achieved. The project has shown the mainstream community what is possible.

## The Arts



VicHealth promotes participation in the arts and access to arts events to promote mental health and wellbeing. It works in partnership with arts organisations – both large and small – to develop strategies that encourage those who would not traditionally participate in the arts or attend arts events to do so. Access to the arts helps people to connect socially and participate in their community’s cultural life. Getting out, getting together, having fun. That’s healthy – mentally healthy.

It’s a significant progression in the relationship between the arts and VicHealth that began in 1988 with, by today’s standards, quite simple funding criteria:

*The arts and culture program will sponsor arts projects that encourage excellence and are innovative. These projects must assist the foundation to communicate health messages to Victorians. Funding priority will be given to those arts and culture activities that reach a*

*wide and appropriate audience. Projects that broaden community access to, and involvement in, the arts are preferred. Up to 7% of Victorian Health Promotion Foundation funds will be available for arts and culture projects.*

The tobacco buyout for the arts was much smaller than that for sport, but significant nonetheless. However, it happened quickly and, according to Victoria Marles, a member of VicHealth’s first Arts and Culture Committee and long-time conduit between VicHealth and the arts, the initial committee didn’t have much to do with any buyout because “there wasn’t much to buy out”. Tobacco had sponsored the elite end of the arts, but these organisations were happy to switch sponsorship to convey a message with which they were much more comfortable.

The funding criteria concentrated mainly on signage that promoted health messages at events. The arts were to be a vehicle for conveying a

message to the public; however, that was not the only objective. Right from the beginning VicHealth aimed to use the sponsorship as leverage to create structural change within the arts and generate healthy practices during events – for participants, workers and spectators.

Sue Natrass, who was on the Arts Committee from 1987 to 1998, says even this simple structure influenced the thinking of those in the arts community. “It might have been in subtle ways, but these messages made people think differently how the arts related to health. The arts focus a lot more on community involvement now than they did in the past.”

A shift began to happen in 1995, when VicHealth determined that the sponsorship relationship would be with the organisation itself, rather than the event. Organisations were expected to provide healthy food choices, establish smoking control measures and implement responsible alcohol-servicing practices. Marles

## Bringing professional theatre to regional Victoria

For most people living in regional Victoria, the chance to see high-quality professional theatre is a very rare treat. But those living in the north-east of the state are luckier than most. They have Hothouse Theatre, Australia's biggest and most successful regional theatre, on their doorstep.

As well as putting on a number of productions at their home base in Albury-Wodonga, Hothouse take to the road once or twice a year, playing in halls, community centres and other venues in 10 to 15 small towns across the region.

Charles Parkinson is Hothouse Theatre's artistic manager and says that having a professional theatre company in the region makes it a richer place for people to live. "Hothouse has become a very important part of the community, and a leader in lobbying for the cultural rights of people living in regional areas."

Hothouse also holds an annual youth theatre festival, Biting Dog, and offers a two-year traineeship in technical theatre. Funding for the past four years has come from VicHealth's *Major Arts Partnership Scheme*, and now the *Audience Access Scheme*, which encourages community involvement in the arts as a way of strengthening social networks and delivering positive mental health outcomes.

HotHouse is working in partnership with the Upper Hume Community Health Service developing a production in response to the disastrous 2003 bushfires. *Embers* will be produced in 2006 and tour through the bushfire-ravaged areas of Victoria.

says that a shift began to happen as the arts organisations demonstrated that they had fulfilled all the requirements VicHealth had attached to the relationship. Simultaneously a research base began to grow underneath the arts and VicHealth began to review the arts program and examine its effectiveness.

In 1999, after much internal discussion and consultation with the arts sector, VicHealth launched its *Arts for Health Program*. This recognised not just the importance of the arts as a means of communicating health messages, but also the arts themselves as health promoting activities. In recognising this, VicHealth also acknowledged that such pursuits, however beneficial, were not available to everyone. The *Arts for Health Program* promoted participation and access to those most in need, to overcome social isolation. It therefore put community-based arts at the top of the agenda.

Marles says that growing evidence about the potential benefit of the arts for health drove the shift. "The research says that involvement in these activities [the arts] is good for you. So there was a move away from supporting institutionalised art. These organisations are in good shape and have a subscriber base that keeps returning, so you can't keep saying the same thing to them."

VicHealth decided to fund community arts organisations to increase participation in the arts. It maintains a relationship with 10 major arts organisations to encourage them to develop programs that increase access to the arts so that all members of the community might have a better chance of seeing the elite performances. The *Arts and Environment Scheme*

pushes for local governments and local communities to employ arts practices which bring public spaces in communities alive – and, if done well, to bring people together during the consultation and development process.

