

# ACT Population Health Bulletin

Volume 3

Issue 1

February 2014

## Table of Contents

Breaking News	2
Population Health Division Research Strategy	5
The Australian Prevention Partnership Centre	8
Population Health Division Research Publications 2013	11
Translating Research into Policy: Dementia & Public Health Research Project	12
Centre for Research & Action in Public Health	15
Evaluation in the Population Health Division	18
Healthier Work Evaluation	20
2012 Realist Evaluation of the 2010/11 Health Promotion Sponsorship Funding Round	22
It's Your Move: a 3 year Obesity Prevention Intervention for Secondary School Students	24
Questionnaire Design Course	26
Population Health Division Student Training	27
Area Highlight: Research and Evaluation	28
Notifiable Disease Report	29
Measles in the ACT	31
Building Data Linkage Capacity in the ACT	32

## Introduction

### A message from the Chief Health Officer, Dr Paul Kelly

A few years ago whilst attending an international scientific conference, I met yet another Paul Kelly, a respiratory physician from Ireland. He asked about my professional role and when I described myself as a public health academic, he laughed and remarked "isn't that a contradiction in terms?" That was a telling statement and I suspect my namesake is not alone in that opinion. Historically, clinical and biomedical research has dominated the published literature, the media, popular imagination and the budgets of funding bodies in Australia and internationally. However, building an evidence base to support public health decision making is at least as important as the other key components of medical research. Fundamental questions remain about what works at a population level to protect and to promote health and wellbeing. The answers to these questions lie in rigorous research and evaluation of population health issues and of the programs designed to address them.

The ACT's first population health research strategy was developed in 2012 in collaboration with local academic partners and other key stakeholders. The aim of the strategy is to better align our research efforts to answer key questions through the promotion of partnerships and increased capacity for research translation. This aligns well with recent National Health and Medical Research Council policy and funding initiatives. The nature of scientific enquiry in population health does not easily lend itself to standard grading systems which prioritise randomised controlled trials, as these are often impractical or indeed unethical in this context. Much of the evidence comes from observational studies and is published in non-peer reviewed reports. Providing a guide to policy makers on how to systematically assess, interpret and use this research is the aim of a partnership with the Australian National University. The Australian Prevention Partnership Centre (TAPPC) is an impressive consortium of multiple universities and funding partners with a focus on building the evidence base for what works in systems approaches to the prevention of chronic disease. The Centre is assisting with the evaluation of the *Towards Zero Growth: Healthy Weight Action Plan*, an ACT whole of government initiative.

A key component of the research strategy is to strengthen population health research capacity within ACT Health. The work of several trainees is highlighted, as well as plans for mentorship and specific skills training. Research capacity is also dependent on the availability of high quality data from a variety of sources. Data linkage is a well developed tool for interpretation of routinely collected health service data and the work of both the Population Health Division and The University of Canberra's Centre for Research and Action in Public Health are highlighted in this Issue.

Thank you to all the contributors and in particular to Ros Garrity and Helen Lilley for their assistance as guest editors.

**Dr Paul Kelly**

**Editor**

**February 2014**

©Australian Capital Territory, Canberra  
 February 2014  
 Produced by ACT Health, Population Health Division  
 Editorial committee:  
 Dr Paul Kelly (Editor)  
 Dr Ranil Appuhamy  
 Lindy Fritsche  
 Chris Kelly  
 Sam Kelly  
 Helen Lilley  
 Brett Purdue  
 Ros Garrity

Please address any correspondence to:  
 The Editor  
 ACT Population Health Bulletin  
 Population Health Division  
 GPO Box 825  
 Canberra City ACT 2601  
[populationhealthbulletin@act.gov.au](mailto:populationhealthbulletin@act.gov.au)  
[www.health.act.gov.au](http://www.health.act.gov.au)

# Breaking News

## Healthy Food and Drink Choices Policy

Lesley Paton, Senior Public Health Nutritionist, Population Health Division

A Healthy Food and Drink Choices Policy for ACT Health has been announced. This policy will expand the range of healthy food and drink choices available for staff, volunteers and visitors to ACT Health facilities and events. A range of resources and supports will be available to guide staff on their responsibilities in the provision of food and drinks at ACT Health facilities and events such as meetings, functions, education sessions and fundraising activities. The Policy will not apply to food and drinks provided to inpatients, or to food and drinks paid for by individuals and brought from outside ACT Health for personal use.

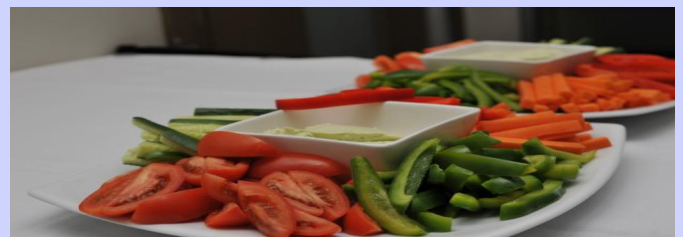
The Policy development process included: a baseline survey of staff attitudes and behaviours regarding healthy food and drink at work; baseline audits of vending machines and food outlets to assess the nutritional value of currently available food and drink; and consultations with staff and other external stakeholders on the proposed Policy content, Nutrition Standards and implementation issues.

The Policy will enable ACT Health to play a lead role in the provision of healthy foods and drinks within the ACT Government and other workplace settings. The *Towards Zero Growth Healthy Weight Action Plan* announced by the Chief Minister in October 2013 identifies the roll out of a healthy food and drink choices initiative across all ACT Government workplaces, facilities and government-funded events as a key action.

Under the Policy individuals will still be able to choose from a range of foods and drinks, however the Policy will help to make healthy choices the easy and appealing choices. Many foods can be made healthier through small changes, for example smaller portion sizes or swapping some ingredients to healthier alternatives. Even small changes are a move in the right direction for healthier choices.

The Policy includes Nutrition Standards which provide guidance about the categories of foods and drinks that can be supplied in different situations. A traffic light system categorises foods and drinks according to their nutritional content (GREEN = healthy or best choices, RED = not recommended, AMBER = select carefully). The Nutrition Standards are:

1. Food outlets and vending machines: The majority of foods and drinks sold should be GREEN. GREEN and AMBER foods and drinks should form at least 80% of products available.
2. Catering, fundraising, rewards, incentives, gifts, prizes and give-aways: The majority of foods and drinks should be GREEN. AMBER foods and drinks may be provided in small quantities only. RED category foods and drinks must not be supplied. For occasional events such as staff/volunteer Christmas parties or major fundraisers an exemption to the standard may be granted by the Director-General.
3. Advertising, promotion and placement: Only GREEN foods and drinks should be advertised or promoted. RED or AMBER category foods and drinks should not be advertised, promoted or placed in prominent areas such as on equipment, at point of sale, beside cash registers, at reception desks, on counters in waiting areas, or at entrances and exits. Furthermore, RED or AMBER category foods and drinks should not be positioned at eye level within cabinets, fridges, shelves, or as part of free-standing displays. The ACT Health logo should not be used alongside RED or AMBER category foods and drinks.
4. Alcohol: The ACT Public Sector Management Standards 2006 stipulate that: "An officer must not, without the prior approval of the Director General (a) consume alcohol while on duty; or (b) consume alcohol while on government premises during working hours; or (c) carry alcohol in a government vehicle." In addition, alcohol is not to be provided or used by ACT Health for catering, fundraising, rewards, incentives, gifts, prizes or give-aways.



5. Water provision: Tap water should always be available to staff, volunteers and visitors free of charge, for example from water dispensers and/or food outlets.
6. Sponsorships: ACT Health sponsorships should be associated with GREEN foods and drinks only. The ACT Health logo should not be used alongside RED or AMBER foods and drinks or alongside logos/advertisements for RED or AMBER foods and drinks.

A 12 month transition period will allow staff, food outlets and vending machine suppliers time to make the necessary changes. Staff will be supported through fact sheets on implementing the Nutrition Standards, a telephone and email helpline for catering enquiries, and healthy catering seminars. Food outlets will be supported through nutrition and business advice, training, and detailed guides to help them to review the food and drink they supply and to make the necessary changes. An ACT Health committee will guide implementation over the 12 month transition period. Information about the Policy will become available to staff via the ACT Health intranet and to external stakeholders via the ACT Health website.

# Breaking News

## Healthy Canberra Grants provided to help combat overweight and obesity

Tony Blattman, Health Promotion Grants Program, Population Health Division

On 20 February 2014 the Minister for Health, Katy Gallagher, MLA, announced the successful applicants for the \$2.2m Healthy Canberra Grants program, which supports community programs aimed at reducing overweight and obesity in the ACT. Healthy Canberra Grants are a key feature of the ACT Government's *Towards Zero Growth* initiative that was introduced last year and the programs that these grants will fund include a range of programs focused on reducing obesity in different community sectors. The successful applicants in this round of the Healthy Canberra Grants are:

**ACT Medicare Local** – *Connect up for kids* program which will develop better pathways for obesity prevention for children while guiding families through health promotion advice, child health assessments, primary health care services and community-based programs;

**The Physical Activity Foundation** – *Ride or walk to school* program which builds the capacity of schools to encourage students to use active modes of transport for school travel;

**YMCA of Canberra** – *Take Off! with the Y* and *Bluearth* enhance healthy lifestyle options and experiences of over 2,500 children attending programs within the YMCA's Children's Services Unit;

**Heart Foundation ACT** – To conduct the *Live Lighter Campaign* which is a population based education campaign aimed at improving health outcomes, through encouraging adults to make healthier lifestyle choices. This successful program was developed and implemented in Western Australia and will be tailored to the ACT population; and

**Gordon Primary School** – Lanyon Cluster of Primary Schools *Every Chance to Dance* program which will allow for full implementation of the *Kulturebreak* program to the Lanyon cluster of primary schools.

The community partners funded under Healthy Canberra Grants enable the Population Health Division to help improve physical activity levels and healthy eating habits for families and children, and will also encourage health care services to participate in the fight against obesity. Healthy Canberra Grants are a major component of the restructured ACT Health Promotion Grants Program, which was reviewed in 2013. The review found widespread support for longer term grants of sufficient scale to be able to produce measurable population health gains.

The next round of funding in Healthy Canberra Grants opened for expressions of interest on Monday, 24 February 2014, closing Monday, 24 March 2014.

A smaller funding opportunity, the Health Promotion Innovation Fund, provides grants up to \$15,000 for projects that deliver innovative approaches in reducing overweight and obesity. Recently announced grants include:

**Australian Federal Police (ACT Policing)** - Constable Kenny Koala *Stay OK On the Road* Program (High Visibility Vest Initiative);

**Fraser Primary School** - for the *Paddock to Plate @ Fraser* project;

**Koomarri** – For the *Fit For Life* project;

**Rob De Castella's SmartStart For Kids!** - For the *SmartStart PLAY* (Physical Literacy and Activity for Youth) project;

**West Belconnen Child and Family Centre** – For the *Koori Kids: Health Messages* project and for the Sudanese Health project;

**Youth Coalition of the ACT** - For a project to improve healthy eating in the Youth Work sector.



Photograph: Safe Cycling, *Ride or Walk to School*. Population Health Division file photograph



## Breaking News

### Moving towards healthier food and drinks at school with Fresh Tastes

On 21 February 2014 the ACT Chief Minister and Minister for Health, Katy Gallagher, MLA, launched *Fresh Tastes: healthy food at school* at Palmerston District Primary School. The Chief Minister was joined by ACT Minister for Education and Training, Joy Burch, MLA.

The ACT Chief Minister also announced the phasing out of sugary drinks from vending machines in public schools by the end of Term 1, 2014 and from public school canteens by the end of 2014. Public schools phasing out sugary drinks will be supported to install water refill stations and will receive reusable bottles to encourage students to drink tap water. Schools can get further support from *Fresh Tastes*.



**Photograph: Fresh Tastes Launch. ACT Health**

*Fresh Tastes* supports classroom learning about good nutrition, growing and cooking food and selling healthy food and drinks in ACT schools.

Public, Catholic and independent schools, including early childhood, preschools and primary schools across the ACT, are welcome to participate in *Fresh Tastes*. Every school that participates receives support, resources and incentives over three years from ACT Government, local community and business partners to make healthy food and drink a feature of everyday school life.

Eight schools have signed up to become the first 'Fresh Tastes' schools to increase the childrens knowledge of good nutrition and increase access to healthy food and drinks in their school. Expressions of interest are open for another eight schools to sign up to *Fresh Tastes* in 2014 with opportunity for more schools to apply in 2015 and 2016.

*Fresh Tastes* supports the ACT Government's *Towards Zero Growth: Healthy Weight Action Plan* which has set a target of 'zero growth' for obesity in the ACT. Action in schools is a priority to curb rates of overweight and obesity in the Canberra community. *Fresh Tastes* is a joint Australian, State and Territory Government initiative under the National Partnership Agreement on Preventive Health.

For more information about *Fresh Tastes* email [freshtastes@act.gov.au](mailto:freshtastes@act.gov.au), phone 6205 1452 or visit [www.health.act.gov.au/fresh-tastes](http://www.health.act.gov.au/fresh-tastes).

