



Progress report 2016

# Strengthening the system

A partnership approach to  
chronic disease prevention



The Australian Prevention  
Partnership Centre  
Systems and solutions for better health

## **In November 1986, the Ottawa Charter for Health Promotion declared:**

“Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.”

It is a fortunate coincidence that this progress report of The Australian Prevention Partnership Centre is published 30 years after the Ottawa Charter was launched.

As the Charter recognised, it is not enough to simply urge people to live healthier lives to prevent chronic disease – we need to look in depth at our communities, our food systems, our environments and our workplaces, and assess how these interact to create communities in which healthy choices are the easier, more sustainable choices.



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This report was written and edited by: Helen Signy, Senior Communications Officer; and Marge Overs, Communications Manager

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### **Our funding partners**



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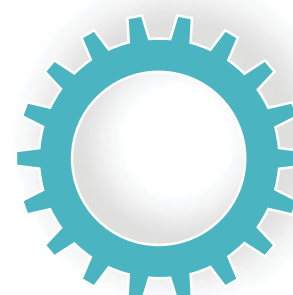
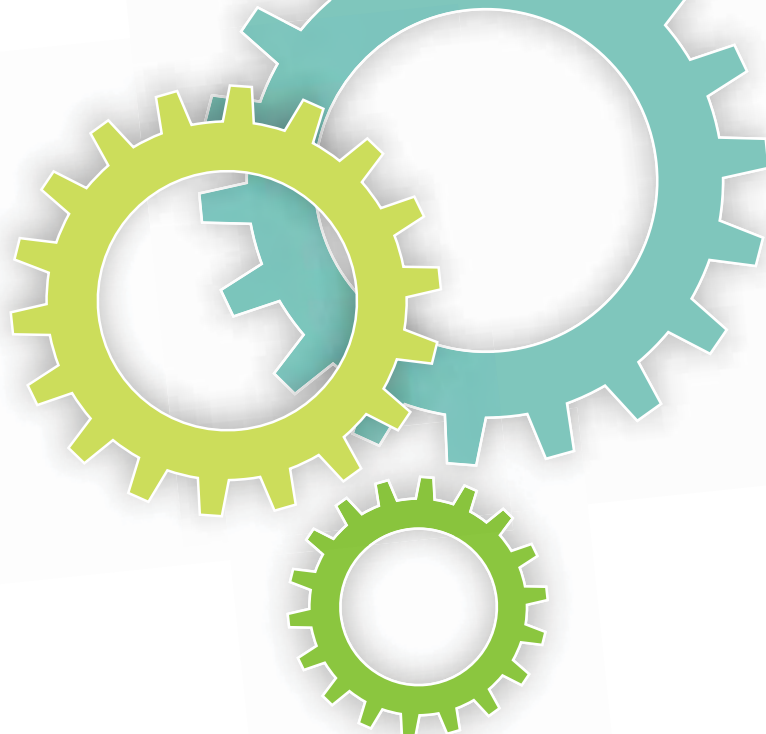
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## Director's message

Professor Andrew Wilson



## Better prevention, better health

Lifestyle-related chronic diseases are the greatest health challenge of our time. Cardiovascular diseases, cancers, chronic respiratory diseases and diabetes are responsible for more than 14 million premature deaths annually. They kill eight out of 10 Australians and restrict how millions of people live every day.

Most premature deaths and disability are preventable if we tackle risk factors such as tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol.

Prevention has decreased rates of heart disease and stroke, lung and other cancers and chronic obstructive pulmonary disease, though diabetes continues to increase. But there is still a lot more that we can do to build on our successes.

Moreover, some vulnerable communities are more at risk of these diseases than the general community, such as the poor, Aboriginal and Torres Strait Islander people and those with mental illnesses.

While prevention of lifestyle-related diseases requires individual behaviour change, it is clearly not enough to urge individuals to eat better or exercise more.

Health is affected by factors like where people work, eat, play and live, and their access to employment and education.

What is needed is a 'systems approach', which identifies the fundamental and interconnecting causes of complex issues and indicates where and when to intervene to create change. Systems thinking can help us find solutions by tackling multiple parts of a problem at once.

We know a lot more about preventing these diseases than we currently act on. It takes on average 17 years for evidence to be incorporated into policy, and in many cases policies are developed based on factors other than research, such as the political environment, community expectations and budget constraints.

That's where The Australian Prevention Partnership Centre comes in. We were established in 2013 to

"This report paints a picture of what we've learnt so far, both about taking a systems approach to chronic disease prevention, and about working in a partnership model more broadly."

accelerate the translation of evidence around the prevention of chronic disease.

We have established a new way of working that aims to address the gap between the creation of evidence and its use in policy and practice. A key component of this is co-producing evidence and strategies with those responsible for policy and program implementation.

Most of our 37 projects have yet to be completed and we have only just begun to disseminate the knowledge we're creating. But we're already having an impact in a number of ways. We have directly and indirectly informed policy and program decisions at state and national level and continue to work with our partners in this.

This report contains the highlights of the first two and a half years of the Prevention Centre. It conveys the impact of the Centre through the stories of a cross-section of people involved in the collaboration.

It paints a picture of what we've learnt so far, both about taking a systems approach to chronic disease prevention, and about working in a partnership model more broadly.

The information in this report is not comprehensive, and is not a scientific evaluation of the work of the Prevention Centre.

But we hope that others will benefit from the insights we've gained as we move toward the second half of our journey to find better ways of preventing chronic disease in Australia. 🌱

# Highlights



## Our reach

- Five Funding Partners
- All states/territories and 28 organisations engaged with Centre research
- 25 Chief Investigators
- More than 150 people partnering in projects



## Research outputs

- Six projects completed, 31 underway
- 42 publications
- At least another 100 publications to come



## Evidence and influence

- Evidence review informed consultation draft of the National Strategic Framework for Chronic Conditions
- Measures of the built environment and impact on health outcomes used in urban planning policies
- Dynamic simulation modelling used to build evidence to inform NSW Premier's Priority on childhood overweight and obesity
- Affordability of healthy diets work informed federal discussions on GST for healthy fresh foods
- Evidence review and modelling of the effects of urban form on physical activity used in urban planning policies
- Liveability maps used to develop Tasmanian materials on food insecurity



## Resources for policy makers

- A dynamic simulation model to test the impact of interventions for reducing alcohol-related harms in NSW
- Evidence reviews, factsheets and policy and practice briefs that support the value of prevention
- A set of prioritised actions for national chronic disease prevention policy and strategy
- A nationally standardised tool for determining the price and affordability of healthy and unhealthy diets
- National indicators for liveable and healthy urban communities



## Leveraged investment

- At the end of five years, we will have received an estimated \$4.5 million of in-kind funding from our partners
- This is \$1.10 leveraged for every \$1 invested by NHMRC in Australian health research



## Capacity building

- 22 post-doctoral research positions
- One Master and four PhD scholarships
- 58 training workshops and seminars
- More than 1500 researchers, policy makers and practitioners attended training
- A network of more than 50 early- to mid-career researchers
- A national network of liveability researchers
- A national evaluation network involving policy makers

## The thinking behind Partnership Centres

The Prevention Centre was one of two NHMRC Partnership Centres established in 2013 aimed at forming teams of researchers and policy makers to co-create knowledge that would improve health services and health.

The Partnership Centres model reflects international recognition that research will be more likely to influence policy and practice if it is co-produced by teams of policy makers and researchers, rather than academics transferring knowledge to policy makers.

The model promotes innovative, multi-disciplinary, cross-sectoral research that has the potential to improve health and health services, especially where the issues being addressed are complex and beyond the capacity of a single field of expertise or agency to solve – as they are in lifestyle-related chronic disease.

The model also has funding benefits. In contrast to more traditional researcher-initiated grant schemes, Partnership Centres are funded jointly by NHMRC and industry partners, where the leveraging of NHMRC funds is significant – in the case of the Prevention Centre a doubling of the NHMRC commitment.

### The Partnership Centre approach ensures the research:

- Remains focused on areas of interest to policy agencies
- Produces timely outputs in ways that are accessible to users
- Is innovative and able to address complex problems that would not otherwise be possible without the size of the collaboration, its national reach and the diversity of expertise
- Identifies and acts on opportunities to engage in emerging priorities.

In addition to funding research activity, Centre funds are available to: coordinate and support relationships among the partnership teams; connect and integrate new knowledge from projects; facilitate capacity building for researchers and policy makers; and support the translation of findings into policy.

The Partnership Centre model requires shared goals and commitment to a common agenda with sufficient time to build trust and strengthen relationships among the partnership team.

“The end user would bring their expertise to the table ... and he or she would own the research product at the end.”

### Professor Sally Redman

Sax Institute

Governance, decision making and accountability processes are agreed to encourage the inter-disciplinary teams of researchers and the end users of the research to work together to co-produce research questions, conduct the research, and interpret and apply the findings – findings that more closely align with policy, practice and service priorities.

Professor Sally Redman, one of the founders of the Prevention Centre and CEO of the Sax Institute, said the thinking behind Partnership Centres was that the most effective way to bring about research that would have an impact was to encourage researchers and end users to work in an integrated way.

“The end user would bring their expertise to the table and help develop more sophisticated research programs, and he or she would own the research product at the end,” she said. 🌿

## My view

**Professor Sally Redman,**  
Chief Executive Officer, Sax Institute



“At the outset, we saw the Partnership Centre as a wonderful opportunity for researchers and policy, program and service delivery staff to work closely together on a program of work rather than individual projects. We felt it offered a unique opportunity to understand how to develop co-production models and that we would have time to establish stronger relationships that let purpose and programs naturally grow together.

As part of the competitive process, the team proposed a program of work based around the stated priorities of the funding partners. Initially we were anxious that there was no opportunity to develop the work plan together with the funding partners, however in practice this has worked well.

The initial work plan has created a framework of common interest, but there has been plenty of opportunity to work together in developing new initiatives and on developing the initial work plan projects to make them more interesting and more useful to our partners. In my view, the funding partners have engaged really deeply and closely with the research and have had clear ideas about what they wanted to get from it. And I think we can point to some unique projects that would not have been possible outside of this kind of funding model.

Partnership Centres are a different kind of funding in Australia. NHMRC is to be congratulated for this exciting and valuable approach.”



## Establishing the Prevention Centre

The Prevention Centre began in June 2013 as a national initiative to identify new ways of preventing lifestyle-related chronic disease. Our vision is to create an effective, efficient and equitable prevention system.

Our broad objectives are to generate a greater appreciation of the value of prevention among governments and the community; to develop tools, systems and methods to underpin a national prevention system; to publish internationally significant new research in the prevention of chronic disease; and to increase people capacity.

Our work is co-produced by academic researchers, health system practitioners and policy makers from across Australia.

Our Centre received joint funding of \$22.6 million over five years from the NHMRC, the Australian National Preventive Health Agency (dissolved in 2014 and role transferred to the Australian Government Department of Health), NSW Health, ACT Health and the HCF Research Foundation. This included \$3.3 million of initial in-kind funding from the Funding Partners, matched by the NHMRC. The Coordinating Centre was established to support implementation of the work plan and to support research co-production.

The Prevention Centre is administered by the Sax Institute. We have employed staff



Prevention Centre Director Professor Andrew Wilson and Deputy Director Associate Professor Sonia Wutzke.

and strategies for communication and engagement, integration of knowledge, learning and capacity building. We are implementing an improvement framework for reflection, learning, feedback and change.

We launched our first project in June 2014, and our reach has since grown rapidly, with 37 projects completed or underway involving 150 people nationally.

Prevention Centre Deputy Director Associate Professor Sonia Wutzke said administering the partnership was challenging, requiring new approaches for contract, financial and other processes.

"It also takes time and patience to establish the infrastructure, build relationships and develop momentum, and the Coordinating Centre plays a pivotal role in this," she said.

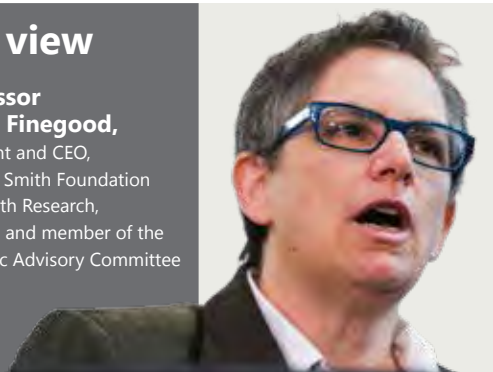
"Getting a partnership of this scale up and running is like launching a cruise ship. At the start it moves slowly as you try to manoeuvre it out of port, but as the momentum grows it starts to move more easily towards where we want it to go."