Importantly, the success of these programs is being measured. Marles says the recognition of the importance of evaluation was a key driver of the changes that occurred around 1999. "There is scrutiny of the questions: What effect do the arts have on people? What makes a good community arts project that provides people with a positive experience? How do we include more people?"

Natgrass has little doubt that being involved in the arts is enough to change a person's mental, and therefore physical, health. "It creates a sense of wellbeing, a sense of sharing and a sense of belonging to some sort of family and community.



VicHealth has funded 16 councils through its Arts and Environment Scheme to work with the local community on creative projects dealing with public space.



It's important in every sense because it shores up values, and if the values are right in a community it means people will look after each other. They will nurture and encourage good health and communality. It sounds amorphous, but I think it's a terribly powerful thing. The arts can do so much in a community. It's how you measure what comes out the other end that is so difficult."

The community, led by VicHealth, now understands better the role the arts can play in improving community mental health and wellbeing. The tobacco legislation and subsequent buyout took the organisation into the sector, the sponsorships created the right conditions for structural change and then, to everyone's credit, when these changes had been implemented the arts had the courage to change gear. The arts sector now promotes health by involving, developing new skills and including – surely an ethos the arts were renowned for, years before it became a health promotion mantra.

## Community singing across Victoria



*Victoria Sings* is one of the real success stories of VicHealth's Community Arts Participation scheme. In town halls and community halls across the state, people are getting together – regardless of their vocal abilities, age, background or gender – and singing.

Fay White, a doyenne of community music, and community developer Anne-Marie Holley, train people to run community singing sessions. Participants in their training courses learn how to select and teach songs aurally, and how to unleash the creativity of participants in singing groups. They develop leadership skills and look at ways to establish and sustain their groups. The leadership training makes the program organic and self-fulfilling.

In the three and a half years since the program started, the network of singing leaders has grown to 350. There are now more than 560 singing groups operating in Victoria, from the 'Acafellas' in Castlemaine to 'Vocal Nosh' in Emerald. This means that close to 7000 people regularly get together to sing.

VicHealth Project Officer Susan Ball says the emphasis on rural and regional Victoria was deliberate in order to support communities that do not have opportunities for musical training. Individuals come together, give themselves a name, sing, and share a meal. It's about loosening up, laughing, being involved and making a bit of a racket in the process. These sessions are great for bringing people together, creating social connections, breaking down a sense of isolation and strengthening communities.

## Public Health Research



Sir Gustav Nossal, the first Chair of VicHealth's research committee, once said that researchers should always look at what they achieved over five years, not one. It's an approach, he claims, that paints a much more positive and realistic picture of your work. VicHealth can rightfully take a similarly long-term view when assessing its research investment. Not only has it funded its own successful research projects, it has also played a significant role in encouraging more good public health/health promotion/preventive medicine research to come out of Victoria. In some ways the hard yards have been done: Victorians will benefit even more in the future than they have in the past from the results of this work.

VicHealth's research program started with a grand vision. It wanted to create a base for public health and health promotion research, but it was battered in its attempts by the reality of a research environment focused more strongly on biomedical issues than health promotion.

Change would not happen overnight, nor would it occur on its own. The research committee, led by Professor Graeme Ryan (and including Professor John Funder, who joined the committee in 1994, three years before becoming Chair of VicHealth in 1997), knew that a transition would occur and eventually more public health and health promotion programs would emerge. VicHealth began to play a nurturing role. "As time went by and we saw more and more applications coming in, we were able to say we now have the capacity to be more strategic in our approach", he says.

In 1997, the time came to embed the change. The research committee received 178 applications and funded nine projects. Ryan says it was like being "drowned in applications". Many of the short-listed applications received National Health and Medical Research Council (NHMRC) funding. A review occurred and a new path was chosen. "The move created a seachange."

As part of its research investment strategy, VicHealth contributed to building a critical mass of researchers. It began to work towards investing in research activity that was more closely aligned to its priority areas of interest – tobacco control, mental health and wellbeing, and participation in physical activity. Applications for research in identified priority areas were advertised. Research and practice and advocacy became more closely entwined. It also forced the centres to find their own funding once they had had time to get up and running.

Funder and Ryan were an integral part of this shift, but some things were difficult. Scepticism about their intentions had to be overcome. "We needed to show that we had our heart in the right place in trying to promote the disciplines that exist in the public health arena rather than those in the more traditional medical research arena", says Ryan. "Having established [our good faith] there, we also wanted to make sure that the research we funded was

underpinned by a proper evidence-based approach and wasn't going to be too ... herbal. There needed to be an appropriately rigorous assessment of applications." Potential candidates also had to be identified – many overseas and interstate – and enticed back with realistic career opportunities and greater availability of funds. In the end, the shift took over five years to embed.