## Articles

### Acronymns

<b>ACTHPGP</b>	ACT Health Promotion Grants Program
<b>ACTHREC</b>	ACT Health Human Research Ethics Committee
<b>ACTML</b>	ACT Medicare Local
<b>ANPHA</b>	Australian National Preventive Health Agency
<b>CEIPS</b>	Centre of Excellence in Intervention and Prevention Science
<b>CeRAPH</b>	Centre for Research and Action in Public Health
<b>CHeReL</b>	Centre for Health Record Linkage
<b>CIHR</b>	Canadian Institutes of Health Research
<b>CVD</b>	Cardiovascular Disease
<b>HCF</b>	Hospitals Contribution Fund
<b>HEELP</b>	Healthy Eating, Exercise and Living Program
<b>HIB</b>	Health Improvement Branch
<b>HILDA</b>	Household, Income and Labour Dynamics in Australia
<b>HPSFR</b>	Health Promotion Sponsorship Funding Round
<b>KT</b>	Knowledge Translation
<b>LOOK</b>	Lifestyle of our Kids
<b>NHMRC</b>	National Health and Medical Research Council
<b>NPAPH</b>	National Partnership Agreement on Preventive Health
<b>NRM</b>	Natural Resource Management
<b>PATH</b>	Personality and Total Health
<b>TAPPC</b>	The Australian Prevention Partnership Centre
<b>TRIP-DPH</b>	Translating Research into Policy – Dementia and Public Health

### Upcoming Events

- **24 February 2014 - Healthy Canberra Grants: Expression of Interest opened (closes 24 March 2014)** <http://www.health.act.gov.au/hpgrants/>
- **21 February 2014 - Health Promotion Innovation Fund opened (closes 20 June 2014)** <http://www.health.act.gov.au/hpgrants/>
- **A general information session about Healthy Canberra Grants will be conducted on Wednesday 5 March 2014 from 4.00pm to 5.30pm at the Rheinberger Centre, Corner of Weston and Loch Streets, Yarralumla.**

## Population Health Division Research Strategy

Linda Halliday, Research and Evaluation Section, Health Improvement Branch, Population Health Division

In 2012, the ACT Health, Population Health Division developed the first Population Health Research Strategy for the ACT. The Strategy aligns with the overall strategic direction for health research in the ACT and the Strategic Framework for the Population Health Division. The Population Health Research Strategy guides the research agenda for Population Health Division and associated research partners.

The Strategy includes a process for:

- Identifying priorities and need;
- Strengthening capacity of the ACT to engage in research activities;
- Ensuring that the outcomes from research are transferred into health policy and programs; and
- Monitoring and evaluating the success of the strategy in achieving population health outcomes.

### Introduction

The key objectives of population health activities are protecting health, preventing diseases, illness and injury and promoting health and wellbeing of an entire population. It steps beyond the individual-level focus of clinical medicine by addressing a broad range of factors that impact health on a population-level including the environment, social factors and resource distribution.<sup>1, 2, 3</sup>

Population health research is defined as: the investigation and analysis of factors that influence the health status of groups or whole populations, as well as the testing and evaluation of policies and interventions to improve population health outcomes.<sup>4</sup>

Population health research is an important investment in the health and wellbeing of our community. There are many barriers to developing population health research capacity, not least being the availability of resources including staff capable of undertaking this research. The ACT Population Health Research Strategy goes part way to addressing these barriers in the ACT.

### Aim of the Strategy

The aim of the Strategy is to promote the generation and use of high quality, relevant research. This research will inform and improve the development of policy and delivery of programs to improve the health, reduce morbidity and increase the life expectancy of the ACT population.

The key objectives of the Strategy are to:

- generate population health research activity and knowledge in the ACT;
- develop systems to translate research evidence into population health programs and policies; and
- develop capacity to undertake population health research within the Population Health Division.

Key activities of the Strategy include:

- developing partnerships to progress the population health research agenda for the ACT;
- building workforce capacity through direct means such as the provision of training, mentoring, fellowship or scholarship programs, or indirectly through skills transfer such as involvement in collaborative projects (e.g. with academic partners), territory-wide projects or professional networks;
- developing a knowledge transfer framework to ensure successful transfer of knowledge and exchange of information between the various stakeholders;
- developing a process for systematically capturing and reviewing published literature that can inform policy and program development and establish mechanisms for transferring information to relevant programs;<sup>5</sup>
- disseminating research findings through publication of research activities; and
- generating and improving access to quality information for surveillance, research and analysis.

### Stakeholder Investment

Population health programs are not confined to the Population Health Division and a key element of the Strategy are the partnerships and collaborations across government, non-government organisations and academic institutions. Implementation and monitoring of this Strategy resides with the Population Health Division.

With this in mind, the Strategy was developed in consultation with a broad range of stakeholders within ACT Health, other ACT Government Directorates, local academic institutions, and non-government organisations.

### Achievements to date

The Population Health Division has progressed a number of activities; many of these are profiled in this bulletin. Not least is the provision of leadership and a supportive environment for research activities. The creation of a new section within the Health Improvement Branch that focuses on research and evaluation highlights the commitment of the Division in pursuing the research agenda.

The Population Health Division has identified processes to identify initial research priorities. These include:

- health needs of the ACT population as identified in the Chief Health Officer's report and other ACT publications;
- ACT government policy priorities;
- existing strengths in the ACT research community;
- availability of resources; and
- emerging funding opportunities.

The Division has engaged in a number of collaborative research partnerships in recent years. The Australian Prevention Partnership Centre was founded in 2013 and is funded by a NHMRC Partnership Centre Grant which includes co-funding from the Australian National Preventive Health Agency, NSW Ministry of Health, ACT Health, Hospitals Contribution Fund of Australia (HCF) and the HCF Research Foundation. The centre is managed by the Sax Institute in partnership with the Centre of Excellence in Intervention and Prevention Science (CEIPS). For more information please refer to the article on page 8 of this Bulletin.

Translating Research into Policy – Dementia and Public Health (TRIP-DPH). An Australian Research Council (ARC) Linkage Grant was awarded in 2013 to develop and implement a number of projects designed to assist policy makers in using quality research to support the development of evidence based policy in relation to chronic disease including dementia. The project is supported through a partnership between the ANU, ACT Health and Alzheimer's Australia. For more information please refer to the article on page 12 of this Bulletin.

In 2014, a number of capacity building projects will commence including a research training package comprising a series of lectures and training sessions to assist staff enhance their research skills. The Epidemiology Section is building on existing data repositories and developing processes to enable quality information to be available for research and evaluation. The partnership with the Centre for Health Record Linkage and the availability of a number of ACT datasets in the Master Linkage Key further enhances the capacity of the ACT information to be available for approved research projects. For more information please refer to the article on page 32 of this Bulletin.

### References

1. ACT Health Population Health Research Strategy 2012-2015, Health Directorate, ACT Government, Canberra. <http://health.act.gov.au/health-services/population-health/> accessed February 2014.
2. Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva, World Health Organization, 2008. Available at: [http://www.who.int/social\\_determinants/thecommission/final-report/en/index.html](http://www.who.int/social_determinants/thecommission/final-report/en/index.html) accessed February 2014.
3. ACT Health. Population Health Division Strategic Framework 2013-2015, Health Directorate, ACT Government, Canberra. <http://health.act.gov.au/health-services/population-health/> accessed February 2014.
4. National Health and Medical Research Council. Report of the Review of Public Health Funding in Australia, December 2008. [http://www.nhmrc.gov.au/\\_files\\_nhmrc/file/research/phr/Nutbeam.pdf](http://www.nhmrc.gov.au/_files_nhmrc/file/research/phr/Nutbeam.pdf) accessed February 2014.



### 2014/15 – 2016/17 HEALTHY CANBERRA GRANTS NOW OPEN FOR APPLICATIONS

Nearly \$2 million in funding to support community-based health promotion programs and projects to improve population health outcomes is available.

Healthy Canberra Grants is now open for expressions of interest from community-based groups, school communities, not-for-profit organisations and government agencies. This funding opportunity will be for programs of up to three years duration, commencing from July 2014. Nearly \$2 million will be available over the three-year period covered by this funding opportunity.

Healthy Canberra Grants focus on tackling overweight and obesity and improving children's health, including improving eating habits and improving physical activity outcomes. Improving outcomes around smoking, alcohol consumption and healthy active ageing are also considered.

Application to Healthy Canberra Grants is through a two-stage application process: An initial expression of interest must be submitted by 5.00pm on 24 March 2014. Shortlisted expressions of interest will then be invited to submit a more detailed application.

A general information session about Healthy Canberra Grants will be conducted on Wednesday 5 March 2014 from 4.00pm to 5.30pm at the Rheinberger Centre, Corner of Weston and Loch Streets, Yarralumla.

For more information, including access to the expression of interest form and funding guidelines, please visit the ACT Health Promotion Grants Program webpage at: [www.health.act.gov.au/hpgrants](http://www.health.act.gov.au/hpgrants), call us on 6205 1325 or email [hpgrants@act.gov.au](mailto:hpgrants@act.gov.au)



# Population Health Division Students

Given the diversity of the work done by Population Health Division, we support a range of Research students covering a variety of projects, ranging from those aiming to translate research into practice to health promotion and public health projects. Below are recent research students together with a short description of their projects:

Lily  
Jenkins



Supervisors: Professor Kaarin Anstey, Centre for Research on Ageing Health and Wellbeing, Australian National University and Linda Halliday, Population Health Division.

Project: Development of a model for research training that 'enables' research to be conducted in a manner that facilitates or optimises knowledge translation, specifically addressing questions of relevance to ACT health policy in the area of ageing. Lily will spend a three month period based in the Population Health Division, as part of a 'Research Translation Internship'.

Dr  
Alexandra Julia  
McRae Greig



Advanced Trainee in Public Health Medicine with the Australasian Faculty of Public Health Medicine (Royal Australasian College of Physicians).

Supervisors: Dr Ranil Appuhamy, Dr Paul Kelly, and Dr Moira McKinnon, Population Health Division.

Project: A program of training leading towards fellowship of the Faculty of Public Health Medicine. This program includes a variety of teaching and learning activities across the breadth of Public Health Medicine. Over the 2013 calendar year she has been based in the Communicable Disease Control section of the Health Protection Service and has worked in surveillance, follow-up of communicable diseases, and outbreak investigations.

James  
Grech

BAppSc (Honours), University of Canberra.

Supervisors: Dr Tamsin Kelly, University of Canberra and Ian Whittall, Population Health Division.

Project: Evaluation of enzyme-linked immunosorbent assay and liquid chromatography-tandem mass spectrometry as screening and confirmation methods for the detection of synthetic cannabinoids.

Dr  
Ranil Appuhamy



Course: Master of Applied Epidemiology.

Supervisors: Dr Paul Kelly, Population Health Division; Dr Martyn Kirk, National Centre for Epidemiology and Population Health, Australian National University.

Project: Several projects in communicable disease epidemiology including outbreak investigation and a project on the epidemiology of arboviral diseases in the ACT. This involves an analysis of arboviral notifications in the ACT and applying the results of a mosquito survey to evaluate the public health risk from mosquitoes in the ACT.

# Articles

## The Australian Prevention Partnership Centre

Professor Andrew Wilson, Director, Menzies Centre for Health Policy, University of Sydney, Sonia Wutzke, Deputy Director, The Australian Prevention Partnership Centre and Dr Paul Kelly, Chief Health Officer, Population Health Division

- Preventive interventions targeting lifestyle-related risk factors for chronic disease have a mixed record of success due to the complexity of factors that contribute to risk factors like obesity.
- The Australian Prevention Partnership Centre (TAPPC) has been established to undertake research and development on systems perspectives on the prevention of lifestyle related chronic disease in Australia using an innovative collaborative approach between researchers and the health system.
- Focussing on the priority chronic disease risk factors of obesity, diet, tobacco, physical activity and alcohol, TAPPC has five overarching objectives:
  - to embed 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 undertake internationally significant research in prevention of chronic disease;
  - to establish new partnerships, collaborations and methods for researchers, policy and program practitioners working together; and
  - to support increased people capacity.
- ACT Health, as a founding funding partner, is actively engaged in TAPPC and the evaluation capacity node has been influential in the formulation of the evaluation of the *Towards Zero Growth Healthy Weight Action Plan*.

### Background and objectives

Prevention has been a major factor in the improvement of the health and longevity of Australians, such as the more than 60% decline in deaths from cardiovascular disease observed in Australia since the 1960s. However, preventive interventions specifically targeting lifestyle-related risk factors for chronic disease have a mixed record of success.<sup>1</sup> Three major areas of weakness can be identified:

1. The failure to identify and incorporate evidence and experience of what is effective and ineffective in the design of interventions and to recognise the complex relationship of the lifestyle-environment interaction. Internationally there is increasing recognition that multi-level, multi-sector approaches are required for the effective and sustained prevention of chronic disease.<sup>2-6</sup>
2. The failure to implement interventions at a scale, duration, intensity and quality to achieve an effect likely to produce sustained change.
3. The types of evaluation undertaken have been overly simplistic, failing to recognise the complexity and time frames inherent in the intervention. Consequently, we frequently don't know whether an intervention hasn't worked as planned because it was ineffective or inadequately implemented or evaluated. Because of the complexity of factors that contribute to risk factors like obesity, prevention science is increasingly looking to system science for different ways of conceptualising, implementing and evaluating interventions.

TAPPC has been established to undertake research and development on systems perspectives on the prevention of lifestyle related chronic disease in Australia. It will pioneer a new collaborative approach between researchers and the health system aimed at achieving research that more effectively answers policy and practice relevant questions, and improves program implementation and evaluation. It will do this by creating a structure to facilitate the knowledge-to-action cycle.

