Strengthening Workforce Capacity for Population Health

REVIEWERS

Dr Gillian Durham
Professor Aileen Plant
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**ABBREVIATIONS AND ACRONYMS**

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<th>Acronym</th>
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<tr>
<td>ACITIH</td>
<td>Australian Centre for International and Tropical Health and Nutrition</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ANAPHI</td>
<td>Australian Network of Academic Public Health Institutions</td>
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<td>ANU</td>
<td>Australian National University</td>
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<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<td>BCA</td>
<td>Biostatistics Collaboration of Australia</td>
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<tr>
<td>CCEB</td>
<td>Centre for Clinical Epidemiology and Biostatistics</td>
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<td>CDT</td>
<td>Community Doctor Theme</td>
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<td>CUT</td>
<td>Curtin University of Technology</td>
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<td>DEST</td>
<td>Department of Education, Sciences and Training</td>
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<td>department</td>
<td>Department of Health and Ageing</td>
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<td>DHS</td>
<td>Department of Human Services</td>
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<td>FUSA</td>
<td>Flinders University of South Australia</td>
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<td>GP</td>
<td>General Practitioner</td>
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<td>HIA</td>
<td>Health Impact Assessment</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>JCU</td>
<td>James Cook University</td>
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<tr>
<td>MAE</td>
<td>Masters of Applied Epidemiology</td>
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<td>MPH</td>
<td>Masters of Public Health</td>
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<tr>
<td>MSHR</td>
<td>Menzies School of Health Research</td>
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<tr>
<td>NCEPH</td>
<td>National Centre for Epidemiology and Population Health</td>
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<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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<td>NPHEF</td>
<td>National Public Health Education Framework</td>
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<td>NSW</td>
<td>New South Wales</td>
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<td>OATSIH</td>
<td>Office of Aboriginal and Torres Strait Islander Health</td>
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<td>PhD</td>
<td>Doctor of Philosophy</td>
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<td>Acronym</td>
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<tr>
<td>PHEC</td>
<td>Population Health Education for Clinicians</td>
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<td>PHERP</td>
<td>Public Health Education and Research Program</td>
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<td>QCPH</td>
<td>Queensland Centre for Public Health</td>
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<td>QEP</td>
<td>Quality Enhancement Program</td>
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<td>QIMR</td>
<td>Queensland Institute of Medical Research</td>
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<td>QUT</td>
<td>Queensland University of Technology</td>
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<td>SA</td>
<td>South Australia</td>
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<td>SARS</td>
<td>Severe Acute Respiratory Syndrome</td>
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<td>SAAPHC</td>
<td>South Australian Academic Public Health Consortium</td>
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<td>SPHC</td>
<td>Sydney Public Health Consortium</td>
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<td>TEPHINET</td>
<td>Training Programs in Epidemiology and Public Health Interventions Network</td>
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<td>UWA</td>
<td>University of Western Australia</td>
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<td>UNSW</td>
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<td>University of Queensland</td>
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<td>VCPH</td>
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<td>WACPH</td>
<td>Western Australian Centre for Public Health</td>
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<td>WADLS</td>
<td>Western Australian Data Linkage System</td>
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FOREWORD

I am pleased to present this review of the Public Health Education and Research Program (PHERP).

The review’s findings recognise the efforts of universities across Australia in the delivery of effective public health education and research training during PHERP Phase III. The program has helped equip our public health workforce with the skills and expertise to protect and promote the health of the Australian population. Specifically, the review found that the program has increased public health workforce capacity to deal with recent threats to human health and safety, such as the severe acute respiratory syndrome (SARS) outbreak, potential avian influenza epidemics and the Indian Ocean tsunami tragedy. Nevertheless, the review has found that changes are required in order to meet the challenges of the future.

My thanks and appreciation are extended to all those organisations and individuals who took the time to participate in the review consultation process. The comprehensive and thoughtful contributions we received from universities, state and territory governments, and professional bodies among others, has significantly influenced thinking about the future of PHERP.

I would like to acknowledge, in particular, the expertise, professionalism and foresight of the two independent reviewers, Professor Aileen Plant and Dr Gillian Durham. They have delivered a sophisticated analysis of the past achievements, and of opportunities to strengthen and improve PHERP.

I am also grateful for the insights and advice provided by the review steering committee members, Professors Nutbeam, Kearney, Jane Hall, and Dr Robert Hall. Their experience, knowledge and constructive comments have been enormously helpful to me as the chair in guiding this review.

As PHERP moves into the next phase, it will be important that new and stronger partnerships are formed throughout the sector. As Chief Medical Officer I look forward to the next phase of PHERP, through which we can further strengthen and build on our excellent record in providing a highly skilled and responsive public health workforce.

Professor John Horvath AO
Chief Medical Officer
Chair, PHERP Review Steering Committee
1. EXECUTIVE SUMMARY

The public health landscape changed considerably during Phase III of the Public Health Education and Research Program (PHERP 2001–05). Events such as the terrorist attacks on 11 September 2001, the Bali bombings, the severe acute respiratory syndrome (SARS) and avian influenza epidemics and, more recently, the Indian Ocean tsunami tragedy have served as sharp reminders that preparedness to deal with a wide variety of immediate threats to human safety and health needs to be at the forefront of public health practice. At the same time, the challenges posed by longer term risks such as the persistent upward trend in obesity rates and the disease burden associated with the ageing of the population have been recognised as significant issues requiring a public health response. Over the same period, advances in medical science, in public health knowledge and in information technology have also contributed to increased expectations of what a public health professional is required to know and apply in daily practice.

There have also been changes in various policy settings. Australian Health Ministers have adopted the National Health Workforce Strategic Framework, which has significant implications for public health education and research. The Standing Committee on Aboriginal and Torres Strait Islander Health of the Australian Health Ministers Advisory Council released the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework in May 2002.

In addition, the National Health and Medical Research Council (NHMRC) has strengthened its role in building public health research capacity through grants for population health research, people support and international collaborative research grants as well as standard project grants and several other grant schemes.

A further change can be discerned in tertiary education policy as part of the Australian higher education reforms which are based on an integrated policy framework that has four foundation principles — sustainability, quality, equity and diversity.

It is therefore clear that not only will the public health workforce of the future need new and strengthened skills and competencies to respond to current and emerging health challenges but also that the context in which these skills are learnt and developed has itself changed.

This review of the PHERP has provided an opportunity to test the relevance, quality and efficacy of current program activities in light of these new circumstances.

Through the consultations and case studies cited in this report, we found compelling evidence that the PHERP investment has increased public health workforce capacity, fostered leadership in key areas of public health and contributed towards making significant health gains. It was evident from the wide-ranging input via the forums, face to face consultations and written submissions that this success was underpinned by the way in which universities — in collaboration with jurisdictions, non government and private sector — have taken up the challenge of improving the quality and relevance
of postgraduate public health education programs. Nevertheless, we believe this positive momentum needs to be further strengthened and improved. The changes proposed in this report would, in our opinion, help to prepare the tertiary sector and employers for the challenges ahead.

To achieve this, we recommend that the Australian Government, through the Department of Health and Ageing and its agencies, should build on the achievements to date and continue the investment in the PHERP at least to the current level of funding. However, a new phase of the PHERP will require a greater emphasis on achieving optimum quality outputs, systematically addressing identified gaps and priorities in public health and ensuring that contractual arrangements with universities deliver value for money.

In continuing this investment, we believe that the outputs being sought should be clearly and explicitly defined. It is essential that all parties understand that the PHERP is a program established to purchase the development of a specific body of expertise to ensure that Australia has and maintains a workforce capable of addressing critical threats to public health and safety. We think it unlikely in the foreseeable future that this need will be met by market forces alone, and that a role for government therefore remains essential. The corollary of this is that the program funding is not a university entitlement of some kind but a means by which government ensures a public good is obtained consistent with national priorities.

We make recommendations on what some of these outputs should be. We believe a major priority is to ensure the future supply of public health practitioners qualified to make reliable, independent judgements of courses of action necessary to promote and protect the public’s health: drawing on international terminology, we use the term ‘judgement safe practitioners’ to describe such a workforce. A second priority must be improved workforce and research capacity and capability in Indigenous Australians health, and in specific disciplinary areas such as epidemiology and biosecurity. There also needs to be a more coordinated and integrated approach across sectors for continuing professional development. We believe the PHERP should continue to build achievements in research alongside public health workforce capacity-building, recognising that a deficit in one usually reflects a deficit in the other. Overall, the program should be designed in such a way to ensure flexibility to address emerging priorities.

We also make recommendations on how these outputs should be achieved and their quality assured. Management of the program needs to be tightened with more stringent contractual arrangements aimed at ensuring program objectives are met efficiently. We recommend strengthening the basis on which quality is assessed, measured and required, including the development and implementation of agreed national standards. For areas where there is evidence that national priorities are not being met effectively and to a required standard of quality, or as gaps in outputs are identified, contestable processes should be introduced to ensure these are met by the institutions best qualified to deliver value for money results.
The recommendations are summarised below. More detail is set out against the Terms of Reference for the review in Part B.

**Recommendation 1:** That the Australian Government continue to support the role of the Public Health Education and Research Program at least at the current level of investment in:

- providing high quality postgraduate public health education and research training through awards such as graduate certificates, graduate diplomas, masters degrees, and doctoral training;
- providing a support base for public health expertise and research in the tertiary institutions;
- strengthening public health research infrastructure in academia to contribute to the development of intellectual and methodological capacity in population health;
- leveraging funding for public health education and research from the mainstream higher education system and other sources; and
- developing public health workforce capacity to be responsive to areas of need (market failure) in population health.

**Recommendation 2:** That the department uses a systematic and planned approach to identifying changing public health priorities, followed by a contestable process directed at fulfilling the identified needs for specific workforce education and training capacity.

**Recommendation 3:** That the department reallocates a proportion of the budget previously dedicated to innovations in PHERP Phase III to fund workforce initiatives that address the national priorities identified through the above process.

**Recommendation 4:** That the department via the PHERP process, seek to further develop capacity in the area of public health nutrition, physical activity, obesity, biosecurity and disaster response. A contestable process should be utilised that permits development of expertise and capacity building and ensures the PHERP products (for example, short courses or Internet-based courses) are made available to other universities.

**Recommendation 5:** That universities seek to actively recruit Indigenous Australians students into Masters of Public Health courses, the courses are delivered in a culturally safe way, and Indigenous Australian students are supported to successfully complete these courses.

**Recommendation 6:** That funding for Indigenous public health education in PHERP Phase IV should be increased, contested, and focus on those programs that have:

- demonstrable success in attracting and graduating Indigenous Australian students in public health; and/or
at the undergraduate level, articulate with postgraduate programs; and/or
• propose innovative approaches to attracting, retaining and graduating Indigenous Australian students.

Recommendation 7: The department should undertake a needs analysis of the nature, distribution, and quantum of health economics expertise needed in public health in Australia to support its population health objectives. This needs analysis should intersect with the further development of a critical mass of health economics expertise in the health system to which PHERP Phase IV may contribute.

Recommendation 8: Recognising the work done to date, in consultation with universities and states and territories as appropriate, the department should agree:

a) the foundation competencies for judgement safe public health practitioners in epidemiology, biostatistics, health economics, intervention, relevant social sciences, and Indigenous health; and
b) on how they should be assessed and quality assured to the required standards, considering the possibility of an external examination.

Recommendation 9: That the department should commission work to establish comparative criteria for assessing the quantity and quality of teaching and research outputs for PHERP funded programs.

Recommendation 10: The department’s agreements with universities should incorporate incentives for universities should they wish to structure Masters of Public Health courses to allow greater specialisation in core disciplines of public health such as epidemiology, biostatistics and public health nutrition and expertise in emerging priorities identified under the implementation of Recommendation 2.

Recommendation 11: That the department establish mechanisms with state and territory health departments to ensure the future supply of judgement safe public health practitioners.

Recommendation 12: PHERP Phase IV should fund the Biostatistics Collaboration of Australia for a further five years, with adjustment downwards for development that has already occurred. Such funding should be subject to the Biostatistics Collaboration of Australia meeting the needs of employers and having particular regard to collaboration arrangements, curriculum content and quality.
Recommendation 13: The Australian Government should allocate a small proportion of the PHERP Phase IV budget to achieve leverage of the wider health sector (for example, rural health) and other relevant sectors (for example, occupational health and safety) through collaborative, matched funding arrangements to improve the competence of their workforces in contributing to population health objectives.

Recommendation 14: That the department support better planning for public health workforce capacity through improving synergies across policies and program areas to maximise leverage across the wider health sector and ensure that public health is embedded in the broader health system.

Recommendation 15: That when responses to emerging issues are considered, that research and workforce capacity building both be considered, recognising that a deficit in one usually reflects a deficit in the other.

Recommendation 16: The department, in consultation with universities and states and territories as appropriate (or in consultation with the National Public Health Partnership) should develop a continuing professional education plan to improve the preparedness and responsiveness of the public health workforce to incorporate and apply new knowledge and skills to existing and emerging public health issues, for implementation through PHERP Phase IV.

Recommendation 17: The department, in consultation with universities and states and territories as appropriate, should assess the value of student, employer and vacancy surveys that have been undertaken in Australia, and develop and implement a plan for ongoing monitoring of the effectiveness of the PHERP, in PHERP Phase IV.

Recommendation 18: That universities should be required to:

a) match all funding allocated under PHERP Phase IV, with a ratio at least 1:1.25 to be restored over an agreed timeframe;

b) demonstrate that they have acted on the Bentleys mri Consolidated Audit Report for PHERP in full as a condition for any PHERP funding; and

c) be closely monitored and periodically audited for compliance with the contract requirements.

Note: Innovations Projects did not require universities to match funding dollar for dollar.

Recommendation 19: All agreements with universities should include requirements that staff funded through the PHERP Phase IV are treated in exactly the same way by the universities as non-PHERP Phase IV staff in respect of the allocation of research infrastructure funds back to academics and their departments. These requirements should be closely monitored and periodically audited for compliance with the contract requirements.
Recommendation 20: That pending the agreed standards and quality processes being implemented for the PHERP Phase IV, the current status quo in relation to the number of participating universities should be maintained. This would enable the existing players to continue to maximise the impact of the program by enabling universities to sustain their current level of participation in the program. In the immediate future, therefore, funding should not be distributed to universities not currently participating in PHERP (see Recommendation 21).

Recommendation 21: That where universities/consortia are able to demonstrate that quality and standards have been achieved to meet workforce capacity needs in respect of core foundation competencies, funding should continue. However, where it is not demonstrated funding should be redistributed using contestable processes (which may bring new players).

Recommendation 22: That where universities have identified that existing consortia arrangements are not working well, these may be reviewed and a plan for new arrangements developed.

Recommendation 23: All agreements between the department and the universities should include incentives for linkages with employers and within or between universities, such as between departments/schools of public health and economics, management and law in order to improve the PHERP Phase IV outcomes.

Recommendation 24: That the department, in collaboration with the states and territories, examine and specify the roles of the universities in contributing to surge public health capacity.
2. INTRODUCTION

2.1 History of the Public Health Education and Research Program

The Public Health Education and Research Program (PHERP) was established in 1987 in response to Professor Kerr White’s 1985 review of public and tropical health in Australia.\(^1\) Professor White’s vision was for a change in emphasis in the health services sector from the curative to the preventive. This vision led to the establishment of PHERP to further develop public health education and research capacity in Australia.

Professor White defined the problems for public health in the 1980s as a lack of an organised national focus, only small proportions of the “best young minds” being recruited and retained for careers in public health, a strong emphasis on teaching about public health through courses of lectures rather than on learning through small group problem-solving and independent investigation, and an emphasis on training rather than education. He noted that “there is perceived to be inordinate exercise of power and an inadequate accountability for the resources used by the practicing clinical physicians within the health enterprise of the country”. He commented “the continuum that exists from the molecular and cellular through the individual or patient to the group, population or community is not appreciated fully by all the country’s health sciences institutions and their faculties”.\(^1\) Nearly 20 years later, it is appropriate to consider the contribution of PHERP to solving these problems.

Before PHERP commenced there was one postgraduate public health education program in Australia. Since then, a significant investment has been made in PHERP over the years by the Australian Government. PHERP has subsequently developed through three phases. Initially, the program provided funding for four Masters of Public Health (MPH) programs and four specialist research and training programs. Phase II (which commenced in 1995) extended the funding to all states of Australia except Tasmania and provided for greater geographic spread of training into non-urban areas. Following this phase, contract arrangements were extended with PHERP-funded universities until 31 December 2000 to ensure that adequate transition arrangements were made while planning for the new phase occurred. This funding assisted universities to move into the new innovative phase of the program, Phase III, which commenced in 2001 and is due to finish in December 2005.

Of note is that in Professor White’s review, the relative merits of decentralisation versus centralisation of research and education in the many public health disciplines were widely discussed.\(^1\) In relation to MPH programs, Professor White noted that “while these courses can be seen, in part, as vocational staff training and upgrading, they do not get at the heart of the need to attract at an early stage in their careers a larger proportion of the best young minds to work in the disciplines germane to public health” and “in due course, it may be unnecessary to have MPH courses, since most or all of those working in health departments, universities, hospital administration, and in other relevant health care institutions will have been adequately trained much earlier in their careers”.\(^1\)
The major emphases in the current phase of the program are funding innovative course design and delivery, and further developing Australia’s public health research capacity. Also, overall funding has been increased from $8.7 million per annum during Phase II to approximately $9.5 million per annum in Phase III to enhance public health research capacity and continue to build on the successful workforce development achieved by the program during its first two phases.

2.2 Previous Reviews

PHERP and the individual programs have been the subject of several reviews which have assessed the quality outcomes, performance achievements, responsiveness to industry needs and the quality of the assessment processes utilised to undertake the reviews.

In all reviews, considerable evidence highlighted the overall success and quality of the program. The reviews have indicated that the program has not only addressed the problem of critical mass but also enhanced overall quality of educational programs. The model of collaboration has enabled universities to draw on wider expertise, share quality resources, expand on speciality disciplines and reduce duplication.