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**If I look back on my time at VicHealth, the change of research strategy is one of the achievements I'm happiest about. The provision of senior research fellowships, the PhD scholarships – that clear capacity building in the health promotion area.**  
Professor John Funder, former VicHealth Chair

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The 1998 *Annual Report* stated: "With public health and clinical health research workers chronically underfunded in Australia, VicHealth aims to make a significant contribution to a well-trained public health and clinical research workforce in Australia."<sup>14</sup>

Although it's early days, Ryan says the effect is already being felt. "In Victoria the situation has been transformed. The more active people are – like Melbourne University's Professor Terry Nolan, Monash's Professor John McNeil, Deakin's Professor John Catford and La Trobe's Professor Stephen Duckett – the more other people are attracted. Action generates its own momentum."

Funder agrees: "There is no question now that Victoria is internationally competitive. It is providing national leadership and quite a bit of that is due to VicHealth's foresight and

the way it supported the groups over the years that needed support. It's actually moved beyond Victoria now. We need to continue to nurture and be on the lookout to bring more people back from overseas with that sort of capacity."

Increasingly, efforts are being directed at ensuring the translation of research findings into policy and practice.

A critical piece of research undertaken in 2004 was VicHealth's study of the health impact of intimate partner violence. The study has been internationally recognised and has played a critical role in raising awareness of the complexity of the issue and providing some key levers to addressing longer-term prevention.

VicHealth and the Department of Human Services worked with a range of researchers, policy-makers and practitioners to assess the health impact of intimate partner violence for Victorian women, focusing on its prevalence, the health problems it causes, and its contribution to the total disease burden in Victorian women.

The results sent shock waves across the community, showing that intimate partner violence is responsible for more ill-health and premature death in Victorian women under the age of 45 than any other of the well-known preventable risk factors, including high blood pressure, obesity and smoking.

"A key part of the study's success and strength of evidence base has been the strong and collaborative partnerships developed between government, community sectors, researchers and experts", said Rachael Green, Senior Policy Officer in the Office of Women's Policy in the Department of Victorian Communities.



The intimate partner violence report not only gives an insight into the effects of violence on women's lives – it prompts the hard questions about how we inform, educate and change the behaviour that leads to partner violence.

"The project was marked by an environment open to challenging frameworks and understanding, alongside a willingness to share knowledge and expertise. This contributed to the shared ownership of the project outcomes, a key factor in addressing such an issue as intimate partner violence, as prevention requires multilevel strategies across all sectors."

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**"The burden of disease associated with this violence must be understood as a significant public health issue. The results of this study show the whole community needs to be involved in the effort to prevent domestic violence."**

The Hon. Bronwyn Pike,  
Minister for Health

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There is consensus internationally that intimate partner violence is best addressed in the context of a human rights, legal and health framework and through the development of multi-level strategies across sectors. In Victoria, this approach is coordinated through the whole-of-government

<sup>14</sup> VicHealth *Annual Report* 1998, p. 48.

Women's Safety Strategy, with intimate partner violence also being identified as a priority in the Women's Health and Wellbeing Strategy.

The findings of the VicHealth study pointed clearly to the need to increase efforts in policy implementation in these areas, with particular emphasis on the primary prevention of violence against women.

The *Health Costs of Violence* was one of two studies acknowledged in the World Health Organisation's *Milestones of a Global Campaign for Violence Prevention 2005: Changing the Face of Violence Prevention*, launched in October 2005: "WHO-WPRO views these studies as tremendously important examples from which other countries can learn how to design and conduct research that is of practical value for changing the face of violence prevention by showing the true scale of the problem, the inadequacy of current policy and programme responses, and what must be done to improve the situation."

## RESEARCH AT A GLANCE

VicHealth supports a mix of investigator-led research, strategic research and evaluation research to build evidence for health promotion interventions. Over the past 15 years, VicHealth has invested more than A\$60 million in 400 individual research projects to help improve the health of all Victorians. In 2004 the level of research funding was around A\$6 million. In that year, Victoria received the highest per capita NHMRC funding for public health research. Victoria and Western Australia (the two states that have health promotion foundations) both perform very well in public health research funding. This is an indication of the value of capacity

building provided by the foundations in assisting researchers to obtain national funding.

In 2000 VicHealth increased the alignment of the research investment to VicHealth's Strategic Directions and its program areas. It articulated a need to link research with policy and the health promotion programs VicHealth identified as priority areas for funding (tobacco control, mental health and wellbeing, physical activity, healthy eating and health inequalities).

Current research funding comprises fellowships, scholarships, centres for research and specific grants.

