



The Australian Prevention  
Partnership Centre  
Systems and solutions for better health

# Partnering to prevent chronic disease

## **Chronic disease is now Australia's greatest health challenge. But it can be prevented**

Conditions such as diabetes, heart disease, lung disease and obesity cause 9 out of 10 premature deaths in Australia, are a leading cause of disability, and affect how millions of Australians live their lives every day.

Most of these could be prevented by targeting risk factors such as poor nutrition, smoking, harmful alcohol consumption and physical inactivity.

The Australian Prevention Partnership Centre is a national collaboration working with leading academics, policy makers and practitioners from across Australia. Our aim is to build an effective, efficient and equitable system to prevent lifestyle-related chronic disease.

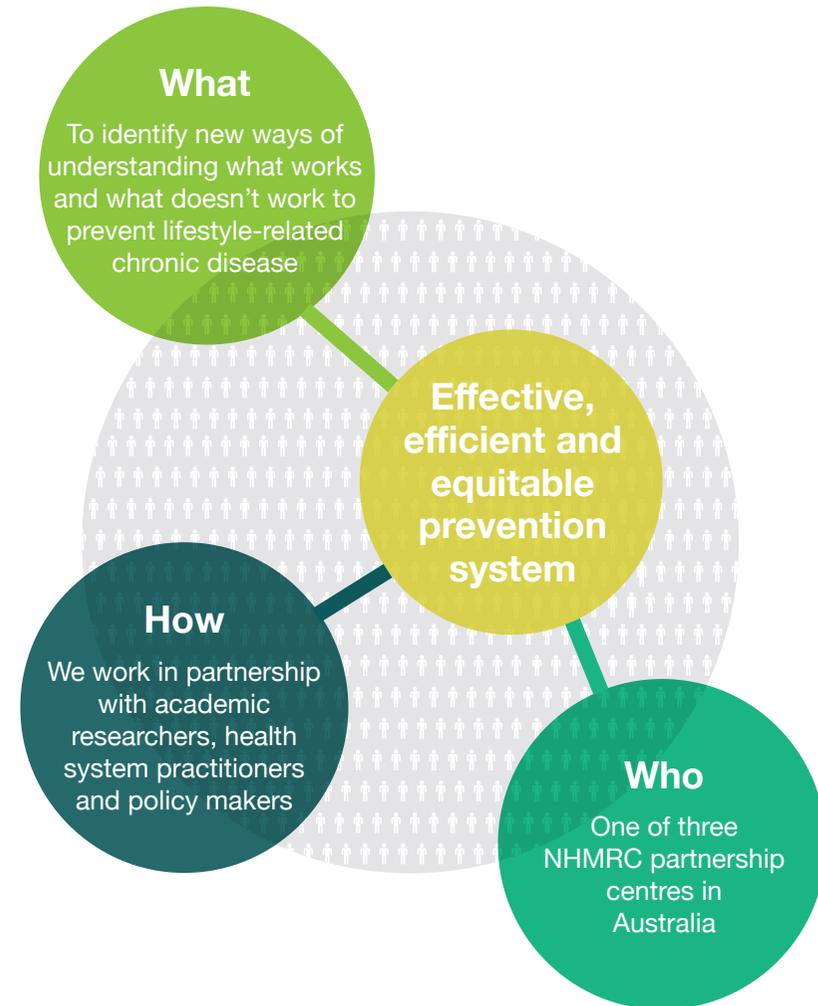


# A new way of thinking about prevention

The causes of chronic disease are very complex. Many interconnected factors contribute to the decisions people make about their behaviour, including their background, their environment and their ability to make healthy choices.

Telling people to eat less and exercise more isn't working. We need a new way to tackle the problem. Our research considers the whole system – how issues are connected and inter-related, and how changing one part will influence other parts.

Our aim is to create an environment that supports people to make better health decisions and avoid chronic disease.



## Working together to drive action

Only a fraction of research is ever used in policy and practice. Our goal is to increase the use of evidence in decision making.

We are one of three National Health and Medical Research Council (NHMRC) Partnership Centre for Better Health, national collaborations of policy, practice and research organisations working together to increase the uptake of evidence in policy and practice.