**Associate Professor Sonia Wutzke**  
The Australian Prevention Partnership Centre

"We have learnt that our partners have differing needs, so our agenda needs to be flexible and respond to changes in the landscape. Openness and respect is critical in agreeing the research priorities, and strong leadership and a united vision keep the Centre on track." 🌱

## My view

**Professor Diane Finegood,**  
President and CEO,  
Michael Smith Foundation  
for Health Research,  
Canada, and member of the  
Scientific Advisory Committee



"The Prevention Centre is doing work that no one else is really doing. It respects the complexity of the challenge of chronic disease prevention and focuses on solutions appropriate for complex problems like putting a focus on collaboration and building trust across silos.

As systems thinker Margaret Wheatley says, we need to 'act locally, connect regionally and learn globally'. The Prevention Centre seems to have a strong connection to local stakeholders. It serves as a connector for researchers across Australia and it has become a magnet for visitors who are doing leading-edge work in areas like systems dynamics and concept mapping. The Prevention Centre is walking the talk of complexity."

# The story so far: what we have learnt

The Prevention Centre is committed to capturing and learning from feedback and evaluation. We have a number of mechanisms to gather feedback from across our network, including formal and informal activities. This section summarises a range of views gathered from interviews with Chief Investigators and policy partners from January to March in 2016.

## The advantages of a partnership model

In our third year of operation, our stakeholders have highlighted some key advantages of working in an NHMRC Partnership Centre model, compared with working under more traditional NHMRC funding mechanisms.

- **Research is relevant to policy needs:** It is conducted and tested in the real world.
- **Research can be translated more rapidly:** Partners are engaged from the outset and help to formulate research questions.
- **New collaborations offer significant benefits:** Researchers gain from the insights and real life experience of partners, while policy makers have a sense of ownership and trust in the research.
- **The funding model is flexible:** The Prevention Centre has the capacity and capability to conduct innovative research and to be responsive to changing policy needs.
- **The partnership is national:** It brings together experiences and lessons learned in a way that would not be possible working within a single jurisdiction.
- **It encourages innovation:** There is more freedom to think about blue sky ideas than there would be in a conventional peer-review NHMRC project.
- **It builds capacity:** A key strength of the Prevention Centre has been the opportunities it provides to early- and mid-career researchers to take the lead in innovative projects.

## The challenges of working in this way

Our model of research – one that involves knowledge co-production between researchers, policy makers and practitioners – has started to bear fruit. However, there have been challenges:

- **Knowledge co-production:** Knowledge co-production is required in every project, but there is variation in the extent to which it is being achieved. It is time consuming and a culture change for many.
- **Challenges for academics:** Some investigators have expressed concern that publication rates are lower due to time invested in building partnerships and dialogue with policy makers and practitioners. This is especially relevant for younger researchers.
- **Challenges for policy makers:** Policy makers require clear, concise evidence and solutions around how to implement the best policies. This has not always been forthcoming from academics.
- **Differing timeframes:** Policy makers need results quickly; the drivers in academia are very different and it can take years for research to be published. This time lag between policy and research means research outputs are not always still relevant to the policy context by the time they are produced.
- **Building relationships:** It takes time for relationships to be built – much longer than originally anticipated. Multiple competing commitments are a challenge.
- **Evaluating outcomes:** Measuring the impact of co-production has been challenging when traditional academic metrics – where impact is measured by publication rate – still apply. It is hard to show outcomes with the five-year funding period, especially in preventive health.
- **Funding arrangements:** Many Prevention Centre partners are also funders. It can be a challenge for researchers not to be seen as consultants but to be equal partners in addressing a research question and making it relevant for policy and practice. Some researchers perceive the Prevention Centre as more of a funding body than a network or partnership.
- **Barriers to influencing decision making:** The nature of the current political climate, the nature of decision making in politics (for which evidence is only one influencing factor), and the issue of the time lag between policy and research have been key challenges for the Prevention Centre. These affect the degree to which findings can be implemented.





## Key lessons

The Australian Prevention Partnership Centre has pioneered a new way of working. We have shown it is harder to work within this model, but that there are significant advantages in bringing together researchers, policy makers and practitioners to tackle complex problems such as the prevention of chronic disease. Investment in a Coordinating Centre to provide a central hub for knowledge transfer and dissemination has been seen as critical in this endeavour.

Despite the challenges outlined above, most of our stakeholders feel that the Prevention Centre is progressing well and has the

opportunity to make a significant contribution, although this has still to be fully realised. They feel that partnerships allow funding partners to have their voices and needs heard, provide them with access to expertise and resources, improve communication and translation of research to policy, increase efficiency of working, and increase the sharing of ideas and collaborations among researchers who might not otherwise have worked together.

Over the past three years we have learnt some lessons that may help others considering a large-scale national partnership. Here are these key lessons:

### Co-producing new evidence and knowledge

- Define at the start how co-production should be achieved, for example by engaging the relevant people in a participatory process to decide which questions to address
- Build in processes that support co-production from the outset and throughout a project
- Focus on nurturing relationships between researchers, policy makers and practitioners so co-production can develop naturally.

### Influencing decision making

- Obtain input from funding partners and those working in the policy space at the outset of each project to ensure research is relevant and applicable to policy
- Present results to policy makers in a way that is easy to use, for example through accessible products and tools
- Clearly communicate the value of the research findings – the 'so what' factor.

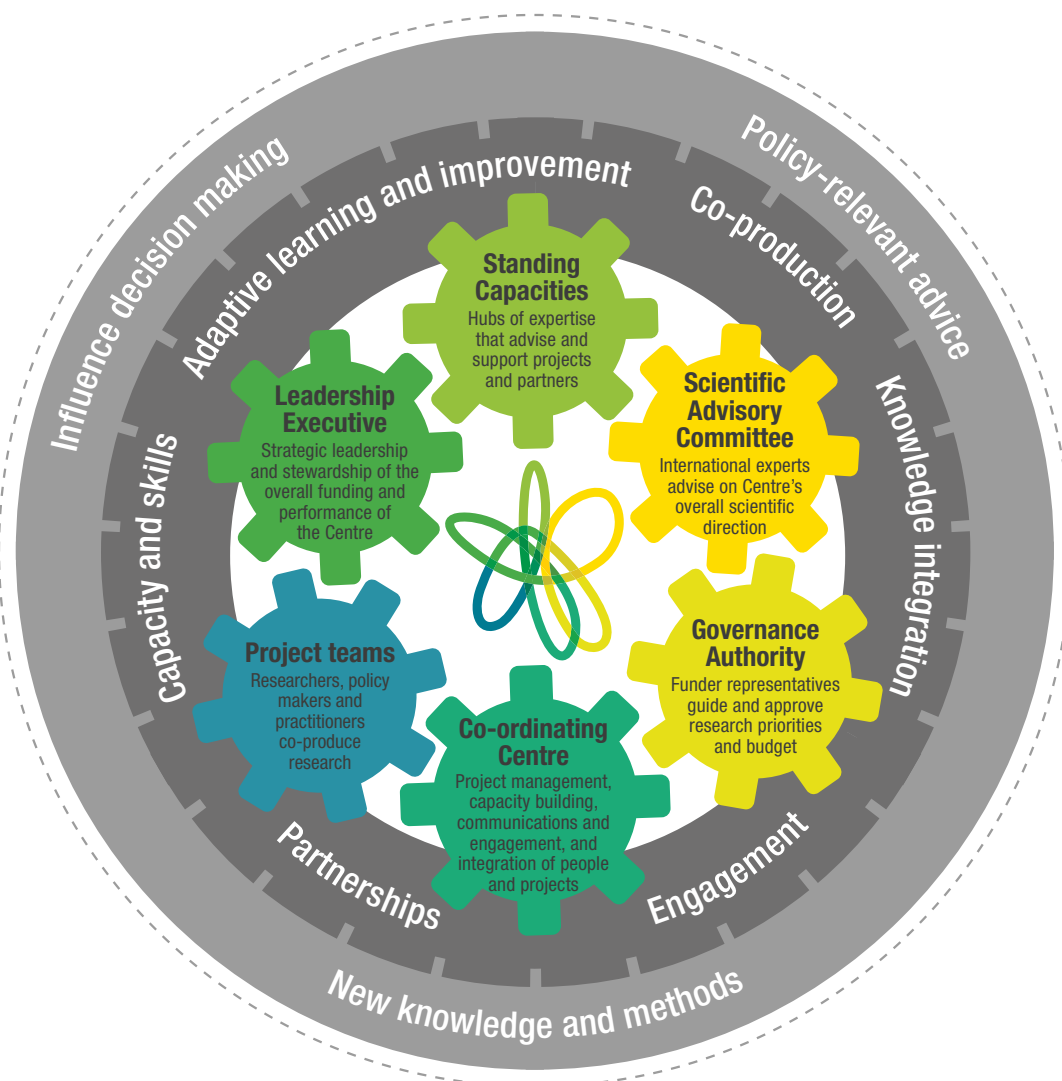
### Forging strong partnerships

- Invest in improving understanding between researchers and policy makers to enable effective partnership
- Develop communication products such as a newsletter, website and regular emails to enhance partnerships
- Hold face-to-face events and public forums to bring people together and enable more informal collaborations.

### Building capacity

- Invest in capacity building, especially at PhD and postdoctoral level, to develop the next generation of prevention researchers with expertise in systems thinking around prevention
- Offer many opportunities for scientific discussion and debate
- Develop resources and tools, for example around systems thinking, to enable capacity building in this area.

This diagram illustrates how the Prevention Centre operates. The governance and organisational structures that underpin the Centre are reflected in the six interconnected cogs in the middle. These structures deliver the strategies and activities of the Centre, which we believe will result in our short-term outcomes, such as co-produced research and increased capacity and skills. These short-term outcomes are reflected in the inner circle of the diagram. Finally, we anticipate our way of working will impact research, policy and practice, elements reflected in the outer circle of our diagram.



## Who we are and how we work

The Prevention Centre has a comprehensive governance structure. There is shared decision making and accountability for delivering on time, within budget and within scope. Our governance and leadership structures are founded on core elements:

**Governance Authority:** constituted of representatives from all Funding Partners who meet at least quarterly to collectively have input into and approve the research budget and research priorities.

**Leadership Executive:** including a Director and Deputy Director who provide strategic leadership and stewardship of the overall funding and performance of the Centre.

**Scientific Advisory Committee:** international members who function as

an external reference group to advise on overall scientific direction.

**Research project teams:** investigators, policy makers and practitioners who work together to co-produce research.

**Standing Capacities:** small hubs of individuals with specific expertise who provide advice and input as required to policy and practice partners working across the Prevention Centre. The capacities also lead a number of projects.

The Standing Capacities offer expertise in:

- Rapid response and evaluation
- Systems science and implementation
- Evidence synthesis
- Valuing prevention.

**The Coordinating Centre:** a key structure within the Prevention Centre

that is responsible for managing the business of the Centre, including project oversight, funding and accountability, and delivering a number of strategies to enable the research partnership.

It offers value to the Prevention Centre's members and collaborators through diverse activities, including planning and organising communication and training events, gathering and acting on feedback from across the Prevention Centre, and networking and maintaining relationships both internally and externally.

Coordinating Centre staff also manage communications, offer one-on-one support and advice, and provide financial and travel support, record keeping, progress reporting and strategic planning. 🌱

## Chapter 1

# Co-producing new evidence and knowledge

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Our model of collaborative research reflects international recognition that partnerships among researchers, policy makers and practitioners are one of the most effective ways to facilitate the use of evidence in policy and practice.

The Prevention Centre requires all research projects to be co-produced as a partnership between interdisciplinary teams. Researchers work in partnership with policy makers and practitioners to develop research questions, conduct the research, and analyse, interpret and disseminate the findings.

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# Creating an environment for better health

Moving the focus away from the individual, these projects are exploring systems changes needed to help people live healthier lives.

Preventing chronic disease cannot be achieved through changing individuals' behaviour alone. The social determinants of health – poverty, lack of education, insecure working conditions and the built environment – interact in complex ways to influence health outcomes.

Two large Prevention Centre projects are identifying how these factors impact health. They are helping policy makers create healthier environments by looking at all the elements of the system that influence health. The key to the success of both projects is the involvement of policy makers and practitioners at every stage of the research.

Professor Billie Giles-Corti and her interdisciplinary team from the University of Melbourne, University of WA, University of Wollongong, Australian Catholic University and University of Canberra are researching the liveability of communities through the National Liveability Study.

The study is exploring how factors such as walkability, education, employment, food and alcohol availability, public transport and public open space contribute to health and wellbeing. The researchers are using geographical information systems to link the urban landscape to health outcomes.