## THE RESEARCH CENTRES

The development of the research centres was part opportunistic, part inspiration. They remain among the organisation's best investments – humming along, as one researcher puts it. The centres were very effective models for VicHealth. By building a mass of activity around an area of research, different disciplines, methodologies, personalities and cultures could focus on gathering evidence and effecting real change in one specific area. In the end, though, their success was a result of excellent directors, appointed by VicHealth, who made things happen.

Professor Doreen Rosenthal, first director of the Centre for the Study of Sexually Transmitted Diseases at La Trobe University (now **Australian Research Centre in Sex, Health and Society**), says the development of the centre in 1990 was the highlight of her academic career. It had a life and energy that was enormously exciting. "It gave us the opportunity to put together a group of people with an interest in the same area but coming at it from different disciplinary perspectives. It was the first time

many of us had worked in this way and we learned about a variety of methodologies. We were also working in an area that was relatively new. Sexuality and sexual health was really of no concern until HIV/AIDS came along, so not only was it a blank slate but it became very rapidly a public health issue. We were right there at the coalface."

Professor Judith Lumley, who remains Director of **Mother and Child Health Research**, a centre established in 1991 under the name Centre for the Study of Mothers' and Children's Health, also auspiced by La Trobe University, can claim a fair degree of responsibility for changing the birth experience for families throughout Victoria. "One of the things different about this centre is that it wasn't set up as a centre to begin with. I put in a program grant application to set up a group of people researching in the area of mothers' and children's health with a public health rather than a clinical focus." Lumley, a lecturer in both paediatrics and obstetrics, 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 saw Melbourne as the perfect location for such a centre – 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. Lumley, the individual, was perfectly placed to bring all the pieces of the puzzle together.

Despite different personalities, both Lumley and Rosenthal led centres that became very influential. Rosenthal adopted a policy that presented the centre as the experts in the field. Getting the message across was a key part of the strategy, with a community liaison model leading the way in communicating research in a palatable manner. “One of the best things I did was employ someone whose role it was to actually bridge the research and policy-makers, research and practitioners, research and the community. We did a lot of media, a lot of writing letters to the paper.” Quality research was translated for practical use – a critical need in the area of sexual health, where community education and quick response is vital.

Another centre that also became very influential was the **Centre for Adolescent Health**, led by Professor Glenn Bowes, inaugural Professor of Adolescent Health at the University of Melbourne. It was the first multidisciplinary centre to focus on adolescent health in Australia and is recognised for advancing knowledge that has influenced adolescent health practice and policy internationally. Established in 1991 with support from VicHealth and the William Buckland Trust, it was auspiced by the Royal Children’s Hospital working in partnership with the University of Melbourne, the Royal Women’s Hospital and the Royal Melbourne Hospital.

A major, groundbreaking piece of work to come out of the centre was the Gatehouse Project, which looked at the impact of the school environment on the health and wellbeing of young people, and the scope of schools to provide a setting that meets their emotional needs. The innovative five-year research project involved over 60 secondary schools and was aimed

at promoting emotional wellbeing and preventing behaviour problems by working to strengthen a sense of positive connection to the school.

Professor Bowes says the project has informed health promotion research by describing a rigorously evaluated intervention that has the potential to substantially reduce the morbidity associated with the use of tobacco, alcohol and illicit drugs by young people. It provided an understanding of the influence of social environments on emotional wellbeing and other important health risk factors of adolescents.

Funding from VicHealth in 2001 enabled the Centre for Adolescent Health to develop a comprehensive program to disseminate both research findings and the intervention strategy more broadly.

One of VicHealth’s goals is to narrow the inequalities in health that exist between sections of the community. To this end, the VicHealth Koori Health Research and Community Development Unit was established in 1998 to improve the health outcomes for Koori communities in Victoria. The unit (renamed the **Onemda VicHealth Koori Health Unit** in 2005) is building the evidence base by taking a partnership approach to research and academic teaching by actively encouraging and supporting Koori participation.

Auspiced by the University of Melbourne, the unit now also receives funding from the Office for Aboriginal and Torres Strait Islander Health (OATSIH). It focuses on historical and cultural determinants and how they relate to health and health services, and facilitates and brokers research action between researchers and Koori communities and disseminates research findings. It also has a major role in supporting

Koori students and undergraduate teaching in Aboriginal issues, especially in the Faculty of Medicine, Dentistry and Health Sciences.

In line with VicHealth’s commitment to tobacco reform, it was clear that increasing resources needed to be directed to developing a strong research base. Consistent with this, the **VicHealth Centre for Tobacco Control** was established in 1999. Originally auspiced by a consortium of the Anti-Cancer Council of Victoria, the University of Melbourne’s Centre for Public Policy and the Institute of Public Health and Health Services Research at Monash University, it is now auspiced by the Cancer Council of Victoria. The centre covers the economic, legal and social issues involved in reducing smoking and undertakes research on the broader socio-political and policy factors associated with tobacco control work.