TAPPC is a collaboration involving a team of 31 investigators from four states and territories across nine universities and eight government agencies (including health, infrastructure and treasury). It is funded for five years jointly by the National Health and Medical Research Council (NHMRC), the Australian Government through the Australian National Preventive Health Agency (ANPHA), ACT Health, NSW Ministry of Health, the Hospitals Contribution Fund (HCF) of Australia and the HCF Research Foundation.

Focussing on the priority chronic disease risk factors of obesity, diet, tobacco, physical activity and alcohol, TAPPC will undertake an ambitious program of research to:

- help to better understand what works in chronic disease prevention;
- investigate how best to promote prevention messages to the community; and
- provide policy and program developers with a framework and capacity to assist decisions about the strategies and structures for the prevention of lifestyle related chronic disease in Australia.

### Structure and Governance

TAPPC is administered by the Sax Institute in Sydney and co-hosted as a partnership between the Sax Institute and the Centre for Excellence in Intervention and Prevention Science in Melbourne ([www.ceips.org.au](http://www.ceips.org.au)).

### Australia's experts

The partnership team includes many of Australia's international leaders in prevention including Professors Adrian Bauman (physical activity), Billie Giles-Corti, Gavin Turrell (built environment), Sally Redman, Lucie Rychetnik (research translation), Alan Sheill, Penny Hawe (implementation science), Stephen Jan, Rob Carter, Glenn Salkeld (health economics), Simon Chapman (tobacco control), Sandra Eades (indigenous health), Mark Harris (primary care), Louise Baur, Amanda Lee (nutrition) and Sharon Friel (health equity).



### Objectives and approach

The centre represents a unique opportunity to transform how research is conducted and used in lifestyle-related chronic disease prevention. The approach will fully integrate end users and researchers, who together will co-specify research questions, conduct research and analyse, interpret and disseminate the findings. The centre will work on both the 'demand' and 'supply' sides of the research equation at the same time and drive whole of system change. In addition, the activities of the centre will stimulate critical reflective practice, to enable innovation and quality improvement by using and doing research.

TAPPC has five overarching objectives as follows:

1. To embed a greater appreciation of the value of prevention among governments and the community through:
  - nationally agreed messages about prevention that are readily accessible;
  - detailed assessments of the full economic benefit of prevention;
  - more effective messaging to the community about those benefits; and
  - better articulation of the need for whole-of-government approaches.
2. To develop tools, systems and methods to underpin a national prevention system, resulting in:
  - agreement about the key elements of a national prevention system;
  - agreed indicators of performance; and
  - a framework for decision making about the impacts of different prevention approaches.
3. To undertake internationally significant research in prevention of chronic disease resulting in:
  - innovative new methods particularly in economics and evaluation; and
  - better implementation in relation to prevention and communication.
4. To establish new partnerships, collaborations and methods for researchers, policy and program practitioners working together.
5. To support increased people capacity with:
  - a cohort of new researchers with skills in working with and within policy agencies; and
  - enhanced research-literacy among policy makers and practitioners.

### The program of work

The work program developed in association with funding partners will see over 30 projects undertaken over the five years with activities reviewed annually to ensure currency with partner needs. A core element of this program is the establishment of four standing capacities:

1. **Synthesis Capacity.** Led by Professor Sally Redman at the Sax Institute, this unit will develop and apply methods of syntheses and knowledge translation to address key issues for policy makers and practitioners;
2. **Rapid Response Evaluation Capacity.** Led by Professor Adrian Bauman at the University of Sydney, this unit will establish and resource a system for embedding research and evaluation in the rollout of policies and programs by its funders and other agencies;
3. **Systems Science and Implementation Capacity.** Led by Professor Alan Shiell at the Centre of Excellence in Prevention Science, this unit will bring a systems focus to all of the work of the Centre and assist policy makers and practitioners to strengthen the design of interventions prior to and during implementation;
4. **Communication Capacity.** Led by Professor Andrew Wilson at the Sax Institute and University of Sydney, this unit will develop methods to better communicate the prevention message to policy makers, funders, practitioners and the community and help develop a more sophisticated public dialogue on prevention science and public policy.

### Initial priorities

The work program for TAPPC is ambitious. Initial projects for the centre include:

- increasing prevention workforce capacity to use systems thinking in developing and implementing prevention strategies;
- developing and trialing new methods for evaluating the economic benefits of prevention;
- developing methodologies to assess the adequacy of scale, intensity and quality of prevention interventions;
- developing and testing models that enable simulation of the impact of alternative prevention policy and program recommendations in the priority areas identified by funders;
- developing methods for monitoring in near real time developments in research and programs in Australia and internationally;
- developing consensus statements in relation to key aspects of prevention based on the synthesis of best available evidence and summaries of Australian program experience;
- developing and assessing options for comprehensive national indicators for the prevention system;
- developing approaches to increasing public understanding of prevention policy and science in Australia.

# Articles

## The Australian Prevention Partnership Centre (continued)

### A focus on translation through capacity building

A fundamental pillar to the TAPPC approach is that as much as research should inform policy and practice, practice and practitioners should inform the research questions and the nature of the research. An important component of the program of work includes capacity building among practitioners and researchers. This will include developing opportunities for practitioners to spend 'sabbaticals' working with researchers and similarly for our fellows to work in practice settings. To foster sharing of expertise and experience, approaches such as small group learning sets for practitioners and fellows working on common problems, for example changing the built environment or program evaluation, will be supported with input available from experts drawn from the Centre's investigators or elsewhere if appropriate. Larger workshops will be available on topics such as the application of systems thinking in prevention, evaluation of complex interventions, and communicating about prevention. A small number of PhD scholarships will also be available in association with some of the projects and capacities.

### The ACT Health perspective

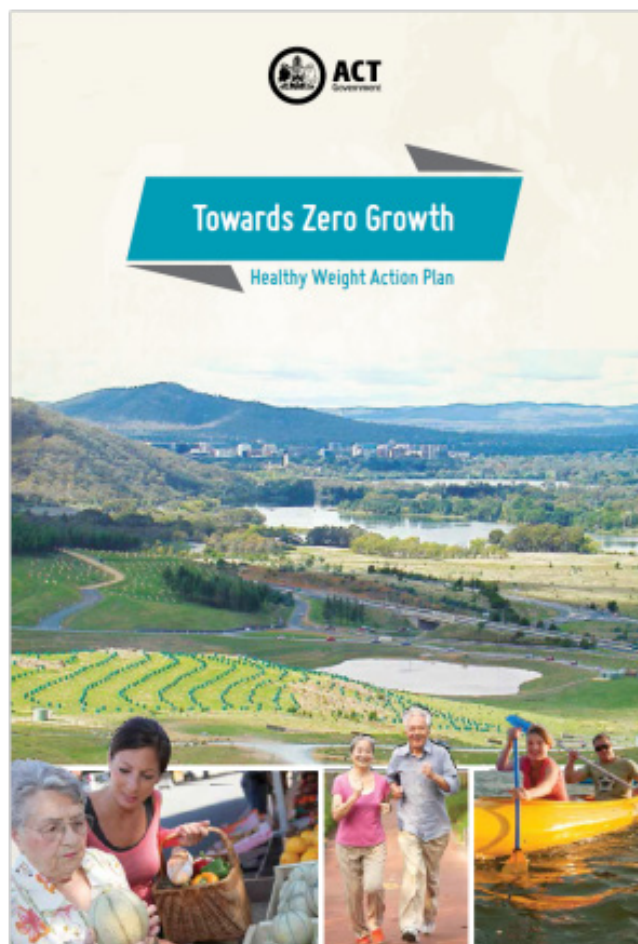
In November 2011, the NHMRC organised a meeting of Australia's Chief Health Officers to discuss the concept of a research partnership centre dedicated to chronic disease prevention. At that meeting, the basic principles of such a centre were agreed and several jurisdictions expressed interest in becoming funding partners. ACT Health subsequently agreed to become a founding member of the partnership and is providing funds and in-kind contributions. ACT Health staff are contributing to TAPPC as a member of the governance committee, on advisory committees for the capacity nodes and as co-investigators on specific projects. Several staff have also participated in TAPPC workshops.

For the ACT, TAPPC allows interaction with some of Australia's leading preventive health researchers. Our experience so far is that this is a true partnership, where the needs of policy makers and practitioners guide the work, and where the work informs policy and practice.



Photograph: by Surachai. FreeDigitalPhotos.net

One early example of the work of the Partnership Centre in the ACT is the highly responsive way that the Evaluation Capacity has assisted in the crafting of the evaluation framework for the ACT *Towards Zero Growth Healthy Weight Action Plan*.<sup>7</sup> In the past two months, Professor Adrian Bauman or a member of his team have made three visits to Canberra and, working alongside ACT Health staff, have met with key stakeholders across the ACT Government who are implementing the Action Plan. The innovative matrix which has been developed will measure not only the specific proximal effects of individual interventions but also the strength and effectiveness of the cross-government collaboration. This highlights how research partnerships such as the Prevention Centre can leverage expertise whilst adding value to population health programs, as well as providing valuable experience for staff.



ACT Government staff interested in the Centre's work and how it may be able to help are encouraged to ask. If you want to know more about ACT Health's involvement with the Centre, then contact the Population Health Division on 6205 0883.

If you want to contact the Centre directly about any of its work program, then contact Sonia Wutzke, Deputy Director, The Australian Prevention Partnership Centre on (02) 9514 5984.

## The Australian Prevention Partnership Centre (continued)

### References

1. Ebrahim S, Smith GD. Systematic review of randomised controlled trials of multiple risk factor interventions for preventing coronary heart disease. *BMJ* 1997; 314(7095): 1666-1674.
2. National Cancer Institute. Greater Than the Sum: Systems Thinking in Tobacco Control. Tobacco Control Monograph No. 18. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, 2007.
3. Finegood DT. The Complex Systems Science of Obesity. In: Cawley J, ed. Handbook of the Social Science of Obesity: Oxford University Press, 2011.
4. Jones AP, Homer JB, Murphy DL, et al. Understanding diabetes population dynamics through simulation modeling and experimentation. *Am J Public Health* Mar 2006; 96(3): 488-494.
5. Luke DA, Stamatakis KA. Systems Science Methods in Public Health: Dynamics, Networks, and Agents. *Annu Rev Public Health* Apr 4 2011.
6. Trochim WM, Cabrera DA, et al. Practical challenges of systems thinking and modeling in public health. *Am J Public Health* Mar 2006; 96(3): 538-546.
7. Harper E. Healthy weight action plan. *ACT Population Health Bulletin* 2013; 2(4):14-16.



Photograph by Serge Bertasius Photography. FreeDigitalPhotos.net

- Kelly T, **Grech J**, **Whittal I**. Evaluation of Enzyme-Linked ImmunoSorbent Assay and Liquid Chromatography-Tandem Mass Spectrometry as Screening and Confirmation Methods for the Detection of Synthetic Cannabinoids <http://www.canberra.edu.au/researchrepository/items/1b8e0c5c-cf1e-42ee-5d12-e174adf8d30c/1/>
- Ralph AP, Kenangalem E, Waramori G, Pontororing GJ, Sandjaja, Tjitra E, Maguire GP, **Kelly PM**, Anstey NM. High Morbidity during Treatment and Residual Pulmonary Disability in Pulmonary Tuberculosis: Under-Recognised Phenomena. *PLoS One*. 2013 Nov 29;8(11):e80302. doi: 10.1371/journal.pone.0080302.
- Subramanian RE, Herrera DG, **Kelly PM**. An evaluation of the global network of field epidemiology and laboratory training programmes: a resource for improving public health capacity and increasing the number of public health professionals worldwide. *Human Resources for Health* 2013, 21 Sept. doi:10.1186/1478-4491-11-45.
- Kenangalem E, Waramori G, Pontororing GJ, Sandjaja, Tjitra E, Maguire G, **Kelly PM**, Anstey NM, Ralph AP. Tuberculosis Outcomes in Papua, Indonesia: The Relationship with Different Body Mass Index Characteristics between Papuan and Non-Papuan Ethnic Groups. *PLoS ONE* 2013;8(9): e76077.
- Cheng AC, Holmes M, Irving LB, Brown SG, Waterer GW, Korman TM, **Kelly PM**, Kotsimbos T.. Influenza Vaccine Effectiveness against Hospitalisation with Confirmed Influenza in the 2010-11 Seasons: A Test-negative Observational Study. *PLoS One*. 2013;8(7):e68760.
- Ralph AP, Yeo TW, Salome CM, Waramori G, Pontororing GJ, Kenangalem E, Sandjaja S, Tjitra E, Lumb R, Maguire G, Price RN, Chatfield MD, **Kelly PM**, Anstey NM. Impaired pulmonary nitric oxide bioavailability in pulmonary tuberculosis: association with disease severity and delayed mycobacterial clearance with treatment. *J Infect Dis*. 2013; 208(4): 616-26.
- Martins JS, Zwi AB, Hobday K, Bonaparte F, **Kelly PM**. Changing the malaria treatment protocol policy in Timor-Leste: an examination of context, process, and actors' involvement. *Health Res Policy Syst*. 2013 May 15;11-16. doi:10.1186/1478-4505-11-16.
- Macesis N, Kotsimbos TC, **Kelly PM**, Cheng AC. Hospital-acquired influenza in an Australian sentinel surveillance system. *Med J Aust*. 2013 Apr 15;198(7): 370-2.
- **Pengilley AJ**, **Kelly PM**. Amanita phalloides poisoning and treatment with silibinin in the Australian Capital Territory and New South Wales. *Med J Aust*. 2013 Nov 18;199(10): 659-60.
- **Moffatt, CRM** and Musto J. Salmonella and egg-related outbreaks, *Microbiology Australia* May 2013, 94-98.