The project is developing national indicators that provide policy makers with evidence about how much each factor affects liveability – for example,

what is the optimum amount of green space to support health in a community?

Professor Giles-Corti said her team had learnt from previous work that policy makers welcome evidence to inform their policies.

"With encouragement from our policy stakeholders, we began by looking across each of the states to identify the policies for public open space, for access to alcohol, healthy food, walkability and transport, then to see whether those policies are being delivered and, if so, just how much they are associated with positive health behaviours in people we're studying."

The key to this work is the involvement of stakeholders such as the Heart Foundation, the Planning Institute of Australia and national and state government departments – the agencies that can make a difference in planning and urban design.

As a result of this research, the concept of liveability is now being addressed nationally, for example through the CAUL (Clean Air and Urban Landscape) Hub, a consortium funded under the Australian Government's National Environmental Science Programme that is working to achieve sustainability and liveability of urban environments. CAUL is supporting the work by funding the mapping of indicators developed through the National Liveability Study.







Professor  
Sharon Friel

Another important Prevention Centre project is considering inequities in healthy eating – the impact of factors such as urban planning and transport, social policies and food literacy on different social groups' ability to access and eat healthy food.

Led by Professor Sharon Friel from the Australian National University, the Healthy and Equitable Eating (HE<sup>2</sup>) project is producing the evidence needed to inform public policies that enable healthy and equitable eating, with a focus on the food and social systems.

With co-production at every stage of the project, it will help policy makers across different portfolios, including health, social welfare, education, transport and planning, understand how their policies and programs can improve healthy eating for everyone and remove inequities in healthy eating.

"A lot of work has been done nationally and internationally showing we need to move away from a focus on the individual to a focus on the system – we need to think about not just what people put in their mouth, but about the food and social environments in which people live and which affect the quality of food available to them," Professor Friel said.

"We are really taking a broad systems approach across a whole range of policy domains to think about different drivers that affect inequities in healthy eating. The study is identifying what policy and action is needed for system change in a whole range of areas."

Working alongside project partners ACT Health, NSW Health and the Heart Foundation, the HE<sup>2</sup> project has mapped drivers of inequities in healthy eating, enabling the partners to think about potential policies and programs that could be feasible across the food and social systems.

The project has also conducted case studies with stakeholders from NSW Health and ACT Health who were involved in a range of government initiatives, enabling participants to identify the barriers and enablers to gaining traction on this issue across multiple departments.

"It's given us the opportunity to bring together colleagues who are good researchers with people who live and breathe the policy world. This will hopefully provide the innovation that will make a difference," Professor Friel said. ✂



## Drawing national lessons from the Healthy Worker Initiative

Comparing how different states implemented a Commonwealth program to improve workplace health has led to new insights that will help jurisdictions translate future complex initiatives to suit local requirements.

The Healthy Worker Initiative (HWI) was funded as part of the National Partnership Agreement on Preventive Health to provide funding and a framework to develop multifaceted programs for workplaces across Australia to address lifestyle-related risk factors for chronic disease.

Each state and territory took a different approach to implementation, creating a unique opportunity to look at translation of a national initiative into state-level programs.

Dr Anne Grunseit, of the Prevention Centre's Rapid Response Evaluation Capacity,



Dr Anne Grunseit

interviewed representatives from each state and territory to see how each jurisdiction navigated theoretical, practical and political priorities to develop and implement their programs. Through interviews with HWI program coordinators and managers, the

project identified ways that jurisdictions worked to achieve sustainability and capacity for meaningful change in workplace health programs. The study findings also highlighted other factors that influenced the success of programs, such as the size of the jurisdiction, political imperatives and funding decisions.

"This project has given me real insights into how policy makers go about their jobs and the role that research might play, both in terms of them being a target for research to extract practice-based knowledge and in how they use research in their work," Dr Grunseit said.

"It's also made me think that we are much better off looking around and seeing what works in interventions that are already being implemented, and to do that we need proper evaluation." 🌱

## Publish or partnership: a dilemma for young researchers

For the Prevention Centre, impact on policy is equally as important as the number of papers published – and therein lies the rub.

The NHMRC set up Partnership Centres as a new model of research, with a stated focus on "research-informed change in practice, management or policy as the driving force behind activities".

Yet research publication remains the preferred way to measure research impacts, said Professor Adrian Bauman, a veteran of chronic disease research and a Prevention Centre Chief Investigator.

Professor Bauman said this mismatch affected him less as he neared retirement but he had concerns for Prevention Centre researchers who are still establishing their careers.

"If I was still chasing grants, the system would not reinforce me for my Prevention Centre work – publishing another paper or 10 isn't going to get me anywhere particularly different," said Professor

Bauman, Director of the Prevention Research Collaboration at the University of Sydney. "Researchers on more discrete, narrow, single-focused funded grants publish much more than our post docs and fellows at the Prevention Centre. They are doing good things, but those things are not recognised by the system as valuable."

Professor Bauman said he hoped the Prevention Centre could contribute to system change, which would involve thinking differently about how research impact was valued.

He said a system that measured impact by publication only was too narrow: "Many of the publications that public health academics write are cited zero or once in their life, which means they're not even useful to other academics let alone to policy or programs or systems."

While Australia was following Canada's lead in grappling with how to measure and value academic outputs in terms of impact on policy and health, not just published

papers, he predicted it would be another decade before the mindset changed. In the meantime, he and other senior investigators at the Prevention Centre would support researchers to straddle both worlds – working to both influence policy and publish as much as possible.

Dr Katie Conte, a Prevention Centre researcher based at the University of Sydney, said that if she had to focus mainly on producing academic papers, it would not allow her to develop the skills or the experience that would make her a better researcher.

"I am trying to publish papers but I feel personally challenged to produce papers because they are meaningful, not just because I have data and I find a question in the data I can answer," she said.

"During my career, I hope that the system will change enough to value these other skill sets I'm nurturing to work in true partnership with policy makers and public health practitioners." 🌱

## Staying true to co-production

The Prevention Centre has created an environment where academics must truly co-produce research with policy makers and practitioners, not just pay lip service to it, according to Prevention Centre Chief Investigator Professor Stephen Jan.

He said that while it was mandatory to include efforts at co-production in a grant application, often this meant simply emailing a project plan to a policy maker and asking for input.

"Everybody recognises that co-production is important – it's a buzzword," said Professor Jan, from The George Institute for Global Health. "With the Prevention Centre, projects actually have to be formulated with policy makers in the room. It is true co-production."

Professor Jan, a health economist, said working with state and federal health bureaucrats was not new to him but the Prevention Centre had provided ways for him to explore big picture issues with them. "The Prevention Centre brings decision makers into a room with researchers to talk about broader issues – about how we can work more effectively together," he said.

One of those decision makers is Associate Professor Sarah Thackway, Executive Director, Epidemiology and Evidence, at NSW Health.

Associate Professor Thackway said NSW Health had worked for many years with academics and research institutions.



Co-production in action ... Researchers Ellie Malbon (left) and Professor Amanda Lee (right) work on a map of the food system with Megan Cobcroft from the NSW Ministry of Health.

"With the Prevention Centre, we are not just working in partnership, we are actually working in co-production," she said.

She said the Prevention Centre was testing whether it made a difference working in co-production as opposed to partnership and what it meant for either side.

"I have enjoyed exploring and experiencing this over the past couple of years. When the Centre was designed, co-production was built in there. How to turn that into reality has never really been done on this scale." 🌱

**"Everybody recognises that co-production is important – it's a buzzword. With the Prevention Centre, projects actually have to be formulated with policy makers in the room. It is true co-production."**

**Professor Stephen Jan**  
The George Institute for Global Health

## My view

**Dr Jo Mitchell,**  
Executive Director,  
Centre for Population  
Health, NSW Health



"We already had strong academic links and fund a number of research organisations to provide us with policy-relevant evidence and research, but the benefits of the Prevention Centre are that there's a lot going on and there are interesting and novel ways of working.

I've been able to get involved in things I wouldn't normally be involved in because they're not directly related to my area of expertise. I've also got to know the researchers better from a professional perspective. The Prevention Centre has put me outside of my comfort zone, and it's been really rich to have a broader network of academics I can turn to."

## Implementation provides insights into what works in practice

Most research in chronic disease prevention is about identifying what needs to be done or designing and testing new solutions. This cluster of projects is about discovering new and additional ideas when these solutions are implemented.

It's about uncovering the type of knowledge that makes things work in practice and the accompanying system-level changes processes that embed good practice.

The researchers want to investigate how different local area contexts affect the ease with which implementation targets are achieved.

Project lead Professor Penny Hawe, from the University of Sydney, said that until now local context had mostly been described in terms of the sociodemographic profile of the local population.

"Those characteristics always matter to program success, but another important factor may be the characteristics of the delivery teams and local organisations and how smoothly they work together," she said.

"So much of health promotion is not, strictly speaking, program delivery but relationship building and capacity building. We'd like to see if we can devise new metrics to capture the bigger story of how change takes place and why it takes longer to do things in some places than others."



Professor Penny Hawe

One part of the research is exploring how best to monitor and learn from the quality and intensity of preventive health policy implementation. It involves an in-depth study of an IT system that the NSW Ministry of Health developed to monitor the Healthy Children's Initiative (HCI), which targets early childcare and primary schools in NSW to promote healthy eating and physical activity.

The Population Health Intervention Management System (PHIMS) enables NSW Health to report progress of HCI implementation across local health districts.

Research team member Dr Katie Conte and Professor Hawe are working closely with NSW Health and Local Health Districts to examine how PHIMS is measuring HCI

"We'd like to see if we can devise new metrics to capture the bigger story of how change takes place and why it takes longer to do things in some places than others."

**Professor Penny Hawe**

University of Sydney

implementation, and how the use of an IT platform such as PHIMS supports the daily work of health promotion practitioners.

This project is trying to work out how to capture the breadth of time and activities that go into building the relationships that underpin effective health promotion; the story behind the targets achieved and how adaptations in practice occur.

Dr Conte, from the Menzies Centre for Health Policy, said the team was working closely with the policy makers who manage PHIMS and the practitioners who use it to record their work. "We're hoping to gain insights that will help design monitoring systems that work for both practitioners in the field and policy makers in government," she said. 🌸

### My view

**Professor Billie Giles-Corti,**  
Chief Investigator,  
University of Melbourne



"This year is the 30th anniversary of the Ottawa Charter for Health Promotion. Two of its goals were about healthy public policy and creating supportive environments. The Prevention Centre is building a national evidence base to help do that – we're learning that it's harder than we thought but it's incredibly important.

We're starting to work out how we can create national policy-relevant evidence – it's an interdisciplinary endeavour. The nice story from our point of view is that by sharing resources, we've been able to put together a national interdisciplinary team doing interdisciplinary research, which is challenging but also very rewarding for everyone involved."



## Study busts myth that healthy food costs more than junk food

People often say they can't afford a healthy diet, but a Prevention Centre project has shown that healthy eating does not cost more than eating junk food.

Professor Amanda Lee's Prevention Centre project costed people's diets, based on data from the 2011–13 Australian Health Survey, and compared these to what they should be eating, based on the NHMRC Australian Dietary Guidelines.

It showed that healthy diets were around 12% cheaper than current (less healthy) diets for a family of two adults and two children per fortnight.

"My research looks at nutrition policy actions that will make it easier for people to follow the Australian Dietary Guidelines. Current diets cost more than healthy diets, so factors other than price must be driving preference for unhealthy choices," Professor Lee said.

"Nutrition policy must tackle barriers to healthy eating, for example by increasing the availability of healthy foods and drinks in schools and hospitals and regulating against junk food and soft drink advertising directed to children. Together, these small steps can help shift the whole population to a healthier diet."

The project showed that it was important not to increase barriers to healthy eating by making healthy foods and drinks less



affordable, such as by expanding the GST base to include basic, healthy foods.

Professor Lee said these findings informed federal discussions around the GST in 2016.

The project also developed, for the first time, agreed national standardised tools, survey protocols, data collection and analysis systems to determine the relative cost and affordability of healthy versus unhealthy diets.

Internationally, the project is informing the work of the International Network for Food and Obesity/non-communicable Diseases Research, Monitoring and Action Support (INFORMAS) to benchmark and monitor food environments. 🌱



**"Nutrition policy must tackle barriers to healthy eating."**

**Professor Amanda Lee**  
Queensland University of Technology,  
Griffith and Curtin Universities

## My view

**Dr Paul Kelly,**  
Deputy Director General  
of Population Health in  
the ACT Government and  
Chief Health Officer,  
ACT Health



"I've been associated with the Centre since before it began. We always had a vision that it would bring researchers from within their own fields to a table that was also joined by policy makers and program implementers on the ground. That has definitely succeeded, from my point of view beyond expectations.