Having taken a leadership role in mental health promotion, VicHealth recognised that it needed research to underpin its strategy and in 2004 established the **VicHealth Centre for the Promotion of Mental Health and Social Wellbeing**. Auspiced by the University of Melbourne, VicHealth’s newest centre will enhance the capacity of different sectors to promote mental health and wellbeing.

## **OTHER RESEARCH INVESTMENTS**

### **Victorian Public Health Research and Education Council (VPHREC)**

The Victorian Public Health Research and Education Council (VPHREC) was established in May 1999 to develop opportunities for public health research, education and training service providers to build new partnerships and create

## Researching children's physical activity

One of VicHealth's major objectives is to increase participation in physical activity. Physical inactivity is ranked second only to smoking as the most important issue affecting our health<sup>15</sup>. VicHealth is funding leading researchers to find ways to address barriers to physical activity and explore effective interventions.

One of the first studies in the world to objectively measure children's activity involved more than 1200 families. The Children's Leisure Activities Study (CLASS)<sup>16</sup>, launched in December 2003, was conducted by researchers at Deakin University's Centre for Physical Activity and Nutrition Research, including VicHealth Research Fellow Dr Jo Salmon.

It examined changes in physical activity and obesity and provided a detailed picture of the influence of the family environment. "The results were very telling", said Dr Salmon. "We found that the older children were only half as active as the younger children and girls were less active than

boys". It's clear that older children spend more time in sedentary pursuits than younger children. The study also found that nearly one-third of older boys would prefer to watch TV than be physically active. Most children thought they were highly active, but the study found that they were engaged in only low levels of activity.

Specific barriers to physical activity were highlighted by parents, including perceived 'stranger danger' and road safety. "Every second parent of younger children saw a need to supervise their child whilst playing outside."

Children who reported not having a park near to their home were less likely to walk or cycle in their local neighbourhood and children living in houses or flats on small blocks of land were less active than other children.

Clearly, neighbourhoods need to be made more accessible and welcoming. It can be as simple as having traffic lights nearby so children can cross safely and having good lighting in



public spaces. Dr Salmon agrees that we must protect the public spaces we currently have. She is now conducting follow-up research with the children and their parents to measure the relationship between green space and physical activity.

Dr Salmon exemplifies the approach VicHealth seeks when investing in researchers. She is determined to make a real impact, which means spending time out in the community, listening, and engaging stakeholders. The results show that this consultative approach is more likely to lead to behaviour change – not only amongst the community using leisure spaces, but those who design and regulate them.

a stronger public health advocacy program in Victoria. VPHREC was originally funded by its members, the Department of Human Services and VicHealth. VicHealth is now the principal funder of the program.

### Cochrane Collaboration

The Cochrane Collaboration was formed in the UK in 1993 in response to the drive by Archie Cochrane for best evidence to influence health care practice. The collaboration's

aim is to prepare and maintain systematic reviews of the effects of health interventions, and to make this information available to all practitioners, policy-makers and consumers. VicHealth funds the Cochrane Health Promotion and Public Health Field, an entity of the Cochrane Collaboration that seeks to support and promote the development, dissemination and use of systematic reviews of health promotion and public health interventions.

### Evaluation

VicHealth has a demonstrated commitment to the evaluation of funding and outputs of research and has developed a comprehensive performance management and evaluation framework that incorporates research grants.

<sup>15</sup> Mathers C & Stevenson C, November 1999, *Burden of disease and injury in Australia*, Australian Institute of Health and Welfare Catalogue PHE 17, Canberra.

<sup>16</sup> Salmon J, Telford A & Crawford D, July 2004, *Children's Leisure Activities Study (CLASS) (Summary Report)*, Centre for Physical Activity and Nutrition Research, Deakin University, Melbourne.

## Sun Protection



VicHealth started providing a continual, reliable funding stream to *SunSmart* in 1988. In fact, *SunSmart* was the first beneficiary of VicHealth funding. This was used to provide a A\$100,000 sponsorship of Surf Life Saving Victoria for the Cancer Council's *Slip, Slop, Slap* campaign to “educate people about the dangers of skin cancer from excessive exposure to the sun”.<sup>17</sup> *SunSmart* was soon the world's leading sun protection program.

CEO Nigel Taylor of Surf Life Saving Victoria (now Life Saving Victoria, following a merger with the Victorian branch of the Royal Life Saving Society Australia) was there at the start. His organisation signed the first sponsorship contract with VicHealth in 1988, to promote sun protection through *SunSmart*. The relationship between the two organisations changed surf lifesaving's look and had an enormous influence on its culture.