Population Health Division staff and students in bold.



# Articles

## Translating Research into Policy – Dementia and Public Health Research Project

Professor Kaarin J. Anstey and Karemah Francois, Centre for Research on Ageing Health and Wellbeing, The Australian National University

- The Translating Research into Practice - Dementia and Population Health (TRIP-DPH) is an ARC Linkage collaboration between the Australian National University, ACT Health and Alzheimer's Australia. The project examines multiple barriers to effective knowledge translation and what can be done to make improvements.
- One of the barriers identified pertains to the vast quantities of research that decision makers are confronted with and the issues that arise from trying to evaluate the quality of such evidence. How do those working outside the research world distinguish strong evidence from weak evidence?
- This well known problem has broadly been addressed through the development of hundreds of grading instruments for evaluating individual studies and systematic reviews.
- If these tools are flawed, over-reliance on them may lead to miscommunication and incorrect assessments of the evidence base, compromising knowledge translation.<sup>1</sup>

In 2011, our collaboration between ACT Health and ANU investigators of the Personality and Total Health Through Life Project (PATH) (see Box 1)<sup>2,3</sup> resulted in a joint report, making some of the findings of the study widely available to public and policymakers. However, PATH has an extensive dataset, including information on health service use, and a number of key health outcomes and risk factors, so it was not possible to include all this information in the report. Moreover, analysis of the PATH project and additional data collection is continuing with regular new findings. For example, we have identified the key health and lifestyle risk factors (blood pressure, smoking, past alcohol use, anti-depressant medication, high caloric intake) associated with the conversion from normal ageing to Mild Cognitive Impairment among our sample comprised of adults living in the ACT and Queanbeyan.<sup>4,5</sup> This type of information is relevant to policy makers and the general public but we do not yet have mechanisms in place to enable all our scientific findings to be accessible to whom they may benefit.

Alzheimer's Australia, which has a strong advocacy role, has also recognised the potential for population health approaches to dementia prevention that relates to the same lifestyle risk factors (e.g. smoking, sedentary lifestyle, poor diet) for chronic diseases as diabetes and heart disease.<sup>6</sup>

These observations raise the question 'How do we bridge the gap between high quality observational research conducted by academics in universities, and the policy-makers who need to make evidence-based decisions to promote population health?'<sup>7-10</sup> The Translating Research Into Practice - Dementia and Population Health (TRIP-DPH) project was developed to address these challenges at the research, policy and population health levels.

TRIP-DPH builds on a long-term collaboration between Anstey and colleagues, ACT Health and Alzheimer's Australia. The three-year study commenced in 2013 and is co-funded by an Australian Research Council (ARC) Linkage Grant and ACT Health. The project is designed to establish relationships and mechanisms to allow for the linkages and outputs it develops to last beyond the life of the project.

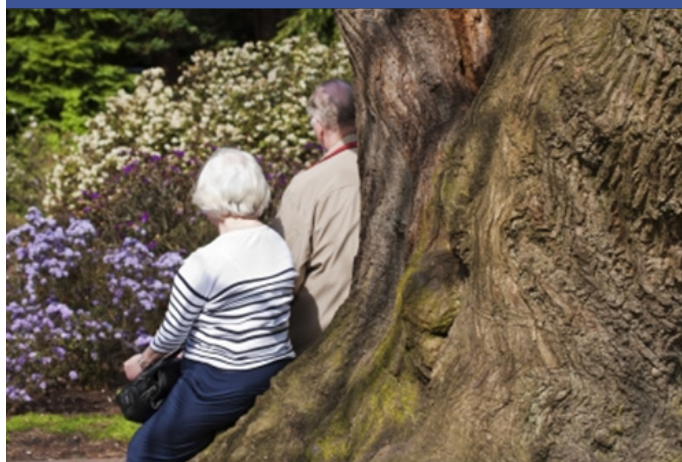
### Box 1

Mental Health and Wellbeing in the ACT<sup>1</sup> aims to provide a snapshot of the mental health and wellbeing of people in the Canberra District. This report is the result of a collaboration between ACT Health and the Ageing Research Unit in the Centre for Mental Health Research at the Australian National University.

This report describes a subset of results from the Personality and Total Health (PATH) Through Life Project which has been studying residents of Canberra and Queanbeyan for the past 12 years.

Results presented here are predominantly based on the most recent survey, in which there was a total of 6,382 participants, divided between the age groups 28-32 (2008), 48-52 (2009) and 64-68 (2006), and are referred to as the 20s, 40s and 60s cohorts, respectively.

After describing characteristics of the sample of participants in terms of depression and anxiety disorders, the remainder of the report focuses on mental health impairment as the key measure of psychological distress. Fifteen factors with potential associations with mental health are investigated, falling into four broad categories: social and economic context, psychological factors, risk factors and health, and service use and medication. The report concludes by exploring policy and program implications, and by suggesting valuable directions for future research.



Photograph: Serge Bertasius Photography. FreeDigital-Photos.net

## Articles

### Translating Research into Policy – Dementia and Public Health Research Project (*continued*)

The project involves a number of sub-studies that address barriers to research translation and that develop new tools and methods to facilitate the access to, and use of, evidence by policymakers. There is a specific focus on dementia prevention because this is the key research area of the research team, and many of the risk factors for late-life dementia are the same as risk factors for chronic disease.<sup>11</sup> Furthermore, the prevention of dementia, which provides a framework for the project, qualifies as a significant burden of disease.<sup>7</sup> In 2013, 322,000 people were estimated to have dementia in Australia and according to the Australian Institute for Health and Welfare (AIHW) there are “projections suggesting it will reach around 400,000 by 2020 and 900,000 by 2050”.<sup>12</sup> Therefore, dementia prevention is well suited to the life course population health approach taken by this project.

A systematically interconnected concept of research, patterned after the Canadian Institutes of Health Research (CIHR) model of knowledge translation (KT)<sup>8,11</sup> (See Figure 2) has been developed for the project. The adapted CIHR model “revolves around a proposed research cycle, in which there are six opportunities for facilitation and collaboration to bring about KT”.<sup>13,14</sup> These include defining research questions and methods, participating in conducting research, publishing in plain language and in accessible formats, placing research findings in the context of other knowledge and sociocultural norms, making decisions and taking action informed by research findings and influencing subsequent rounds of research based on the impacts of knowledge use.<sup>8,9,11</sup>

#### Description of the projects within TRIP-DPH

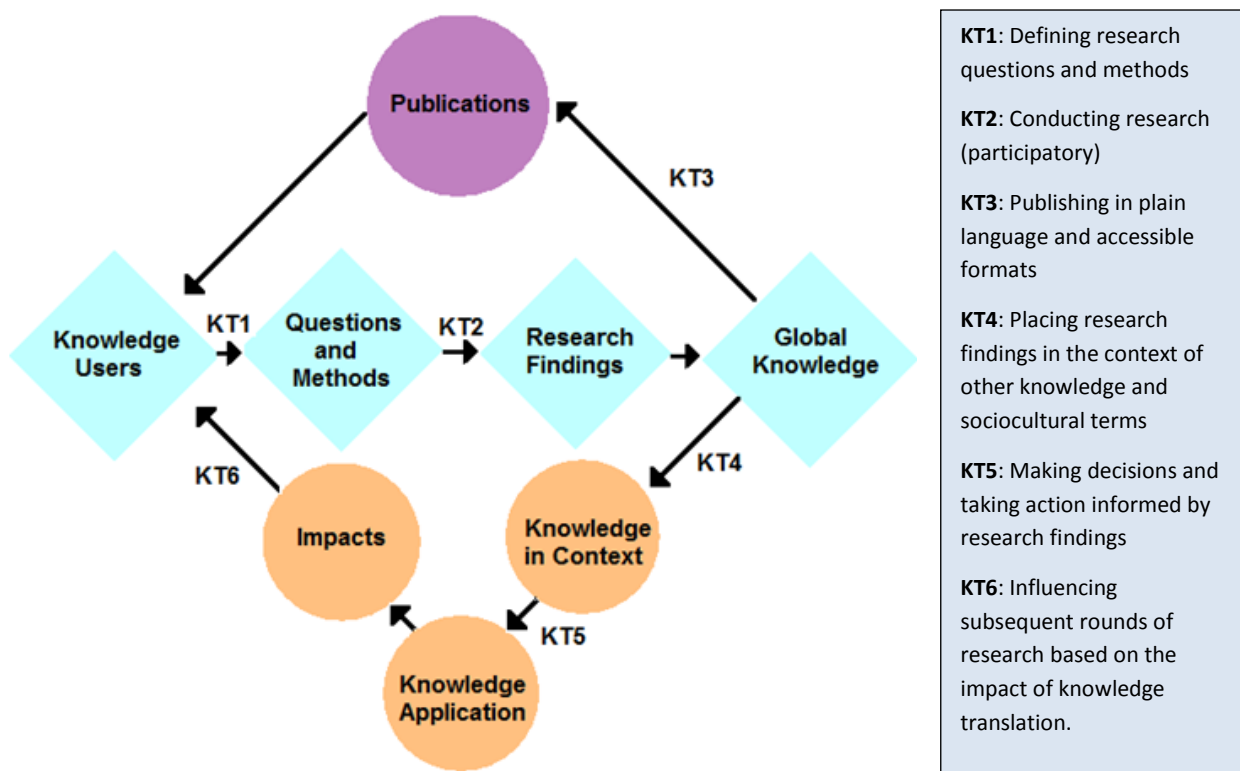
There are three projects being undertaken by the research team. The team includes a PhD student, a research officer, four ANU academics and several partner investigators from Alzheimer’s Australia and ACT Health.

#### PROJECT 1: Development of a grading system for evidence derived from observational studies

This project involves the critical evaluation of current systems used for the grading observational evidence by: a) review of the literature and b) interviews with epidemiologists who are trained to evaluate research studies.

The interviews with epidemiologists from Australia, the United States and the Netherlands have been conducted and expert views on the utility and limitations of grading systems for observational research have been obtained. Experts were defined as academics that have a high impact in population health, with high citation rates and publications in top tier journals. Using the information obtained from the interviews and expert views, a grading system for observational evidence (as opposed to randomised controlled trials) is being developed.

**Figure 2: An adapted version of the CIHR model of knowledge translation<sup>12,13</sup>**



## Translating Research into Policy – Dementia and Public Health Research Project (*continued*)

### PROJECT 2: How policymakers identify, access, select and use evidence in population health

This project aims to develop a thorough understanding of the processes and barriers to knowledge translation. Qualitative, semi-structured interviews with policy makers, policy advocates and program managers, from a range of organisations, have been conducted with key staff from organisations such as the Heart Foundation, Alzheimer's Australia, the National Health and Medical Research Council, the Australian National Preventive Health Agency (ANPHA) and ACT Health (n=20).

To supplement the knowledge gained from the in-depth interviews, a web-based survey is currently being conducted within ACT Health, Alzheimer's Australia and the NHMRC. After the results of these studies have been analysed, a workshop will be conducted with the stakeholders interviewed, and the Alzheimer's Australia Consumer Dementia Research Network, to discuss the findings and brainstorm the interpretation and implications of the findings for improving pathways of knowledge translation.

Finally, a website will be developed, after the results have been analysed, synthesised and discussed with stakeholders and consumers. This website will be designed to assist policymakers with the process of evaluating evidence from a range of sources. An online questionnaire and a decision tree will guide policy makers through the principles of evidence-based decision making and provide resources that are relevant to their immediate concerns. An e-learning module will also be developed that may be used in existing academic training programs such as Masters of Public Health and Public Policy. The website will be evaluated using a survey of 100 potential users from academia, NGOs and government.

### PROJECT 3: Development of a model for research training that 'enables' research to be conducted in a manner that facilitates or optimises knowledge translation.

A PhD project has been developed collaboratively by ACT Health and the ANU, to specifically address questions of relevance to ACT health policy in the area of ageing. The student will spend a three month period based in the Population Health Division, ACT Health, as part of a "Research Translation Internship". Research Translation Secondments are also planned for ACT Health staff who will spend time at the ANU working on the PATH project dataset in areas in which they are responsible for policy and/or programs.