Two major reviews were those in 1991 by Professor George Salmond and in 1999 by Professors Terry Nolan, Lois Bryson and Joyce Lashof hereafter referred to as the Nolan Report. The Salmond report continued discussion of centralisation versus decentralisation of PHERP funding — “It is generally accepted, reluctantly by some, that the PHERP should not continue much longer in its present form. Most agree that the resources now vested in the program should continue to be used to target high priority developments in public health education and research. A more targeted approach is required.”

In contrast, the emphasis of the Nolan report was on decentralisation through extending program consortia, bringing in new partners, equitable funding, and expanding PHERP as an enhancement model, supported by increased funding.

The Nolan report recommended that “there be a continuing transition of PHERP from being principally a source of infrastructure to, in addition, providing a vehicle for funding innovation and development in public health education and particularly for achieving an increased emphasis on developing public health research capacity”.

Further reviews of the program have largely focused on quality including the Strategic Review of the Quality Enhancement Program (QEP), conducted by Professor David Dunt.

In developing a new set of quality management guidelines for use in Phase III, the review examined not only the shortcomings in the QEP but considered alternative approaches to the management of quality assurance and improvement in health care and cited alternative procedures and guidelines in Britain, New Zealand, The Netherlands and the United States of America.
Five recommendations were made by Professor David Dunt and his team, the major recommendation being that “a more formal continuous quality improvement process needed to be adopted alongside the one-off self evaluation leading into the QEP every 3–5 years”.

Following the 1999 review, the then Minister for Health and Aged Care, Dr Michael Wooldridge, approved the overall objectives of the program as well as the funding model and priorities for the Innovations Program which was based on a competitive submissions process. Priorities for Phase III addressed skill development needs, population health needs, and education quality and service delivery issues.

All reviews have identified some challenges that have yet to be addressed by the program in relation to the processes in place to monitor and review quality. There have been varying levels of critical appraisal of the evaluated individual programs in the absence of agreed external standards and benchmarks. Several consistent themes have been identified, each having an impact on the quality of the program. These include organisational, planning and evaluation, educational, academic and student-related issues.

Other reviews of national centres and programs have occurred, such as the Australian Centre for International and Tropical Health and Nutrition (ACITHN) and the Biostatistics Collaboration of Australia (BCA), which reported in October 2004. A review of the Public Health Medicine Registrars Program for General Practitioners is due during 2005.

### 2.3 Program Functions

PHERP performs five main functions:

- Providing high quality and innovative, postgraduate public health education and research training through awards such as graduate certificates, graduate diplomas, masters and doctoral training.
- Providing a support base for public health expertise and research in 19 tertiary institutions. Many public health experts and most schools of public health are recipients of PHERP funds. This is referred to as the public health education and research ‘infrastructure’ or ‘capacity-building’ function of PHERP.
- Strengthening public health research infrastructure in academia to contribute to the development of intellectual and methodological capacity in population health.
- Leveraging funding for public health education and research from the mainstream higher education system and other sources. Universities are required to match the PHERP contribution for core grants. PHERP grant recipients are frequently successful in attracting other public health research funding from the NHMRC and bodies such as the Wellcome Trust.
- Developing public health workforce capacity to be responsive to areas of need (market failure) in population health.
2.4 Program Objective Phase III

The overall national objective of the program is to strengthen national capacity to meet the strategic needs of public health education, training, research and policy development by:

- building on existing public health education and research infrastructure and providing leverage for more extensive public health work;
- strengthening the basis for high-level and consistent quality education and research programs;
- fostering innovation to ensure emerging population health education and workforce development needs are addressed;
- supporting population health workforce development and education initiatives which focus on the needs of Indigenous Australians;
- fostering cooperation and collaboration across the population health education research sectors, including linkages to government and the public health workforce; and
- fostering multi-disciplinary approaches to population health education and research.

2.5 Program Structure

The Australian Government investment in PHERP Phase III (2001–2005) and related national public health workforce projects totals more than $55 million. The investments include:

- Five state-based consortia of universities delivering postgraduate education and research training.
- Four national and special focus centres:
  - the National Centre for Epidemiology and Population Health (NCEPH) at the Australian National University (ANU);
  - ACITHN involving the Queensland Institute of Medical Research (QIMR) and the University of Queensland;
  - the Anton Brienl Centre at James Cook University (JCU); and
  - the Centre for Clinical Epidemiology and Biostatistics (CCEB) at the University of Newcastle.
- Forty-one innovations projects that are developing and piloting new courses and new approaches to public health training and capacity-building.
- Several national workforce development projects, including the Master of Applied Epidemiology (MAE) at NCEPH, the BCA, and the Public Health Medicine Registrars Program for General Practitioners with Australasian Faculty of Public Health Medicine¹.

Appendices 1–4 provide further details of the consortia, centres and projects.

¹These national workforce development projects pursue similar objectives to PHERP but were approved separate to PHERP ‘core’ and ‘innovations’ program. Together with PHERP they constitute the Australian Governments investments in public health workforce development.
2.6 Innovations Projects

A major change introduced after the 1999 review was the establishment of the competitive Innovations Program to address high priority needs in workforce development skills, population health, and quality improvement, through encouraging collaborative arrangements beyond state and territory boundaries.

The priorities pursued through the Innovations Program are set out below.

The skill development priorities included:

- epidemiology;
- human health risk assessment;
- doctoral training in public health;
- health economics and health system financing;
- health policy and planning.

The population health priorities included:

- healthy ageing;
- maternal, child and youth health;
- chronic disease prevention;
- Indigenous health;
- nutrition.

Quality and delivery priorities were:

- education technology development;
- flexible delivery;
- collaboration across universities, disciplines and sectors;
- extending population health training to the wider health workforce.

Appendix 3 provides further details of these projects.

2.7 Policy Context and Future Challenges

Developing a competent and sustainable workforce in population health over the next one to two decades is integral to the promotion of health nationally, and in reducing the burden of preventable disease.

In considering the future directions for workforce development through the PHERP, strategies will need to be innovative and robust to respond to:

- globalisation;
- transformations in science and medical technologies (for example, genomics and health informatics);
demographic and community trends;
the changing nature of work, and the health workforce;
the evolution of health systems and the impact of health system reform; and
the demands of health stewardship and leadership.

As identified in the National Health Workforce Strategic Framework, several system trends have emerged, all of which mandate thinking more strategically about the future of the health workforce. These trends include:

- new and varied approaches to health service delivery and the provision of care;
- more and better technology;
- new roles for old disciplines and new disciplines;
- continuing demographic change and shift;
- increased consumer participation in health care and health care decision making;
- greater availability of accurate, timely information;
- an even greater focus on quality cost efficient service provision; and
- the continued development of the global community.

As this Framework has been developed within the overall context of a population health framework that embraces health protection and promotion, disease prevention, primary care, community care, remote care and acute care it has considerable implications for building population health capacity across the whole of health system.

Recent public health crises such as SARS, inequitable distribution of the Acquired Immune Deficiency Syndrome (AIDS) burden and biosecurity threats highlight the opportunity for the public health workforce to examine its leadership role in shaping preparedness for such events in all sectors and influencing the health policy landscape.

The new design of PHERP will need to be responsive to these challenges and align public health education and training with the future directions of population health policy. It will need to address such priority concerns as:

- the changing burden of disease and new and emerging threats to health (such as bio-terrorism, global spread of zoonoses, obesity);
- the need for more effective prevention of chronic diseases, informed by a lifecourse perspective and including promotion of healthy lifestyles (for example, nutrition and physical activity);
- ensuring progress in Aboriginal and Torres Strait Islander health;
- changing patterns of health disadvantage;
- the need for timely, accurate surveillance for both communicable and non-communicable diseases;
- closer engagement between public health and the primary health care sector; and
- effective intersectoral and whole-of-government approaches to improve, promote and protect public health.
Strengthening partnerships and formulating whole of system responses across the above priority areas requires active commitment from a variety of public health organisations, including universities. Promoting a more diverse system by supporting institutions to differentiate their missions within the overall system and through greater collaboration between individual universities, other education providers, industry, business and communities has been promoted as part of the recent reforms implemented by the Department of Education, Sciences and Training (DEST). The Australian higher education reforms are based on an integrated policy framework which has four foundation principles — sustainability, quality, equity and diversity.

These reforms aim to enable individual universities to capitalise on their particular strengths and reduce the duplication in some university activities and course offerings. There has been a renewed emphasis on teaching and learning outcomes to help ensure that students develop knowledge and skills that are relevant to their own needs and that of employers, professional associations, labour markets and society. Targeted intervention methods and new approaches to student funding are being introduced to encourage participation and retention for Indigenous Australians and under-represented groups.

In considering PHERP’s role, the broader national infrastructure and information needs must be taken into account. The activities of research, monitoring and planning will provide evidence and assist with decisions for future investment in population health. Strengthening the evidence base for decision making in policy, including economic evaluation for addressing gaps in population health must be a priority.

The PHERP review provides an opportunity to critically analyse the future population health challenges facing the workforce and identify the key attributes it will need in the 21st century.

3. TERMS OF REFERENCE

As the program represents a very sizeable Australian Government investment in Australia’s public health infrastructure, a thorough review to test the relevance, quality and efficacy of current program activities in light of new priorities such as biosecurity, new and emerging communicable disease threats, and obesity prevention was commissioned by the department. The design of the program also warranted review given recent national changes in higher education and health research funding.

The terms of reference are as follows:

The review will advise on the outcomes of Phase III of the Public Health Education and Research Program (2001–05) and the future strategic directions for the program.

Part A

The review will evaluate Phase III against the national program objectives, and will have particular regard to:

- Value for money delivered by the current program.
- The quality, impact and relevance of program outputs, including workforce training, research and innovation grants funded by the program.
Part B

The review will advise on the future strategic directions for the program, including:

- How to strengthen the alignment of the program with current and emerging national priorities in public health.
- The delivery of high quality, sustainable and value for money program outputs.
- The respective roles of workforce and research capacity building.
- The future design of the program.

4. REVIEW METHODS AND PROCESS

4.1 Overview

The current contractual arrangements for PHERP require the program to be reviewed at least once throughout the five-year funding cycle. To facilitate this, the department informed the Minister for Health and Ageing, the Hon Tony Abbott MP, that a thorough review of the program was due to be undertaken during 2004. On 5 August 2004, universities were advised of the impending review.

Following this announcement, the department appointed two reviewers, Dr Gillian Durham, Deputy Director General-Sector Policy, Ministry of Health New Zealand and Professor Aileen Plant, Centre for International Health Curtin University of Technology. In addition, a Steering Committee was appointed to oversee the process. Professor John Horvath AO, Chief Medical Officer of the Department of Health and Ageing and chairman of the committee, convened an inaugural meeting on 23 August 2004, which combined a high level of expertise in public health, education, research, and health workforce policy. Other committee members, in alphabetical order, were:

Professor Jane Hall
Director
Centre Health and Economic Research and Evaluation
University of Technology Sydney

Dr Robert Hall
Director, Public Health and Chief Health Officer
Department of Human Services Victoria

Professor Brendon Kearney
Director
Institute of Medical and Veterinary Science
South Australia

Professor Don Nutbeam
Pro-Vice-Chancellor Health Sciences
University of Sydney

Dr Gillian Durham was appointed with the permission of the New Zealand Director-General of Health. The opinions included in this review are the reviewers alone, and in no way represent the views of the New Zealand Ministry of Health or Curtin University of Technology.
At that meeting the committee members agreed to the conceptual framework for the review and the methodology. The committee aimed to undertake a strategic review of the Australian Government investment in public health education and research, acknowledging that the scope of the review was broader than PHERP. The reviewers were given the task of obtaining the best available evidence on which to assess the past performance of the program, seeking wide-ranging input and consultation within the time available, and focusing on being more forward-looking in relation to the future of PHERP rather than backward-looking. The methodology included:

- written submissions;
- a series of forums nationally, conducted in states and territories to canvass issues in relation to the review’s terms of reference;
- consultations with individual stakeholders including universities and state and territory health departments;
- appraisal of relevant resource material both international and Australian including reports, literature and case studies; and
- examination of annual reports, DEST data, student surveys, and recruitment and job vacancy studies.

### 4.2 Written Submissions

In September 2004, Professor Horvath invited interested parties to make written submissions, and the department advertised more widely via the Internet. A consultation paper outlining Review Objectives, Terms of Reference and Future Key Challenges was prepared to guide written submissions, to promote discussion and seek innovative solutions to the challenges facing public health workforce development. Guidelines for writing the submissions were also provided. The department received 66 submissions.

In addressing the terms of reference, these submissions were examined using the following framework.

The past and current achievements were appraised according to:

1. Value for money — effectiveness and efficiency of both the core and innovations components of the program against each of the program objectives.
2. Lessons learned from the Innovations projects— case studies, strengths and weaknesses of the model and overall value of the projects.
3. Quality, impact and relevance of the program — including best practice examples, impact of PHERP on the workforce, gaps or imbalances in course content, geographic coverage, population groups or settings, education and research outputs and areas for improvement.
4. Collaborations — strengths and weaknesses of current model, newly established collaborations and the organisational membership.
In considering the future of the program the following areas were examined:

(1) The alignment of PHERP with current and emerging priorities — in the context of current developments, gaps in skills and competencies necessary to sustain workforce capacity, and new generalist and specialist skills or competencies required to address these priorities.

(2) Alternative models for governance arrangements, including proposed roles of government and suggested reporting arrangements at the national, state-based and regional levels.

(3) Options for improving quality assurance and sustainability.

(4) Workforce and research capacity building — identified areas that required strengthening, where capacity needed to be extended, the respective roles of employers, career issues impacting on workforce and proposed strategies for addressing workforce and research gaps.

(5) Funding and the relative emphasis on what program outputs should be produced, particularly in relation to specialist and generic education and research training.

The consultation paper, the guidelines for written submissions and a list of submissions received are provided in Appendices 5 and 6.

4.3 Forums

Seven public forums were conducted across Australia, providing an opportunity for the reviewers to meet with interested individuals and organisations to gain a better understanding of the strategic issues and to workshop creative solutions in public health education, training and workforce.

The aim of the forums was to harness the energy and ideas generated at these sessions to inform the reviewers’ deliberations and the written submissions. During the forums the reviewers posed questions that asked about the value for money of program outputs, the quality and impacts of these outputs, and the relevance of the program to employer needs. Respondents were asked for evidence to support their comments.

Other questions asked about gaps or imbalances in course content, competencies, geographic coverage, population groups or settings, the lessons learnt from innovations grants, the program’s contribution to research capacity, and areas for improvement.

In addition, the reviewers sought views on the future strategic directions for the program, including those concerning:

- strengthening the alignment of the program to current and emerging national priorities in public health;
- delivering high quality, sustainable and value for money program outputs;
- the respective roles of workforce and research capacity building; and
- the future design of the program.
4.4 Face-to-face Consultations

Several key individuals and organisations were invited to attend face to face meetings with the reviewers so that universities and employers could raise points about public health education and research training in Australia. Some universities and state and territory health departments also discussed the content of their proposed submissions and had the terms of reference clarified. Invitations were forwarded via e-mail, and organisations nominated the attendees. The reviewers met with 18 groups, interviewing representatives from universities and state and territory health departments.

More than 200 people with an interest in public health participated in the consultations, some of whom attended both the forums and individual meetings. These people are listed in Appendix 7.

4.5 The Evidence

References throughout the report and the list of resource documents provided demonstrate the range of both Australian and international resource materials, publications and reports that informed the reviewers’ deliberations during the review. Extensive examination of annual reports, DEST data, student surveys and recruitment and job vacancy studies was undertaken.

Annual Reports

All annual reports provided for the period 2001–2003 by the consortia and individual universities were reviewed against each of the PHERP Phase III objectives. Performance indicators, identified by universities, were used to assess the program’s effectiveness, efficiency, quality and relevance.

A variety of indicators were used, but were not limited to:

- The amount of additional funding received by universities, including research funding from external sources.
- Number of new courses developed and responsiveness to industry needs.
- Marketing strategies adopted for the program, including web sites.
- Number of collaborative projects that universities participated in.
- Number of consultancies undertaken by academics.
- Universities responsiveness to course evaluations.
- Data collections.
- Number of publications.
- Demonstrated flexibility of programs.
- Extension of flexible delivery of course offerings.
- Effective and responsive administrative support for students.
- Improved training of Indigenous Australian students in public health.
- Training of public health workforce to the needs of Indigenous Australians.
- Applied research projects including participation from professional practice.
- Establishment of research teams across disciplinary boundaries.


**Data and Student Surveys**

Data have been gathered on the enrolment status of students (that is, commencements, continuations and completions) and where possible have been analysed for the period 1987 through to 2003. Information on student profile data also included the part time/full time status of students, age of students, gender of students and Indigenous status of students, and was collated according to course type — for example, graduate certificate, graduate diploma, MPH, Doctor of Philosophy (PhD), and other funded public health courses. These data were provided by courtesy of DEST to the department, based on the course codes and data verified by PHERP-funded universities. Some student surveys were able to provide a snapshot of student destinations upon the completion of courses.

Some universities/consortia have undertaken both qualitative and quantitative surveys of current students and past graduates during this phase of the program. The surveys focused on establishing student satisfaction with PHERP-funded courses for both personal and professional development, employer destinations and changes in employment, how the students funded their degree, how the curriculum addressed a range of professional areas, and how students felt the MPH program had changed their employment options.

**Case Studies**

The department commissioned the Australian Network of Academic Public Health Institutions (ANAPHI) to undertake a comprehensive analysis of the impact of PHERP on public health capacity in Australia. The results were published as a monograph entitled ‘Building Capacity to Improve Public Health in Australia: Case Studies of Academic Engagement’. The monograph reports on "the response of Australia’s academic public health institutions to major national and emerging public health challenges and judges the efficacy of that response." The following four case studies examined the contribution of Australia’s academic public health institutions towards building and training the workforce; knowledge generation and transfer; and informing and influencing policy:

- **Case Study 1:** *Emerging health threats: Learning from SARS*
- **Case Study 2:** *Linking policy research, education and policy action: An integrated approach to the prevention and management of chronic disease*
- **Case Study 3:** *Indigenous health: Building on recently established foundations and linkages*
- **Case Study 4:** *Generating the knowledge to move public health action upstream.*

**Snapshot of the Public Health Labour Market — A Demand and Supply Perspective**

As Australia’s intelligence on the public health workforce is limited by methodological difficulties involved in defining and studying the public health workforce, the department undertook a consultancy with Professor Arie Rotem and his team to do a study which was designed to “provide a perspective
of the supply side of the public health labour market through the analysis of the availability and recruitment of public health personnel”.9

The study provided a relatively quick way of systematically analysing the demand for public health workforce skills. The study aimed to:

- determine the kind of jobs offered, their location and terms of employment;
- identify employers’ selection requirements in terms of qualifications, attributes, and competencies sought; and
- assess the extent to which respondents match employers’ requirements.