Importantly, it was also critical in raising public awareness about the importance of sun protection.

The strategy was effective because it tipped a stereotype on its head. The notion of the bronzed Aussie had deep cultural roots and surf lifesaving exemplified that image. *SunSmart* knew that to make an impact on skin cancer, people's understanding of what was ideal would have to change. Cultural perceptions would need to be confronted and shifted.

Sport, through Surf Life Saving Victoria, could lead that charge. “It was always going to be quite a challenge”, said Taylor. “The Cancer Council understood that this [culture] was going to take significant time to change. It needed to be done with a carrot rather than a stick. What we had to do was educate our own people as to the damage being done by the sun. We started to use older lifesavers that had had cancers cut out as role models to

show the younger people that there was a long-term outcome [from sun exposure] that wasn't so great.

“Uniforms were introduced that covered skin. It turned out that only about 10–20% of the organisation were comfortable standing around in just their bathers and cap anyway. Every time we had a major conference we offered screenings. These initiatives started to turn the culture around.” *SunSmart* advertising on beaches and uniforms, and the extensive media coverage the campaign attracted, provided further support.

Taylor says it was successful because there was a synergy between the health message and the sport involved. “It might have seemed a hard sell, but in reality it was easy, because it made sense trying to effect change. However, you do need to find subtle ways to get the message out without putting members offside.”

<sup>17</sup> VicHealth 1987, *First grants by health promotion foundation*, media release, 8 December.

Craig Sinclair, who started leading the *SunSmart* program in 1988, says the continuity of funding has been critical. “To change behaviour is only part of the picture. Ultimately what we’re trying to do is reduce skin cancer incidence and deaths. To do that requires a long-term commitment of funding”, he says. “One of the most significant reasons why *SunSmart* has been able to prove such a successful model – a model that is now duplicated in other states around Australia and is a WHO Collaborating Centre for the Promotion of Sun Protection – is that we have grown out of a very strong home base of sustained funding.”

*SunSmart* continues to demonstrate its value to VicHealth and Victorians with an international review panel evaluating the program every three years. “We see VicHealth very much as a partner”, says Sinclair. “Without them we would not have been able to achieve anywhere near the degree of outcomes we’ve been able to demonstrate.”



## Everything under the sun

Significant behavioural and attitudinal changes have taken place in the Victorian population thanks to the *SunSmart* program, including:

- Half as many people are being sunburnt than were in 1988.
- Skin cancer incidence is beginning to plateau after many years of increase.





# 6.

Reaching beyond state borders

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

## THE VIEW FROM OVERSEAS

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

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

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

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

those countries adopted at least some aspects of the model.

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

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

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

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

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

### VicHealth joins Global Consortium for Mental Health Promotion

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

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

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

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

### **International Network of Health Promotion Foundations**

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

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

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

<sup>19</sup> International Network of Health Promotion Foundations mission statement available at <[www.hp-foundations.net/](http://www.hp-foundations.net/)>.

## **The Malaysian experience**

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

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

almost every organisation in Victoria is working for health."

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

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

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

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

## THE STORY WITHIN AUSTRALIA

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

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

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

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

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

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

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

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

Healthway's current goals are:

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

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

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

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

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

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

4. ignore those groups in the community who were unfamiliar with, or ill-equipped to handle, a complex application procedure; and

5. promote its own name, logo and image to the detriment of its core message.<sup>20</sup>

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

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

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

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

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

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

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

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

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

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

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

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

<sup>20</sup> McGregor Marketing 1998, *Living Health*; Key stakeholder study.

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





# Epilogue

## **HEALTH PROMOTION IS EVERYONE'S BUSINESS**

Maud Clark is the founder of Somebody's Daughter Theatre Company – a theatre company of women in detention, whose work is now expanding to a number of other sites in Victoria. She is an inspirational leader who shows how we can use the arts as a means of promoting health and human rights. Todd Harper is the Director of the Cancer Council of Victoria's *Quit* program and leads the VicHealth Centre for Tobacco Control. A superb strategist and communicator, he is the go-to person for tobacco control in Victoria and is seen as one of Australia's leading brains in the tobacco control movement. Mick Daniher, of the famous southern Riverina footballing family, runs Football Victoria's development program. He is part of the backbone of the highly successful Vickick and Auskick programs. He understands social capital theory, and knows the physical and mental health promoting potential of good sport.

Maud, Todd and Mick symbolise the fact that health promotion is, indeed, everyone's business. They lead three of the many organisations that VicHealth has partnered since 1987, and are part of the great spectrum of groups whose work underpins health promotion in Victoria.