The jury is still out in terms of the outcomes that we originally envisaged. There is still some naivety on both sides about what motivates the other. I think there is still a sense from some academic members of the group that translation research should be driven by them having a fantastic idea – 'here's the advice, why don't you implement it?' But from the implementers, it's more about 'I have just had a meeting with the minister and I need the answer tomorrow, why don't you give it to me?'

When you look at how long these very complex evaluations take to get going, you realise that five years is very short. The engagement has been extraordinarily useful to us and it would be a real gap if this work were not to continue."

## How to fund more effective prevention to improve health outcomes

When it comes to funding prevention activities, there is little clarity around how much Australia is spending.

Professor Alan Shiell's project is looking at how much is being spent on prevention in Australia, how this compares with other countries, and what this says about how much should be spent on prevention.

According to official accounts, Australia spends about \$2 billion per year on prevention – less than 0.13% of GDP or 1.3% of total health spending. This is less than New Zealand, Canada and the US.

However, Professor Shiell says these comparisons are suspect due to definitional issues around how we measure spending on prevention, including how much of the work is done in primary care, in hospitals and in other sectors such as education. Some studies show that the spend on prevention



Professor Alan Shiell

may be as much as 12 times higher once these issues are taken into account.

"We need instead to look at the relative cost-effectiveness of alternative ways of intervening to promote health and at the relationship between the mechanisms that are used to fund prevention, and

the overall cost-effectiveness of what we do to see if there is scope to reallocate resources," says Professor Shiell, Professor of Health Economics at La Trobe University and a member of the Prevention Centre's Leadership Executive.

His research sets the foundations for a possible future program of work that would consider the cost-effectiveness of marginal activities – whether taking money away from the least cost-effective options and putting it into prevention would improve total health outcomes. For example, would there be more value in funding exercise programs to reduce overweight rather than funding expensive knee replacements?

This research would indicate to governments whether shifting resources from one sector to another would increase total health outcomes. 🌱

## Partnership leads to research targeting HCF needs

A Prevention Centre research project is collaborating with HCF to explore the use of incentives to help maintain weight loss achieved during HCF's Healthy Weight for Life program.

Associate Professor Sonia Wutzke, Prevention Centre Deputy Director, said the project was an example of the Centre working directly with a funding partner to find solutions to prevent lifestyle-related chronic diseases.

"This project was developed between HCF and researchers at the University of Sydney," she said. "We've been able to

identify research that is really meaningful to HCF and work together to implement it."

Wayne Adams, Manager of the HCF Research Foundation, said the Foundation welcomed the opportunity to be a Prevention Centre partner.

"We take prevention very seriously as there are multiple long-term benefits that can come from it," he said. "Anything that encourages preventive health care and reduces hospitalisations is good for the overall wellbeing of our members."

Mr Adams said the Foundation had a clear focus on funding health research

that concentrated on the most effective ways to deliver high-quality care to enable people to live longer and healthier lives.

"The Prevention Centre was a real opportunity to leverage more funding in this area with the National Health and Medical Research Council matching our contribution."

Mr Adams said the Foundation was pleased with the Prevention Centre research projects and looked forward to seeing how the results could be translated into practice and positively influence chronic disease prevention policy. 🌱

### My view

**Professor Rob Carter,**  
Chief Investigator,  
Deakin University



"I was a government bureaucrat for 20 years and for the last 26 years I've been an academic, so I've seen both sides. What we need to show is a comprehensive picture of the benefits of prevention as a whole – if we can address various risk factors, what would be the gain for Australia in terms of productivity, cost offsets and impact?

I have enjoyed my participation with the Prevention Centre, especially the health economics group. It's been helpful at both a discipline level and at a project level. In the area of health economics, I am working to produce something that is more useful and pragmatic so it can affect decisions. This way we can put the jigsaw together and gain a coherent sense of what we can achieve."



# 2

## Chapter 2

# Influencing decision making

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The Prevention Centre was established to improve the availability, relevance and quality of research evidence for policy and practice. All aspects of the work program are conjointly driven and owned by researchers, policy makers and practitioners, ensuring that our research is policy relevant and quickly translated into action to improve health.

We influence decision making through:

- Co-producing research so that policy makers involved in projects are more likely to take up the outcomes
  - Methods and approaches for communicating the value of prevention
  - Tools to help decision makers predict the likely outcomes of interventions
  - Evidence reviews to guide policy planning
  - Helping our partners make the economic case for prevention.
-

## Policy makers at centre of unique approach to test solutions to complex problems

A low-cost, low-risk simulation tool enables decision makers to forecast what will happen when they launch policies in the real world.

A breakthrough Prevention Centre program is influencing policy by bringing together academics, policy agencies and practitioners to build dynamic simulation models that can forecast the likely impact of policies.

A dynamic simulation model is a virtual world in which individuals and communities act and react in the same way as people do in real life. It can represent and aggregate the effects of populations operating in a complex system, following their interactions and responses to different policies and interventions.

Based on data, research and the insights of clinicians, prevention practitioners and academics, this robust and transparent 'what if' tool is capable of testing the likely impact over time of a suite of interventions to target the most intractable, 'wicked' problems in chronic disease prevention.

"Policy makers can't wait five years for the evidence," says Associate Professor Sarah Thackway, Director,

Centre for Evidence and Epidemiology, NSW Health. "You can't get a better demonstration of a project generating interest and relevance than the Centre's simulation modelling. It is showing something that is really useful now for policy makers."

The dynamic simulation modelling program began when it became apparent that policy agencies were dissatisfied with existing ways to distil evidence to answer policy questions because the methods didn't capture real-world knowledge or the complex and dynamic nature of problems.

The Prevention Centre's first dynamic simulation model was developed in response to an issue posed by NSW Health about the best areas for investment to reduce harms from alcohol consumption.

This has led to another six dynamic simulation projects across the Prevention Centre, in partnership with different parts of government in NSW, Tasmania and ACT. ACT Health has also provided an opportunity for one of their staff,





Laying it all out ... experts take part in a workshop to develop a simulation model to explore options to reduce childhood overweight and obesity.

**"You can't get a better demonstration of a project generating interest and relevance than the Centre's simulation modelling. It is showing something that is really useful now for policy makers."**

**Associate Professor Sarah Thackway**  
NSW Health

Louise Freebairn, to do a PhD using simulation modelling.

Dr Jo Mitchell, Executive Director of the Centre for Population Health at NSW Health, said the participatory approach meant the tool was credible and trustworthy in helping to estimate the impact of different interventions on population health.

"It's a glass box rather than a black box, which is important in terms of believing the model," she said.

The Prevention Centre supported the creation of this highly innovative tool by bringing together researchers with the decision makers who will ultimately use it. As a result, the dynamic simulation models incorporate insights from policy and practice, are driven by policy priorities, and are more likely to be used than other sorts of modelling or analytic tools because policy makers remain deeply engaged in the process.

Dr Jo-An Atkinson, who leads the Prevention Centre's evidence synthesis and simulation work, said the tool provided policy partners with a low-cost, low-risk way of understanding which combinations of policies and programs were likely to be the most effective over time, and how and where to target these policies.

"This is not just a modelling exercise or a partnership – without the participatory process I don't think we would be getting so much traction," said Dr Atkinson. 🌱

## Informing the public to become advocates

You'd think that support for prevention would be a given. In dollar terms the return on investment is often as much as 14 to one. The capacity to reduce lung cancer, heart disease, diabetes, drug use and AIDS/HIV risk through prevention has been shown over and over. Yet still, in most countries, the investment in prevention is usually about 2%, or less, of the health budget.

In spite of its effectiveness over the past 30 years, prevention has never been mainstreamed, said Prevention Centre Chief Investigator Professor Penny Hawe. One reason for this, she said, might be that legislated changes such as smoking restrictions, sugar tax legislation or seat belt laws were not immediately recognisable as actions derived from a known, credible health science.

"They are not delivered by a visible workforce," she said. "The general public don't see the years of research that go into recommending particular ways of say, preventing suicide over others or the best ways of reducing obesity in kids."

"The most powerful potential advocate for prevention, the public itself, has been served by prevention but has never truly been informed of, or engaged with, what we do in our field, not in the way that the public sees and accepts clinical medical science, or breakthroughs in technology," Professor Hawe said.

"Because we're not making a strong image about ourselves, images that are not of our making are too easily thrust upon us. The 'nanny state' fits that category."

Professor Hawe, from the University of Sydney, is leading a suite of research projects exploring ways of increasing public interest and support for prevention policy by examining how prevention is framed in the media, what ideas and messages resonate with the public, and how to use innovative ways of communicating public policies that promote health. These projects aim to uncover what the public values, and how to leverage those values to help policy makers increase public support for prevention.

"This is about communicating the science, or the mechanism by which the insights in our field are generated."

**Professor Penny Hawe**  
University of Sydney

"We're not talking about more projects that simply tell people about the importance of good nutrition, or social inclusion or physical activity," Professor Hawe said.

"This is about communicating the science, or the mechanism by which the insights in our field are generated. It's about how we know what we know."

In a new collaboration with the Australian National University's Centre for the Public Awareness of Science, the team is exploring the use of citizen science and working with the arts and entertainment industry to better communicate the science that underpins public policy. 🌱

## Helping policy makers argue the case

The Prevention Centre has developed a range of resources designed to enable our partners to argue for prevention in a concise and compelling way.

Factsheets distil and summarise evidence to support action and investment in prevention. The factsheets provide short, sharp and evidence-based information

on topics including limiting junk food promotion to children in local settings, and why the so-called 'nanny state' saves lives.

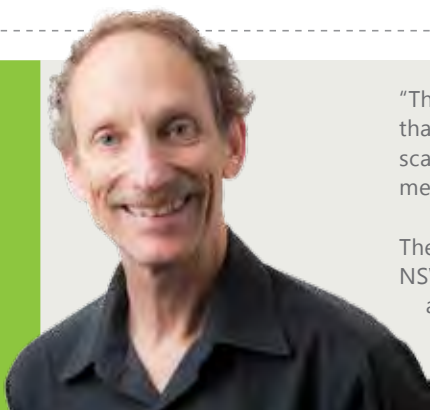
The Centre has also brokered and conducted a series of evidence reviews, covering subjects such as the effectiveness of mass media campaigns, the economic value of changes in urban form, what works

in reducing the incidence of dementia in Australia, and the effectiveness of large-scale programs to prevent type 2 diabetes.

The evidence reviews are accompanied by an evidence brief summarising the key findings in a way that can be quickly accessed by busy policy makers and practitioners. 🌱

### My view

**Professor Adrian Bauman,**  
Chief Investigator,  
University of Sydney



"The Prevention Centre has allowed us to explore important areas that wouldn't get traditional funding, such as measuring partnerships, scalability of public health interventions and the effectiveness of mass media campaigns in chronic disease prevention.

The partnership that the Prevention Research Collaboration has had with NSW Health for years meets the Government's agenda in co-production and partnership. The Prevention Centre funding allows us to explore newer areas unrelated to an agreed agenda but something that the partner agrees is important but they otherwise wouldn't resource."



## Policy scorecards aimed at driving change

A Prevention Centre project is aiming to boost the implementation of recommended obesity prevention policies around Australia by benchmarking Australia against international best practice.

The project has brought together senior policy makers, nutrition experts and representatives of non-government organisations in eight targeted consultations around Australia to assess the implementation of policies in each jurisdiction in the area of food and nutrition.

Project lead Dr Gary Sacks, a Senior Research Fellow at the World Health Organization (WHO) Collaborating Centre for Obesity Prevention at Deakin University, said the project aimed to highlight areas where governments were doing well and make clear recommendations in areas where stronger actions were needed from the Commonwealth and state/territory governments.



Dr Gary Sacks

"The project will show that some states are leaders in certain policy areas, but lag behind in others," Dr Sacks said. "The scorecards will provide an advocacy tool to push for greater support for nutrition policy action in these areas."

"Implementation of recommended policies in the area of nutrition has been difficult, particularly where there are a

lot of competing political influences. We are hoping that our approach using scorecards will help to push for greater accountability."

A total of 100 researchers and non-government representatives, as well as 20 government representatives, have attended the consultations.

Dr Sacks said the Prevention Centre had provided valuable introductions and connections that had enabled engagement with key people.