We work in partnership with the end users of our research – policy makers and practitioners – from design through to implementation. Working this way means we focus on areas of interest to government and policy agencies.



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

**Professor Diane Finegood, Former President and CEO,  
Michael Smith Foundation for Health Research, Canada**

## Our partnership approach

Policy agencies as integral participants	Co-produced research	Knowledge mobilisation	Cross-sectoral collaboration
We have a robust governance and management structure, with a leadership team comprising both academic researchers and policy partners. Policy agencies are embedded into all our project teams and play a key role in directing our research priorities.	Our collaborative research projects create an environment where research evidence can inform policy while it is being generated.	We use strategies including partnerships, co-production, engagement, knowledge integration, capacity and skills development, and adaptive learning and improvement.	We have established a national model of collaborative research across sectors and disciplines.

## Our achievements: the first five years

We have made a significant contribution to prevention policy and practice.

Since 2013, we have delivered internationally leading new knowledge, translated evidence into policy and practice, demonstrated the effectiveness of co-production, and built significant capacity across Australia.

In growing this large and complex partnership, we have nurtured collaborations across the prevention community and provided a focus for prevention in Australia.



### Our reach

- 5 Funding partners
- 150+ researchers
- 20 Australian agencies
- All states and territories engaged
- Numerous international collaborations



### Research outputs

- 40 projects undertaken
- More than 80 publications
- 11 evidence syntheses
- Numerous new tools, methods and resources for policy makers



### Impact and influence

- Dynamic simulation models to synthesise complex information
- Set of national liveability indicators
- New methods for improving the prevention system in communities
- Stronger understanding of the business case for prevention
- Australia's first systematic study of food policy
- Prioritised actions for national chronic disease prevention
- Framework to address inequities in healthy eating
- Steps to help scale up public health programs
- Resources to communicate evidence in concise and engaging ways

## Prevention Centre national impact 2013–2018



### Managed a large, complex collaboration

- Approximately \$4.5 million of in-kind funding received from funding partners
- Additional \$1.11 for every dollar invested
- Achieved high levels of engagement
- Improved the partnership experience

# Looking forward: our plan for action

We are building on our achievements by expanding our national focus; placing a stronger emphasis on testing approaches to implementation and scaling up; and extending our work with high-risk and vulnerable populations.

Our program of work is organised around three themes designed to boost research translation, and four strategic opportunities which we think will achieve the greatest gains.



Theme 1 Evidence synthesis	Theme 2 Implementation and scale up	Theme 3 Communicate the benefits
Find what works, with a particular focus on using methods that better help decision making	Develop, test and disseminate tools, methods, frameworks and practice guides for policy and practice	Make the case for prevention and develop more effective methods of communication to foster engagement and drive action
<b>Strategic opportunities</b>		
<b>1</b> Activate whole-of-system practice to improve the reach and impact of prevention efforts		
<b>2</b> Identify and improve the next generation of chronic disease prevention strategies for high-risk populations		
<b>3</b> Develop, test and make widely available methods and tools for improved prevention decision making and practice		
<b>4</b> Engage public interest in and support for prevention		

## Strengthen the system

To effectively prevent complex chronic health problems in the long term, we need to recognise the role of social, economic and environmental factors and how each of these interacts. We need to tackle the whole system.

If we can better understand the dynamic nature of the system, its inter-related parts and how they connect to make a whole, we can make better decisions about where to intervene to improve the health of populations.

### Learning from local communities

Our Prevention Tracker project is exploring how four local communities in Tasmania, Western Australia, New South Wales and Queensland work together to prevent chronic disease.

The research team is working directly with local stakeholders to understand their prevention systems, identify a local problem and find potential points for action.

Communities have identified and are beginning to implement ways of strengthening their prevention system that they could not have predicted before the research.



Systems thinking is at the core of Prevention Tracker's methods to explore how local communities improve health. Lifestyle-related chronic diseases, like heart disease and diabetes, are the biggest health issue facing Australia. They are a complex problem and we have to look for new ways to tackle it.

Dr Therese Riley, Project Lead

## New strategies for high-risk populations

High-risk and vulnerable populations such as people from rural and remote areas, Aboriginal and Torres Strait Islander communities and those with mental illness are more at risk of chronic disease. But it has been hard to intervene because disadvantage contributes to poor health in complex ways.