## **Prevention and health promotion are for life**

This *Story of VicHealth* describes some of the fascinating work that we have had the privilege of being involved in over the last two decades. Much of the work has resulted from one of the reasons for having a health promotion foundation – to innovate and take calculated risks. But we also need to remember that not all risks and investments pay off. We have had real problems in developing evaluation expertise, in establishing a centre for mental health promotion, in getting effective outcomes for our investments in healthy eating, in capturing the public's imagination about promoting mental health, and in being able to reduce health inequalities. We have much to do in developing optimal ways of working with the primary, secondary and tertiary levels of the health care system; and we need to improve the way we communicate with Victorians about what we do.

The challenges we face over the next 10 years and beyond are daunting but not insurmountable. They include health issues such as tobacco related illness, physical inactivity and poor nutrition, depression and anxiety, and the greater burden of illness and death faced by the least advantaged in our community. We face the challenge of improving the evidence that directs investments in promoting health, just as we face these investments being

crushed under the ever increasing burden of medical and hospital treatment and care.

These challenges require a long-term commitment. It is not a matter, for example, of bringing the smoking rates down then taking the 'foot off the pedal'. Despite great success, tobacco related disease, the catalyst and rallying point for the establishment of VicHealth, remains the largest preventable cause of death and disability of Victorians. As the overall prevalence rates drop we may find it harder to continue to reduce levels of smoking. We also face the paradox that people with the least economic resources have the highest rates of smoking and thus the highest direct costs. It gives us more of a reason to ensure that declines can be shared across all parts of our society.

## **The new frontiers of health promotion**

Obesity and its complications such as diabetes as a result of poor nutrition and inactivity is undoubtedly the issue that has captured the public's interest in the last three years. The solutions are perhaps far more complex than we might have first thought. I am convinced that obesity, for example, is a 'market success'. Products that effectively reduce physical activity, provide 'exercise free' alternatives, or increase energy consumption (such as cars, computer games and junk food) sell far better than those that increase

or even encourage physical activity or moderate energy consumption (bicycles, sport and active recreation club memberships, public transport, fruit and vegetables).

It seems inevitable that our public policy will have to provide incentives to increase the marketing of health promoting products and restrict those that are health damaging. We will have to restrict junk food advertising at prime time for children, change school canteen practices, and prioritise pedestrians, bicycles and public transport over the car. Future public social engineering versus contemporary and highly prevalent commercial social engineering!

Our individual and collective mental health will become of even greater concern if the World Health Organisation's predictions that depression will be the second largest contributor to the global burden of disease by the year 2020 are correct. Much has been gained by the heightened community awareness of depression and anxiety and the need for early intervention and treatment through the work of organisations such as beyondblue and Orygen. But enormous challenges remain in the prevention of these highly prevalent mental health problems. How do we prevent the violence, bullying, discrimination and marginalisation which are increasingly being understood as determinants of depression and anxiety? Like the issue

of obesity, how do we cope with major societal changes such as increasing individualism, described by social researcher Hugh Mackay as cocooning or caving, where life is pursued indoors, travel is only by car and social interactions, let alone understandings of difference, start to dwindle?

These are the new frontiers of health promotion where we have to deal with powerful forces of global trade, advertising, consumerism, individualism and new forms of information technology. All of these have undoubted upsides, yet all may have unintended and poorly understood negative repercussions on our health.

### **Addressing health inequalities**

There is a law in health known as the Inverse Care Law – *those with less get less, those with more get more*. Many of the resources understood to influence health are unequally distributed in Australian society and this in turn is reflected in marked inequalities in health.

Inequalities exist across a range of social and cultural measures including education level, occupation, income, employment status, rurality, ethnicity, Aboriginality and gender as well as in area-based measures of social and economic disadvantage.

We know that, in general, those experiencing higher levels of disadvantage on these measures have



higher rates of morbidity and mortality and lower life and health expectancy. They are also more likely than their more advantaged counterparts to perceive their health as poor.

So our challenge is to work alongside business and industry, employment, education, sports and arts, urban renewal, justice and local governments to ensure that those with less (health) don't continue to get less (resources).

### **A call for better evidence**

There has been a call for better evidence to underpin all of our actions, interventions and investments in medicine and in public health. This has resulted in the growing stature of organisations such as the Cochrane Collaboration. In particular there is a need for cost effectiveness of interventions which in turn requires the development of public health economists. VicHealth's challenge is to better align the research it funds with its overall strategic directions.