As the study also identified difficulties that may have been encountered in making appointments relating to particular categories of staff, geographical areas, health settings and or specific competencies, this study could potentially contribute towards the department’s overall workforce planning nationally for population health and inform the review of the PHERP.

**Secretariat**

Departmental officers within the Strategic Planning Branch, Population Health Division, provided secretariat services and administrative support for the review.
5. PART A: FINDINGS

5.1 Introduction

This PHERP review evaluated Phase III of the program against the national program objectives. As stated on page 10, the overall national objective of the program is to strengthen national capacity to meet the strategic needs of public health education, training, research and policy development by:

- building on existing public health education and research infrastructure and providing leverage for more extensive public health work;
- strengthening the basis for high-level and consistent quality education and research programs;
- fostering innovation to ensure emerging population health education and workforce development needs are addressed;
- supporting population health workforce development and education initiatives which focus on the needs of Indigenous Australians;
- fostering co-operation and collaboration across the population health education research sectors, including linkages to government and the public health workforce; and
- fostering multi-disciplinary approaches to population health education and research.

The review had particular regard to:

- Value for money delivered by the current program.
- The quality, impact and relevance of program outputs, including workforce training, research and innovation grants funded by the program.

In assessing value for money of the program, the reviewers explored:

- Effectiveness — is the PHERP doing the right things?
- Efficiency — is the PHERP being implemented in the right way?
- Economy — is the PHERP being implemented at the least cost?

While undertaking the review, the reviewers were conscious of significant changes that have occurred in the context for the PHERP during Phase III. The Australian Health Ministers’ Conference has adopted the National Health Workforce Strategic Framework. The Standing Committee on Aboriginal and Torres Strait Islander Health of the Australian Health Ministers Advisory Council released the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework in May 2002.

In addition, the NHMRC has strengthened its role in public health research through capacity-building grants in population health research, people support and international collaborative research grants, as well as through standard project grants, and a variety of other grant schemes. Major threats such as SARS, the threat of bioterrorism and natural disasters such as the Indian Ocean tsunami of necessity influence the analysis.
5.2 Building On Existing Public Health Education and Research Infrastructure and Providing Leverage for More Extensive Public Health Work

Has PHERP Phase III Supported this Objective?

The reviewers received a wealth of evidence that demonstrated that PHERP Phase III has built on existing public health education and research infrastructure. Most consortia achieved an integrated state-wide approach to the planning and delivery of postgraduate courses. The success of PHERP Phase III in meeting this objective is demonstrated by 1,447 masters’ degree completions for 2001, 2002 and 2003 compared with 503 completions for the masters degree for the whole of Phase I of the program (1987–93), as shown in Table 1. For the period 2001–2003 completions for PhDs totalled 130. (Source: DEST). The variation in numbers of student commencements, continuances and completions across universities is largely attributable to the historical funding arrangements, the number of awards being offered by universities and the extent to which student higher education places have been supported by funding from the Australian Government.

We also received information that demonstrated that PHERP Phase III had provided leverage for more extensive public health work by the universities and between state and territory health departments and the universities.

Some states drew on the foundation provided by the MPH courses to recruit graduates into workplace-based public health officer training programs leading to judgement safe public health practice. Judgement safe public health officers are those who are demonstrably qualified to make independent judgements. 12

In New South Wales (NSW), for example, each trainee is provided with three to six supervised work placements of six to twelve months’ duration, supported by regular structured training sessions. The training program has been accredited by the Vocational Education Training and Accreditation Board of NSW to award a Graduate Diploma of Applied Epidemiology. 13 In addition, medical graduates who are enrolled in the NSW Public Health Officer Training Program can concurrently enrol in the Australasian Faculty of Public Health Medicine Training Program and have their training fully recognised towards attaining Fellowship status. The Victorian Public Health Training Scheme leads to the Master of Health Sciences in Public Health Practice awarded by La Trobe University. The Western Australian Population Health Training Program is a three-year competency-based training program consisting of structured work placements, each of four to five months’ duration. The program is recognised for the training of medical graduates towards the Fellowship of the Australasian Faculty of Public Health Medicine of the Royal Australasian College of Physicians. It is anticipated that a public health qualification will be awarded to participants shortly.
Table 1: Masters of Public Health and Masters with a Public Health Speciality Commencements and Completions in PHERP Institutions 1987–2003

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Note 1: Data for the period 1987-1998 are based on the Independent Review of The Public Health Education and Research Program April 1999 and verified by universities.

Note 2: The data reported were compiled from the DEST student data collection and verified by universities. Specific data parameters include:
   i) Completions data relates to award completions within a calendar year period.
   ii) Data for 2001–2003 student enrolment numbers include all students enrolled between September of the previous year and August of the reporting year. A commencing student during this reporting period is defined as one who has commenced their course between September of the previous year and August of the reporting year.
   iii) Data for 1999–2000 student enrolment numbers include all students enrolled at 31 March in each respective year. A commencing student during this reporting period is defined as one who has commenced their course between April of the previous year and March of the reporting year.

Note 3: From 2001–2003 a very small number of student commencements and completions were for public health related courses.
As discussed in Section 4.5 of this report, the ANAPHI has prepared a monograph about case studies that demonstrate the engagement of academic institutions in building capacity to improve public health in Australia, illustrating the leverage that has been achieved. For example, in response to SARS, the universities intensified their efforts by developing new courses — Ecology and Health, Public Microbiology: Changing Environments, Changing Pathogens, SARS and Crisis Management Investigation, and a Graduate Certificate in Hospital Epidemiology that addresses evidence-based infection control, surveillance and outbreak investigation. The universities refocused their research efforts. For example, collaborative research between the designated SARS hospital in Hong Kong and an epidemiologist in an Australian university during the epidemic in 2003 helped identify risk factors for occupationally-acquired SARS in health care workers. As part of the 35-country Network of Training Programs in Epidemiology and Public Health Interventions, TEPHINET (which is one of the Australian links to the Global Outbreak Alert and Response Network), public health staff and students from Australia, the Western Pacific and South-East Asia have, along with others, assisted the World Health Organization (WHO) with SARS identification and control in China, Hong Kong, Singapore and Vietnam.

We received information on a range of relationships between states and territories and the PHERP Phase III state-based consortia, which included joint appointments, short courses, and funding of research and education. These relationships suggested that PHERP Phase III has leveraged more extensive public health work in states and territories. These relationships are summarised in Figure 1.

**Figure 1: Relationship between State/Territory Health Departments and State-based PHERP Phase III Consortia**

The case study below illustrates what can be achieved through joint appointments in terms of embedding the practical experience of an Area Health Service in NSW in academic courses conducted by the School of Public Health, University of Sydney. It is anticipated that such close relationships should improve the quality and relevance of public health teaching to employers.
University of Sydney
Adjunct Professor

1. Member of the Community and Doctor Theme (CDT) Committee, which is responsible for coordination, monitoring and development of the CDT. About six meetings per year.
2. Tutor in Year 3 of the CDT at Royal Prince Alfred Hospital. Fourteen two-hour student-led tutorials per year. I think I am the only person who has been a tutor every year since the course started about six years ago.
3. One one-hour lecture in Year 2 of CDT per year. One two-hour lecture on the MPH per year. In the past I have been much more heavily involved in the MPH.
4. Principal supervisor of one PhD student.
5. Organise electives and work experience placements for medical and MPH students.
6. Member of a UNSW/UWA/University of Sydney PHERP funded project, the final report has been submitted.
7. Co-supervisor of one PhD student in the School of Community Medicine at UNSW and I am a NSW Health Department representative on the UNSW-Sydney Public Health Consortium (SPHC) Consultative Committee.
8. Quite a few colleagues in the Division of Population Health in Central Sydney Area Health Service have provided a lot of teaching and supervision and committee work to the School of Public Health at University of Sydney, and elsewhere to a lesser extent, over many years.

We were provided with examples of what had been achieved from this leverage, summarised in Figure 2.

Figure 2: Leverage Achieved through PHERP Phase III Core Funding
PHERP-funded universities contributed to health departments’ public health responses to a variety of issues. For example, in Western Australia, residents in a particular locality expressed concerns about the possible health effects from a liquid waste treatment facility. PHERP-funded universities assisted with the response to these concerns by contributing to a survey of residents.  

The analysis of annual reports provided examples of leverage that included contributions to the universities’ medical programs, lunchtime and breakfast seminars with an industry focus, national symposia on issues of importance to Australia (for example, *Climate Change and Health, 2003*, organised by NCEPH), and advancing Australia’s ability to meet its international health obligations.

The leverage does not end at the time the contracted outputs are produced. For example, the Mt Isa Centre for Rural and Remote Health described its contributions to workforce development. This has included a successful tender for the National Curriculum for Population Health Education for Clinicians (the PHEC Curriculum or Clinicianship Program). This is now incorporated in several university programs for remote health, rural medicine, family medicine and the Master in Public Health and Tropical Medicine degrees. In rural medical training, the PHEC curriculum is now incorporated into the Australian College of Rural Medicine’s primary curriculum. The rollout of the Clinicianship Program was funded by the General Practice Branch of the department.

The PHEC curriculum was written in the major part by academics funded through PHERP who were also graduates of a PHERP-funded institution, Anton Brien Centre at JCU. The PHERP-funded academics and graduates of PHERP wrote the tender, coordinated the program, identified the competencies for general practitioners (GPs) in delivering and incorporating population health within the GP/primary health care setting, and wrote many of the modules of the curriculum. This example also shows how the PHERP Phase III has contributed to embedding population health in the broader health system by leveraging funding from non public health funding streams, and illustrates an approach to workforce planning that is integrated with population health policy development.

There have been other benefits. The Northern Territory, for example, is linking education and training to recruitment and retention. The Northern Territory Government contributes to training costs and underwrites time off work for staff undertaking courses in the Department of Health and Community Services.

### 5.3 Strengthening the Basis for High-Level and Consistent Quality Education and Research Programs

**Has PHERP Phase III Supported this Objective?**

It is clear from the range of information we were able to review, that PHERP Phase III has strengthened the basis for high-level and consistent quality education and research programs, although as will be discussed later in this report, more progress can be made. The Victorian Consortium for Public
Health (VCPH), for example, described the collaboration between four Victorian universities — Deakin, La Trobe, Monash, and the University of Melbourne — where each university contributes two subjects to Part I of the MPH program, taught at a common location. Students undertake Part II at their home university. In our opinion, supported by positive feedback throughout the consultation process and by the independent review, the BCA is the best example of PHERP Phase III strengthening the basis for high-level and consistent quality education programs. As stated by the independent reviewers of the BCA, “the BCA has been successfully established as an outstanding multi-institutional system for developing, strengthening and sustaining Australia’s workforce of career biostatisticians.” The BCA involves the Universities of Queensland, Melbourne, Newcastle and Sydney, Macquarie University, ANU and Monash University, with a coordinating unit at the NHMRC Clinical Trials Centre at the University of Sydney. The BCA offers distance-learning programs in biostatistics at masters degree, graduate diploma and graduate certificate levels. The first intake of students was in 2001 and since then enrolments have grown to more than 130 students. The NSW Department of Health has established the NSW Biostatistical Officer Training Program by drawing on this initiative.

PHERP-funded universities described many activities that had been undertaken to assure the quality of their education and research programs. The examination of annual reports showed that the University of Sydney, for example, reported that all units were reviewed and updated annually against student and employer needs. In its submission, the South Australian Academic Public Health Consortium (SAAPHC) described similar activities such as curriculum retreats, peer and external reviews, and student evaluations. From our interviews with consortia, these approaches appeared to be fairly standard practice for PHERP-funded universities.

In respect of research, the Nolan review noted that 9.6 per cent of NHMRC funds went to public health. In 2004, this figure increased to 15 per cent (personal communication, Dr Cathy Mead, Victorian Public Health Research and Education Council). This figure includes total expenditure for 2004 for public health research and health services research. If preventive medicine were to be included, then the total proportion of NHMRC funds allocated to this broader definition of public health would be 16.2 per cent.

These calculations are based on projects that received grant funding in 2004 and relate to funds to be paid in 2004, not the total grant amount.

In addition, the number of career fellowships has increased from 2 (of 192) to 19 (of 304) (personal communication, Dr Cathy Mead, ibid.). The career fellowships include those that have been allocated for public health (10), health services research (3), and preventive medicine (6). Scholarships are not included in these figures.

The reviewers are grateful to Dr Cathy Mead, Executive Director, VPHREC for conducting this analysis.
The figures provided in the Nolan review can only be approximated to the figures that are now being provided, as the figure of 9.6 per cent encompasses all NHMRC funding including project grants and funding for investigator-initiated health and medical research provided through block grants. These block grants have been replaced with other large grants, so the reviewers believe it is reasonable to make some overall comparison.

In Phase III, PHERP-funded universities have been successful with several major research grants. These successes have included major program grants from the NHMRC, population health capacity-building grants, major funding from the Wellcome Trust/NHMRC/Health Research Council of New Zealand and core membership of a cooperative research centre. We were encouraged to learn that some PHERP-funded universities had been successful in attracting postgraduate NHMRC health research training scholarships for Aboriginal and Torres Strait Islander people.

In the submissions, examples were provided of external measures of the quality of PHERP-funded universities. Such claims included:

- The Department of Public Health and Tropical Medicine at JCU named as one of the eight most well-known schools of tropical medicine in the world in Manson’s Tropical Diseases (21st edition).
- NCEPH report that international assessors rated 52 per cent of NCEPH’s peer-reviewed publications were in the top 25 per cent internationally, and 17 per cent in the top 5 per cent.
- Deakin University has a designated WHO Collaborating Centre for Obesity Prevention and Related Research and Training.
- The Anton Breinl Centre at JCU has been designated as a WHO Collaborating Centre in Vector Borne Disease Control.
- The Flinders University of South Australia was funded by the Australian Agency for International Development (AusAID) to assist the University of Western Cape, South Africa, to develop distance-learning MPH materials.

Some universities provided information on the destinations of their public health students. This showed that these students go on to be leaders in public health fields nationally and internationally. For example, of 34 public health doctoral students at Monash University since 1992, four have chairs, five have associate chairs, and 15 now hold prestigious national post-doctoral fellowships. Nine are heads of public health research units. NCEPH described similar successful destinations for its graduates, as shown in Figure 3. The PHERP supports current academics to lead in their fields of expertise and lead developments in organisations such as WHO on such important public health issues as obesity, communicable diseases and tobacco control.

The PHERP also contributes to the department achieving its vision for health ‘Better health and healthier ageing for all Australians through a world class system which:

- meets people’s needs, throughout their life;
- is responsive, affordable and sustainable;
• provides assessable, high quality service including preventive, curative, rehabilitative maintenance
and palliative care; and
• seeks to prevent disease and promote health’.  

Some of the PHERP consortia have conducted student surveys. The surveys vary in methods and
the response rates are low. Typically only about a third of students respond. These surveys show
that students generally enjoy the courses. The MPH courses are perceived by students to provide
relevant training in public health. These surveys are conducted by the universities to improve the
quality of their courses and their relevance to their students. Not surprisingly, many suggestions for
improvement in administration, course content and teaching are included in the survey responses.
One student who was just finishing her formal study said in her submission to the PHERP review that
“this has enriched my life both professionally and on a personal level and hopefully has been and will
continue to be of benefit to others beyond myself”.

Figure 3: Professional Profile, Post-graduation, of NCEPH PhD and MAE Graduates

![Graph showing NCEPH Graduate Employment as at October 2004]

We were provided with examples of institutional change and capital investment that has strengthened
the focus on population health in some universities, for example, the University of Melbourne as
described in the case study. This case study illustrates PHERP leveraging DEST funding for capital
expenditure.
The University of Melbourne
School of Population Health Establishment

Following the last PHERP review, the faculty leadership saw both the inadequacy and the potential of its efforts in public health. The PHERP review had highlighted the PHERP contribution to be an estimated 25 per cent of the university’s core funding of the then Department of General Practice and Public Health. Subsequent discussions between the state’s Department of Human Services (DHS) and the Dean resulted in DHS contributing $200,000 per annum over five years in the first instance to launch a major new effort in public health at the university. This then led to the creation of the School of Population Health. The university itself provided high quality new premises (over 6,000 square metres) and over $700,000 in fit-out costs. In addition, new core funds of about $300,000 per annum were allocated from the faculty budget. In sum, to date, the leveraged outcome for public health for this effort alone from the university and DHS totals $2.7 million plus the value of the buildings and their maintenance (several million dollars). There is no doubt that the PHERP incentive was absolutely pivotal in this.

These findings illustrate that in PHERP Phase III very considerable progress has been achieved in strengthening the basis for high-level and consistent quality education and research programs. The reviewers are of the opinion that this progress could not have been achieved without the strong academic infrastructure and leadership provided through PHERP. We recognised the progress that has been made in respect of some quality education programs, however in other sections of this report, we shall discuss areas where enhancements in education programs are clearly needed.

5.4 Fostering Innovation to Ensure Emerging Population Health Education and Workforce Development Needs Are Addressed

Has PHERP Phase III Supported this Objective?

The Nolan report had two principal recommendations, the second of which stated that: “It is further recommended that there be a continuing transition of PHERP from being principally a source of infrastructure to, in addition providing a vehicle for funding innovation and development in public health education …”.

This led to a major change in PHERP with the establishment of the competitive Innovations Program to address high priority needs in workforce development skills, population health, and quality improvement, through encouraging collaborative arrangements beyond state and territory boundaries. The Innovations Program funding pool was created by phasing in a levy from the commencement
of the Phase III arrangements. The full levy of 20 per cent came into effect at the start of 2001 and has applied each year for the remainder of the contract period (that is, to the end of calendar year 2005).