This project is the first time Australia's policies related to the food environment have been systematically examined in this way. The plan is to add Australian data to the data collected in other countries as part of INFORMAS (International Network for Food and Obesity/NCDs Research, Monitoring and Action Support), an international network of researchers and public health organisations. 🌱

## Prevention needs 'national agenda and strong implementation arm'

The National Strategic Framework for Chronic Conditions is more likely to achieve meaningful change in chronic disease prevention if it has a greater focus on generating more sustainable, system-wide change, a Prevention Centre research project has found.

The Prevention Landscape project involved interviews with 29 senior policy makers and thought leaders in prevention about two recent national approaches to chronic disease prevention: the 2005 National Chronic Diseases Strategy and the National Partnership Agreement on Preventive Health (NPAPH).

It is hoped that the findings will inform the National Strategic Framework for Chronic Conditions, which is being developed under the auspice of the Australian Health Ministers' Advisory Council, as well as investments in preventive health initiatives more broadly.

The NPAPH was an unprecedented, national, coordinated framework to comprehensively tackle the growing burden of chronic disease through prevention. It was cancelled abruptly in May 2014 when the then federal Coalition Government delivered its first budget.

Prevention Landscape project leader Associate Professor Sonia Wutzke said almost all respondents thought the NPAPH was well on its way to achieving its goals, and these achievements would have been enhanced with more time, stronger national leadership and an overarching national strategy.

Endorsed by Australian Health Ministers in 2005, the National Chronic Disease Strategy provided high-level policy guidance for action at every level of government and all parts of the health care system for the prevention and management of chronic disease.

Associate Professor Wutzke said the respondents viewed a national strategy

as necessary and useful for national coordination, setting a common agenda and aligning jurisdictional priorities and action. However, without funding or other infrastructure commitments or implementation plans, potential for meaningful achievement was limited.

"Our research shows us the 2005 strategy and the NPAPH combined to advance chronic disease prevention in Australia both in terms of strategic direction and programs on the ground," she said.

"The interviews highlighted several key aspects of successful national action: strong Australian Government leadership and coordination; setting a common agenda; national alignment on priorities and actions; agreement on implementation strategies; partnerships within and across governments and with sectors outside of health to effect change; and funding and infrastructure to support implementation." 🌱



## Helping policy makers build the economic case for prevention

A Prevention Centre initiative is bringing health policy makers and treasury officials together to find ways to build a stronger economic case for the funding of prevention programs.

A roundtable held in July 2016 gathered together more than 20 representatives from state and territory health departments and treasuries to explore the role of economic evidence in informing government investment in prevention.

Chair of the meeting, Professor Stephen Jan, a Prevention Centre Chief Investigator, said high-level policy makers and treasury officials contributed ideas on how economic evaluation could be used as a tool to make the case for investment in prevention.

Professor Jan said it was clear from the meeting that government representatives needed a greater understanding of each other's needs when assessing the cost-effectiveness of prevention interventions.

"One of the interesting things I saw coming out of the meeting was people from health and treasury were talking to one another," said Professor Jan, from The George Institute for Global Health. "Some people from the same jurisdiction hadn't even met before.

"It's been great that the Prevention Centre has been able to get these groups around the table so that we can build a common understanding of what



needs to be achieved," he said. "Without that, building a case for the funding of prevention programs and interventions is really hard."

Health economics has become a key focus for the Prevention Centre as it turns its attention to building evidence about the economic credentials of prevention.

These projects cover areas including:

- Enhancing whole-of-government decision making on prevention interventions through developing a framework to determine value for money of prevention activities across sectors. Led by Professor Rob Carter and Jaithri Ananthapavan from Deakin University
- Taking a snapshot of economic evidence about prevention and health promotion, identifying areas where the economic evidence is plentiful and areas where

more evaluation could be done. Led by Professor Alan Shiell, La Trobe University

- Developing practical ways for policy makers to assess the wider economic impacts of prevention interventions, beyond cost and cost-effectiveness. Led by Professor Stephen Jan.

Professor Jan said the Prevention Centre's focus on the economics of prevention was responding to an untapped need coming from state and territory governments.

"From interviews that I conducted for my project, there is a strong interest in using health economic evidence more in decision making and in getting a greater understanding of this area and building capacity in their organisations," he said.

"The Prevention Centre is contributing to this area to a small extent at the moment, but its contribution is growing." ✂

### My view

**Ms Leonie Scott,**

General Manager,  
Health Outcomes,  
Heart Foundation



"A lot of people talk about a systems approach, but the Prevention Centre is very consistent in the way it approaches that work. Every meeting I've attended has reinforced the systems approach and the Centre and everybody uses systems language.

I would like the Heart Foundation to look at using a systems approach rather than just picking off one issue. For example, for the sugar tax, we should ask how does it fit into the whole food supply and is that the best thing to focus our energy on? I'm also interested in the systems modelling work. The food area is extremely complex and we need to know how best to invest our time and effort. I am very much aware of the social determinants of health, but the Prevention Centre's systems approach and modelling work has taken it to a whole new level of sophistication."

# 3

## Chapter 3

# Forging strong partnerships

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The Prevention Centre connects researchers, policy makers and practitioners to build an evidence base for the prevention of lifestyle-related chronic disease in Australia. Our funding model and structure ensure that researchers and the end users of the research – policy makers and practitioners – work together to develop research questions, conduct the research, and interpret and apply the findings. Building strong partnerships is integral to ensuring our many different stakeholders work together in a way that is most productive.

Our activities to enhance partnerships include:

- Regular meetings of our Chief Investigators and funding partners
  - Communications products including a fortnightly email and bimonthly electronic newsletter
  - Activities to enable policy makers and researchers to work together
  - Building networks of policy makers, practitioners and researchers around topics of shared interest.
-

## Learning locally to act nationally

Communities around Australia are helping us learn from the many people, organisations and programs working to prevent chronic disease.



A Prevention Centre project is building partnerships in diverse communities around Australia to tackle the epidemic of lifestyle-related chronic disease.

Prevention Tracker is an innovative approach that puts a new lens on the complex problem of how to best direct scarce resources to prevent chronic disease.

It works with local communities to better understand their prevention system; how the people, processes, activities, settings and structures in that community all connect to shape the existence of chronic disease. This enables communities to identify gaps and find the best opportunities to develop a stronger prevention system.

Project co-leader Dr Therese Riley said Prevention Tracker was a manageable way to explore the almost overwhelming problem of chronic disease facing Australia – aiming for small wins in local communities that have the potential to bring greater change further afield.

“We hope to find a common set of methods for Prevention Tracker that can be rolled out or implemented in a range of other communities,” said Dr Riley, a Senior Research Fellow with the Prevention Centre. “It may also be feasible to operate this way at a state or national level.”

A key aspect of Prevention Tracker is working in partnership with the local community, harnessing local energy and potential for change.

“We are engaging with people in communities who have the capacity and the authority to implement the strategies that are identified,” Dr Riley said. “It’s not an intervention devised and implemented from afar.”

For the communities themselves, Prevention Tracker is mapping their prevention activities, uncovering challenges, and helping to develop and strengthen links between organisations.

The project is an expansion of a successful pilot held last year in Glenorchy, Tasmania, which provided important insights into how local communities work to prevent chronic disease, including identifying the prevention workforce and how organisations connect with each other.

While continuing to work in Glenorchy, Prevention Tracker has expanded to work with Albany in WA, with Broken Hill in western NSW and with an urban Queensland community.

Mr Len Yeats, from Glenorchy City Council, has been a key partner involved in the pilot of Prevention Tracker in the Tasmanian community. He said it had complemented Council’s own Healthy Communities Plan, which developed as a result of its Healthy





**"Prevention Tracker is about translational research – about having the capacity to use the best 'big brains' from Australia and around the world and combine that knowledge with local knowledge."**

**Ms Kate Garvey**

Department of Health and Human Services, Tasmania

Communities Initiative program, 'Glenorchy on the Go'. This is a federally funded program that engages community members in healthy lifestyle activities, campaigns and events.

"Prevention Tracker brought our local community organisations into a room together to explore the causes of obesity in our community," Mr Yeats said.

"This network can bring a greater focus to our work, especially with the involvement of the Tasmanian Department of Health and Human Services."

Ms Kate Garvey, Manager, Partnership Development at the Department of Health and Human Services Tasmania, welcomed the expertise that Prevention Tracker brought to Tasmania.

"Prevention Tracker is about translational research – about having the capacity to use the best 'big

brains' from Australia and around the world and combine that knowledge with local knowledge."

Systems thinking is at the core of Prevention Tracker's methods to explore how local communities support health.

Dr Riley said systems thinking was used to understand complex problems because it helped to see the big picture – "how the problem we're trying to solve is made up of connected and inter-related parts".

She hopes a key legacy of Prevention Tracker is that it will provide insights into the usefulness of systems thinking methods at the community level.

Prevention Tracker is putting systems science to the test, "with community members who are willing to learn and experiment with us", she said.

One of those community members was Ms Leah Galvin, who worked with the Heart Foundation during the 2015 pilot in Glenorchy. Ms Galvin said Prevention Tracker was having an impact in Glenorchy, simply through the network it was building.

"There is no way that all of those people would have come together and done all those pieces of work without some external organisation," she said. "It really facilitated something that was desperately needed." 🌱

## Harnessing collective energy in prevention

As a collaborator with Prevention Tracker since the Glenorchy pilot program began, Kate Garvey has witnessed the project's impact on collaboration and partnership.

"We have been grappling with how to get single programs to work together and share knowledge and learnings," said Ms Garvey, Manager, Partnership Development at the Department of Health and Human Services, Tasmania.

"Prevention Tracker has helped us to establish connections that weren't there before. We can see how it will soon help us work out where best to spend our limited resources."

The project included an activity called group model building, where community organisations took part in a series of workshops to map the factors that cause overweight and obesity in Glenorchy.

Ms Garvey said some people had hoped the group model building process would lead

to more immediate action, rather than just exploring the causes, but the process had a clear impact on relationships.

"Partnerships were a by-product of the group model building activity, with people suddenly realising that their goals are aligned and that they can work together in a much more sustainable way," Ms Garvey said.

The ability to strengthen the community partnerships was a key reason the Department wanted to be involved in the Glenorchy pilot of Prevention Tracker – to harness the collective energy around chronic disease prevention.

"At the time, we had lost considerable state and federal funding, so we needed to think about how to get the biggest impact," Ms Garvey said.

"How do we work together to make the best use of resources to bring about real change for the community?"

Ms Garvey is applying what she has learnt about partnership in Prevention Tracker to other areas of her work, such as funding organisations to deliver prevention programs.

"Prevention Tracker has prompted me to think about how we can develop funding agreements that create incentives for organisations to collaborate, not be in competition," she said.

One key impact that Ms Garvey would like to emerge from the expanded Prevention Tracker project is stronger engagement with the community, to add to the voices of stakeholder organisations. "I can't yet hear the Glenorchy community voice in Prevention Tracker," she said.

"We need to bring together that collective knowledge – all of the voices of the community – then prioritise investment based on all the work that has been done and then develop really practical tools." 🌱

## Partnership takes time and patience

After many years of working in partnership with NSW Health, Professor Adrian Bauman says he was an obvious fit for the Prevention Centre, which has collaboration between academics and policy makers as a key value.

Professor Bauman, a Prevention Centre Chief Investigator and member of the Leadership Executive, said work with NSW Health on policy-informing research

about chronic disease prevention had been a slow process of developing mutual respect over many years.

He said the Prevention Centre was also applying that model of partnership but trying to make it happen quickly.

This suited jurisdictions that were accustomed to working in partnership with researchers, said Professor Bauman, Director of the Prevention Research

Collaboration at the University of Sydney.

With jurisdictions that had never been in a partnership model before, it could take a long time to develop that way of working, he said.

"One of the biggest learnings is that relationship building is not an immediate process and the true valuing of partnerships doesn't happen immediately." 🌱

### My view

**Dr Therese Riley,**  
Senior Research Fellow,  
The Australian Prevention  
Partnership Centre



"One of the big challenges with the Prevention Centre is that it's big – there are a lot of investigators, activities, institutions and agreements. People might see it as just a group of projects that could have been funded in different ways, but I see it as a network of activities and effort. I would feel comfortable picking up the phone and contacting any one of the Chief Investigators.

Regardless of degrees of involvement or perceived engagement, there's a commitment and prevention is valued. There are connections that are really important and likely to remain invisible in terms of formal evaluation – but will be the foundation for future efforts."



## Coming together to overcome evaluation barriers

Evaluating complex interventions can be challenging. No matter which jurisdiction they work in, Prevention Centre partners speak of common barriers to evaluation, including competing organisational demands, funding and resource shortages, mismatched timeframes and difficulties in measuring population-wide impact.