We are expanding our existing work to help reduce risk factors such as smoking and obesity in these populations, and to find ways to encourage high-risk groups to participate in prevention programs.

### Improving food security and nutrition in Aboriginal communities

Food insecurity is a serious challenge facing many Aboriginal and Torres Strait Islander communities throughout the country, with one in four Aboriginal people reporting they live in households that have run out of food and have not been able to afford it at some time during the last 12 months.

The risk of obesity and diet-related chronic disease is higher when people experience food insecurity as families are more likely to rely on cheaper, energy-dense foods.

One of our newer projects is finding effective ways to improve food security and nutrition among Aboriginal communities in the remote Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia, as well as in urban Aboriginal communities.



This project provides the opportunity for renewed and concerted effort to improve food security and nutrition and prevent diet-related disease, such as diabetes, cardiovascular disease and renal disease, on the APY Lands.

Professor Amanda Lee, Project Lead

## New methods and tools

Working with our policy partners, we develop a range of dynamic simulation models, evidence syntheses, policy priorities, indicators and frameworks to guide policy to prevent chronic disease.

We also produce a range of tools for communicating evidence in concise and engaging ways, including prevention fact sheets, evidence briefs, policy briefings and findings briefs.

### Creating healthy liveable neighbourhoods

Our National Liveability Study developed a set of indicators for Australia's capital cities on walkability, transport, public open space, food environment, alcohol environment, housing affordability and employment. We did this by mapping where people live against their health outcomes.

The indicators can be used to benchmark and monitor progress towards creating liveable communities that promote health and reduce health inequities.

In an Australian first, we are now developing a database for cities throughout Australia. Users will be able to access the data through a virtual laboratory, where they can identify and test prevention strategies across cities, neighbourhoods and even at the individual household address level.



As researchers, we can't change the built environment. We must work with the policy makers and practitioners responsible for creating the built environment, and provide them with the evidence about optimal city design to create good health.

**Professor Billie Giles-Corti, Project Lead**

## Boost support for prevention

Not everyone in the community or government is a supporter of the value of prevention. Prevention requires a long-term investment in health, compared to more immediate and visible funding for hospitals. It is sometimes seen as an attempt to implement a ‘nanny state’ that interferes with individual choice.

We are undertaking an innovative program of work designed to understand what drives the public and government conversation about prevention. We are developing a robust case for investing in chronic disease prevention, along with tools for improving public engagement with prevention research.

### The compelling case for prevention

This project focuses on the ‘big picture’ to try to make the case for increased investment in prevention.

We have brought together health economics, dynamic simulation modelling and communications expertise to demonstrate how much of the chronic disease burden is preventable, the benefits of investment, and how best to target strategies to achieve the greatest impact.

We are building a dynamic simulation model that allows decision-makers to test the impact of different scenarios and the cost-effectiveness of different combinations of interventions.



I see a renewed interest in prevention generally at all levels of government in Australia. But there is still a need for a greater investment, and our work is helping to demonstrate the return.

**Professor Andrew Wilson, Prevention Centre Director and Project Lead**



**Professor Andrew Wilson, Director**

## Partner with us

Australia has a strong tradition of developing and investing in prevention to deliver major health gains. Many lives have been saved through high rates of immunisation and seatbelt use, restrictions on driving under the influence of alcohol, and changes to babies' sleeping positions.

Australia has also made progress in chronic disease. For example, tobacco and blood pressure controls have substantially contributed to the halving of deaths from heart disease and stroke. But we have a long way to go to help everyone, particularly high-risk and vulnerable groups, reduce their risk of chronic disease.

Preventing and controlling chronic disease not only reduces personal, family and community impacts, it also leads to better use of health system resources, produces a healthier workforce, and boosts economic performance and productivity. We know that prevention is effective and cost-effective and that we can make a difference to the population as a whole.

To find out more about our work and how you can be involved in preventing chronic disease, please get in touch. 🌱

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We are administered by the Sax Institute, an internationally recognised leader in knowledge translation and management of large, policy-practice-research collaborations.

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#### Our funding partners



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