Whilst universities were not required to match funding for innovations, the university dollar and/or in-kind contributions were part of the criteria used to assess the innovations. It is highly likely, however that the overall matched funding for PHERP Phase III was reduced as a result of the Innovations Program. This probable reduction in matched funding is in addition to problems identified by the auditors of PHERP who found that universities had generally not been mindful of the need to acquit financial information during the terms of the PHERP contracts.\textsuperscript{19} The implications of the findings of the Bentleys \textit{mri} Consolidated Audit Report will be discussed further in later sections of this report.

The skill development, population health, and quality and delivery priorities for the Innovations Program are listed under Section 2.6 of this report. As mentioned previously 41 projects were funded and further details are provided in Appendix 3. Proposals were required to include plans to assure sustainability.

Workforce development strategies funded under the Innovations Program include:

- Curriculum development addressing national health priorities including environmental health, epidemiology, health surveillance, use of evidence/research, ageing population, obesity prevention, and mental health promotion.
- Competency development for the public health nutrition workforce.
- Workforce needs analysis in areas identified as disadvantaged and in terms of integrating population health in the primary health care workforce.
- Policy related activities such as the \textit{National Public Health Education Framework (NPHEF)}.\textsuperscript{20}
- Skills development such as through mentorship in public health law and injury prevention epidemiology and control.
- Research methodology updates for practitioners/clinicians.
- Building national capacity through centres of expertise and research such as the Australian Centre for Human Health Risk Assessment and Centre for Public Health Law.

Many of the Innovations Program projects have or are developing educational resources that utilise flexible delivery through distance-based learning formats. An example is the \textit{National Web-Based Delivery of Core Components of a Masters of Public Health Program}. The project has designed and offers a platform for sharing educational resources related to public health core competencies, building on two other projects, the \textit{ANAPHI NPHEF Project}, and the \textit{ANAPHI Education and Technology Project}. The project has developed and provides access to on-line educational resources to public health educators via the ANAPHI web site. These use a scenario-based approach to encourage application of knowledge and skills around relevant issues and experience, and offers the capacity to support public health educators to design, develop and utilise educational resources that address the core components of MPH programs.
Selection criteria for Innovations projects included alignment with national health priorities, such as Indigenous health, location disadvantage and chronic disease prevention. Several of the projects are multifaceted, utilising various strategies in addressing workforce development. For example, the consortium of universities involved in one project is developing a library of key measures on data for different populations, developing curriculum modules and developing standardised tools for measuring early-life exposures for use in life-course projects.

Most Innovations projects have the potential to inform national public health workforce policy. However, two projects making a significant and direct impact are the NPHEF and Innovations in the Design and Delivery of Curricula on Indigenous Public Health for Existing PHERP Programs and Indigenous Cohorts. The latter project will be discussed in the next section.

The NPHEF was designed as a model to guide curriculum review and development and function as a quality assurance instrument for use in public health education. The framework aimed to provide consistency across public health education, reduce duplication and ensure that graduates have the required knowledge and skills to be effective public health practitioners. The PHERP consortia that we interviewed indicated that they had assessed their curricula against the NPHEF.

The Innovations Program received mixed reviews. On the one hand, the program was considered to be successful in identifying important problems and bringing together consortia to address them. The PHERP Innovations Conference held in 2003 showcased completed and ongoing projects. “It is widely acknowledged as being one of the most interesting (and only specific) meetings on public health education and ANAPHI is committed to seeing it repeated at least every two years,” was one comment. On the other hand, transaction costs were high, sustainability was not assured, and cross-sectoral sharing and learning from innovations was difficult to achieve because the outcomes are not well known beyond the host groups. Some important but fragile innovations are unlikely to continue if they do not receive funding in PHERP Phase IV.

Some universities were able to use the Innovations Program to leverage greater benefit from their core grant, as outlined by the short courses in public health run by Deakin University illustrated in the case study.
Deakin University
Short Courses in Public Health

The expertise developed at Deakin University, because of the core PHERP grant and Innovations grants provided for staff and curriculum development, has benefited the public health workforce in Victoria through a wide range of short courses including ones dealing with:

- Obesity Prevention
- Health Promotion
- Mental Health Promotion (delivered in partnership with Flinders University of South Australia, AusiEnet and University of Queensland)
- Health Impact Assessment
- Social Epidemiology
- Healthy Cities (from 2005)
- Healthy Public Policy (from 2005)

5.5 Supporting Population Health Workforce Development and Education Initiatives Which Focus On the Needs of Indigenous Australians

Has PHERP Phase III supported this objective?

The *National Indigenous Public Health Curriculum Audit and Workshop* project, funded through PHERP Phase III, found that only 17 Indigenous Australian MPH students graduated between 1998 and 2002 in PHERP funded MPH programs. A further three Indigenous Australian students had completed their MPH by the end of 2003, bringing the total number of Indigenous Australian students graduating from MPH programs over six years up to 20. (Source: DEST 2003). Successful activities arising from both core and the Innovations Program have resulted in improvement in retention of Indigenous Australian students through innovative pedagogical approaches or small student/staff ratios. For example, the Institute of Koorie Education program graduated three MPH students in 2004 and will graduate seven MPH students in 2005, as shown in the case study. The first Aboriginal health economist in Australia is about to graduate from a PHERP-funded university. In comparison, Menzies School of Health Research (MSHR) has had only two Indigenous Australian public health graduates in the last five years. As MSHR pointed out in its submission, while the Northern Territory has a high proportion of Indigenous Australian residents (30 per cent of the total population), “... formal educational achievement is appallingly low in comparison to national standards” so the pool of potential Indigenous Australian students in the Northern Territory is small. The two graduates from MSHR were in fact interstate enrolments from Victoria and Queensland.
Indigenous Masters of Public Health
Deakin University

In 2001, Deakin University has established an Indigenous MPH degree at its Institute of Koorie Education to address the acute public health workforce development needs of Indigenous health. The program teaches through a community-based mode and is advised by a combined community and VCPH steering group. The program is dependent on a PHERP Innovations grant of $495,000 (2002–05) held collaboratively with the University of Melbourne to develop Indigenous MPH curriculum.

Additional support of $100,000 per annum is provided from the School of Health and Social Development. Ten students are currently enrolled. Three students have completed an MPH, and three more will complete at the end of 2004. Together, these students comprise the largest Indigenous MPH cohort in Australia. A further ten MPH graduates are expected over the following two years if funding can be assured.

Several curriculum development projects have specifically addressed public health needs of Indigenous Australians. Approaches used in the various PHERP projects were generally focussed on:

- curriculum development that addressed Indigenous public health policy or disease prevention;
- models of support for Indigenous Australian students; and/or
- Indigenous public health workforce development embedded within a larger project.

The majority of core funded institutions have implemented strategies to increase the number of Indigenous Australian graduates or to ensure diversity of subjects offered so that MPH graduates have an increased awareness of strategies that will improve the health of Indigenous Australians, as shown in the case study. The assessment found, however, that there was a concentration in Queensland and the Northern Territory of MPH programs with Indigenous health content as a key focus, and this distribution bears little relationship to the existing distribution of Indigenous populations. The assessment also found that Indigenous health subjects within existing MPH programs tend to have either broad generic content or a focus on specific diseases or risk factors with minimal emphasis on social science and cultural analysis within Indigenous health.

The University of NSW (UNSW) has three Indigenous Australian members of staff and has found that the School of Public Health’s Indigenous health research capacity has attracted several Indigenous Australian PhD and masters degree students and established working relationships with a range of community organisations, Indigenous health groups, Area Health Services and Aboriginal controlled services. (Source: UNSW Public Health and Community Medicine, SPHC, annual report to the department 2003)
The University of Melbourne
Major Expansion in Indigenous health

The VicHealth Koori Health Research and Community Development Unit had been funded as part of the fledgling Centre for the Study of Health and Society, formerly a stand-alone centre in the faculty, jointly funded by the Faculty of Medicine, Dentistry and Health Sciences and the Faculty of Arts, The University of Melbourne. With the centre’s incorporation into the School of Population Health, the appointment of Australia’s leading Aboriginal health academic (Professor Ian Anderson), and the greater focus on public health within the faculty, two new academic positions for Indigenous public health academics were later funded by the faculty. One was a lecturer position (filled by Shaun Ewen) and the second was the creation of Australia’s first Chair in Indigenous Health filled, by invitation, by Professor Anderson, Melbourne University’s first Indigenous Australian medical graduate (and Australia’s second). Under Professor Anderson’s leadership, this unit has grown enormously with new Australian Government funding for tobacco control development, increased core funding from VicHealth and OATSIH, major funding from the Australian Government and from the faculty as part of matching arrangements, a central role in the Cooperative Research Centre for Aboriginal Health (the centre is a major partner and Professor Anderson is the Research Director), and additional funding from several other sources.

While noting these successes, barriers to success include the limited capacity of existing Indigenous Australian public health academics to fulfil the wide demands from the schools of public health, which often exceeds existing academic workloads. The 2002 and 2003 annual reports from the core funded centres and schools noted difficulties in adequately addressing public health workforce development related to Indigenous health. The Western Australian Centre for Public Health (WACPH) noted that the demand on local Indigenous Australian academics was an impediment to fulfilling teaching requirements and representation on committees. Similarly, SAAPHC commented on a shortage of Aboriginal people to take on teaching and research roles. In response to these difficulties, the SAAPHC was planning to ensure cross enrolments in Indigenous courses with the aim of reducing the burden on Indigenous Australians with expertise.

Similarly, the UNSW identified ‘burnout’ within the Indigenous Health Unit was related to a high level of demand on the individual members. The UNSW also noted that current postgraduate entry requirements could discourage appropriate Indigenous Australian students from applying. The UNSW also noted that additional resources were needed to ensure adequate support for Indigenous Australian students and identified problems in over-researching a disadvantaged group without direct benefit for them.
5.6 Fostering Cooperation and Collaboration Across the Population Health Education and Research Sectors, Including Linkages to Government and the Public Health Workforce

Has PHERP Phase III Supported this Objective?

PHERP Phase III has some stunning examples of successful collaborations, such as the BCA and some geographic-based consortia. Appendix 3 and 4 lists the new consortia that we are aware of being established during PHERP Phase III. As ANAPHI stated in its submission, “existing geographic based collaborations have been very successful in developing public health capacity. It is likely that most if not all of the existing collaborations would seek to continue in either the same or modified form. However, any future program should provide opportunity to consider alternative collaborations that are more consistent with competition in the student market or address specific niche needs or foster research networks. The benefits of any collaboration need to be weighed up against the transactions costs involved in organization, maintenance and administration”. Of relevance, however, is the likely increase in transaction costs for the department if the number of partners it presently deals with should increase significantly. This is further discussed in Part B of this report.

The close links with other groups such as professional colleges, divisions of general practice, and university departments of rural health, have made an important contribution to the culture of population health in the planning of clinical services in rural and remote Australia.

Consortium boards and consultative committees engage industry and groups, such as the Queensland Public Health Forum that involves the Queensland Centre for Public Health and James Cook University. In this example, the centre is one of 18 partners. Research and workforce development is one of the goals of the forum.

MSHR has taken a flexible approach in its collaborative arrangements. These arrangements have resulted in importation of units from other PHERP-funded institutions using contractual arrangements between the institutions with MSHR paying for the services provided by other universities. Examples include epidemiology and biostatistics units from the University of Queensland and health services management units from the Centre for Remote Health in Alice Springs. The failure of most universities to grapple with the issues around cross-institutional enrolment such as direct financial issues, ease for students and the fear of ‘losing’ students to competitor institutions has meant that some courses are taught for a very small student base whereas the ‘Menzies solution’ has benefited both students and the institution. The potential for students to gain access to international courses, plus economic drivers, are likely to encourage more linkage and collaboration in the next decade.

State and territory health departments are also supportive of the collaborative arrangements that PHERP Phase III has facilitated. The Department of Health, South Australia, for example, considers that collaboration “…is essential to survival of the programs in SA, particularly given the size of the departments in this state.” Western Australia demonstrates very effective collaboration between the
state health department and the geographic-based consortium, the Western Australia Centre for Public Health. This is illustrated by the Data Linkage Unit that is jointly owned by the Department of Health, two PHERP-funded universities and the Telethon Institute of Child Health Research. The unit attracts about $6 million per annum in NHMRC and other funding. The outputs are described in the case study.

**Research Applications of the Western Australian Data Linkage System**

The Research Applications of the Western Australian Data Linkage System (WADLS) has supported more than 280 distinct studies of disease aetiology, clinical needs analysis, patterns and costs of care and the outcomes of health services. Recent examples include a study of travellers’ thrombosis in passengers arriving on international flights; inequities in access to breast reconstruction in women having undergone mastectomy; increasing readmissions driven by new technology in the treatment of ureteric stones; the increasing ‘active prevalence’ of cancer with wider use of chemotherapy to postpone death; and trends in use of health care resources in the last year of life. The WADLS supports a successful Quality of Surgical Care Program established by the College of Surgeons, which includes a 30-day surgical mortality audit program, now being adopted as a national model. The Duty to Care research program, concerning heart diseases and other physical health problems in people with mental illness, has caused the state government to launch and fund the HealthRight initiative to engage people with mental illness in general practice and to approve reforms to mental health to improve discharge planning.

International cooperation is apparently increasing markedly amongst the PHERP-funded universities. The PHERP-funded universities see this as a means of enhancing Australia’s ability to meet its international obligations to public health. PHERP-funded universities have links with overseas academic, professional, and research organisations, collaborate with international agencies, and provide education and research training. For example, ACITHN has been involved in institutional capacity-building in Vietnam, Cambodia, The Philippines, China and New Zealand. ACITHN staff have also been involved in major field studies such as those concerning the control of dengue in Vietnam. This program has been adopted in national policy and currently covers a population of 400,000. NCEPH is a leading international centre in research on how climate change affects health risk. Centre staff also participate in the International Ecosystem Assessment project on health risks from other environmental changes.

Collaboration and linkage have not, however, worked as well across similar disciplines but different institutions within Australia. For instance, ACITHN has a role in international health, tropical health and nutrition, but over the course of PHERP other institutions have become significant players in these fields.
5.7. Fostering Multi-Disciplinary Approaches to Population Health Education and Research

Has PHERP Phase III Supported this Objective?

A survey of 38 research centres in Victoria, conducted by the Victorian Public Health Research and Education Council (VPHREC) in 2001 demonstrated the multi-disciplinary nature of public health research. Around 900 researchers encompassed research expertise in the fields of epidemiology and biostatistics, social and behavioural science, clinical trials and clinical science, health economics, health informatics, policy development and review, implementation research, public health advocacy and systematic reviews. Both the core and Innovations Program contribute to this objective. The program encourages groups to work together across disciplines. The Health Impact Assessment innovations project, described in the case study, illustrates the role PHERP Phase III has played in fostering multidisciplinary approaches. Another example is the project led by Griffith University, the University of Western Sydney, UNSW with links to Deakin University, La Trobe University and overseas universities on advancing the adoption of the principles of sustainable development in public health education and training.

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**Health Impact Assessment**

The goal of Health Impact Assessment (HIA) is to get health considerations onto the agenda of decision makers at all levels of government and business. The initial investment by PHERP into the examination of HIA as a concept to enhance healthy public policy and practice in Australia has been instrumental in not only developing knowledge of HIA, but has put Australia on the map internationally as an innovator in the area.

The program has created national and state based dialogue, and resulted in a sustainable research presence. The funding has started to develop capacity within the public health workforce, resulted in the development of a masters level unit, contributed to New Zealand’s capacity-building program, and led to development of an international framework for consideration of equity in health in decision making and a model for the connections between the triple bottom line concept and health.

The HIA PHERP Innovations Projects have developed cooperation between government departments and agencies. The recent enHealth Council sponsored National HIA workshop in Brisbane indicated the increasing importance of joint working between agencies concerned with the application of HIA at project level (the traditional role of the environmental health section) and at policy and strategic levels (the public health section), particularly in respect to planning decisions linked to large scale urban developments which have the potential to have massive impacts on population health.
Health Impact Assessment (continued)

Broader leverage: PHERP funding has underpinned state-based funding of consultancies, project-based activities and research that has resulted in sustainability. The funding has played an enormous role in facilitating, supporting, innovating and encouraging development and cooperation within Australia that now has local, national and international impact. Based on the core support provided by PHERP, Deakin University established the HIA Research Unit in 2002. The unit has achieved an excellent reputation and its work has had measurable impacts. There are now two Australian HIA websites, consultation between states on their developments, and the presence of a national network of professionals interested in HIA.

5.8 Has Value For Money Been Demonstrated?

Is PHERP effective?

PHERP Phase III has made a significant contribution to progress on all of its objectives as the previous sections demonstrate. However, there are gaps that need to be filled. Where some states have used the opportunity provided by PHERP to develop a complementary formal public health officer training scheme, this approach is not universal. We are unaware of work that has sought to analyse the quantum and distribution of judgement safe public health practitioners needed for Australia. The department, in consultation with states and territories as appropriate, should consider this issue further, and also how Australia’s needs are to be met.

We are concerned that the public health workforce and workforce development appears relatively isolated from the mainstream. The public health workforce is not specifically identified in the National Health Workforce Strategic Framework, although it could be argued that the framework has been developed in a population health context and therefore the public health workforce is included by implication. Progress on Australia’s most pressing population health problems will not be achieved by the public health workforce alone. It is essential that the public health competencies of all the health workforce are improved, and of the workforce of those sectors that influence the determinants of health. There is a need to embed population health in the broader health system. This will require improved workforce planning and development that is integrated with population health policy development.

Submitters also raised concerns about the lack of a systematic approach to the continuing professional development of the public health workforce to strengthen the preparedness and responsiveness of the workforce to emerging issues.