### References

1. Irving M, Cherbuin N, Eramudugolla R et al. Tools for grading evidence: Strengths, weaknesses, and the impact of effective knowledge translation digital poster # 736. First global conference on research integration and implementation. Canberra, 2013.
2. Anstey KJ, Christensen H, Butterworth P et al. Cohort Profile: The PATH Through Life Project. *Int J Epidemiol* 2011; 41(4): 951-960.
3. Morris, LJ, Prior, SL, Anstey, KJ et al. Mental Health and Wellbeing in the ACT. Health Series No. 54. ACT Government Health Directorate, 2011.
4. Cherbuin N, Anstey KJ. The mediterranean diet is not related to cognitive decline in a large prospective investigation: The PATH Through Life Study. *Am J Geriatr Psychiatry* 2012; 20(7): 635-639.
5. Cherbuin N, Reglade-Meslin C, Kumar R et al. Risk factors of transition from normal cognition to mild cognitive disorder: the PATH through Life Study. *Dement Geriatr Cogn Disord* 2009; 28(1): 47-55.
6. Duron E, Hanon O. Vascular risk factors, cognitive decline and dementia. *Vasc Health Risk Manag* 2008; 4(2): 363-381.
7. Banks G. Challenges of Evidence-Based Policy-Making. Productivity Commission, 2009.
8. Choi BCK, Lin PT, Puska V et al. Can scientists and policy makers work together? *J Epidemiol Community Health* 2008; 59(8): 632-637.
9. Jacobs K, Garfin G, Lenart M. More than just talk: connecting science and decisionmaking. *Environment: Science and Policy for Sustainable Development* 2005; 47(9): 6-21.
10. Ross S, Lavis J, Rodriguez C et al. Partnership experiences: involving decision makers in the research process. *J Health Serv Res Policy* 2003; 8(Suppl 2): 26-34.
11. Qiu C, Kivipelto M, von Straus E. Epidemiology of Alzheimer's disease: occurrence, determinants, and strategies toward intervention. *Dialogues Clin Neurosci* 2009; 11(2): 111-28.
12. AIHW. Dementia in Australia. Australian Government, 2012.
13. DCRC-EDP. Knowledge Translation in Dementia Research: Discussion Paper. Australian National University, 2013.
14. Sudsawad P. Knowledge Translation: Introduction to Models, Strategies, and Measures. The National Center for the Dissemination of Disability Research, 2007.



# Articles

## Centre for Research and Action in Public Health

Professor Rachel Davey, Director, Centre for Research and Action in Public Health

The Centre for Research and Action in Public Health (CeRAPH) undertakes research in partnership with a wide range of academic, government, non-profit and industry partners to find solutions to real-world health-related problems. The Centre's research strategy has been developed to support the Australian Government's ambition to build and sustain improved health and to respond to the national and international challenges of rapid environmental and social change.

CeRAPH research encompasses a whole-of-lifespan perspective on chronic illness and disease – and, importantly, on promoting health and wellbeing. Within this, research groupings cluster around six programs of work in areas related to:

- Preventing ill health and promoting wellbeing;
- Burden of disease modelling and costs;
- Climate change, mental health and resilience;
- Urban environments, health and sustainability;
- Natural resource management and wellbeing; and
- Health services research and evaluation.

We collaborate with influential research and industry partners from the capital region (research institutions, government agencies, healthcare users, community organisations) to: (i) investigate innovative approaches to identifying early, and preventing, chronic illness and disease and (ii) undertake applied research into workable, affordable health-promotion strategies. By working with our partners, our research helps inform policy, priority setting, service planning and action.

### Examples of some of our ongoing research

#### Prevention of cardiovascular disease in adults at high risk

The HeartLink project aims to improve outcomes for patients identified as having a high risk of developing cardiovascular disease (CVD) and those patients with existing CVD. HeartLink is a collaboration between ACT Medicare Local (ACTML), the University of Canberra and the Heart Foundation ACT and is funded by ACT Health. The project has taken a comprehensive systems based approach to the prevention of cardiovascular disease through systemic absolute risk identification and co-ordinated management of patients.

#### Tobacco control for Aboriginal and Torres Strait Islander people

Evidence indicates that closing the gap in life expectancy will need significant improvements in various areas, including reducing smoking prevalence.<sup>1</sup> This research explores factors which influence smoking behaviour in Aboriginal and Torres Strait Islander people and examines how social networks influence smoking behaviours. The research also involves evaluation of the effectiveness of smoking interventions, such as community outreach programs and smoking cessation support in primary care settings in the ACT.



Beyond Today poster. ACT Government

#### Spatial analysis of environmental indices with health outcomes and costs

This program of work aims to develop and test a set of prototype composite indices of 'upstream' health indicators for communities to support local planning, community engagement and health policy. By integrating novel datasets for better public health surveillance, we aim to assist local governments with monitoring progress for better service planning and provision. Indicators will be drawn largely from routinely available datasets, but include a broader range of indicators to reflect the wider social and environmental determinants of health (e.g. social and built environment).



### Physical activity in school children

The Lifestyle of our Kids (LOOK) Study is an internationally recognised multidisciplinary study which investigates the effect of physical activity on the health and development of young Canberrans. The longitudinal study has been running for 5 years and aims to track the health of 850 participants from age eight.<sup>2-4</sup>

SmartStart for Kids is a screening service for schools and families that has operated in ACT schools from 2000 until 2013. Children were screened on a range of body composition and physical performance measures to assess the extent of physical inactivity and eating related risk factors among the school age population. Over 35000 individual children have been screened. The Healthy Eating, Exercise and Living Program (HEELP) was developed alongside the screening service and was offered to those children identified by screening as being at increased risk of obesity and lifestyle related disease. The HEELP service achieved a small reduction in percent body fat and improvements in a range of physical performances over the short term (8 weeks).

### Healthy, sustainable communities

Crace is a newly settled suburb in Canberra, which will house around 4,000 residents in 1,500 homes when completed in 2015. It is designed as a 'mini-city' with a variety of different housing types; a shopping centre is surrounded by a high-density urban precinct within both large and small suburban homes. Some of these homes will be made available to people through community-assisted housing. Crace is built to a 'walkable' grid design with 25% of total land for common use, including walking/bike paths, and access to bus stops, parks, and shops. Between 2012-2017 residents will be surveyed at key points in the suburb's development (e.g. wave 1 of the study was collected in Spring 2012 before the main parks and shops were completed). Cross-sectional and cluster analyses will be used to examine associations between health, sustainable behaviours, urban form characteristics, and demographic characteristics. Longitudinal analyses will further examine how the completion of the streets, paths and amenities like parks and shops has affected people's behaviour and health, including their physical activity, Body Mass Index, physical health, neighbourhood social participation, sense of belonging and mental health.

### Marginalised Australians

Marginalisation describes a state in which individuals are living on the fringes of society because of their compromised or severely limited access to the resources and opportunities needed to fully participate in society and to live a decent life. A decade ago a group of 'Marginalised' Australians were identified using data from the household, Income and Labour Dynamics in Australia (HILDA) Survey. This research project has followed up these individuals ten years later, and found that a majority have managed to move out of marginalisation.<sup>5</sup>

### Healthier places, healthier people

This project examines when, how and why natural resource management (NRM) policies and programs influence the wellbeing of landholders and rural communities. NRM agencies are increasingly interested in supporting human health and wellbeing as part of their work addressing environmental degradation. There is, however, little knowledge to inform design of NRM interventions that support positive social, as well as environmental outcomes. By achieving positive social outcomes it is more likely that positive environmental outcomes will be achieved, as projects are less likely to fail in early stages and more likely to achieve a positive self-reinforcing cycle of action that results in joint social and environmental benefits.



**Photograph: Water testing. Population Health Division**



The UC-ACT Regional Health Observatory has been established to respond to local and regional needs in addressing the burden of chronic disease and influencing public policy in favour of better health and wellbeing for all.

- act as a source of expertise in health intelligence, indicator development and inequalities measurement and catalyst for population health improvement;
- advise on methods of evaluation and health impact;
- develop an online, searchable collection of aggregated data sets together with interactive presentation tools and spatial mapping capability;
- provide data on mortality and disease modelling and cost; and
- facilitate the translation of health intelligence into evidence-informed policy and practice and increase co-research capacity, between academics, policy makers, practitioners and non-government organisations.

- chronic diseases in particular cardiovascular disease;
- healthy weight (physical activity and healthy eating); and
- impact of the environment (built and natural) on health.

[illegible]

1. Australian Institute of Health and Welfare, Australian Institute of Family Studies (2013). What works to overcome Indigenous disadvantage: key learnings and gaps in the evidence: 2011-12. Canberra: Closing the Gap Clearinghouse.
2. Telford RM, Telford RD, Cunningham RB. et al. Longitudinal patterns of physical activity in children aged 8 to 12 years: the LOOK study. *International Journal of Behavioral Nutrition and Physical Activity* 2013; 10: 81.
3. Bagust J, Docherty S, Haynes W. et al. Changes in Rod and Frame Test Scores Recorded in Schoolchildren during Development – A Longitudinal Study. *PLoS One*. 2013 May 27;8(5):e65321.
4. Telford RD, Cunningham RB, Telford RM. et al. Benefits of early development of eye-hand coordination: Evidence from the LOOK longitudinal study. *J Med Sci Sports*. 2013 Apr 25. doi: 10.1111/sms.12073. [Epub ahead of print]
5. Cruwys T, Berry H, Cassells R. et al. Marginalised Australians: Characteristics and Predictors of Exit Over Ten Years 2001-10. University of Canberra.



# Articles

## Evaluation in the Population Health Division

Helen Lilley, Evaluation Coordinator, Population Health Division

Evaluation is about making a judgement on the value of a program or policy. It is the process of measuring and assessing what a program or policy achieves and identifying possible improvements.

Evaluation of programs and policies determine whether they are appropriate, effective and efficient. A program or policy is:

- Appropriate if it aligns with priorities and aims to meet community needs;
- Effective if it meets its objectives and produces worthwhile outputs and outcomes; and
- Efficient if it is value for money and its inputs and processes achieve the planned outputs.<sup>1</sup>

The Population Health Division has focused on building evaluation capacity over the past five years and has embedded a culture of evaluation.<sup>1</sup> The Population Health Division has demonstrated commitment to, and support for, evaluation by establishing a senior level Population Health Division Evaluation Committee with representation from several Population Health Division work areas. The Committee has a designated evaluation coordinator position which is part of the Research and Evaluation Section of the Health Improvement Branch (HIB). The Epidemiology Section of HIB also provides expert advice and support on evaluation methodology and data issues.

The Population Health Division Evaluation Committee provides evaluation advice, reviews evaluation plans, reports and procurement documents, and oversees the utilisation of evaluation findings and evaluation capacity building. The evaluation coordinator role is primarily to build capacity.<sup>2,3</sup> It provides support with all stages of evaluation, assists staff to undertake and understand evaluation, develops and updates evaluation tools such as Program Logic and Evaluation Plan templates, coordinates training, and facilitates a Population Health Division Evaluation Network. As part of the capacity building role, in 2012 the evaluation coordinator instigated, co-developed and piloted a one day course on Questionnaire Design for Population Health Division and other ACT Health staff. For more information on this topic see the article on page 26 of this bulletin.

Once completed, evaluations are reviewed to critically analyse their appropriateness, effectiveness and efficiency<sup>1</sup> and identify how recommendations will be implemented, or document why they will not be implemented. These processes ensure evaluation findings inform policy and program development. For example,

- the *Kids@Play* early childhood program evaluations<sup>4</sup> informed program development and focus;
- the *ACT Healthy@Work* Pilot Program evaluation<sup>5,6</sup> tested tools and resources, and identified barriers and enablers which were taken into consideration in the development of *Healthier Work*<sup>7</sup> in ACT workplaces; and,
- the evaluation of the *Lifestyle Triple P*<sup>®</sup> program,<sup>8</sup> which aimed to support families tackle childhood overweight and obesity, was the basis of the decision not to continue this program. The evaluation findings will be used in planning future family focused programs.



**Photograph: Kids@Play. Population Health Division**

As ethics requirements are considered in all evaluations, the Population Health Division developed a detailed guide to assist staff in completing ethics applications. ACT Health also has a comprehensive process to review ethical requirements for research and evaluation. The ACT Health Human Research Ethics Committee (ACTHREC)<sup>9</sup> has a number of sub-committees including:

- a Low Risk Sub-Committee which provides an avenue of expedited review for research that is considered low risk or is retrospective in nature;
- a Survey Resource Group which assesses survey and interview based research and provides recommendations to the ACTHREC; and,
- a Social Research Sub-Committee which reviews and makes recommendations to the ACTHREC on the research merit and integrity of protocols for research and evaluations employing social and qualitative research methods and in particular “mixed methods”.



**Photograph by patpitchaya - FreeDigitalPhotos.net**

Population Health Division staff are actively involved in the ACTHREC and sit on the Survey Resource Group and the Social Research Sub-Committee.