To create a safe space where these issues can be discussed and solved, the Prevention Centre has hosted a series of cross-jurisdictional forums that bring together academics and policy partners involved in managing or evaluating highly complex prevention programs.

The meetings explore approaches that states and territories have used to evaluate complex chronic disease prevention initiatives, discuss and address common barriers and challenges in evaluating complex initiatives, and expand understanding of the benefits of taking a systems approach in evaluation.

The meetings have also built a Prevention Centre network of evaluation practitioners.

Katherine Pontifex, Principal Evaluation Coordinator in the SA Department for Health and Ageing, said the forum had enabled her to build connections and bounce ideas off others who were struggling with similar issues, such as the lack of baseline data.

"People in program areas are often busy 'doing', so taking a moment to lift their gaze and think about evaluation may not be a priority," she said.



"The forum was an opportunity to connect with other people who had expertise and to actually talk about evaluation – there aren't many people on the ground who I can have these conversations with."

For Mr Noore Alam, an epidemiologist from the Queensland Department of Health, the forums have provided the capacity to manage expectations around evaluations.

"I've benefited from the realist view of evaluation – what are the real challenges, what to expect and what not to expect, and how to bring to our management's attention what is realistically possible and what is not possible. 🌱"

"We have been able to draw on these lessons from other jurisdictions and from the facilitators and mentors, which has been really helpful."

**Mr Noore Alam**  
Queensland Department of Health

### My view

**Dr Jo-An Atkinson,**  
Lead, Synthesis Capacity  
The Australian Prevention  
Partnership Centre

"I think it would have been harder to accomplish our work in dynamic simulation modelling (see page 20) in a different environment to the Prevention Centre. It's not just the opportunity to work in partnership or to engage in systems thinking, it's about access – access to a broad range of people who are vital to the success of building useful decision support tools to inform chronic disease prevention.

It's access to professors, clinicians, policy makers and to key people in government departments that importantly help shape our work. And access to the communications team that helps craft messages and better articulate the value of our work to end users. The Centre environment has been fertile ground for this work."



## Working nationally to boost prevention

The Prevention Centre has built a strong national presence that is making a case for prevention as a key way of stemming the tide of chronic disease in Australia and improving efficiencies in health budgets.

Work includes building a compelling case for prevention activities, deciphering the elements that make up the Australian prevention system, and working with Primary Health Networks (PHNs) to build their capacity to tackle chronic disease prevention locally. Prevention Centre research projects have involved every state and territory.

Principal Medical Adviser to the Commonwealth Population Health and Sport Division, Dr Bernie Towler, said there was a renewed interest in prevention in Canberra. “We are in a different era – in that people are now talking about prevention,” she said.

“We are working with the Prevention Centre around key priority areas that are translational. What the Prevention Centre does is a crucial part of the picture, but it’s

not the only part – it’s about creating the forums and nurturing the relationships, then taking into account policy and financing mechanisms at a Commonwealth level to make things happen.”

This year, the Prevention Centre carried out a national population survey, the Australian Perceptions of Prevention Survey (AUSPOPS), to better understand community knowledge and attitudes around prevention and policies and programs to prevent lifestyle-related chronic disease.

Preliminary results indicate that Australians generally agree the Government should intervene to prevent people from harming themselves, with some support for further restriction on junk food advertising to children, setting salt limits on processed foods, taxing soft drink, and having health ratings on packaged foods.

Assistant Secretary of Preventive Health Policy, Ms Elizabeth Flynn, said the Commonwealth was particularly interested in working with PHNs to build capacity around prevention activities.

“We are very excited about how we can use the Prevention Centre to provide assistance to PHNs in the area of prevention ...”

**Ms Elizabeth Flynn**

Australian Government Department of Health

“We are very excited about how we can use the Prevention Centre to provide assistance to PHNs in the area of prevention, such as tools they can use to tackle the key risk factors for chronic disease in the community like obesity, alcohol and drug abuse and tobacco,” she said.

The Prevention Centre is also informing a national approach to Aboriginal tobacco control and evaluating a number of initiatives introduced under the National Partnership Agreement on Preventive Health and the National Chronic Disease Strategy. ✂

## Understanding what an Australian prevention system might look like

A flagship Prevention Centre project is aiming to understand the complexities of the chronic disease prevention system in Australia.

It will describe the different elements of prevention systems – from governance and leadership to service delivery, research, information and the workforce – and how they relate to each other.

Project lead Dr Cameron Willis, Principal Research Fellow and NHMRC Sidney Sax Public Health Fellow at the Prevention Centre, said the project aimed to work with a diverse set of stakeholders to make both practical and scientific contributions.

It would influence the design and implementation of strategies, and help government and non-government agencies to use a more systems-oriented approach.

“There is a tendency to try to reduce things to their component parts; a systems approach helps us move beyond these individual parts to see how they are related to each other and their contexts, and where opportunities exist within the system to create change,” Dr Willis said.

“We want to describe the elements of prevention systems in ways that recognise these relationships and contexts.” ✂

### My view

**Mr Alan Singh**  
Executive Director,  
Research Policy and  
Translation,  
NHMRC



“For us at the NHMRC, it’s all about translation. One of the things which comes out again and again in the literature is that having end users at the start makes it much more likely that research gets taken up into policy and practice. That’s why we launched our Partnership Projects and Partnership Centres. In discussions with stakeholders and researchers, there is good support for partnership research. People seem to recognise it really does lead to better results.

I do think the Prevention Centre is working well, and particularly the NSW and ACT governments seem to be deriving a lot of value from being involved. However, it is an intensive model in terms of funding and our involvement.”

# 4

## Chapter 4

# Building capacity

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One of our core objectives is to increase the capacity of researchers, policy makers and practitioners to use evidence and systems approaches in the design, implementation, evaluation and communication of prevention. Our capacity building activities aim to enable the research community to undertake applied research, and to enable those within the system to use research in their practice.

We build capacity through:

- Clinics, courses and seminars in which researchers and policy makers/practitioners share and learn from each other's expertise
  - Supporting early- and mid-career researchers through regular meetings with their colleagues
  - Webinars, seminars and other teaching activities
  - Funding PhD and Masters students.
-

# Fostering a new generation of leaders in prevention research

The Centre's Research Network allows early- to mid-career researchers from across the projects to link up, learn and collaborate.



The Prevention Centre is building a network of young researchers who are learning to collaborate, share insights and, more broadly, how to work successfully in partnership.

The Research Network was born in 2014 and has grown into a central plank of the Prevention Centre's capacity building program. It brings together early- to mid-career researchers from each of the Centre's projects with policy makers and more senior academics. The regular meetings teach skills that go beyond more traditional research methods or topics, to include areas such as how to approach knowledge co-production, and how to be heard by policy makers.

The Prevention Centre's Learning and Development Manager, Jackie Stephenson, said there was a huge benefit in the Centre allocating energy and resources to facilitate this network of researchers.

"The network opens doors to different types of learning," Ms Stephenson said. "It is a forum

for these researchers to learn from each other, explore case studies, hear from senior policy makers about the realities of evidence use, and share their opinions on the Centre in a way they might not do at the larger events."

Associate Professor Sarah Thackway, a member of the Prevention Centre Leadership Executive and Executive Director, Epidemiology and Evidence, at NSW Health, said the Research Network was generating a peer group that could last a lifetime.

"It sets up a community of practice, it means they can work closer together and leverage off each other's skills and knowledge as opposed to having to reinvent the wheel," she said.

Research Network events have focused on themes including research co-production, knowledge translation, how to influence policy, and communicating research findings. They regularly feature policy partners, who provide insights into how policy and practice decisions are made.





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"A huge bonus of working with the Prevention Centre has been all the opportunities, such as Research Network meetings. It's hard to measure the value of these days but it's the little things that happen afterwards – you become aware of all these different projects, you have a bigger contact list and access to information that's readily available."

**Dr Melanie Pescud**  
Australian National University

Beyond learning opportunities, the meetings offer the chance for early- to mid-career researchers to make lasting connections with each other and with more experienced colleagues.

For NSW Health Trainee Public Health Officer Nick Roberts, who was placed at the Prevention

Centre after he worked for 18 months in policy at the NSW Ministry of Health, a chance encounter at his first Research Network meeting transformed his ability to conduct qualitative interviews.

The meeting took place two weeks before he and colleague Maria Gomez, a Research Officer with the Prevention Centre, were about to embark on interviews with local stakeholders as part of the Prevention Tracker project. Both were nervous about the work as they had only conducted quantitative research previously.

They discussed their training needs over coffee with Dr Anne Grunseit, a Senior Research Fellow in the Prevention Centre's Rapid Response Evaluation Capacity, who as a consequence designed a half-day course in qualitative interview techniques at Sydney University.

"Literally the next week I went to a course at Sydney University, crafted to our needs, which was really useful," Mr Roberts said. 🌱



# PhDs link learning through research and practice

With backgrounds in law, health management, clinical services and policy making, the Prevention Centre's PhD candidates bring significant knowledge and experience to their projects.

## Jan Muhunthan: the role of public health law in preventing chronic disease

Jan Muhunthan is passionate about using the law to shape healthy, more equitable environments, especially for vulnerable populations.

Her PhD, supported by the Prevention Centre and The George Institute for Global Health, is exploring the impact of public health law on chronic disease prevention.

With a background in children's law and human rights, Ms Muhunthan represented Australia at the United Nations during her last year of law school. "The conversations with other delegates and UN committee

members and the learnings coming out of that showed me that bad public health law could institutionalise disadvantage," Ms Muhunthan said.

She turned to the Prevention Centre because it shared her values. Access to the large Prevention Centre network of public health academics, project officers, early career researchers and policy makers has enriched her work, Ms Muhunthan said.

"My project would have been entirely different if I was doing my PhD the traditional way, researching and writing

in isolation. Through co-production, you think about a problem from many different perspectives – psychology, the social sciences and economics – all with an underlying systems thinking approach. I have been constantly challenged by others' personal experiences, professional experiences and ideas," she said.

Her PhD project is using empirical data to measure and evaluate public health law. The findings will inform the design of legislative reform, particularly in addressing the health inequalities suffered by disenfranchised and disadvantaged populations. 🌱



## Louise Freebairn: dynamic simulation modelling to combat gestational diabetes

Before she began her PhD, Louise Freebairn had scant knowledge of her chosen tool for gathering and exploring evidence – dynamic simulation modelling.

Eighteen months on, Louise is not only leading dynamic simulation modelling workshops but attracting international experts as participants.

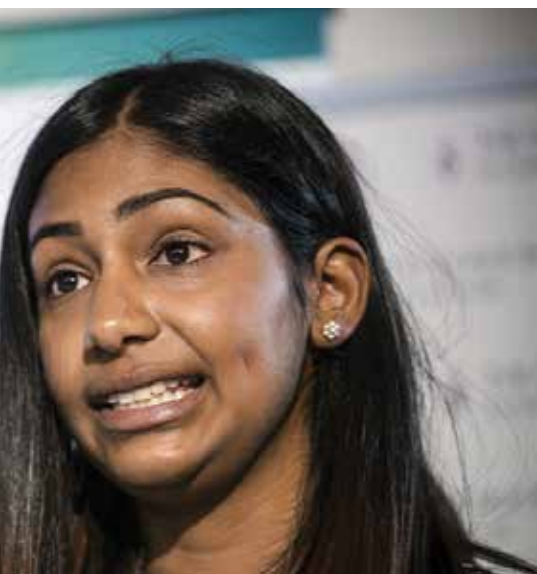
Ms Freebairn's PhD project aims to tackle gestational diabetes against the backdrop of increasing interest in systems science methods to examine complex problems. Simulation modelling is one method under the umbrella of systems science that can

be used as a unique 'what if' tool to test the likely impact of a range of possible solutions before implementing them in the real world.

The project includes workshops where a multidisciplinary group of clinicians, policy makers, researchers and modellers work together to map the risk factors, causes and possible solutions to the problem of gestational diabetes in the ACT. Participants at the first workshop included Associate Professor Nate Osgood and Professor Roland Dyck, world leaders from Canada in simulation modelling.

"The Prevention Centre is able to attract top people in their field," Ms Freebairn said. "Having those people interested in my work means that I can ask questions of people that I wouldn't even be introduced to as a PhD student at a university."

Ms Freebairn works as Manager of the Knowledge Translation and Health Outcomes Team, Epidemiology Section, with ACT Health. "Being based at ACT Health in Canberra gives me a different perspective and also extends the Prevention Centre's reach because people become more aware of the Centre through our work," she said. 🌱



"My project would have been entirely different if I was doing my PhD the traditional way, researching and writing in isolation."