Although progress has been made on addressing issues related to the Indigenous public health workforce, we believe it is essential to ensure that progress is maintained, particularly given the valuable findings of the National Indigenous Public Health Curriculum Audit.
In the public meetings, interviews and submissions concerns were frequently expressed about the lack of a critical mass of expertise in health economics, as applied to public health. Other gaps identified included epidemiology, biostatistics and public health nutrition. There is a need to strengthen PHERP’s role in building strong intellectual and academic capacity to deliver on research, develop cutting edge methodologies and improve the transfer of population health knowledge and skills, particularly in these core public health disciplines.

We are concerned at the lack of data to monitor the effectiveness of PHERP on an ongoing basis.

**Is PHERP efficient?**

The Victorian Public Health Research and Education Council survey of 38 research centres in 2001, as previously cited, showed that the public health research sector included about 900 researchers who collectively attracted in excess of $55 million per annum from a range of sources.

In its submission, the Anton Breinl Centre estimated that for every $7,000 of PHERP investment, one public health graduate and one peer-reviewed journal publication are currently produced.

These analyses suggest PHERP is efficient, but we have concerns that there is a risk of inefficiency unless the states and territories and the department work more closely together to ensure there are no gaps or unintentional overlaps in their industry funding of universities. A closer working relationship in relation to PHERP, between the department and the states and territories, may raise questions of equitable distribution of the geographically-based portion of the PHERP funding. Equity should be based on outcomes, not inputs. We believe that a crude allocation of PHERP funding on a per capita basis to states and territories unadjusted for need may achieve equality but at the expense of equity. In Part B of this report this issue is discussed in more detail.

We are not convinced that the Innovations Program as set up is efficient. Transactions costs are clearly considered to be too high for the benefits derived from the program. PHERP is of itself innovative. Rather than rely on innovations initiated by universities, it may be more appropriate for the department to take a systematic and planned approach to assessing its needs for workforce education and capacity-building in, for example, public health nutrition and then seek responses through a contestable process.

We received submissions from non-PHERP-funded universities, most of which argued to be included in the PHERP. We understood their concerns about inequitable distribution of PHERP funds, but we believe that spreading a limited funding pool more widely will dilute its impact without necessarily improving outcomes. In the section on the future design of the PHERP we consider how this issue can be addressed while ensuring the quality of the PHERP.

**Is PHERP delivered at least cost?**

We are concerned at the apparent reduction in matched funding from the universities in PHERP Phase III as a result of the Innovations Program that did not require matching. In addition, the Bentleys
Consolidated Audit Report indicated that the issues raised in the Nolan report on the contribution of universities to public health research and training have not been satisfactorily addressed as yet. The auditors found that the universities did not maintain a separate bank account for any of the projects they reviewed, as required under the terms of the majority of the funding agreements, meaning the universities were in breach of their agreements. Fundamental administrative errors were found such as an inability to reconcile closing year totals from one year to the following year’s opening balance.

Expenditure claimed by some universities was unable to be traced through ledgers provided to the auditors. In 55 of 128 audit opinions, the auditors were unable to give unqualified assurance that the financial statements were of a true and fair nature. Salary allocations were not adequately documented. Significant variances were found between salary amounts reported in project ledgers and the amounts reported on financial statements. Matched funding by many institutions may unfortunately be more of a myth than a reality.

In PHERP Phase IV, it should be a requirement for universities to demonstrate that they have responded to the Bentley's Consolidated Audit Report in full as a condition for any future PHERP funding.

There appear to be continuing inconsistencies between universities in how they treat PHERP academics in respect of cash disbursements to departments, provision of infrastructure, access to research quantum, and other basic department rights. We received information that the situation for some had improved in PHERP Phase III but others still struggled to be treated fairly and equitably.

For some components of the PHERP, we believe that the same outcome could be achieved at less cost by some cost-sharing and other arrangements. One example that stands out in this regard is the joint vocational training program in public health medicine and general practice/rural medicine. This program does not apparently recognise prior learning at this stage. It is also relevant that in NSW, the same training program meets the requirements of the public health officer training program and that of the Australasian Faculty of Public Health Medicine. This suggests that other health disciplines can achieve the same standard of practice as judgement safe public health practitioners, as medical practitioners. Recognition of this reality led the Faculty of Public Health in the United Kingdom to open up its training and faculty to other health practitioners.

In conclusion, we have grave doubts that PHERP is being delivered at least cost (or at least that it cannot be demonstrated to be doing so) and we recommend that these issues be addressed in PHERP Phase IV and that contract requirements be rigorously enforced.

5.9 Has Quality, Impact and Relevance Been Demonstrated?

There are many examples in Australia of the impact of investment in building public health education and research infrastructure that illustrate the relationship between the national interest and the state and territory interest. One example is the public health effort for the Sydney Olympics. Around 11,000 athletes from 200 countries, 5,100 officials, 11,000 media personnel, and 100,000 international visitors converged on Sydney for the Games. Ten cruise ships moored in Sydney Harbour as floating hotels, accommodating 3,500 passengers and 2,900 crew members at any one time. More than one million
meals were served at the athletes’ village. Approximately 800 public health staff covered the event. There were almost 6,300 food safety inspections of more than 1,000 outlets. Food operators voluntarily destroyed 7.5 tonnes of food after being advised of food safety risks. The 47 Games venues were subject to environmental inspections and the cruise ships were subject to a vessel inspection program.

There were no outbreaks of communicable or food-borne illness or diseases from environmental causes. No public health incidents were associated with the cruise ships. No mass casualty emergencies or other incidents occurred. The reviewers question whether this public health success could have been achieved without the investment in the PHERP since 1987 and the complementary investment by the NSW Health Department since 1990. This example highlights the particular ‘invisibility’ of public health outcomes resulting from investment in a highly capable public health workforce.

Other examples which have demonstrated the benefits of public health investment also include programs to reduce tobacco consumption, increase immunisation rates, contain the spread of human immunodeficiency virus (HIV)/AIDS and improve road safety and reduce trauma.\footnote{For more details refer to the Returns on Investment Report, Australian Government Department of Health and Ageing.}

The reviewers consider that the investment in the PHERP since 1987 has also contributed to these successes.

The importance of international health is immense. There are many reasons why Australia should continue to invest in international health apart from the worthy and altruistic ones (which are sufficient of themselves). These reasons include: Australians gaining expertise, often dealing with a problem offshore is much more advantageous than dealing with it in Australia; and international health provides opportunities to train overseas people, thereby improving their health. This is not just appropriate from a health perspective — the impact and interaction between health, economies and markets is well established, so Australia has a vested interest in ensuring the health of our neighbours. Training people to deal with their own health problems has long-term benefits for them and for Australia.

At the establishment of PHERP, international health and tropical health were, like much of public health, comparatively uncommon. Since then, most consortia have some expertise in international health with some providing considerable training for both Australian and overseas students as well as conducting relevant research. Similarly, considerable tropical health expertise is now found at JCU and MSHR as well as ACITHN. It is difficult to now understand why ACITHN and University of Queensland/Queensland Centre fo Public Health are separately funded, considering the transaction costs for the Australian Government and the extent of overlap of their activities. If there was one contract, ACITHN’s relationship with QIMR would need to be incorporated, but it is noted that QIMR has relationships with more than one university.

Throughout the public consultation and in the submissions, we heard concerns raised about the quality of graduates from MPH courses. Commentators were surprised by the lack of understanding of the health system. MPH graduates approached issues largely from an advocacy perspective and struggled to see issues from competing points of view.
A limited number of small employer surveys have also been conducted. The SPHC conducted a telephone survey of 32 employers in 2003. The survey showed that the current MPH programs provided by the Consortium meet the broader context of most employer needs. The programs ‘shortcut’ the years that it would take the workplace to provide the necessary training. When they have completed their course, employees return to the workplace with higher levels of critical thinking and appraisal, and are more competent at undertaking analytical tasks, however, some gaps were reported. The gaps were: transferring leadership theory into practice; practical planning experiences; an applied research project; project management principles and application; and managing teams of public health professionals. A small national survey of 24 participants had broadly similar findings. The conclusions of this survey noted that “individuals get skills from the MPH, but ability to apply them is related to the person, their work experience and discipline…Graduates can’t hit the ground running”. Even simple things, such as the obscure naming of subjects, was a source of frustration to employers.

As a counter to these surveys, one submission suggested that “like the medical degree, the MPH cannot and should not attempt to prepare people for all aspects of public health practice. However it should establish, at a consistent level of quality, the basic knowledge and skills to enable MPH graduates to take the next step in the development of their career. The other important function of the MPH is to excite people about public health and to ignite their passion for the subject that will help to sustain their capacity to learn throughout their career”.

As previously noted in this report, Rotem et al have conducted an analysis of demand and supply in the public health labour market. This included analysis of job descriptions of vacancies. This analysis showed that the most important set of competencies required by employers include personal capabilities (conceptual, analytical, oral and written communication skills, report writing and record keeping, ability to meet deadlines, to work with minimum supervision, and time management skills) and interpersonal capabilities. Third in ranking were specific professional capabilities. The first survey conducted by Rotem et al found that of 404 public health vacancies, only 4.2 per cent identified the MPH degree as a required qualification, and 3.5 per cent as desirable. If the MPH is supposed to be a good, basic qualification for public health practice, then this finding is of concern.

However, as indicated earlier in this report some states and territories clearly see the MPH as providing a foundation for workplace-based public health officer training programs leading to judgement safe public health practitioners.

In the section on the future strategic development of the PHERP, we shall explore further how these findings on PHERP Phase III can contribute to:

- strengthening the alignment of the program with current and emerging national priorities in public health;
- delivering high quality, sustainable and value for money program outputs;
- advising on the respective roles of workforce and research capacity building; and
- informing the future design of the program.
6. PART B: PHERP PHASE IV PROPOSED STRATEGIC DIRECTION AND RECOMMENDATIONS

6.1 Overview

During PHERP Phase III, there has been outstanding progress in developing innovation, collaboration, and research infrastructure within and between public health/population health university departments. In addition, the NHMRC has strengthened its role in public health research through capacity-building grants in population health research, people support, international collaborative research grants, as well as the standard project grants.11

There is compelling evidence that the investment in PHERP should be maintained at least at the current level, as it has been demonstrated that this investment has increased public health workforce capacity, fostered leadership in key areas of public health and contributed towards making significant health gains. Universities have generally taken up the challenge and improved the quality and relevance of their outputs as evidenced in the case studies distributed throughout the report. The Australian Government should ensure that at least this level of investment in PHERP continues to contribute effectively towards improving Australian health outcomes. This will require a greater emphasis on achieving optimum quality outputs; systematically addressing identified gaps and priorities in public health and ensuring that contractual arrangements through universities deliver value for money.

It is proposed that in PHERP Phase IV research and workforce capacity-building both be considered, recognising that a deficit in one usually reflects a deficit in the other.

The objectives of PHERP should be to ensure that:

- The protection, improvement and promotion of Australia’s health is supported by sufficient ‘judgement safe’ public health practitioners.12
- Further progress is achieved on addressing Australia’s most pressing public health workforce problem — judgement safe Indigenous public health practitioners working with Indigenous communities.
- The continuing professional education of the public health workforce is improved so that the preparedness and responsiveness of the workforce to meet the existing and changing needs of national public health priorities is also improved.
- Australia maintains and further develops a critical mass of expertise in the core public health disciplines, namely, epidemiology, biostatistics, health economics and public health nutrition.

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- PHERP is utilised effectively to leverage opportunities to build public health capacity and understanding in the broader health workforce and other appropriate sectors.

PHERP Phase IV should be underpinned by the principles of:

- **Effectiveness** in achieving the above objectives
- **Quality** with a particular emphasis on foundation competencies in epidemiology, biostatistics, health economics, intervention skills, relevant social sciences, and Indigenous health, and demonstrable success in graduating Indigenous Australian students
- **Value for money** by ensuring critical mass and incorporating those PHERP Phase III innovations into PHERP Phase IV that have clearly demonstrated value for money and where the continuation is a priority.
- **Accountability** of universities to the department for the agreed outcomes of the PHERP Phase IV
- **Linkages**: ensuring that the right connections are made within and between the department (between programs), universities and the states’ and territories’ health departments.

This section of the report uses the Part B Terms of Reference to build on the findings of Part A, and details the recommendations resulting from the review.

**6.2 Continuing Investment in Public Health Workforce Development**

Since its inception, investment in the PHERP has contributed greatly to the development of an effective public health workforce in Australia. It is highly unlikely that such progress would have occurred if left to market forces alone. This momentum needs to be sustained and built upon to ensure that the public health workforce of the future is equipped to protect and promote Australia’s health, and to respond to new and emerging challenges such as SARS, biosecurity threats and obesity. For this reason, this review proposes that government support for the PHERP continues to be necessary.

However, changes to the program are needed to ensure better alignment with national priorities. A planned and priority focused approach to the funding of PHERP is required. The program’s quality, outcomes and accountability need to be strengthened. To achieve this, funding for priority areas will need to be placed on a more contestable basis, as part of a planned, transitional process in the program’s evolution. It is in this context that the following recommendations should be considered.

**Recommendation 1:** That the Australian Government continue to support the role of the Public Health Education and Research Program at least at the current level of investment in:

- providing high quality postgraduate public health education and research training through awards such as graduate certificates, graduate diplomas, masters degrees and doctoral training;
- providing a support base for public health expertise and research in the tertiary institutions;
- strengthening public health research infrastructure in academia to contribute to the development of intellectual and methodological capacity in population health;
• leveraging funding for public health education and research from the mainstream higher education system and other sources; and
• developing public health workforce capacity to be responsive to areas of need (market failure) in population health.

6.3 Strengthening the Alignment of the Program with Current and Emerging National Priorities in Public Health

Since PHERP commenced, there have been significant changes in public health, both in terms of public health issues that need addressing and the number of institutions providing various educational and research opportunities. New demands have arisen from the need to ensure biosecurity and to respond to disasters, which have had an impact on the need for skills in Australia and the region. As well, Australia, like much of the world, requires a suitably skilled workforce to deal with the emerging issues such as nutrition, obesity and physical activity. Undoubtedly the years ahead will bring new or different problems and priorities.

It is essential that PHERP ensures that skills exist for new problems, whether that be demands for people to be trained in new topics or demands for new people to be trained. Training people for new topics requires an excellent baseline in which people have the skills to identify, learn and modify their skill base for the (as yet) unknown problems of the future. It also requires specific action to permit the development of new skills. This includes the potential for doctoral training and continuing professional development for existing public health practitioners. Closely allied to this is education for those in the broader health workforce who do not necessarily identify as public health practitioners but who nonetheless practice public health, such as general practitioners, nurses and allied health professionals.

While the Innovations Program of PHERP Phase III sought to encourage innovation in current and future health needs, as previously mentioned in Part A it has suffered from high transaction costs and insufficient sustainability. It is therefore now appropriate for the department to replace the Innovations Program with a systematic and planned approach to assessing its needs for workforce education and capacity-building in, for example, public health nutrition, and then seeking responses through a contestable process.

This would necessarily involve identification of the issue, the need and the outcome required. For example, an area such as biosecurity may be identified as the issue, the need may be for various kinds of training such as specific high level training for some individuals, generalised training for public health practitioners and training for other health practitioners. The outcome would be an appropriately trained health workforce to address biosecurity issues. To achieve this outcome a contestable process may seek a package of short courses, on-line training and modules of training suitable for inserting into, for example, masters degrees. In some cases where there is a paucity of appropriately trained practitioners such as appears to be the case in public health nutrition, it may also be appropriate that
liaison with NHMRC takes place, which could lead to the use of the capacity-building grant system to enhance the workforce.

In addition to public health nutrition, other areas that require a more systematic and strategic approach to capacity-building is the interface between health services research, primary health care, environmental sustainability and mental health. Whilst we were surprised that these did not receive much attention throughout the consultation process, it is our view that these areas still remain a challenge and require further development within the population health context. Should these areas be identified through the priority setting process, PHERP funded universities will need to work closely alongside NHMRC, state and territory health departments and the non-government sector to target these areas more systematically and achieve improved outcomes.

The public health needs may change over the life of PHERP Phase IV, and the department needs mechanisms to identify and respond to them. For these reasons the department must be able to identify resources to meet its requirements.

**Recommendation 2:** That the department uses a systematic and planned approach to identifying changing public health priorities, followed by a contestable process directed at fulfilling the identified needs for specific workforce education and training capacity.

**Recommendation 3:** That the department reallocates a proportion of the budget previously dedicated to innovations in PHERP Phase III to fund workforce initiatives that address the national priorities identified through the above process.

**Nutrition, Obesity and Physical Activity**

The increasing prevalence of obesity and the resultant impact on morbidity, mortality and health care costs mean that considerable effort is needed across the public health workforce, including in the areas of nutrition and physical activity. The present workforce and its efforts are clearly inadequate and the relevant innovations projects have not provided sufficient stimulus to ensure there is a critical mass in this important area. Considerable capacity-building is needed to ensure that appropriate postgraduate courses are widely available, the skills of current public health practitioners are upgraded and researchers are trained in this area.

**Biosecurity and Disaster Response**

The current world situation has presented particular challenges around biosecurity, bioterrorism and the capacity to respond to disasters. Australia has to be able to respond, and yet as a comparatively small nation, it cannot utilise resources for preparedness to the exclusion of other health needs. This means that the best way of being prepared for such events is to develop and utilise skills that can function as a ‘reserve’ and as training for different scenarios.
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The major challenges for biosecurity (including bioterrorism) are ensuring that the skills surrounding surveillance, basic epidemiology and policy-relevant analysis and response are available. At the moment they are not. For example, the department reported to us that it has had considerable difficulty attracting epidemiologists.

As far as disaster response is concerned, we only identified one qualification (at JCU) and we didn’t investigate quality or relevance to government needs. The Indian Ocean tsunami has highlighted the need for specialised skills including broad aspects of public health, management and the challenges of working cross culturally in an international environment.

There is undoubtedly a considerable need to develop short courses, distance education and resources for specialised needs. There are already significant skills within Australia such as the role the NCEPH MAE students play in such disasters, the military response and the Burnet Institute. Response to disasters is often a reflection of individual altruism, however Australia also has global and regional obligations. Further, the experience Australians gain from such response is an enormous resource for Australia, should we experience any similar events.