The Population Health Division is currently planning, overseeing or having input into a large number of internal and external program evaluations including:

- evaluating programs funded under the National Partnership Agreement on Preventive Health (NPAPH)<sup>10</sup> such as *Healthier Work*,<sup>7</sup> *Healthy Food at School*,<sup>11</sup> *Ride or Walk to School*,<sup>12</sup> and *Healthy Communities*.<sup>13,14</sup>
- developing and implementing the Evaluation Monitoring and Evaluation Framework<sup>15</sup> for the recently restructured ACT Health Promotion Grants Program.<sup>16,17</sup>
- coordinating the evaluation of the *Towards Zero Growth: Healthy Weight Action Plan*<sup>18,19</sup> with support from the Australian Prevention Partnership Centre. See article on pages 8-11.
- coordinating the ACT Government input into the evaluation of the National Partnership Agreement on Preventive Health.<sup>20</sup>

### References

1. Australian Capital Territory. ACT Government Evaluation Policy and Guidelines. Australian Capital Territory, Canberra, 2010. [http://www.cmd.act.gov.au/\\_\\_data/assets/pdf\\_file/0004/175432/ACT-Evaluation-Policy-Guidelines.pdf](http://www.cmd.act.gov.au/__data/assets/pdf_file/0004/175432/ACT-Evaluation-Policy-Guidelines.pdf) accessed November 2013.
2. McCoy A, Rose D, Connolly M. Developing evaluation cultures in human service organisations. *Evaluation Journal of Australia* 2013; 3(1): 15-20.
3. Population Health Division, ACT Health. Population Health Division Evaluation Guidelines. December 2011, internal document.
4. ACT Health, Evaluation Report: Kids@Play. Australian Capital Territory, Canberra. Available on Kids @ Play website <http://health.act.gov.au/kids-at-play> accessed February 2014.
5. ACT Health. ACT Healthy@Work Pilot Summary Evaluation. Australian Capital Territory, Canberra, January 2013. <http://health.act.gov.au/health-services/population-health/health-promotion-branch/healthy-workers/> accessed December 2013.
6. Williamson, A. Findings from the ACT Healthy@Work Pilot. *ACT Population Health Bulletin* 2013; 2(2): 7-10.
7. Spicer, C. Healthier Work. *ACT Population Health Bulletin* 2013; 2(2): 10-12. <http://health.act.gov.au/health-services/population-health/act-population-health-bulletin> accessed November 2013.
8. ACT Health. Lifestyle Triple P® in the ACT. Key Pilot Findings. December 2013. Australian Capital Territory, Canberra, December 2013. <http://www.health.act.gov.au/health-services/population-health/health-promotion-branch/healthy-children-and-young-people/> accessed February 2014.
9. ACT Health Human Research Ethics Committee. <http://healthresearch.anu.edu.au/human-research-ethics-committee.html> accessed November 2013.
10. National Partnership Agreement on Preventive Health. [http://www.federalfinancialrelations.gov.au/content/npa/health\\_preventive.aspx](http://www.federalfinancialrelations.gov.au/content/npa/health_preventive.aspx) accessed November 2013.
11. Fisher M. Healthy Food at School. *ACT Population Health Bulletin* 2013; 2(4): 18. <http://health.act.gov.au/health-services/population-health/act-population-health-bulletin> accessed December 2013.
12. Wojcik K. Ride or Walk to School. *ACT Population Health Bulletin* 2013; 2(4): 16-17. <http://health.act.gov.au/health-services/population-health/act-population-health-bulletin> accessed December 2013.
13. Rissel C, Watkins W. Impact Evaluation of adult cycle training through the AustCycle program 2010-2013. AustCycle and The University of Sydney, October 2013. <http://austcycle.com.au/Portals/32/Final%20Impact%20Evaluation%20Report.pdf> accessed November 2013.
14. Hetherington S, Borodzicz J. HEAL™: Helping participants achieve significant health improvements, Healthy Eating Activity & Lifestyle™, 2013. [http://www.essa.org.au/wp/wp-content/uploads/HEAL\\_research\\_article\\_June\\_2013.pdf](http://www.essa.org.au/wp/wp-content/uploads/HEAL_research_article_June_2013.pdf) accessed November 2013.
15. ACT Health. ACT Health Promotion Grants Monitoring and Evaluation Framework. Australian Capital Territory, Canberra, October 2013. <http://www.health.act.gov.au/health-services/population-health/health-promotion-branch/act-health-promotion-grants/evaluation-and-acquittal-forms> accessed December 2013.
16. ACT Health. ACT Health Promotion Grants Program. <http://www.health.act.gov.au/hpgrants> accessed December 2013.
17. Blattman T. Health Promotion Grants Program focuses on obesity prevention. *ACT Population Health Bulletin* 2013; 2(4): 24.
18. Harper E. Healthy weight action plan. *ACT Population Health Bulletin* 2013; 2(4):14-16.
19. ACT Government. Towards Zero Growth: Healthy Weight Action Plan. Australian Capital Territory, Canberra, 2013. <http://www.health.act.gov.au/c/health?a=dIpubpoldoc&document=2856>, accessed February 2014.
20. ARTD Consultants. National Evaluation of the National Partnership Agreement on Preventive Health. Evaluation Framework and Strategy. Australian National Preventive Health Agency, 3 August 2012. Available on webpage <http://www.anpha.gov.au/internet/anpha/publishing.nsf/Content/archive> accessed February 2014.



## Case Study

### Healthier Work Evaluation

Helen Lilley, Alanna Williamson, and Patricia Byrne, Health Improvement Branch, Population Health Division

Healthier Work is a workplace health promotion support service for employers in the ACT. It aims to build the capacity of ACT workplaces to implement programs, policies, and practices that in the long term encourage health promoting workplace environments and sustained employee healthy lifestyle changes. The focus of Healthier Work is on increased physical activity levels, healthier eating behaviours, smoking reduction/cessation, reduction of harmful alcohol consumption, maintenance of healthy weight and improved stress management.

Healthier Work was established with funding from the Council of Australian Government's National Partnership Agreement on Preventive Health (NPAPH) and ACT Government funds. It was launched on 7 May 2012. Healthier Work is run out of WorkSafe ACT, Justice and Community Safety Directorate. For more details on Healthier Work and other ACT workplace health initiatives see the May 2013 ACT Population Health Bulletin.<sup>1</sup>

In June 2012 the Miller Group was contracted, via an open tender process, to evaluate the delivery and impact of Healthier Work and to provide appropriate advice to ACT Health on its performance and success.

The objectives of the Healthier Work evaluation are to:

- assess whether Healthier Work and its deliverables are implemented as intended, and to apply the findings to improve its performance; and
- measure and improve the delivery of Healthier Work advice, support, communication and social marketing, resources, tools, training and targeted incentives;



Healthier Work poster. ACT Government



- measure the impact of Healthier Work on workplaces and their employees;
- contribute to the evidence of what works; and
- advise whether this is an effective model of service delivery to inform future planning.

The evaluation methods include monitoring service, resource use and training participation. The process evaluation will incorporate results from an annual online survey of workplaces and feedback from training and seminars. The impact evaluation component will involve stakeholder and employer interviews and employee focus groups, and a change story on a range of workplaces mapping involvement in Healthier Work. Workplace health questions in the ACT General Health Survey will also form part of the impact evaluation. The evaluation is overseen by an Evaluation Steering Committee.

The Healthier Work Evaluation provides an exciting opportunity to track, from its inception, the performance and outcomes of an innovative health promotion program.





# Case Study

## Healthier Work Evaluation (Continued)

To date the evaluators have:

- developed a monitoring and evaluation framework;
- refined and confirmed the Healthier Work program logic;
- assisted Healthier Work to develop a system to monitor implementation; and
- undertaken an evaluation of the developmental phase of Healthier Work.

Preliminary findings have identified that the:

- Healthier Work team have met service milestones and successfully launched and promoted the service, established an ACT Small Business Health and Wellbeing Incentive Program and conducted 121 worksite visits in 2012/2013 financial year period;
- governance structure has been effective;
- planning phase took longer than anticipated, but the thoroughness of the planning will have a positive impact on the validity and reliability of the data collected; and
- Healthy Workplace Advisory Group, which provides industry input into the program, strongly support Healthier Work and would like a greater opportunity to provide the benefit of their experience to Healthier Work.

Contributing towards the evaluation, Healthier Work completed their first annual survey in October 2013 to evaluate the usefulness and effectiveness of their services, tools, resources and communication methods.

Preliminary results indicate that the total number of respondents to the survey was 110 with broad representation in terms of workplace size, industry and sector. Of those who responded:

- 89% of respondents identified 'to improve staff health and wellbeing' as their main interest in workplace health and wellbeing;
- 68% identified time and cost as the main barriers to progressing health and wellbeing activities in their workplace;
- 69% had seen or heard Healthier Work's TV and radio advertising and promotion;
- 100% indicated it was 'somewhat easy' or 'very easy' to find information on the Healthier Work website; and
- 92% found the workplace visit by an Industry Advisor 'somewhat useful' or 'very useful'.<sup>2</sup>



In response to these findings, Healthier Work has amended its workplace visit process to provide further assistance to workplaces in the early stages of developing health and wellbeing programs. Healthier Work has also revised a number of resources to make it easier for workplaces to develop program plans and will be developing a rebate scheme to help address the identified financial barriers. Following comments and input from the survey, Healthier Work has also amended its advertising and promotional material to include more information and experiences from workplaces who have implemented health and wellbeing programs.

The final evaluation report is due in March 2015. The evaluation outcomes will be used to inform the future of programs targeting workplaces in the ACT and it is anticipated it will add to the evidence of what works in workplace health promotion programs.

### References

1. ACT Health, 2013. *ACT Population Health Bulletin* 2013; 2(2). Population Health Division, Australian Capital Territory <http://www.health.act.gov.au/health-services/population-health/act-population-health-bulletin> accessed November 2013.
2. Healthier Work, WorkSafe ACT 2013. Healthier Work Annual Survey. Unpublished data.



Photograph: Healthier Work. ACT Government

## Case Study

### 2012 Realist Evaluation of the 2010/11 Health Promotion Sponsorship Funding Round

Ros Garrity, Health Promotion Grants Program, Population Health Division

In 2012, the Health Improvement Branch, ACT Health, commissioned a Realist Evaluation of the 2010-11 Health Promotion Sponsorship Funding Round.<sup>1</sup> This round was previously part of the ACT Health Promotion Grants Program. The evaluation investigated the appropriateness of this 'Round' for improving health outcomes in different types of organisations, how organisations used the funding received and whether or how context affected implementation. Recommendations were provided to Health Improvement Branch in regards to improving aspects of the operations of the 'Round' in order to achieve health outcomes.

The evaluation found that the Funding Round worked as expected in a proportion of funded organisations, and for others there were context specific limitations to its effectiveness. It identified possible ways to minimise these limitations to increase the effectiveness of the 'Round'. These included: using an understanding of these contexts, refining its aims, and restructuring it to provide longer term funding. In addition, it identified the need for a higher level of direct support, and health promotion training for funded organisations.

The ACT Health Promotion Grants Program has made changes to its operation taking into account these recommendations. Realist Evaluation proved to be an appropriate evaluation model in this context.

#### Introduction

In 2012, the Health Improvement Branch (HIB) commissioned a Realist Evaluation of the Health Promotion Sponsorship Funding Round (HPSFR), one of the funding rounds of the ACT Health Promotion Grants Program (ACTHPGP), by Simply Strategic. The 'Round' was designed to promote awareness and support behaviour change in the priority health areas of ACT Health, through funding organisations to support local health promotion social marketing campaigns. This was done by mandating the development of environments supportive of healthy behaviours in the organisations which receive funding. Deeds of Grant with these organisations ensured that provided funding was contingent upon the implementation of priority health campaigns and the development of health promoting policies such as smoke free and healthy eating policies by funded organisations. Organisations were also required to promote active participation in funded programs and events by people of all social and economic circumstances, cultures and abilities. The evaluation was designed to determine which aspects of the Funding Round worked to achieve these outcomes, for which types of organisations, and under what circumstances.

#### Why Realist Evaluation?

Realist Evaluation<sup>2,3</sup> seeks to answer the question "For whom does this program work, in what contexts, in what respects, and how?" Realist Evaluation begins by identifying program theory, collects evidence to test the theory, and refines the theory based on the evidence collected. The intention is that a refined program theory can then inform changes to the program being evaluated, with a view to improving effectiveness in different contexts. It differs from many evaluation approaches which operate as though programs are 'active' and that the stakeholders who implement them and the participants who take part in them are 'passive'. This approach also assumes that 'the program' is the same, and will be implemented in the same way, everywhere it is implemented.

Realist Evaluation, on the other hand, assumes that programs provide resources of various kinds, but that stakeholders and participants are active decision makers who respond in different ways, shaped by local contexts, and other resources and factors. Whether or not intended outcomes are achieved depends on how the target group responds. This is why the 'same' program, offered to different participants or in different contexts, may achieve different outcomes. The interaction between 'what was offered' and 'how recipients responded' is known as a program mechanism.

The decision was made to use Realist Evaluation because it offered the opportunity to understand these program mechanisms, and contextual differences, and offer a more refined understanding of whether, when and how the HPSFR supported outcomes improved health.

#### Methodology

A program theory was initially developed and used as the basis for the development of data collection questions. Data was collected through interviews with funded organisations, a focus group and a desk top review of relevant documentation. The evaluation was conducted on a post-hoc basis, six months after the completion of the 2010/11 financial year when sponsorship was awarded. This enabled funded organisations to give comprehensive feedback on the whole process and the sustainability of the outcomes, which helped fine tune and add value to the evaluation.



Tap into Water Poster. ACT Government

# Case Study

## 2012 Realist Evaluation of the 2010/11 Health Promotion Sponsorship Funding Round (Continued)

### Findings

The evaluation found that the HPSFR worked as expected in a proportion of funded organisations, particularly those which were already largely operating as health promoting organisations. They had high levels of understanding of health issues and needs of their participants, good understanding of health promotion principles, and established policies and practices which support healthy behaviours.

A lesser effect in terms of achieving health promoting changes was achieved in relatively large, established organisations, which may not have health promotion as a key priority. These organisations often used sponsorship funding most similarly to commercial sponsorship.

In smaller organisations built around a particular activity or interest, their capacity to promote health messages was less substantial. These organisations are often interested in promoting a health message with which their stakeholders are already familiar. The evaluation found that they did tend to develop policies and practices that supported the desired health outcome, but it was unlikely that they would have the capacity to become comprehensive health promoting organisations, which incorporate multi-faceted health promotion strategies into all aspects of their operation.