### **An ounce of prevention is worth a pound of cure**

One of the major challenges for VicHealth will be to ensure that health promotion and public health increase their role as integral parts of our overall health services, rather than disappear as a result of rapidly increasing and costly community demands for hospital and medical treatment and care. There is no waiting list for prevention, and it is often difficult for governments to commit to long-term investments that are required to improve the health of populations. However, it may be the longer-term economic arguments, rather than shorter-term financial and political demands that will prove to be most useful.

Already this is the case in the UK where Sir Derek Wanless, an economist and businessman, and the author of the seminal report for the UK Treasury entitled *Securing Good Health for the Whole Population*,<sup>22</sup> states that the National Health Service “must move from being the national sickness service, which treats disease, to a national health service which focuses on preventing it”. His view was very much driven by the economic arguments based on people becoming “fully engaged with their own health”.<sup>23</sup>

### **Promoting the future health of Victorians**

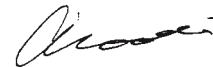
The fact that our health is determined by much more than our health system throws up challenges to VicHealth of how to engage other sectors in our society, so that we have real whole-of-society approaches to improving our health and wellbeing. This engagement has to be predicated on finding common ground and common purpose with the private sector, with education and training, with sports and recreation, justice, transport, infrastructure and urban planning.

Public health and health promotion is changing so our expertise must quickly adapt as well. The traditional disciplines of epidemiology, statistics, sociology and anthropology must be expanded to a broader set of disciplines including public health economics, political science, commerce and marketing, geography and urban planning.

VicHealth, as the longest standing health promotion foundation, has an obligation to the global movement of health promotion foundations. As mentioned in the previous chapter, foundations now exist in Western Australia, the Australian Capital Territory (ACT), Switzerland,

Austria and Thailand, and are under development, with the support of the Western Pacific Office of the World Health Organisation, in Malaysia, Tonga, the Philippines, Mongolia, Shanghai and Fiji. It is in our enlightened self interest to support the developments of these foundations as it assists us with improving our own practice, and establishing world’s best practice.

VicHealth has no inalienable right to exist. It must constantly prove its worth as an innovator that can act rapidly, that can inspire and support health promotion in other sectors and in the community sector, and can work in a complementary and supportive way with the different arms of government. And it must support and encourage the development and work of leaders and health promotion entrepreneurs like Maud Clark, Todd Harper and Mick Daniher.



**Rob Moodie**  
CEO, VicHealth

<sup>22</sup> Wanless D. 2004. *Securing Good Health for the Whole Population*, UK Treasury.

<sup>23</sup> Ibid.

# Appendix

## VICHEALTH BOARD MEMBERS

### VicHealth's First Board

Sir Gustav Nossal AC, CBE (Chair)  
Dr Nigel Gray AO  
Ms Terri Jackson  
Mr Ron Casey AM  
Mr Russell Hopper  
Ms Sue Natrass AO  
Mr David Parkin  
Sir Donald Trescowthick AC, KBE  
Mr John Clemenger OAM  
Ms Pam Ryan MBE  
The Hon. Graeme Weideman  
(Liberal Party)  
The Hon. William McGrath  
(National Party)  
The Hon. Michael Arnold  
(Australian Labor Party)

### Past Board Members

Sir James Gobbo AC  
Prof. Kerin O'Dea AO  
Mr Will Bailey AO  
Mr Mal Sandon  
(Australian Labor Party)  
Mr Eddie Micallef  
(Australian Labor Party)  
Ms Helen Armitage  
The Hon. Ron Best  
(National Party)  
Mr Lachlan Tighe  
Mr Marc Besen AO  
Prof. Judith Lumley  
The Hon. Bruce Mildenhall  
(Australian Labor Party)  
Ms Anne Marie Harrison  
Ms Carol Schwartz  
Mr Peter Thomas  
The Hon. Gerald Ashman  
(Liberal Party)  
Ms Jan Wilson  
(Australian Labor Party)  
Ms Maxine Crouch  
Mr Gerard Healy  
Prof. Graeme Ryan AC  
Prof. Robert Burton  
Mr Tim Jacobs  
Ms Susan Holmes  
Ms Jenny Lindell  
(Australian Labor Party)  
Professor Helen Herrman  
Ms Leeanne Grantham  
Prof. John Funder AO (former Chair)

### Current Board Members (November 2005)

Ms Jane Fenton AM (Chair)  
Prof. Richard Smallwood AO  
Dr Judith Slocombe  
Ms Maxine Morand  
(Australian Labor Party)  
Ms Jerril Rechter  
Prof. Glenn Bowes  
Ms Elaine Canty  
Mr Hugh Delahunty (National Party)  
The Hon. Bill Forwood (Liberal Party)  
Mr Lindsay Gaze OAM  
Prof. David Hill AM  
Mr John Howie  
Ms Belinda Jakiel  
Ms Sue Cormack

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