**Recommendation 4:** That the department via the PHERP process, seek to further develop capacity in the area of public health nutrition, physical activity, obesity, biosecurity and disaster response. A contestable process should be utilised that permits development of expertise and capacity building and ensures the PHERP products (for example, short courses and Internet-based courses) are made available to other universities.

Indigenous Public Health Workforce

There is a substantial need for more public health trained Indigenous Australians as well as more training about the issues surrounding Indigenous Australians health for other public health practitioners. The challenges the Indigenous public health workforce face are attracting students, retaining students and ensuring the students complete their courses. Considerable flexibility is required in attracting students and not all universities have approached the health needs of Indigenous Australians in a consultative and strategic way.

The requirements for the Indigenous Australians’ public health workforce have been well articulated in the National Public Health Curriculum Audit and Workshop Report, which is one of the PHERP innovations projects and was discussed in Part A of this report. The following quote indicates the extent of capacity-building needed for Indigenous Australians’ health:

“The gap in Aboriginal and Torres Strait Islander public health capacity is broad and capacity is required in a number of distinct workforce contexts. For example, we need to develop the capacity of policy makers to make decisions that take into account public health knowledge and evidence. We need to develop the capacity of primary care professionals to link clinical care with public health activities (through, say, screening programs or linking clinical care to health promotion). We also need to develop the capacity in the sector to undertake public health research and evaluation.” 21
Any further actions will achieve the best results by taking the findings of the National Indigenous Public Health Curriculum Audit and working in collaboration with Indigenous Australian groups. Universities will need to allow flexibility on entry criteria and prior learning, but still ensure standards are retained. They will also need to allow flexibility on assignment deadlines recognising that many Indigenous Australian students already have children, domestic and community responsibilities far in excess of their similarly-aged non-Indigenous Australian counterparts. Indigenous health courses require recognition and specific addressing of the complex cultural issues in a way acceptable to Indigenous Australians.

The department should increase investment in the Indigenous public health workforce in PHERP Phase IV by seeking further innovations in a contestable process to increase the numbers of judgement safe Indigenous public health practitioners serving Indigenous communities, drawing on the analysis in the National Indigenous Public Health Curriculum Audit and Workshop Project Report. 21

**Recommendation 5:** That universities seek to actively recruit Indigenous Australian students into Masters of Public Health courses, the courses are delivered in a culturally safe way, and Indigenous Australian students are supported to successfully complete these courses.

**Recommendation 6:** That funding for Indigenous public health education in PHERP Phase IV should be increased, contested, and focus on those programs that have:

- demonstrable success in attracting and graduating Indigenous Australian students in public health; and/or
- at the undergraduate level, articulate with postgraduate programs; and/or
- propose innovative approaches to attracting, retaining and graduating Indigenous Australian students.

**Health Economics**

The reviewers received consistent comments about the paucity of health economics expertise in Australia. This is despite the establishment of various degrees and four specialist health economics research centres. Funding has been provided to some of these centres by the department outside the PHERP process. What remains unclear is whether the number of health economists is insufficient or whether the type of health economists being trained are not what health departments are seeking. For this reason, there is a need to assess the details of what the market, especially health departments, require, and to compare this with the current offerings.

**Recommendation 7:** The department should undertake a needs analysis of the nature, distribution, and quantum of health economics expertise needed in public health in Australia to support its population health objectives. This needs analysis should intersect with the further development of a critical mass of health economics expertise in the health system to which PHERP Phase IV may contribute.
6.4 The Delivery of High Quality, Sustainable and Value for Money Program Outputs

Ensuring Quality Program Outputs

In addressing the quality of an MPH, the first issue is whether the right courses have been included and the second is whether the right standard has been reached. Most universities have an essential core to their masters degree programs but these are not consistent between universities and the quality is variable. Of course, it is not desirable that all courses are identical but it seems essential that employers can anticipate that the qualification of MPH implies some core consistency. Generally, in universities, quality of courses and teaching is maintained by a combination of university-wide processes and external review, whereas the assessment as to whether an individual student reaches sufficient standards is the responsibility of the particular university. As a general principle, MPH-type courses are relatively cheap to deliver (compared with, for instance, laboratory-based science) and hence universities have established courses according to the available subsidy and market demand. Many comments were received about the variation in quality, the lack of a minimum standard (“they might have an MPH but we never know what that means they can do”).

With the concept of quality core courses in mind, and in consultation with universities and states and territories as appropriate, the department should investigate mechanisms to assure the inclusion and the quality of teaching of the foundation competencies for judgement safe public health practitioners in epidemiology, biostatistics, health economics, relevant social sciences and Indigenous health while recognising that universities have the autonomy to maintain their own standards outside PHERP-funded courses.

Whilst it is acknowledged that PHERP-funded universities have put considerable effort into developing skills in epidemiology, there remains a deficit in the level of epidemiology expertise in Australia due to:

- the growth in clinical epidemiology to support evidence-based interventions;
- an increase in demand from other parts of the health system, including the private sector (for example, pharmaceutical industry);
- increasing capability and accessibility of computer-based technology, supporting the availability and distribution of good quality information to underpin planning decisions throughout the health system; and
- epidemiology specialisations still making up a relatively small part of the total MPHs completed.

Investigations should include the feasibility and cost effectiveness of a national external examination for the foundation competencies. It is unlikely that government would see running such an examination as its own responsibility but may be prepared to liaise with other organisations.

There is also a need to ensure that some universities develop greater depth in core areas. This should be encouraged. For some core disciplines, it is difficult to attain a critical mass of expertise and yet
these core skills are the basis for research capacity and for further development in the area. Often departments will need to provide minimal expertise, for example, in epidemiology, which may be essential for the functioning of a department and hence the department may not wish to obtain such expertise from another university. As a result, there may be very little depth of expertise even though there is some at each institution. Of course, collaborations and consortia should be able to work across institutions. Regardless, there is a need for some (but not all) departments to be expert in the core areas.

Recommendation 8: Recognising the work done to date, in consultation with universities and states and territories as appropriate, the department should agree:

a) the foundation competencies for judgement safe public health practitioners in epidemiology, biostatistics, health economics, intervention, relevant social sciences, and Indigenous health; and

b) on how they should be assessed and quality assured to the required standards, considering the possibility of an external examination.

Recommendation 9: That the department should commission work to establish comparative criteria for assessing the quantity and quality of teaching and research outputs for PHERP funded programs.

Recommendation 10: The department’s agreements with universities should incorporate incentives for universities should they wish to structure Masters of Public Health courses to allow greater specialisation in core disciplines of public health such as epidemiology, biostatistics and public health nutrition and expertise in emerging priorities identified under the implementation of Recommendation 2.

Ensuring Sustainable Program Outputs

Ensuring sustainability requires steady funding, university support, industry-relevant graduates and sufficient innovation to meet changing needs. Requests for funding the innovations projects included a criterion about how they would ensure sustainability however this has been variably successful.

Ensuring industry relevance is the key to sustainability (see later recommendation concerning importance of linkages between universities and employers). The post-MPH training provided in some jurisdictions provides a young and enthusiastic workforce which is ready and able to respond to the diverse contemporary public health challenges.

An example of an innovative approach to establish and sustain skills in a core discipline, biostatistics and which has been previously referred to is the BCA. There is general agreement that the BCA is successful and the question is, ‘Why is the BCA successful when other areas do not appear to succeed equally well?’ The features appear to include a real need for the product, sufficient expertise to provide a course without so much expertise that there is competition over a small amount of work,
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a dedicated group with an exceptionally hard-working faculty. The universities have been prepared
to be flexible and innovative in their enrolment arrangements. The BCA has been recently been well
reviewed, and is expected to be self-sustaining at the end of the five-year period, according to its
business plan.

**Recommendation 11:** That the department establish mechanisms with state and territory
health departments to ensure the future supply of judgement safe public health
practitioners.

**Recommendation 12:** PHERP Phase IV should fund the Biostatistics Collaboration of Australia
for a further five years, with adjustment downwards for development that has already
occurred. Such funding should be subject to the Biostatistics Collaboration of Australia
meeting the needs of employers and having particular regard to collaboration arrangements,
curriculum content and quality.

**Leverage of the wider health workforce and other sectors for workforce development
in population health**

The potential for improving population health by building on the work of those who do not consider
themselves to be public health practitioners but who at least in part provide public health services leads
to opportunities for leverage. This has already occurred to some extent with GP/public health training
program. There are, however, other areas from which leverage may be obtained and which can have
a significant public health component such as occupational health and safety and rural health.

In relation to the department, the reviewers noted that some areas of the department were not
fully aware of the role that PHERP played in relation to workforce development and planning. Some
program areas indicated that PHERP’s contribution to programs or policies for which they were
responsible was limited. There is clearly a need to improve awareness across the department of
PHERP’s role in ongoing professional development in both the public health and health workforce.
Whilst this was the case for some areas of the department, other areas indicated that PHERP-related
activities had contributed significantly to their programs and subsequently the workforce development
and planning undertaken by these areas had the potential to provide more synergies with PHERP.

**Recommendation 13:** The Australian Government should allocate a small proportion of
the PHERP Phase IV budget to achieve leverage of the wider health sector (for example,
rural health) and other relevant sectors (for example, occupational health and safety)
through collaborative, matched funding arrangements to improve the competence of their
workforces in contributing to population health objectives.

**Recommendation 14:** That the department support better planning for public health
workforce capacity through improving synergies across policies and program areas to
maximise leverage across the wider health sector and ensure that public health is embedded
in the broader health system.
Ensuring Value for Money Program Outputs

Ensuring value for money requires appropriate outcomes for an appropriate cost. The only way to ensure improvement is to either improve the output or decrease the cost. Working with state and territory governments provides at least one important vehicle for enhancing program outputs and adding value to the workforce.

In addition, to improve value for money and ensure that the value occurs at least cost to the Australian Government, specific recommendations are made about the contributions of universities under the section entitled ‘The future design of the program’.

6.5 Advice on the Respective Roles of Workforce and Research Capacity Building

Capacity-building for both workforce and research require the same basic skill set, although the relative content may vary. As a general principle it is probably best to ensure a high quality core on which either can be built, and to encourage specific capacity-building as needed. The market is often too slow to attain sufficient critical mass, especially in a short time frame and to, for instance, obtain research grants on which to build a new education and research program.

The role of NHMRC and capacity-building has filled some gaps but not all. Teaching is enhanced when it is led by active researchers, again highlighting the close inter-relationship of the two domains. As such, ensuring research capacity is important, although we are of the view that PHERP should not provide funding for actual research studies but for research training.

However, the relationship between teaching and research should be considered every time an emerging topic is considered: if a topic is emerging, it can reasonably be assumed that it is inadequately researched, and that provision of capacity will require a balance of workforce and research enhancement.

Recommendation 15: That when responses to emerging issues are considered, that research and workforce capacity building both be considered, recognising that a deficit in one usually reflects a deficit in the other.

6.6 The Future Design of the Program

The next phase of the PHERP should increase the emphasis on strengthening workforce capacity for population health compared with previous phases of PHERP. With the possible exception of Indigenous health, PHERP should continue to focus on postgraduate education rather than at undergraduate level.

PHERP should ensure that every student graduating from an MPH has a core set of skills reached to a pre-specified standard. This will not, however, ensure that sufficient capacity is available for
emerging public health needs. Some forecasting is necessary because of the lead time to develop and implement courses and have graduates functioning in the areas of need. For these reasons, the department, in consultation with universities, states and territories and other groups as appropriate, should specify its requirements for workforce education and capacity-building, where there are gaps in identified specialist needs (such as health economics for public health) or gaps in identified areas (such as public health nutrition and biosecurity), and then seek responses to the specification through a contestable process. This has been dealt with earlier, and represents a shift from university-driven changes to changes resulting directly from workforce needs.

We are unaware of work that has sought to analyse the quantum and distribution of judgement safe public health practitioners needed for Australia. The department, in consultation with states and territories as appropriate, should consider this issue further and also how Australia’s needs are to be met. As already stated, there is a need to embed population health in the broader health system, and to do this properly, estimates of need (and educational need) are required.

Issues concerning continuing professional development of the public health workforce to strengthen the preparedness and responsiveness of the workforce to emerging issues, changing challenges within specific public health areas and changing technology mean that current and future public health practitioners and the broader workforce all need continuing professional development. This is the only way that the workforce can remain current and able to deal with contemporary issues.

We are also concerned at the lack of data to monitor the effectiveness of PHERP on an ongoing basis. This includes data about finances, difficulty in obtaining data around student outcomes that should be readily available and lack of information to assess the acceptability of the quality and quantity of public health training. All of these data are required for the future design of the program.

**Recommendation 16:** The department, in consultation with universities and states and territories as appropriate (or in consultation with the National Public Health Partnership), should develop a continuing professional education plan to improve the preparedness and responsiveness of the public health workforce to incorporate and apply new knowledge and skills to existing and emerging public health issues, for implementation through PHERP Phase IV.

**Recommendation 17:** The department, in consultation with universities and states and territories as appropriate, should assess the value of student, employer and vacancy surveys that have been undertaken in Australia, and develop and implement a plan for ongoing monitoring of the effectiveness of the PHERP, in PHERP Phase IV.

We noted particular problems regarding financial accountability which must be corrected during PHERP Phase IV. In PHERP Phase IV, it should be a requirement for universities to demonstrate that they have responded to the Bentleys *mri* Consolidated Audit Report in full as a condition for any PHERP funding.
There are apparent continuing inconsistencies between universities in how they treat PHERP academics in respect of cash disbursements to departments, provision of infrastructure, access to research quantum, and other basic department rights. We received information that the situation for some had improved in PHERP Phase III but others still struggled to be treated fairly and equitably.

**Recommendation 18:** That universities should be required to:

a) match all funding allocated under PHERP Phase IV, with a ratio at least 1:1.25 to be restored over an agreed timeframe;

b) demonstrate that they have acted on the Bentley's MRI Consolidated Audit Report for PHERP in full as a condition for any PHERP funding; and

c) be closely monitored and periodically audited for compliance with the contract requirements.

**Recommendation 19:** All agreements with universities should include requirements that staff funded through the PHERP Phase IV are treated in exactly the same way by the universities as non-PHERP Phase IV staff in respect of the allocation of research infrastructure funds back to academics and their departments. These requirements should be closely monitored and periodically audited for compliance with the contract requirements.

Equity is an issue that has different connotations for different people. Some arguments were received from various individuals or groups that the available funds should be split on a population pro rata basis. Within consortia some arguments were made that the available funds for the state should be split equally between universities. While the reviewers understood the reason behind these arguments, we disagreed for several reasons. The PHERP funding originates from the department budget and reflects what the department wants to ‘buy’, and as such is not a state entitlement. What the department chooses to ‘buy’ should be based on the products, including their quality and diversity. There is no suggestion that, for instance, NHMRC should merely allocate its research dollars according to state populations and then divide equally between the applying researchers, which would be analogous to some of the suggestions made to the reviewers.

The department has a responsibility to ensure that Australia has an appropriately trained public health workforce with skills for future needs, but it does not have sole responsibility. The responsibility lies with states, universities, and other organisations including the NHMRC as well as non-government organisations. The department also supports other endeavours outside the PHERP, such as the special research centres in health economics. NHMRC has invested considerable monies in public health training. Any pro rata system would need to take into account distance, population characteristics, types of offerings, student outcomes, the mix of offerings such as masters degrees, doctoral degrees, short courses, etc as well as some measures of quality. This would require a very complex model and we have not identified an appropriate model. If there was an intention (which we are not recommending) to allocate PHERP monies on a pro rata basis it would be necessary to take these other areas into account.
Another important issue is the involvement of the state and territory governments in the PHERP. Some are more closely involved in PHERP than others. Further, there is a considerable difference in the state input into post-MPH public health training and development. The value of state and territory buy-in is immense: the closer the relationship the more likely that states and territories get the kind of trained people they need. The iterative effect of having recent and sometimes current students entering health departments provides opportunities for crossover, feedback and the undertaking of learning-relevant activities. It is not possible to determine whether better institutions get better state involvement or whether better state involvement leads to better institutions. Almost certainly, the gain works in both directions. The question remains as to whether weaker institutions should be helped more than stronger ones, and this at least in part depends on the perception as to whether funding is directed at the support of institutions or the support of outcomes.

The reviewers consider PHERP supports outcomes for the public good that are not necessarily driven by market forces. As such substantially modifying the status quo will introduce major disruptions to funding that are likely to change outcomes without necessarily improving them. We received no arguments that were persuasive or convincing enough to recommend otherwise. We do, however, acknowledge that if we had sufficient data about quality or costs for comparative quality and quantity of outcomes, we may have recommended otherwise.

The submissions from non-PHERP-funded universities, most of which argued to be included in the PHERP, were considered. It is difficult to see how spreading a limited funding pool more widely will do anything other than dilute the impact of PHERP. The arguments around population or other forms of pro rata funding apply here. Non-PHERP universities should not, however, be precluded from future contestable monies (such as might occur, for example, in the Indigenous health area).

**Recommendation 20:** That pending the agreed standards and quality processes being implemented for the PHERP Phase IV, the current status quo in relation to the number of participating universities should be maintained. This would enable the existing players to continue to maximise the impact of the program by enabling universities to sustain their current level of participation in the program. In the immediate future, therefore, funding should not be distributed to universities not currently participating in PHERP (see Recommendation 21).

**Recommendation 21:** That where universities/consortia are able to demonstrate that quality and standards have been achieved to meet workforce capacity needs in respect of core foundation competencies, funding should continue. However where it is not demonstrated funding should be redistributed using contestable processes (which may bring new players).

There is no doubt that linkages between universities and the various levels of government should be encouraged. The immediate benefit is mutual and the outcome leads to better public health training. These linkages should be both formal and informal and it is likely that some people will have shared
appointments. Such linkages and arrangements could include the capacity for universities to make arrangements whereby their staff can provide surge capacity in the event of disasters. A good example of this is the role of MAE scholars from NCEPH when the SARS outbreak occurred; some scholars provided surge capacity in the region and some provided surge capacity for the department.