### Recommendations

It is recommended that:

1. the objectives of the HPSFR be simplified and expectations clarified;
2. expectations of funded organisations be tailored to suit their capacity, and the level of funding;
3. longer term funding is provided; and
4. information resources and professional support to organisations be improved.

Findings from this evaluation were fed back to participants, a summary was provided through the ACT Health website for 12 months, and a paper was presented at the Australasian Evaluation Society International Conference, Adelaide, Australia in August 2012.<sup>4</sup> The ACTHPGP has subsequently undertaken an extensive community consultation, and has moved towards a model of longer term funding and larger grants with an increased strategic focus on priority health outcomes, including tackling overweight and obesity. The recommendations of this evaluation have both informed and supported this new direction.

### Conclusion

This Realist Evaluation produced useful outcomes for HIB, subsequently informing future practice, and proving to be a flexible and appropriate model for the evaluation of grants program funding in terms of the achievement of health outcomes.

For further information on the ACT Health Promotion Grants Program, visit [www.health.act.gov.au/hpgrants](http://www.health.act.gov.au/hpgrants).

### References

1. Simply Strategic. ACT Health Promotion Grants Program 2010-11 Health Promotion Sponsorship Funding Round Evaluation Report. Unpublished report, 2012.
2. Pawson, R. and Tilley, N. Realist Evaluation. London, Sage Publications, 1997.
3. Westhorp, G., (Ed) Realist Evaluation; an overview. Report from an Expert seminar with Dr. Gill Westhorp. Centre for Development Innovation, the Netherlands, 2011.
4. Richens, M and Leishman, S. Realist evaluation, grants funding rounds and organisational change. Paper presented at the Australasian Evaluation Society International Conference, Adelaide, Australia, 2012. <http://www.aes.asn.au/2012-aes-conference-papers.html>. accessed February 2014.

### Health Promotion Innovation Fund now open

The Health Promotion Innovation Fund invites applications for grants of up to \$15,000 for innovative health promotion projects to support the ACT Government's goal of achieving a healthier weight profile in the ACT population. It has a particular focus on achieving this outcome in children. This includes improving eating habits and increasing physical activity.

In addition, projects which support smoking prevention, reduction in hazardous alcohol consumption and healthy active ageing will be considered.

The Health Promotion Innovation Fund provides three funding opportunities per year. The next cut-off date for applications is Friday 20 June 2014. Community-based groups, school communities, not-for-profit organisations and ACT Government agencies are welcome to apply.

More information can be found at [www.health.act.gov.au/hpgrants](http://www.health.act.gov.au/hpgrants).



## Articles

### *It's Your Move ACT: a 3-year obesity prevention intervention for secondary school students*

Erin Hoare, PhD student, Lynne Millar, Senior Research Fellow, and Steven Allender, Professor and Co-Director, World Health Organization Collaborating Centre for Obesity Prevention, Deakin University

- Obesity is a worldwide epidemic and researchers are in agreement that multiple prevention strategies are needed to promote a sustainable population impact.
- More than one quarter of ACT adolescents are overweight or obese, reflecting the Australia-wide prevalence in children and adolescents aged 5-17 years.
- Early adolescence is a significant time for obesity intervention due to increased independence and development of lifestyle practices.
- ACT Health and WHO Collaborating Centre for Obesity Prevention (Deakin University) developed an innovative, systems based, three year trial for obesity prevention from 2012 to 2014.
- Systems based interventions consider the multi-faceted, complex environment and processes in which obesity occurs, such as the various influences on the nutrition and physical activity choices made by adolescents, rather than simply the energy input and output by individuals.
- Called *It's Your Move ACT*, the intervention targets nutrition and physical activity to promote and support healthy living in secondary school students, staff and families.
- The intervention has potential for improvements in weight, nutrition and physical activity behaviours, and attitudes and knowledge towards healthy living.

#### Obesity Prevention: a complex global health priority

In Australia, it is projected that without intervention, by 2025 approximately one third of 5-19 year olds will be overweight or obese, as will 83% of males and 75% of females aged 20 years and over.<sup>1</sup> This will have a substantial negative impact on healthcare costs and disease burden. Individual behaviours that contribute to increased obesity prevalence include consumption of high energy density foods, very low consumption of fruit and vegetables, decreased physical activity, and more sedentary lifestyles.

The November 2013 edition of the ACT Population Health Bulletin provided an excellent insight as to why obesity should be examined as a multifaceted health issue noting the complex interactions between individual health behaviours, environmental surroundings, community characteristics and public policies that influence individual weight outcomes.<sup>2</sup> Tackling this complex set of causes is the next generation of obesity intervention and lessons from systems science is at the forefront of current prevention efforts.<sup>3,4</sup>

#### *It's Your Move ACT*

The Australian Capital Territory *It's Your Move ACT* is a three year obesity prevention intervention, jointly developed by ACT Health and the WHO Collaborating Centre for Obesity Prevention, Deakin University. The intervention design builds on previously successful community based approaches<sup>5</sup> to include systems thinking in community led design of intervention. Three intervention schools and three control schools are involved in the project.

In March 2012, key stakeholders from the participating high schools met with representatives from ACT Health, ACT Education and Training Directorate, Deakin University and Nutrition Australia, to develop a whole of system intervention for the prevention of obesity that targets the multi-components within an obesogenic environment. Working together over two days the group examined existing causal risks for obesity and potential interventions to address these risks, and developed local interventions within the World Health Organization Systems Building Blocks framework.<sup>6</sup> These interventions were further developed into action plans using the ANGELO methodology as described by Simmons et al.<sup>5</sup> The action plans were based on the objectives that were developed on the day and were varied to suit the unique needs of intervention schools. The first objective was generic to all schools:

- to develop, implement and evaluate a comprehensive Food at School policy;

Then each school formed a specific objective, either;

- to increase mental wellbeing through promotion of healthy eating and physical activity systems; or
- to increase the time adolescents spend in physical activity at school; or
- to significantly increase the proportion of adolescents living within 30 minutes walking distance who use active transport to and from school.



Photograph by arztamui. FreeDigitalPhoto

## Articles

### It's Your Move: a 3-year obesity prevention intervention for secondary School students (Continued)

#### Nutrition and Physical Activity system changes

The initial planning and subsequent action plans have led to significant changes in the intervention schools. In order to promote healthier nutrition the following changes have been made:

- food at school policies have been developed and implemented in schools;
- principals have committed to increasing healthy food consumption among staff and students;
- collaborations have increased with local food producers and Nutrition Australia to create healthy food policies for schools;
- focus has increased on the relationship between health and food across all areas of the curriculum;
- traffic light colour coding of the foods sold at the school canteen by nutritional content;
- provision of healthy foods and reduction of unhealthy foods at school events;
- healthy morning teas for staff to encourage positive role-modelling;
- cooking classes out of school hours for students and their families; and
- increased water fountains available in school yards.

Physical activity has been promoted within the school system including:

- active travel to school programs;
- increased availability of physical activity facilities for the students and broader community such as making school buildings and equipment available;
- community partnerships for provision and maintenance of activity equipment;
- implementation of additional curriculum requirements in physical education;
- pre and post school activities classes (zumba, hip hop, gym work etc.);
- organised sport based activities for staff and students;
- ride to school days; and
- student versus teacher games, etc.

This list is by no means complete – the system changes are themselves complex and this list is a snapshot of the overall common changes observed in schools.

#### Expected Outcomes and theoretical applications

*It's Your Move ACT* represents a trial of an innovative, world leading approach to obesity prevention among adolescents. While the delivery of the intervention is located within the setting of the high school the design has deliberately begun with a focus on multiple points within systems that affect schools. The lessons we will learn from this innovative approach will make a significant contribution to knowledge in obesity prevention efforts in Australia and world-wide.

#### Acknowledgments

*It's Your Move ACT* is an Australian, State and Territory Government initiative under the National Partnership Agreement on Preventive Health. The project was jointly developed by ACT Health and the WHO Collaborating Centre for Obesity Prevention, Deakin University. Thank you to all the schools involved in the project and *It's Your Move* School Co-ordinators for your on-going enthusiasm.

#### References

1. Haby MM, Markwick A, Peeters A. et al. Future predictions of body mass index and overweight prevalence in Australia, 2005–2025. *Health Promotion International* 2012, 27(2): 250-260.
2. ACT Health: *ACT Population Health Bulletin*. Vol. 2(4). Australian Capital Territory; 2013.
3. Luke DA, Stamatakis KA: Systems Science Methods in Public Health: Dynamics, Networks, and Agents. *Annu Rev of Public Health*. 2012, 33(1): 357-376.
4. Mays GP, Halverson PK, Riley WJ. Public health services and systems research: building the science of public health practice. In: *Contemporary Public Health: Principles, Practice, and Policy*. Edited by Holsinger JW. Lexington; USA: University Press of Kentucky 2013.
5. Simmons A, Mavoa HM, Bell AC. et al. Creating community action plans for obesity prevention using the ANGELO (Analysis Grid for Elements Linked to Obesity) *Health Promotion International* 2009, 24(4):311-324.
6. World Health Organization, Western Pacific Region. THE WHO Health Systems Framework Available at [http://www.wpro.who.int/health\\_services/health\\_systems\\_framework/en/](http://www.wpro.who.int/health_services/health_systems_framework/en/) accessed February 2014.



# Training

## Introduction to Questionnaire Design Course

In 2012 the Health Improvement Branch (HIB), ACT Health, and the Survey Resource Group (SRG) of the ACT Health Human Research Ethics Committee both identified the need to improve the quality of questionnaires designed to collect research and evaluation data.

A one day course, Introduction to Questionnaire Design, was jointly developed, piloted and evaluated by Helen Lilley, Evaluation Coordinator, HIB, Dr Marian Currie, SRG, and Dr Helen Jordan, Melbourne School of Population and Global Health, the University of Melbourne. The course was designed to be appropriate for staff from ACT Health and organisations funded by ACT Health. The pilot was funded by the HIB and the ACT Health Research Office.

Three pilot courses were presented; two to ACT Health staff and one to funded organisations. The 57 participants provided constructive feedback on the course content, materials and activities which were revised after each delivery.<sup>1</sup> The course was designed to ensure ACT Health staff, with appropriate experience in research or evaluation, could deliver it on an ongoing basis.

The aim of the course is to provide participants with the skills to develop and review questionnaires used in research and process and impact evaluation of health programs. After attending the course participants should feel confident in:

- selecting the most appropriate survey type for an evaluation or research project;
- planning the steps involved in designing a questionnaire;
- identifying the practical aspects of questionnaire design e.g. sequencing questions, framing the language of questions for the audience, avoiding problems in wording of questions, designing fixed alternative responses; and
- critiquing questionnaires.

Participants are provided with a Questionnaire Planning Checklist,<sup>2</sup> Questionnaire Design Checklist,<sup>3</sup> references and resources including relevant policies and guidelines, websites and information on further short courses provided by universities and professional organisations.

Since the pilot study the course, (which has a capacity of 20 participants per iteration), has been conducted free of charge four times for ACT Health staff. A total of 78 staff from clinical, policy and administrative areas have attended.

The course continues to be well attended and positively evaluated.<sup>4,5</sup> Participants in 2013 increased their confidence in all aspects of questionnaire design as a result of attending the course.<sup>5</sup> The course provides networking for staff involved in Questionnaire Design and participants are invited to attend the Population Health Division Evaluation Network. The Introduction to Questionnaire Design Course was also a finalist in the September 2013 ACT Health Better Practice Award. Three courses will be delivered for ACT Health staff during 2014.

For further information about the Questionnaire Design Course please contact Helen Lilley on 02 62055173 or [helen.lilley@act.gov.au](mailto:helen.lilley@act.gov.au) or Dr Marian Currie on 02 6244 2333 or [marian.currie@act.gov.au](mailto:marian.currie@act.gov.au)

For information on the SRG please see <http://healthresearch.anu.edu.au/human-research-ethics-committee/sasc.html>

### References

1. ACT Health. Evaluation Report. Introduction to Questionnaire Design Short Course Pilot. Australian Capital Territory, Canberra, July 2013.
2. ACT Health, Questionnaire Planning Checklist, available at Survey Resource Group, ACT Health <http://healthresearch.anu.edu.au/human-research-ethics-committee/sasc.html>
3. ACT Health, Questionnaire Design Checklist, available at Survey Resource Group, ACT Health <http://healthresearch.anu.edu.au/human-research-ethics-committee/sasc.html>
4. ACT Health. Evaluation Report. Introduction to Questionnaire Design Short Course 19 September 2013. Australian Capital Territory, Canberra, July 2013.
5. ACT Health. Evaluation Report. Introduction to Questionnaire Design Short Courses 2013. Australian Capital Territory, Canberra, December 2013.



# Population Health Division Student Training

The Population Health Division participates in ACT Health's student placement program by providing opportunities for medical and other students to undertake population health focused projects. Student placements are for both undergraduate and post graduate students. The Population Health Division also supports skills training in health promotion for health and community workers.