**Ms Jan Muhunthan**  
The George Institute for Global Health



## Claire Pearce: the role of health services in preventing overweight and obesity

PhD candidate Claire Pearce represents much of what the Prevention Centre is hoping to achieve in its work to better connect practice and evidence.

After 20 years as a clinician, Ms Pearce has embarked on her PhD while continuing her role in chronic disease management with ACT Health.

"I probably wouldn't have had the opportunity to have a funded PhD without the Prevention Centre because I come from industry, not an academic background," Ms Pearce said.

"When you've been working as a clinician for 20 years, as I have been, there's a depth of experience that's acknowledged when you go for promotions at work but isn't necessarily always acknowledged in the academic world."

Ms Pearce's PhD is examining the role of health services in preventing overweight and obesity.

Her qualitative study involves interviews and observations with clinicians in the ACT, examining why health professionals are reluctant to talk to patients about being overweight, and the key factors that influence

the incorporation of obesity prevention interventions in a health care setting.

"I want to get to the bottom of why health professionals won't ask people what they eat," she said. "Is it too personal, or don't they think it's their responsibility?"

As she goes about her research, Ms Pearce has welcomed the wealth of knowledge and support available through the Prevention Centre. She has been able to speak to senior prevention investigators who have helped her to hone her PhD plan and ensure it explores new territory.

"I've also been able to talk and share ideas with other PhD candidates and early career researchers through the Prevention Centre's Research Network," she said.

"Initially I was a little intimidated by my academic colleagues' research skills, but I quickly learnt they didn't automatically have a good understanding of the space I come from – clinical health services. So it's given me the confidence to realise I can use those skills, update or upgrade my research skills and then hopefully work towards supporting health services in that knowledge translation." 🌱



## Christina Heris: understanding what influences smoking initiation for young Aboriginal people and prevention opportunities

Christina Heris is taking leave from her Research Manager role at the Australian Government Department of Health to complete a Prevention Centre-funded PhD through Baker IDI Heart & Diabetes Institute and Monash University.

Drawing on her background working on national health communication programs including the National Tobacco Campaign,

Christina's project seeks to understand what influences young Aboriginal people to start smoking. It will also explore differential patterns of uptake and identify positive protective factors and other opportunities for prevention.

Her research is part of the broader Prevention Centre research project 'A Comprehensive Approach to Aboriginal

and Torres Strait Islander Tobacco Control', which will provide policy makers with a framework for a systematic approach to reducing tobacco use among Aboriginal people. It will also help governments and non-government organisations to establish comprehensive tobacco control programs, focusing on settings and subgroups where prevention activities might be most effective. 🌱

## New insights gained in the messy real world

Dr Melanie Pescud had been immersed in academia at the University of WA for eight years before she joined a Prevention Centre-funded project that is identifying what is needed to create a healthy and equitable eating system in Australia.

She said insights into the policy world have been the greatest benefit of her involvement with the Prevention Centre.

"I was somewhat sheltered in Perth, where I was mainly working in health promotion

and social marketing. It was often about doing the research and not so much following through linking the research to practice," said Dr Pescud, who is now based at RegNet, the School of Regulation and Global Governance at the Australian National University.

"For the first year here I almost felt as if I was starting a PhD again, there was so much new information and different ways of working," she said. "I was working

with policy makers and learning about the policy process in general, that it's not perfectly linear, it's messy. It gives you a better idea of the real world."

Her involvement with the Prevention Centre had ultimately changed her thinking and the way she works, she said.

"As I finish papers from my old job I'm using that broader level thinking, infusing that work with ideas I have got from the Prevention Centre." ✂

## Creating local expertise in simulation modelling

The Prevention Centre has been building capacity in Australia to use dynamic simulation modelling as a tool to explore complex problems.

With an expanding program of work in dynamic simulation modelling (see page 20), the Centre realised there was a need for more local expertise rather than relying on international experts.

To help build that expertise, the Prevention Centre has been training computer scientists to apply their knowledge to chronic disease prevention, and public health academics to use and value dynamic simulation modelling in their work.

Capacity building activities have included a series of master classes run by Professor Nate Osgood, an internationally respected simulation modeller and data scientist from the University of Saskatchewan, Canada.



Professor Nate Osgood ... internationally respected simulation modeller.

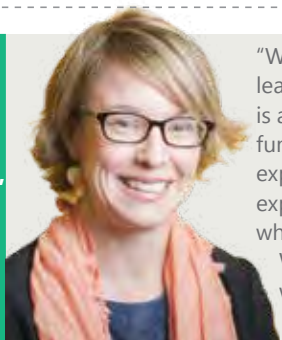
Dr Jo-An Atkinson, who is leading the Prevention Centre's dynamic simulation modelling work, said the training was helping health academics to learn how to build, use and communicate models, while orientating computer scientists to health.

She said the master classes offered a first step into simulation modelling. Some trainees had also had opportunities to be

involved in real-world policy modelling projects. "As a result of these initiatives, local interest and expertise are being developed in methods that help us to leverage advances in technology, increase our understanding of complex problems, and work in partnership with decision makers, practitioners and communities," Dr Atkinson said. ✂

## My view

**Ms Jackie Stephenson,**  
Learning and Development  
Manager, The Australian  
Prevention Partnership  
Centre



"When we are planning capacity building activities or meetings, we ensure we are learning both from researchers as well as from our policy partners. The landscape is always changing for prevention and we try to keep up with the priorities of our funding partners. We hold roundtables and forums where everybody brings their expertise and learns from each other. We have a large network of people talking, exploring case studies, meeting, hearing about issues, and engaging with people who they would have not usually come across were it not for the Prevention Centre. We are building capacity not just in new methods or topic areas, but in how to work together as partners to understand and solve some of the big challenges in preventing chronic disease."





The National Liveability Study team ... working collaboratively with input from several disciplines.

## Shared funding allows mid-career researchers to shine

Professor Billie Giles-Corti realised that the National Liveability Study was an ambitious project that needed a new way of working if it was to succeed.

The study is measuring the key factors that make our cities liveable. It is exploring five liveability domains – alcohol, food, public open space, transport and walkability – and their impact on health across NSW, Victoria, WA, ACT and Queensland.

Prevention Centre funding allowed Professor Giles-Corti, based at the University of Melbourne, to mobilise groups of researchers in five universities across the country, with each focusing on a single domain while still collaborating.

Dr Hannah Badland, academic lead of the study, said the devolved structure had meant mid-career researchers had stepped up to lead domains of the

project, rather than the traditional chief-investigator-led model.

"This model works really well in that everyone has defined responsibilities and deliverables," said Dr Badland, who is also based at the University of Melbourne. "We're almost a series of sub projects that are locked together and really dependent on one another."

Professor Giles-Corti praised the domain leaders, who she said had used their creativity, problem solving and collaboration to produce a great project.

She is particularly pleased that the project has been the springboard to create a network of geographic information systems (GIS) researchers across the country who have worked collaboratively to solve common problems.

The researchers are using GIS data to link the urban landscape to health outcomes.

"We've got five universities working together on this project and in terms of capacity building I think it's been a very rewarding experience for everyone," Professor Giles-Corti said.

"I like my team to work collaboratively with input from multiple disciplines and the Prevention Centre has allowed us to work in this way nationally."

Dr Suzanne Mavoa, the Technical Lead of the study, said she was a little daunted by the idea of a devolved structure but it had proved to be a positive experience.

"It's enabled people to explore their own ideas, methods and approaches and this has resulted in more interesting and potentially more useful results," she said.

"As early career researchers, it's been great to have the freedom and opportunity to explore that in a safe way." 🌱

### My view

#### Dr Suzanne Mavoa

Technical Lead,  
National Liveability Study,  
University of Melbourne



"I've worked in teams who have worked with policy makers but I hadn't done it myself directly until this project. It's helped to broaden my idea of how my research might be used in practice. I want to continue with my technical work, but because of this opportunity to talk to policy makers and partners, I now have this lens of: 'What does this mean for someone on the ground who has responsibility for making decisions?'"

Before this project, I thought of policy makers as urban planners, but I've also been engaging with people such as in the Australian Bureau of Statistics and data providers so it's broadened my idea of who policy makers are in my area – it's not just urban planners."



# Our research projects

The Prevention Centre has 37 research projects, as well as a number of projects that our Standing Capacities are supporting. This is a brief description of the 37 projects. For more detailed information about projects, please visit the Centre's website: [preventioncentre.org.au](http://preventioncentre.org.au)

## Simulation modelling of complex public health problems

**Project lead:** Dr Jo-An Atkinson, The Australian Prevention Partnership Centre

**Aim:** Develop dynamic simulation models to forecast the effectiveness of a variety of approaches to reducing chronic disease.

## Communicating health prevention through social media

**Project lead:** Tala Barakat, MPhil student, University of Sydney

**Aim:** Determine the best ways to communicate the value of preventive public policy using social media.

## Scaling up complex public health interventions: A case study analysis

**Project lead:** Professor Adrian Bauman, University of Sydney

**Aim:** Identify the components that contribute to successful scaled-up health interventions.

## Understanding community values of prevention – AUSPOPS surveys

**Project lead:** Professor Adrian Bauman, University of Sydney

**Aim:** A national population survey to quantify community attitudes and values to policies and programs for the prevention of lifestyle-related chronic diseases.

## Complex program evaluation definitions, examples and methods

**Project lead:** Professor Adrian Bauman, University of Sydney

**Aim:** Consider existing guidelines and identify issues that are contested or under-developed in complex program evaluation.

## Translation of preventive care guidelines into community mental health services

**Project lead:** Associate Professor Jenny Bowman, University of Newcastle

**Aim:** Explore the feasibility, acceptability and effectiveness of locating a designated preventive care practitioner in a mental health service to address clients' chronic disease risks.

## The development of a cost-benefit analysis framework integrating the intersectoral benefits of prevention interventions

**Project lead:** Professor Rob Carter, Deakin University

**Aim:** Enhance whole-of-government decision making on prevention interventions through developing a framework that determines value for money of prevention activities across sectors.

## Developing a compelling case for prevention

**Project lead:** Professor Rob Carter, Deakin University

**Aim:** Support national and jurisdictional decision making for chronic disease prevention efforts through the synthesis, modelling and communication of comprehensive evidence on the value of prevention investments.

## A comprehensive approach to Aboriginal and Torres Strait Islander tobacco control

**Project lead:** Professor Sandra Eades, Baker IDI

**Aim:** Establish parameters for a more comprehensive and systematic approach to reducing smoking by Indigenous Australians and compare this with current practice. It will inform a national framework to better direct resources for Indigenous tobacco control.

## Simulation modelling to support decision making in gestational diabetes care

**Project lead:** Louise Freebairn (PhD candidate), ACT Health

**Aim:** Examine the growing problem of gestational diabetes using a simulation model that maps the interactions between risk factors and explores possible interventions.

## A systems approach to healthy and equitable eating

**Project lead:** Professor Sharon Friel, Australian National University

**Aim:** Produce the evidence needed to create public policies that enable healthy and equitable eating, with a focus on the food and social systems.

## The development and validation of national liveability indicators associated with chronic disease risk factors and health outcomes

**Project lead:** Professor Billie Giles-Corti, University of Melbourne

**Aim:** Develop ways to measure the key factors that make our cities healthy and liveable.





### Workplace Health Insights: Cross-jurisdictional analysis of Healthy Worker Initiatives

**Project lead:** Dr Anne Grunseit, University of Sydney

**Aim:** Increase our understanding of the changes in health outcomes, health behaviour and organisational culture that came out of the Healthy Worker Initiatives that were part of the National Partnership Agreement on Preventive Health.

### The value of population cohort studies for informing prevention

**Project lead:** Dr Anne Grunseit, University of Sydney

**Aim:** Examine the history and potential contribution of population cohorts to understand how they contribute to influencing and informing health prevention and surveillance systems.

### Communicating prevention – approaches to prevention framing and story telling

**Project lead:** Professor Penny Hawe, University of Sydney

**Aim:** Find new ways to frame health promotion and disease prevention that value the role of the hidden workforce who create healthy public policy, and quantify the benefits of public health interventions that have been taken for granted.

### Policy and program implementation and the role of context in explaining prevention effectiveness

**Project lead:** Professor Penny Hawe, University of Sydney

**Aim:** Explore the relationship between

the intensity and quality of prevention policy and programs delivered and the prevention targets achieved.

### Theory and methods of interventions in complex systems

**Project lead:** Professor Penny Hawe, University of Sydney

**Aim:** Gain insights into the dynamics of complex interventions in public health.

### Understanding what influences smoking initiation for young Aboriginal people and the opportunities for prevention messaging

**Project lead:** Christina Heris (PhD candidate)

**Aim:** Review the effectiveness of strategies to prevent smoking initiation among young Aboriginal people, with a focus on prevention messaging.