A continuing challenge is to encourage the consortia to work together. While some have done well, others are at breaking point. One argument that we received and which seemed reasonable was the argument that geographically co-located universities were natural competitors, competing for students, staff and local contracts and research monies. The flow-on argument was that consortia might be better if they went outside state boundaries. The contra arguments, however include increased travel costs and the potential for lack of state or territory government commitment because of the perception of the role of another state or territory. Each case for change will need to be considered on its merits, with clear plans for how governance will operate and how PHERP funds will be protected from increasing administration costs. As well, each case should not increase the transaction costs for the department.

All agreements between the department and the universities should include incentives for linkage between universities, building on existing linkages where these are working well, and establishing new linkages when these could contribute to improved achievement of the outcomes of PHERP Phase IV. When new linkages are proposed, they should provide information about why the collaboration will provide leverage and/or savings to the collaboration. This should not lead to a decrease in the dollar amount of the contract but rather lead to identifiable savings within the consortium to undertake other activities.

**Recommendation 22:** That where universities have identified that existing consortia arrangements are not working well, these may be reviewed and a plan for new arrangements developed.

**Recommendation 23:** All agreements between the department and the universities should include incentives for linkages with employers and within or between universities, such as between departments/schools of public health and economics, management and law in order to improve the PHERP Phase IV outcomes.

**Recommendation 24:** That the department, in collaboration with the states and territories, examine and specify the roles of the universities in contributing to surge public health capacity.
APPENDICES

APPENDIX 1: Summary of Funding to Consortia, Innovations Projects, Special and National Centres

APPENDIX 2: State Summaries: Consortia, Special and National Centres

APPENDIX 3: Innovation Projects: Summary of Outcomes

APPENDIX 4: National Workforce Initiatives

APPENDIX 5: Consultation Paper and Guidelines for Submissions

APPENDIX 6: List of Written Submissions Received

APPENDIX 7: Consultations: Forums and Meeting Attendees

APPENDIX 8: PHERP Funded Institutions: All Postgraduate Awards by Enrolment Status

APPENDIX 9: References
### APPENDIX 1: Summary of Funding to Consortia, Innovations Projects, Special and National Centres

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<tr>
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APPENDIX 2: State Summaries: Consortia, Special and National Centres

Centre for Clinical Epidemiology and Biostatistics
The University of Newcastle

Sydney Public Health Consortium
The University of New South Wales
The University of Sydney

National Centre for Epidemiology and Population Health
Australian National University

Victoria Consortium for Public Health
The University of Melbourne
La Trobe University
Deakin University
Monash University

South Australian Academic Public Health Consortium
Flinders University of South Australia
The University of Adelaide

Western Australian Centre for Public Health
Curtin University of Technology
The University of Western Australia

Anton Breinl Centre
James Cook University

Australian Centre for International and Tropical Health and Nutrition
The University of Queensland
Queensland Institute of Medical Research

Queensland Centre for Public Health
Queensland University of Technology
Griffith University
The University of Queensland
New South Wales
## New South Wales

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<tr>
<th>Centre</th>
<th>Centre for Clinical Epidemiology and Biostatistics: The University of Newcastle</th>
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<tr>
<td><strong>Funding Period</strong></td>
<td>2001–2005</td>
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<tr>
<td><strong>Core funding</strong></td>
<td>Total: $1,808,418</td>
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<td><strong>Student Numbers</strong></td>
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<td><strong>Year</strong></td>
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<td>2002</td>
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<td>2003</td>
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<tr>
<td><strong>Key Interest</strong></td>
<td>Centre for Clinical Epidemiology and Biostatistics (CCEB) main interest areas are clinical epidemiology and epidemiology relating to nutrition, environment, ageing, paediatrics, molecular and genetics, women’s health, screening, health psychology, health survey design, rational use of medicines, international health, general practice research, cancer prevention, diabetes prevention, Indigenous Australian children, future cancer burden, nutritional screening in the elderly, environmental toxins exposure and cancer risk.</td>
</tr>
<tr>
<td><strong>Contribution to Policy/Programs at National and/or State Level</strong></td>
<td>Main focus is in clinical epidemiology and clinical toxicology which are strong components of the Centre. Contributions to the research capacity and research workforce development in NSW. Development and delivery of a ‘Genetics in Public Health’ course with 6 partner universities. Each university developed a module shared by the other partners. This spread the ‘development’ load and provided access to other resources. This is also the way that other curriculum-based Innovations projects are working eg Public Health Nutrition (Flinders University of South Australia and Menzies School of Health Research). CCEB is developing a significant distance learning program and has international programs for students in Zimbabwe, Philippines Japan and other Asian countries. The Centre has a Public Health Unit in Kyoto to provide the necessary support to its Japanese students.</td>
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<tr>
<td><strong>Collaborations (Links with Industry)</strong></td>
<td>CCEB is a key participant in the Biostatistics Collaboration of Australia and helping to contribute to building necessary generic and core skills in public health in relation to epidemiology and biostatistics. Works in partnership with the Sydney Public Health Consortium and with public health sector organisations and institutions, particularly in key areas of research. Research funding attracted from NSW Health, NHMRC and Keller Foundation.</td>
</tr>
<tr>
<td><strong>Innovations Projects (Lead)</strong></td>
<td>PHERP 64 — Development of Two Courses in Molecular and Genetic Epidemiology; PHERP 90 — Epidemiology of Ageing: Development and Delivery of a Modular Course on Ageing and Population; and PHERP 91 — Health Inequalities Impact Assessment — Development of a Strategic Framework.</td>
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Strengthening Workforce Capacity for Population Health

The University of New South Wales
Sydney Public Health Consortium

Funding Period
2001–2005
Core funding
Total: $1,628,343

Student Numbers
Source: DEST Data

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Key Interests
Public health, health promotion, primary health care, public health legislation; ethics and health law, social science and health, Indigenous health, health informatics, international health, health equity, harm reduction eg HIV/AIDS and drugs, multicultural health, mental health, women and children's health.
Management — major interest in developing next generation of health leaders through a well-developed program of training in health services management and administration.

Contribution to Policy/Programs at National and/or State Level
National research centres including National Drug and Alcohol Research Centre and National HIV Epidemiology and Clinical Research Centre.
Extensive public education program of seminars and short course and collaborative activities with research centres, Public Health Association of Australia and other partners.
Promoting international health and providing infrastructure to offer opportunities to inject Australian expertise into and develop partnerships in the international sphere.
Developing an Indigenous Health strategy for the School and have several Indigenous Australian PhD and Masters students.
Strong links between education and research programs — researchers are often graduates of School postgraduate program — networking/partnerships facilitated by PHERP Innovation projects.
Committed to teaching excellence and continued improvement of education/research programs to meet student and employer need including web-based and distance learning approaches.

Collaborations (Links with Industry)
Collaborate with a range of community organisations, Indigenous health groups and services, Area Health Services.
Active involvement in the Committee for Research in Aboriginal and Torres Strait Islander Health, a sub-committee of Institute for Health Research (funded by NSW Health), involving seven universities and more than 30 research centres in NSW.
Developed relationships with employers eg NSW Health, Area Health Services and the department to identify and address education and research needs. Building on networks established through PHERP Innovation projects to create new teaching and research partnerships.
Consortium survey of NSW public health employers on the strengths and weaknesses of the curricula offered by the Consortium.

Innovations Projects (Lead)
PHERP 50 — National Web-based Delivery of Core Components of a Masters of Public Health Program; and
PHERP 51 — Locational Disadvantage: Focusing on Place to Improve Health.
The University of Sydney
Sydney Public Health Consortium

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### Student Numbers

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<td>2003</td>
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**Source:** DEST Data

### Key Interests

- Health status and determinants, and improving health including key areas of disease control, epidemiology, biostatistics, health policy and planning, health care services and management, Indigenous health, multicultural health, health promotion, environmental health, health economics, health program evaluation and health social science.
- Subject areas include cardiovascular health, communicable disease and vector borne diseases control, healthy ageing, immunisation, injury and falls prevention, drugs abuse management, maternal and child health, nutrition, occupational health, physical education/activity, population screening, public health advocacy, sexual health, tobacco control, economics and evaluation, economics of screening and diagnostic test assessment, economics of treatment outcomes, evaluation of screening and diagnostic tests.

### Contribution to Policy/Programs at National and/or State Level

- Indigenous Australian academics and other staff have contributed to Faculty and College-developments in Indigenous education and to a major Indigenous program in 18th World Conference on Health Promotion and Health Education.
- Academics participate on State or high level committees and working groups, review grant applications for national and international grant applications for national or international funding agencies, make submissions into public health issues (e.g., cancer screening), review manuscripts for national and international journals, and presented research findings to national and international meetings.
- Staff undertook consultancies in 2002 and 2003 including reports to the Bowel Cancer Screening Taskforce and the National Arthritis and Musculo-skeletal Conditions Workshop for the National Health Priority Action Council.
- The School was involved in developing the public health workforce planning framework for the National Public Health Partnership and a report for the National Heart Foundation in relation to activities on overweight, obesity and cardiovascular disease in Australia.

### Collaborations (Links with Industry)

- Australian Centre for Health Promotion, Sydney Health Projects Group.
- The Institute of Health Research, comprised of all NSW Universities active in public health research, is the main vehicle for collaboration and cooperation in NSW. The Institute aims to foster collaboration between public health research groups in research and related activities at the research-policy interface.

### Innovations Projects (Lead)

- PHERP 52 — Human Genetics and Public Health; and
- PHERP 98 — Promoting Evidence-Based Policy and Practice in Public Health and Health Promotion.
Australian Capital Territory

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<th>Centre</th>
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**Funding Period**

2001–2005

**Core funding**

Total: $5,501,664

**Student Numbers**

Source: DEST Data

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<td>2003</td>
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**Key Interests**

Australian National University (ANU) — National Centre for Epidemiology and Population Health’s (NCEPH’s) focus is in five program areas: Communicable diseases; environmental health; health systems research; population health and development; and social determinants of health.

The main areas of focus are the control and prevention of communicable and environmentally-related diseases including environmental health, ecological sustainability and health, global climate change, biodiversity loss and air pollution epidemiology, life-course epidemiological including infant/child/adult evolution of disease risks, urban environment epidemiology including the social and physical influences on patterns of health, diet, nutrition, energy balance and health, occupational health, asbestos disease epidemiology, food borne diseases, Indigenous health and injury prevention.

**Contribution to Policy/Programs at National and/or State Level**

Recipient of NHMRC Public Health Research Capacity Building Grant — Environmental Health; and members on the NHMRC Triennium Council 2003–2005; ACT Health and Medical Research Council.

Master of Applied Epidemiology Program — students intensively involved in national and international response to SARS crisis. (For more details refer to Appendix 4)

Major contributors to Population Health curriculum of the ANU Medical School.

Continued contribution to developing Environmental Health indicators.

Recipient of Wellcome/NHMRC grant for 5-year follow-up study of the health transition process in Thailand.

Substantive involvement in the work of the WHO in infectious disease surveillance and control; the Millennium Ecosystem Assessment project; the environmental health research activities of the International Council of Scientific Unions and the International Human Dimensions of Global Change Program; and the ongoing evaluation of several national strategies for harm minimization in intravenous drug users.

NCEPH staff are on numerous national and international expert panels and committees, and provide policy commentary, review and evaluation. For example, in 2003 NCEPH was represented on the Meningococcal Working Party of the Australian Government’s Technical Advisory Group on Immunisation.

**Collaborations**

(Links with Industry)

Collaboration with the University of Newcastle, providing technical assistance to independent East Timor’s first Demographic and Health Survey.

*Health for Life! Study* — a collaboration among epidemiologists, sociologists, psychologists and immunologists, with links to retail industry, employers and unions.

Grant applications were submitted to the Environmental Trust NSW involving Northern Rivers University Department of Rural Health, University of Sydney, NSW Environmental Protection Agency, Bureau of Meteorology, NSW Health, Commonwealth Science and Industrial Research Organisation and Liverpool Hospital. A collaborative project has begun on heat stress in collaboration with the Bureau of Meteorology.

**Innovations Projects (Lead)**

PHERP 105 — National Collaborative Program on the Atmospheric Environment and Health
Victoria

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<tr>
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<td>2002</td>
<td>39</td>
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<tr>
<td>2003</td>
<td>61</td>
</tr>
<tr>
<td>Key Interests</td>
<td>Public health, health services, health economics, epidemiology, genetics, Indigenous health, international health and mental health.</td>
</tr>
<tr>
<td>Contribution to Policy/Programs at National and/or State Level</td>
<td>The University of Melbourne programs include the Masters of public Health (MPH) program delivery to Department of Health and Ageing staff (University of Queensland is the current lead institution) and joint MPH program through VCPH.</td>
</tr>
<tr>
<td></td>
<td>Member of the Victorian Public Health Research and Education Council (VPHREC).</td>
</tr>
<tr>
<td></td>
<td>VCPH/VPHREC student/graduate survey to assess impact of MPH on student careers and graduate career pathways.</td>
</tr>
<tr>
<td></td>
<td>VCPH review of Indigenous-relevant content of mainstream Consortium MPH curricula. Contributes to teaching Koorie students within Deakin University’s MPH program and to development of the specialised Indigenous Australians MPH program. Also contributed to development of Indigenous content in Monash University’s environmental health subject and teach Infectious Disease Epidemiology in Monash University’s MPH.</td>
</tr>
<tr>
<td></td>
<td>Core partner of the Cooperative Research Centre for Aboriginal Health.</td>
</tr>
<tr>
<td></td>
<td>The University of Melbourne has an active international student support program.</td>
</tr>
<tr>
<td></td>
<td>Undertake reviews of MPH curricula to improve quality including a student counselling framework to ensure academic integrity of the program.</td>
</tr>
<tr>
<td></td>
<td>Input to government projects and inquiries into public health issues eg maternal and child health, health impact assessment framework, childhood obesity, health economics.</td>
</tr>
<tr>
<td></td>
<td>Staff participate on a range of policy and advisory committees including NHMRC, research and education, immunisation, communicable and vaccine-preventable disease, breast cancer and screening, health service evaluation.</td>
</tr>
<tr>
<td>Collaborations (Links with Industry)</td>
<td>Built formal links within the University Department and faculties, the Australian International Health Institute and other institutions such as the Macfarlane Burnet to offer a wider subject selection with MPH.</td>
</tr>
<tr>
<td>Innovations Projects (Lead)</td>
<td>PHERP 38 — Development of Distance-Based Delivery for Advanced Epidemiology Coursework;</td>
</tr>
<tr>
<td></td>
<td>PHERP 39 — Master in Health Services Research and Evaluation;</td>
</tr>
<tr>
<td></td>
<td>PHERP 101 — Development of Multi-Functional Training Module for Environmental Health Services Evaluation; and</td>
</tr>
<tr>
<td></td>
<td>PHERP 102 — Development of a Training Module on Evaluation of Mental Health Programs and Services.</td>
</tr>
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</table>
## Strengthening Workforce Capacity for Population Health

<table>
<thead>
<tr>
<th>University</th>
<th>La Trobe University</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Victoria Consortium for Public Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Funding Period 2001–2005</th>
<th>Core Funding Total: $915,133</th>
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<td></td>
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| Key Interests | Public health, health policy, health promotion, gerontology/aged care services, health services management, international health, women and children's health, Indigenous health, social determinants of health, public health regulation, exercise and health, occupational health, primary health care, public health research methods and informatics. |

<table>
<thead>
<tr>
<th>Contribution to Policy/Programs at National and/or State Level</th>
<th>La Trobe University programs include the Masters of Public Health (MPH) program delivery to Department of Health and Ageing staff (University of Queensland is the current lead institution) and joint MPH program through VCPH.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member of the Victorian Public Health Research and Education Council (VPHREC).</td>
</tr>
<tr>
<td></td>
<td>VCPH/VPHREC student/graduate survey to assess impact of MPH on student careers and graduate career pathways;</td>
</tr>
<tr>
<td></td>
<td>VCPH review of Indigenous-relevant content of mainstream Consortium MPH curricula.</td>
</tr>
<tr>
<td></td>
<td>Involved in delivery of public lectures and seminars in collaboration with VPHREC, DHS Victoria, Public Health Association Australia and VicHealth on a range of public health topics.</td>
</tr>
<tr>
<td></td>
<td>La Trobe uses a comprehensive Teaching and Learning Plan to ensure all aspects of quality and determinants of quality are critically reviewed. Use of the Victorian Consortium’s Student Assessment Matrix is useful tool for evaluation of core subjects.</td>
</tr>
<tr>
<td></td>
<td>PHERP-funded staff are members of a range of policy committees, non-government organisations, Boards and expert working groups eg NHMRC.</td>
</tr>
<tr>
<td></td>
<td>La Trobe University has an active international student support program.</td>
</tr>
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<table>
<thead>
<tr>
<th>Collaborations (Links with Industry)</th>
<th>The University became one of twelve core partners in the Cooperative Research Centre for Aboriginal Health.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Major role (with Deakin University) in providing the Victorian Department of Human Services — funded statewide health promotion workforce skills development initiative.</td>
</tr>
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<table>
<thead>
<tr>
<th>Innovations Projects (Lead)</th>
<th>PHERP 63 — Regulatory Strategies in Public Health;</th>
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<tbody>
<tr>
<td></td>
<td>PHERP 32/85 — Comparative and Historical Study of Health Systems;</td>
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<td>PHERP 88 — Centre for Public Health Law;</td>
</tr>
<tr>
<td></td>
<td>PHERP 100 — Skills Enhancement for Health Surveillance; and</td>
</tr>
<tr>
<td></td>
<td>PHERP 33/81 — Development of On-Line Subject on the Australian Health Care System.</td>
</tr>
</tbody>
</table>
| University          | Deakin University  
|---------------------|--------------------
|                     | Victoria Consortium for Public Health |
| Funding Period      | Core Funding       |
| 2001–2005           | Total: $820,726    |
| Student Numbers     |                    |
| Source: DEST Data   |                    |
| Year                | Commencements | Completions |
| 2001                | 20          | 7           |
| 2002                | 23          | 1           |
| 2003                | 23          | 11          |
| Key Interests       | Health promotion, nutrition and physical activity, obesity prevention, addictive behaviours (drug, alcohol), osteoporosis, social impacts of food consumption, genetics and obesity/diabetes/depression, public health, mental health, health inequalities, primary health, chronic illness in rural areas and health impact assessment, economic evaluation. |
| Contribution to Policy/Programs at National and/or State Level | Deakin University programs include the Masters of Public Health (MPH) program delivery to Department of Health and Ageing staff (University of Queensland is the current lead institution) and joint MPH program through VCPH. |
|                     | Member of the Victorian Public Health Research and Education Council (VPHREC). |
|                     | VCPH/VPHREC student/graduate survey to assess impact of MPH on student careers and graduate career pathways. |
|                     | Provides MPH (from 2001) through Institute for Koorie Education to improve numbers of Indigenous Australians completing an MPH through community-based delivery model. Major role in VCPH review of Indigenous-relevant content of mainstream Consortium MPH curricula. |
|                     | Deakin uses a range of mechanisms for course-quality improvement including data collection using Victorian Consortium’s Student Assessment Matrix (SAM) and separate student surveys — feeds into processes for performance review and curriculum development. |
|                     | Deakin University provides an international student support program. |
| Collaborations      | The Sentinel Site project includes DHS Vic, VicHealth partners — is part of WHO Collaborating Centre for Obesity Prevention and Related Research and Training based at Deakin. Sentinel Site acts as a research platform for other projects/activities eg Victorian Assessment of Cost Effectiveness-Obesity Project — to model effectiveness of interventions for childhood obesity, and Pacific Obesity Prevention in Communities to trial intervention programs for 12 to 18 year olds in Auckland, Fiji and Tonga. |
| (Links with Industry)| Major role (with La Trobe University) in providing DHS Vic-funded state-wide health promotion workforce skills development initiative. Staff are members of a number of national bodies contributing to health promotion workforce development. |
|                     | Deakin delivers short courses on a range of topics made available to health workers in community, local government, women’s health and drug and alcohol services, neighbourhood renewal programs, schools, sports groups. |
|                     | In 2003, worked with National Heart Foundation and Diabetes Australia to review evidence-based practice in preventing cardiovascular disease and diabetes. Have commenced a review of evidence in relation to mental health promotion for Victorian Health Promotion Foundation. |
| Innovations projects| PHERP 37 — Health Impact Assessment: A Tool for Policy Development in Australia; |
| (Lead)              | PHERP 87 — Sentinel Site for Obesity Prevention; and |
|                     | PHERP 89 — Innovations in Design and Delivery of Indigenous Public Health Curricula. |
# Strengthening Workforce Capacity for Population Health

| University                        | Monash University  
|-----------------------------------|-------------------
| **Victoria Consortium for Public Health** |                   |
| **Funding Period**                | Core Funding      
| 2001–2005                         | Total: $1,682,880 |