Course	PHD role	Description
Australian National University Medical School - 4th Year Medical Student Projects	Co-supervision of undergraduate student project	<p>Eight medical students undertook a health promotion in General Practice project: Identifying enablers and barriers to lifestyle modification in General Practice.</p> <p>Research questions</p> <ul style="list-style-type: none"> <li>• Are GPs initiating opportunistic discussions with patients at risk of preventable chronic disease (i.e. patients who are known smokers, or who are overweight, or at risk of type 2 diabetes)?</li> <li>• If not, why not?</li> <li>• Are appropriate billable medicare items (e.g. 45-49 year old health check – item 701) known and utilised in general practice?</li> </ul>
Australian National University Medical School - 2nd Year Medical Student Projects	Co-supervision of undergraduate student project	<p>Three medical students undertook separate components of a health promotion project focusing on the prevention of gestational diabetes mellitus in South Asian women living in Canberra.</p> <p>The project aim was to develop a culturally appropriate and sensitive health promotion program for the prevention of gestational diabetes mellitus (GDM) in South Asian women who are at increased risk. South Asian women were consulted through a series of focus groups to inform the development of the program.</p>
Certificate III in Population Health	Provision of scholarship assistance to community sector workers	<p>The Certificate III in Population Health is offered through a blended learning model at - The Canberra Institute of Technology, Bruce Campus. It is focused on current workers in the health and community services sector. The Health Improvement Branch offered scholarship assistance for 20 students in 2013-14, and provided some teaching material related to health promotion principles and practices. More Information: website <a href="http://cit.edu.au/health">cit.edu.au/health</a>, phone 02)6207 3188 or email <a href="mailto:info@cit.edu.au">info@cit.edu.au</a>.</p>
Forensic Studies, University of Canberra (UC) students	Supervision of Honours and PhD students	<p>To build and maintain partnerships with UC and other education providers through facilitating, collaborating and supporting research that would be of benefit to the ACT community and ACT Health.</p>

## Area Highlight

### Research and Evaluation Section

The Research and Evaluation Section is part of the Health Improvement Branch, Population Health Division, ACT Health. The Section provides support for research, evaluation, and public health nutrition across the Division.

Key areas of responsibility include:

- Implementation of the ACT Population Health Research Strategy;
- Coordination of research activities across the Division;
- Development of collaborative research partnerships with academic institutions and other agencies;
- Provision of advice and expertise on program evaluation activities within the Division; and
- Provision of high level public health nutrition policy support and advice



(L to R) Helen Lilley, Linda Halliday, Deborah Schaler, Lily Jenkins, Lesley Paton

If you wish to contact the Research and Evaluation Section, please contact us by emailing [PHD@act.gov.au](mailto:PHD@act.gov.au) or on 02) 6205 0883

#### Useful Resources:

- ACT Population Health Strategy 2012-2015 - <http://www.health.act.gov.au/health-services/population-health/>
- ACT Health Questionnaire Design tools - <http://healthresearch.anu.edu.au/human-research-ethics-committee/sasc.html>
- ACT Health Promotion Grants Program - <http://www.health.act.gov.au/hpgrants>

# Notifiable Disease Report

## Number of notifications of selected notifiable conditions received in the Australian Capital Territory between 1 January and 31 December 2013.

### Notes on notifications

The following highlights cases of interest and diseases with higher case numbers than expected in the ACT between 1 October and 31 December 2013 (quarter 4), when compared to previous years (Table 1).

### Vaccine preventable diseases

There were no cases of invasive meningococcal disease (IMD) notified between October and December 2013. In 2013, there were a total of three cases of IMD, two of which were caused by serotype B and one by serotype Y. In the last five years, there have been 9 cases of IMD, with serotype B causing infection in eight cases. On average, there were 1.8 cases of IMD notified each year between 2008 and 2012 in the ACT. Routine vaccination is available for children and high risk individuals against IMD caused by serotype C only. The last reported case of serotype C infection in the ACT occurred in 2008. One case of measles was notified in the ACT between October and December 2013. This case was associated with an international dance competition in Sydney. Other cases linked to this event were also identified across Australia and New Zealand. This was the first notified case of measles in the ACT since 2011. Pertussis notifications continued to trend downward in 2013 with 228 cases notified. This represents a 47% decrease compared with 2012 and a 72% decrease when compared with the 829 cases notified in 2011 (associated with a peak in pertussis activity in that year).

### Influenza notifications

Between 1 January and 31 December 2013, there were 568 notifications of influenza, a 15% decrease compared with the 666 notifications in 2012. The seasonal increase in notifications commenced from the second week of July (a later start compared with 2012) and peaked at the end of August. Influenza A was the predominant virus type in the ACT in 2013 comprising 61% (n=349) of the total notifications. Influenza B has comprised an increasing proportion of the total influenza notifications in recent years - from 1% in 2009 to 39% in 2013. In quarter 4, there were 59 and 20 cases of influenza A and influenza B respectively reflecting the expected seasonal decline of notifications during this period. Protection against both A and B circulating strains was offered in the 2013 seasonal influenza vaccine.

**Source: ACT Influenza Report to 31 October 2013**

Annual influenza vaccination is recommended for anyone aged six months and over, and is funded for certain at-risk groups. Influenza notifications are summarised in more detail in the ACT Influenza Reports during the influenza season, available at: <http://www.health.act.gov.au/alerts/>

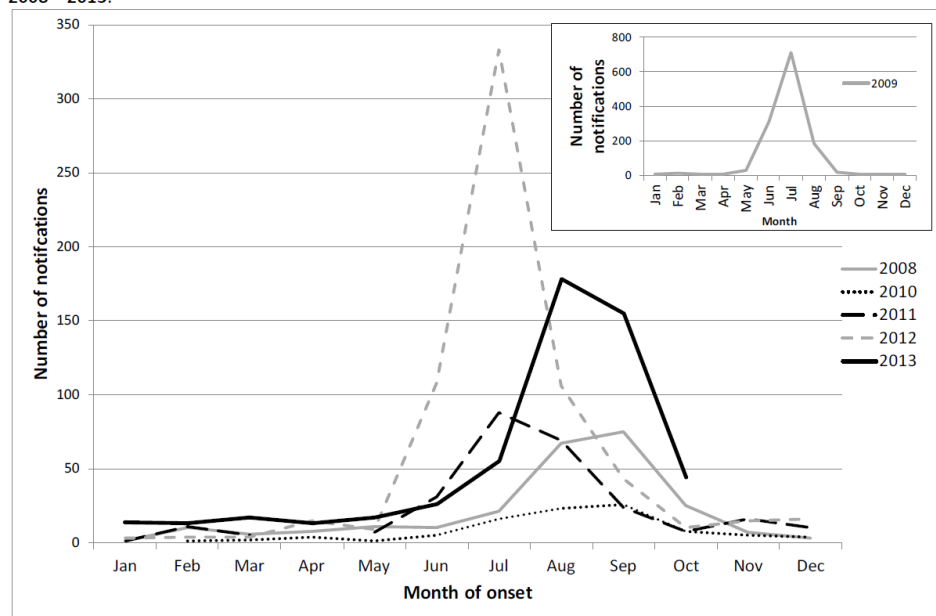
### Salmonella infection

Salmonella is a bacteria that most often causes gastrointestinal symptoms such as diarrhoea, abdominal cramps, vomiting, fever and lethargy. There were 279 notifications of Salmonella in the ACT in 2013, the highest annual number ever reported and well above the five year average of 194 cases. These high overall numbers were in part due to the ACT experiencing its largest ever outbreak of foodborne salmonellosis during quarter 2. During the second quarter of 2013, there were 115 notifications, compared with only 45 notifications received in quarter four.

### Gonococcal infection

Gonorrhoea is a sexually transmitted infection for which notifications have been increasing in the ACT and nationally in recent years. In 2013, there were 114 cases of gonorrhoea notified in the ACT between 1 January and 31 December. This compares with an average of 70 notifications in the previous five years and represents a 24% increase compared with the 92 notifications reported in 2012. There were 29 notifications in quarter 4. In 2013, 87% (n=99) of notifications related to men, with the majority among men who have sex with men. The median age of onset was 26 years of age.

**Fig 1. Number of influenza\* notifications in the Australian Capital Territory, by month and year of onset, 2008 – 2013.**



\*Data provided for the current and most recent months may be incomplete. All data are preliminary and subject to change as updates are received. Notification data includes all cases diagnosed in the ACT in residents of the ACT. Generally, notified cases represent only a small proportion of cases of influenza occurring in the community. \*Cases with an unknown age or sex are excluded. Notification data were exported on 8/11/2013 for the period 1/1/2008 to 31/10/2013. Source: Notifiable Diseases Database, ACT, Communicable Disease Control Section, ACT Health.



# Notifiable Disease Report

## Number of notifications of selected notifiable conditions received in the Australian Capital Territory between 1 January and 31 December 2013.

Table 1. Number of notifications of selected notifiable conditions received in the Australian Capital Territory, 1 January to 31 December 2013.

	2013 Total	Qtr 1 2013	Qtr 2 2013	Qtr 3 2013	Qtr 4 2013	2012	5 year average (2008-2012)	Ratio 2013/ 5 year average
<b>VACCINE PREVENTABLE CONDITIONS</b>								
INFLUENZA A	349	40	38	212	59	532	441.2	0.8
INFLUENZA B	219	5	18	176	20	134	67.0	3.3
MEASLES	1	0	0	0	1	0	4.6	0.2
MENINGOCOCCAL DISEASE (INVASIVE) *	3	1	1	1	0	1	1.8	1.7
PERTUSSIS	228	48	37	59	84	429	493.0	0.5
<b>GASTROINTESTINAL DISEASES</b>								
CAMPYLOBACTERIOSIS	348	105	71	90	82	477	475.6	0.7
CRYPTOSPORIDIOSIS	38	19	12	1	6	19	32.2	1.2
GIARDIA	119	41	31	26	21	105	101.6	1.2
SALMONELLOSIS	279	73	115	46	45	241	194.2	1.4
SHIGELLOSIS	10	4	2	1	3	6	6.6	1.5
<b>SEXUALLY TRANSMITTED INFECTIONS</b>								
GONOCOCCAL INFECTION	114	39	22	24	29	92	70.4	1.6
<b>VECTORBORNE &amp; ARBOVIRUS</b>								
BARMAH FOREST VIRUS INFECTION	6	3	1	2	0	2	3.6	1.7
DENGUE FEVER	9	3	1	5	0	22	15.2	0.6
MALARIA	13	8	2	1	2	11	11.6	1.1
<b>RESPIRATORY CONDITIONS</b>								
TUBERCULOSIS #	16	5	3	5	3	18	16.8	1.0
# All Diseases except Tuberculosis are reported by onset date or closest known test date. Tuberculosis is reported by notification date.								
* This condition includes cases that meet the probable and confirmed case definitions. Both probable and confirmed cases are nationally notifiable.								
N.B. Data reported are the number of notifications received by ACT Health. Data are provisional and subject to change.								
For the relevant year quarters, qtr 1 refers to 1 January to 31 March, qtr 2 refers to 1 April to 30 June, qtr 3 refers to 1 July to 30 September, qtr 4 refers to 1 October to 31 December.								

## Hot topics

### Measles in the ACT

Outbreaks of diseases that are relatively uncommon in Australia continue to occur in many overseas countries. For this reason, cases of some diseases are being reported throughout Australia amongst unimmunised returning travellers. These travellers can infect other susceptible individuals causing localised and sometimes widespread outbreaks in Australian communities.

Measles is one example of a disease that has increased in incidence in Australia in recent years due to overseas acquired cases. More recently, an outbreak in the Philippines has resulted in an increased number of measles cases being reported across Australia associated with travel to the Philippines.

Two cases of measles have been reported in the ACT in recent months - one acquired their infection overseas and the other was linked to an overseas acquired case. These cases highlight the importance of measles vaccination, especially prior to overseas travel.

Anyone travelling overseas should ensure that they are fully vaccinated against measles and other diseases relevant to destination countries being visited before they depart. It can take several weeks for immunity to develop and sometimes more than one dose of vaccine is required to provide immunity. Vaccination should be considered and planned well before departure. For general health advice prior to travel, consult the Australian Government Smart Traveller website [www.smartraveller.gov.au](http://www.smartraveller.gov.au). For more information regarding vaccinations appropriate for your travel destination, please contact your General Practitioner.



Photograph: Measles rash. Public Health Image Library (PHIL)

## Hot topics

### Building Data Linkage Capacity in the ACT

ACT Health's Health Improvement Branch, through the Epidemiology Section, has been working in partnership with NSW Health, the NSW Cancer Institute and the Centre for Health Record Linkage (CHeReL) to build research capacity through data linkage.

Record linkage allows a more complete picture of the health of the population to be compiled than was previously possible. The information can be used to study the safety, quality and costs of health care; the relationships between personal and lifestyle factors and health outcomes; and the societal and community influences on health, by linking health data with information from other areas such as education and community services.

ACT Health datasets for hospital admissions, emergency department presentations, cancer registrations and perinatal data are now available through CHeReL. ACT Health data is contributing to a broad range of health research on topics such as cancer incidence, services use and outcomes; diabetes outcomes; risk factors for chronic diseases; estimating the prevalence of chronic conditions; health care utilisation by geographic region and risk factors for cognitive decline.

During 2013, the ACT Government convened a cross agency data linkage working group in recognition of the opportunities for policy making presented by data linkage initiatives. This group has provided a forum to facilitate a consistent approach to data linkage activities, related governance processes and shared learning across a range of sectors.

For further information about available datasets and doing data linkage research refer to the CHeReL website at: [www.cherel.org.au](http://www.cherel.org.au) or email the Epidemiology Section at [healthinfo@act.gov.au](mailto:healthinfo@act.gov.au).



Photograph by jscreationzs. FreeDigitalPhotos.net