### Improving the economic analysis of prevention

**Project lead:** Professor Stephen Jan, George Institute

**Aim:** Develop an approach to the economic analysis of prevention programs that is potentially broader than conventional forms of economic evaluation but simple enough to be used routinely.

### The price and affordability of healthy and current (less healthy) diets in Australia

**Project lead:** Professor Amanda Lee, Queensland University of Technology

**Aim:** Develop the first nationally

standardised tools and protocols to determine the relative price and affordability of healthy and unhealthy (current) diets.

### The role of public health law in preventing chronic disease

**Project lead:** Jan Muhunthan (PhD candidate), The George Institute for Global Health

**Aim:** Develop empirical research tools that policy makers and researchers can use to identify deficiencies in existing public health law and to inform the design of legislative reform.

### A systems perspective on improving food security for urban Aboriginal communities

**Project lead:** Dr Sumithra Muthayya, Sax Institute

**Aim:** Better understand the factors causing food insecurity in Aboriginal communities, and identify potential solutions in two non-remote communities.

### Why aren't health professionals telling us we're fat? Perceptions of overweight and obesity prevention in non-admitted health services

**Project lead:** Claire Pearce (PhD candidate), ACT Health

**Aim:** Examine the role of non-admitted health services in preventing overweight and obesity, and identify the barriers and enablers to incorporating a prevention focus into clinical care.

### Maintaining Healthy Weight for Life program effects using financial incentives

**Project lead:** Associate Professor Philayrath Phongsavan, University of Sydney

**Aim:** Investigate the effectiveness of incentives to maintain weight loss that Healthy Weight for Life program participants achieve.

### A rapid scan of projects and programs related to chronic disease prevention

**Project lead:** Professor Sally Redman, Sax Institute

**Aim:** In 2014, this scan identified research activities, evidence reviews, policies and programs about healthy diet, physical activity, tobacco control or harmful alcohol use.



### Prevention Tracker: Describing, guiding and monitoring system change efforts in local communities

**Project lead:** Dr Therese Riley, The Australian Prevention Partnership Centre

**Aim:** Work with a number of diverse communities in Australia to improve understanding of local communities' prevention systems, and guide and monitor their work to prevent chronic disease.

### Benchmarking obesity prevention policies in Australia

**Project lead:** Dr Gary Sacks, Deakin University

**Aim:** Assess whether globally recommended policies for creating healthy food environments are being implemented in Australia, and create a report card of performance that recognises good performance and highlights areas for further improvements.

### Barriers to, and strategies for, evaluating complex interventions

**Project lead:** Laureate Professor Rob Sanson-Fisher, University of Newcastle

**Aim:** Understand barriers to organisations conducting routine evaluation of complex interventions, and develop strategies to overcome these barriers.

### Census of published economic evaluations of primary prevention strategies and interventions

**Project lead:** Professor Alan Shiell, La Trobe University

**Aim:** Take a snapshot of the state of economic evidence about prevention and health promotion, identifying areas where the economic evidence is plentiful and areas where more evaluation is needed.

### Synthesising and making available relevant evidence

**Project lead:** Various

**Aim:** Produce synthesis and communication products, such as evidence summaries, policy briefs and prevention factsheets, to give policy makers access to the latest evidence and tools to argue for investment in prevention.

### Policy and practice in managing childhood obesity: Implementation case studies in Queensland and NSW

**Project lead:** Dr Helen Vidgen, Queensland University of Technology

**Aim:** Investigate enablers and barriers to successful implementation of childhood obesity management strategies using the experiences of programs in Queensland and NSW.

### Understanding and improving systems for preventing lifestyle-related chronic diseases

**Project lead:** Dr Cameron Willis, The Australian Prevention Partnership Centre

**Aim:** Better understand chronic disease prevention in Australia and provide recommendations about who and what is, or should be, involved in efforts to improve the prevention of chronic disease.

### Mapping the preventive health workforce

**Project lead:** Professor Andrew Wilson, University of Sydney

**Aim:** Describe a framework for collecting data about preventive health activities and the workforce that is delivering those activities.

### Strengthening the role of prevention in primary health

**Project lead:** Professor Andrew Wilson, University of Sydney

**Aim:** Develop guidelines for improved prevention practice in primary care by identifying opportunities for a more systematic approach to chronic disease prevention in Primary Health Networks.

### The effectiveness of strategies to scale the implementation of community chronic disease interventions

**Project lead:** Associate Professor Luke Wolfenden, University of Newcastle

**Aim:** Improve the implementation of evidence-based interventions addressing chronic disease risk factors by identifying effective scaling-up strategies in community settings such as childcare services, schools, workplaces and sports venues.

### Prevention Landscape: The status of prevention programs in Australian states and territories following two national prevention initiatives

**Project lead:** Associate Professor Sonia Wutzke, The Australian Prevention Partnership Centre

**Aim:** Explore state and territory prevention responses to two national prevention initiatives: the National Partnership Agreement on Preventive Health and the 2005 National Chronic Disease Strategy.

### Prevention Tracker proof-of-concept pilot: Learning from local data to activate systems for the prevention of chronic disease

**Project lead:** Associate Professor Sonia Wutzke, The Australian Prevention Partnership Centre

**Aim:** Pilot a project to develop methods for identifying and measuring local prevention systems and use this local knowledge to build a comprehensive picture of an effective prevention system. 🌱





## The final word

**Associate Professor Sonia Wutzke**

Deputy Director

## Half way through but we've only just begun

When I saw the position advertised for Deputy Director of a new and ambitious initiative, The Australian Prevention Partnership Centre, I thought my good luck stars had aligned. Bringing together a large group of clever people committed to the population's health, a focus on research and data for informing policy and practice decisions, and a commitment to keeping people well and out of hospital – what could be better than that?

I still think I'm lucky to be part of the Prevention Centre, but I will admit that such a complicated mix of people, agencies, processes and governance structures has made it challenging to negotiate at times. However, with perseverance and great people who are genuinely committed to a common goal, we have made significant progress.

Half way through our funding period, the Prevention Centre has become a national hub for policy- and practice-relevant prevention research. We are increasing political, public and scientific debates about the case for prevention.

We are genuinely walking the talk of co-production, actively connecting policy makers and researchers to ensure that our research is policy relevant and useful.

And we have also started to fill a dearth in capacity around systems thinking in public health. We have provided opportunities to early career researchers and practitioners to work alongside this country's most senior academics and policy makers, building capacity in the sector.

While I am proud of our progress, and relieved we have been able to navigate the challenges along the way, investment in research to improve the prevention of chronic disease remains crucial.

An explosion in chronic disease means the health system is facing a fiscal cliff that is threatening our future ability to deliver quality health services. At the same time, we know that efforts to address the risk factors for chronic disease are falling short, with

more Australians than ever eating unhealthy diets and not doing enough physical activity.

Prevention activities can take many years to make a difference in public health. Our own simulation modelling, for example, has shown it will take nine years before increasing the price of alcohol at licensed venues shows a marked effect in reducing alcohol-attributable hospitalisations.

It is encouraging that the Federal Health Minister, Sussan Ley, noted the value of prevention when she was re-appointed to her portfolio after the 2016 election. However, there is still an urgent need for a visible entity in the prevention space, for prevention champions in the next generation of academics, and for policy makers to keep prevention on the agenda.

At the Prevention Centre, we will continue a broad focus that includes other sectors such as planning, transport, sport and recreation as well as health, and to extend our reach nationally, especially in primary health. Importantly, there is also much more to be done in communicating the value of prevention, to make the public case for the health and economic impacts of prevention amid changing political priorities and mounting opposition from vested interests in industry.

Two and a half years into a five-year funding cycle, we have started to release our research findings, but we are only just at the start of what we aim to achieve. The features of the Partnership Centre funding model are enabling critically different ways of working between policy, practice and research – creating an essential continuum of research from discovery, synthesis, communication and action.

We think this approach addresses a major need in the Australian research environment – for large-scale, research-policy-practice partnerships that are established with enough time, resources and flexibility to ensure the overall impacts of the research on policy and practice are substantially greater than the sum of the individual research projects. 🌱



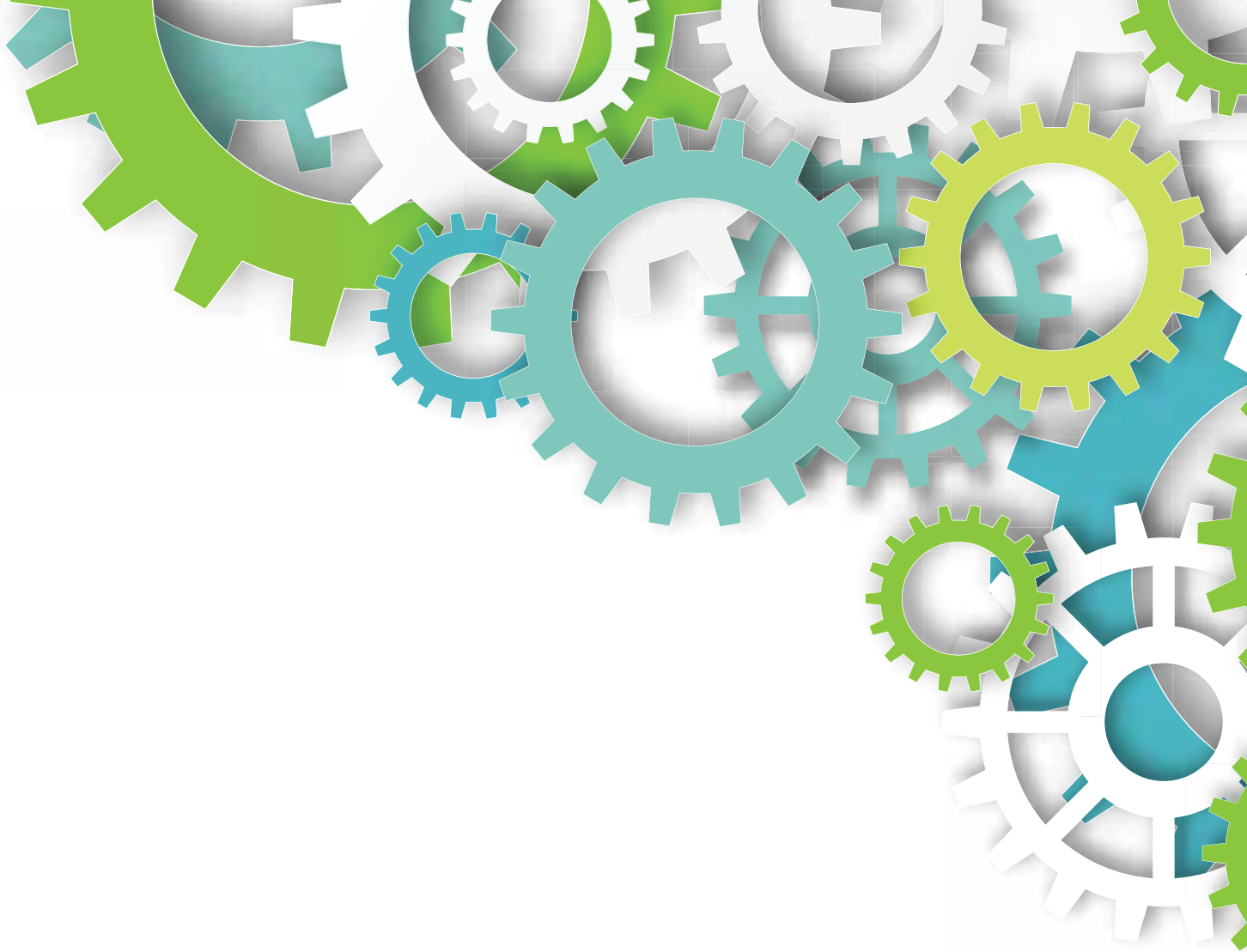
# Snapshots





1. A meeting of the Healthy and Equitable Eating project in 2015, where policy makers and researchers mapped the elements of the food system.
2. A segment of a map of the causes of gestational diabetes, part of a project using simulation modelling to explore this growing and complex problem.
3. Expert in health systems simulation, Dr Geoff McDonnell.



4. Researcher Dr Therese Riley (left) and Ms Bev Lloyd, of NSW Office of Preventive Health, at a Chief Investigators' meeting.
5. UK public health leader Professor Mike Kelly at a Prevention Centre public forum.
6. Prevention Centre Chief Investigator Professor Stephen Jan at a public forum.
7. Discussions at a workshop to inform the NSW Premier's Priority for reducing childhood overweight and obesity.



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