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<td>2002</td>
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<tr>
<td>2003</td>
<td>79</td>
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<table>
<thead>
<tr>
<th>Key Interests</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Infectious disease, environmental health, bio-informatics, microbial genetics, vaccines, antibiotic resistance, systematic review methods, health services research, e-Health.</td>
</tr>
</tbody>
</table>

| Contribution to Policy/Programs at National and/or State Level | Monash University programs include the Masters of Public Health (MPH) program delivery to Department of Health and Ageing staff (University of Queensland is the current lead institution) and joint MPH program through VCPH. Member of the Victorian Public Health Research and Education Council (VPHREC). VCPH/VPHREC student/graduate survey to assess impact of MPH on student careers and graduate career pathways; VCPH review of Indigenous content of the VCPH MPH curricula. International student support program. Monash undertakes a range of quality improvement strategies (many fall under Australian Universities Quality Agency remit) including subject evaluations and separate student surveys to feed into course development and teaching quality improvement. More flexible learning opportunities provided through availability of Units on WebCT and other strategies. PHERP-funded staff are members of a range of committees including related to drugs, cardiovascular disease and epidemiology of war veterans. |

| Collaborations (Links with Industry) | NHMRC’s Centre of Clinical Research Excellence (CCRE) in Women’s Health is situated at the Jean Hailes Foundation and provides comprehensive and multidisciplinary research into major health issues (including breast cancer and cardiovascular disease) affecting women. Key collaborating institutions with CCRE include Prince Henry’s Institute of Medical Research, the Alfred Hospital Psychiatry Research Centre, Dandenong Hospital and Monash University. Monash University is a collaborating partner with the Cooperative Research Centre for Water Quality and Treatment (CRCWQT). The CRCWQT aims to provide a national strategic research capacity to manage water quality and health risk reduction. |

| Innovations Projects (Lead) | PHERP 35 — Principle of Health Economics for Developing Countries; and PHERP 36 — Australian Centre for Human Health Risk Assessment. |
### South Australia

| University | Flinders University of South Australia  
South Australian Academic Public Health Consortium |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Funding Period</strong></td>
<td><strong>Core Funding</strong></td>
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<tr>
<td>2001–2005</td>
<td>Total: $1,243,288</td>
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<th>Student Numbers</th>
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<tr>
<td><strong>Year</strong></td>
<td>Commencements</td>
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<td>2001</td>
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<td>2002</td>
<td>99</td>
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<tr>
<td>2003</td>
<td>71</td>
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</tbody>
</table>

#### Key Interests

Social determinants of health, social and economic inequities and impact of health status, social capital and health, political economy of health especially impact of globalisation, evaluation of health promotion, especially healthy settings and healthy cities initiative.

The School is successful in obtaining research grants to conduct projects on a wide range of topic including:

- health service evaluation and health policy;
- health promotion theory;
- community development strategies, community participation and community nutrition methods;
- qualitative research methods;
- risk reduction strategies for chronic conditions;
- sociology of nutrition and paediatric nutrition; and
- bioethics and ethics in medication.

#### Contribution to Policy/Programs at National and/or State Level

- South Australia Medical Research Council — member;
- Public Health Association of Australia — Primary Health Care Interest Group — member;
- South Australia Social Inclusion Initiative Review;
- Scoping paper on Population Health Sector Support for a Primary Health Care Research Institute (Innovations project); and
- Core partner Cooperative Research Centre for Aboriginal Health (CRC-AH).

#### Collaborations (Links with Industry)

- Core Partner in CRC-AH;
- Planning stages for South Australia Institute of Public Health — a model to incorporate three South Australian universities with strong links to industry.

#### Innovations Projects (Lead)

- PHERP 92 — Population Health Sector Support for a Primary Health Care Research Institute;
- PHERP 99 — Graduate Certificate in Mental Health Promotion; and
Strengthening Workforce Capacity for Population Health

The University of Adelaide
South Australian Academic Public Health Consortium

Funding Period
2001–2005
Core Funding
Total: $1,243,288

Student Numbers
Source: DEST Data

<table>
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<tr>
<th>Year</th>
<th>Commencements</th>
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<td>2002</td>
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<td>32</td>
</tr>
<tr>
<td>2003</td>
<td>42</td>
<td>32</td>
</tr>
</tbody>
</table>

Key Interests
The Department of Public Health is involved in individual and collaborative research in many areas including: perinatal epidemiology, Indigenous health, medical anthropology, population health strategies in general practice settings, cancer epidemiology, cardiovascular disease, occupational hygiene and workplace safety, health care evaluation, health economics, resource allocation and social inequalities.

Contribution to Policy/Programs at National and/or State Level
Conducting systematic reviews for:
- Medical Services Advisory Committee (MSAC)
- National Institute of Clinical Studies (NICS)
- Cochrane Collaboration
- National Health Priority Action Council (NHPAC)
- Horizon Scanning Unit for Australian Health Minister's Advisory Council (AHMAC) and MSAC
- Peer review of draft Clinical Practice Guidelines for Health Advisory Council (HAC) (NHMRC)
- Guideline Assessment Register (GAR) (NHMRC)

Collaborations
(Links with Industry)
Planning stages for South Australia Institute of Public Health — a model to incorporate three South Australian universities with strong links to industry.
Developing links with Department of Defence — training medical staff in public health and occupational health and safety.

Innovations Projects (Lead)
PHERP 65 — National Public Health Undergraduate Internship and Scholarship Scheme; and
PHERP 77 — Population Health Mentoring for GP Divisions.
Western Australia

| University | Curtin University of Technology  
| Western Australian Centre for Public Health |
|---|---|
| Funding Period | 2001–2005 |
| Core Funding | Total: $1,147,001 |
| Student Numbers | Source: DEST Data |
| Year | Commencements | Completions |
| 2001 | 104 | 39 |
| 2002 | 86 | 46 |
| 2003 | 79 | 58 |
| Key Interests | Environmental Health, occupational epidemiology, health information management, health promotion, nutrition and food science, health policy and management, bioethics and health of Aboriginal and Torres Strait Islander people. |
| Contribution to Policy/Programs at National and/or State Level | Range of NHMRC projects, including effect of assisted ventilation on clinical outcomes and review of dietary guidelines for older Australians. |
| Collaborations (Links with Industry) | Building on existing collaboration with state health department through a Graduate Diploma in Public Health Practice.  
Large proportion of applied research projects involves co-investigators from professional practice.  
Vice President — Asia Pacific Academic Consortium for Public Health.  
Public Health Association Australia — Western Australia Branch co-convenor Policy and Advocacy Committee.  
International Union for Health Promotion and Education.  
Participation in a range of NHMRC advisory committees on nutrition and dietary guidelines.  
Consultancies include: Food Safety Audits and Environmental Assessment and Management in Mongolia— supported by WHO. |
| Innovations Projects (Lead) | PHERP 96 — Masters of Environmental Health;  
PHERP 79 — The Development of Short Courses in the Economics of Indigenous Health; and  
PHERP 95 — Development of Web-Based Health Economic Modules for Postgraduate Teaching in Public Health. |
| University                  | The University of Western Australia  
<table>
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<tr>
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<td>Funding Period</td>
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<td>2002</td>
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<td>2003</td>
</tr>
<tr>
<td>Key Interests</td>
<td>National Undergraduate Public Health Internship and Scholarship Scheme (NUPHISS) Innovations project</td>
</tr>
<tr>
<td></td>
<td>School of Population Health: Research strengths include a strong evidence-based approach to epidemiology, health services research, and health program evaluation, a record of achievement in preventive, clinical and occupational (chronic diseases) epidemiology, and the development of population health databases through record linkage. Research Areas: Injury prevention, oral health research, health promotion research and evaluation, occupational environmental epidemiology, ecology and health, cancer epidemiology, aged care research</td>
</tr>
<tr>
<td>Contribution to Policy/Programs at National and/or State Level</td>
<td>Range of research and consultative activities including: Defeating Social Inequalities in Health, a Strategic Initiative Group of the School of Population Health, University of Western Australia. Use of linked data to estimate effect of co-morbidity of determinants and outcomes of out-of-hospital arrest.</td>
</tr>
<tr>
<td>Collaborations (Links with Industry)</td>
<td>Developing links with state health department.</td>
</tr>
<tr>
<td>Innovations Projects (Lead)</td>
<td>PHERP 103 — Strengthening National Capacity in Injury Epidemiology, Prevention and Control: Development of a Distance Based Delivery System Injury prevention project originated at the University of Western Australia — the project transferred to University of Sydney in 2004 when the project manager moved to University of Sydney,</td>
</tr>
<tr>
<td></td>
<td>PHERP 55 — Locational disadvantage: Strengthening the Capacity of Rural Health Workforce.</td>
</tr>
</tbody>
</table>
## Queensland

<table>
<thead>
<tr>
<th>Centre</th>
<th>Australian Centre for International and Tropical Health and Nutrition: University of Queensland and Queensland Institute of Medical Research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding 2001 – 2005</strong></td>
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<tr>
<td></td>
<td>2002</td>
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<td></td>
<td>2003</td>
</tr>
<tr>
<td><strong>Key Interests</strong></td>
<td>International public health, tropical health and medicine, (for example dengue fever mosquitoes), cancer epidemiology, women’s health, Indigenous health, molecular immunology, nutrition, cost-effectiveness analysis, pacific and global burden of disease, regional networks for public health (especially in China, Philippines, Papua New Guinea, Vietnam. The Australian Centre for International and Tropical Health and Nutrition’s (ACITHN’s) specialist education streams are International and Tropical Health, Indigenous Health, and Community Nutrition.</td>
</tr>
<tr>
<td><strong>Contribution to Policy/Programs at National and/or State Level</strong></td>
<td>Extensive representation on NHMRC, and other PHERP-funded centres’ consultative councils and links with Australian Army Malaria Institute. Staff hold several high-ranking positions such as President of the Asia-Pacific Society for Medical Virology, President Australian Association of Medical Research Institutes, Chair NHMRC HAC; many International linkages and involvement in Aus-AID funded projects in Asia-Pacific region</td>
</tr>
<tr>
<td><strong>Collaborations (Links with Industry)</strong></td>
<td>Has extensive networks both nationally and internationally — contributes to policy and public health solutions with the Southeast Asian Ministers of Education Organization (SEAMEO) —Tropical Medicine and Public Health (TROPMED) network, and WHO in Geneva, Manila and New Delhi. Underwent redesignation as a WHO Collaborating Centre in 2003. ACTHN Asia-Pacific Forum on Tropical Health Innovation initiative — aims to foster better collaboration in public health/ travel medicine with tourism/defence sectors to improve regional responsiveness to emerging (and emerged) diseases and improved health care delivery. Water supply sector engaged to control water borne and water related diseases through better design and maintenance of infrastructure (Vietnam) or via better experimental design and vaccine strategy (China). Business, Economics and Law School, University of Queensland health economics initiative; engagement with Centre for Tourism and Risk Assessment, University of Queensland, Asia Pacific Economic Cooperation International Centre for Sustainable Tourism, Tourism Queensland and Queensland Department of State Development and Innovation. Extensive relationship with industry through local government mosquito control to determine need and response; biostatistics and health economics shortfall identified through departmental and international agency consultation; extensive linkage to non-government organisations, health management companies and industry (biotechnology, diagnostics, vaccine technology).</td>
</tr>
<tr>
<td><strong>Innovations Projects (Lead)</strong></td>
<td>PHERP 45 — Flexible Education Options for International Health in Australia; and PHERP 46 — Developing the Indigenous Health Professional Workforce: Pathways for Indigenous Australians Students Through the Education Sector</td>
</tr>
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</table>
| University | Anton Breinl Centre  
| James Cook University |
| --- | --- |
| Funding Period  
2001– 2005 | Core Funding  
Total: $2,260,522 |
| Student Numbers  
Source: DEST Data | Year | Commencements | Completions |
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<td>2003</td>
<td>90</td>
<td>70</td>
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<tr>
<td>Key Interests</td>
<td>Researchers are organised into groups that focus on the content areas of Indigenous health, tropical infectious and parasitic diseases, diabetes, cancer, injury and vector repellent research.</td>
<td></td>
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</tbody>
</table>
| Contribution to Policy/  
Programs at National and/or  
State Level | The Anton Breinl Centre for Public Health and Tropical Medicine undertakes teaching, research and training in population health with a special focus on Northern Australia, Indigenous Australians and Australia's near neighbours. The teaching programs are designed to serve the needs of health professionals in rural and remote areas, particularly in the tropics. The Centre also includes a WHO Collaborating Centre for the control of lymphatic filariasis in the Asia-Pacific area. |
| Collaborations  
(Links with Industry) | National and international links with: |
| --- | • the National Centre for Epidemiology and Population Health; Mt Isa Centre for Rural and Remote Health;  
• University of Queensland and Queensland Health;  
• Queensland Injury Surveillance Unit;  
• Ministries of Health in South Africa, Tuvalu, Samoa, Solomon Islands and East Timor;  
• Universities of British Columbia, Glasgow and Tubingen;  
• International Society of Travel Medicine. |
| Innovations Projects (Lead) | PHERP 48 – Aligning Undergraduate Public Health Education to the National Competencies Standards for Aboriginal and Torres Strait Islander Health Workers; and  
PHERP 104 – Public Health Workforce Development in Prevention, Early Detection and Management of Chronic Diseases in Rural, Remote and Indigenous Communities. |
| University | The University of Queensland  
Queensland Centre for Public Health |
|------------|--------------------------------------------------|
| Funding Period | Core Funding  
2001–2005  
Total: $1,114,317 |
| Student Numbers | Source: DEST data  
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<td>2002</td>
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<td>25</td>
</tr>
<tr>
<td>2003</td>
<td>54</td>
<td>20</td>
</tr>
<tr>
<td>Key Interests</td>
<td>The School of Population Health, The University of Queensland currently has six main areas of established research strength and strategic priority: behaviour and health outcomes, biostatistics and epidemiology, social and structural determinants of health, international health, Indigenous health and health systems. This covers analysis of mortality data, burden of disease methods and applications, health policy, social determinants of health, tobacco control, and injury prevention.</td>
<td></td>
</tr>
</tbody>
</table>
| Contribution to Policy/Programs at National and/or State Level | Provision of training and expertise to meet specific professional and industry needs, for example personnel from hospitals and Government agencies have undertaken core Public Health courses, particularly in statistical methods, to meet employers’ expectations.  
Academic staff are members of numerous State-based and national policy and advisory committees including:  
- NHMRC Health Advisory Committee;  
- Pharmaceutical Benefits Advisory Committee, Australian Cancer Council, Repatriation Medical Authority;  
- Australian Burden of Disease Steering Committee; and  
- NHMRC Expert Committee on Large Scale Clinical Trials. |
| Collaborations | Member of QCPH which maintains extensive links with industry (see Queensland University of Technology summary for details of collaborations).  
University of Queensland encourages Masters of Public Health students to complete a workplace project with joint industry/ university supervision. It has also facilitated a series of flexible partnerships with other universities to promote public health activities whilst streamlining and maximising resources (eg collaborating with The University of Adelaide to provide a MPH for Department of Defence personnel from 2004). |
| Innovations Projects | The university plays a key role in a number of Innovations projects but does not have lead role. |
Strengthening Workforce Capacity for Population Health

University
Queensland University of Technology
Queensland Centre for Public Health

Funding Period
2001– 2005
Core Funding
Total: $691,043

Student Numbers
Source: DEST data

<table>
<thead>
<tr>
<th>Year</th>
<th>Commencements</th>
<th>Completions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>17</td>
<td>11</td>
</tr>
<tr>
<td>2002</td>
<td>36</td>
<td>7</td>
</tr>
<tr>
<td>2003</td>
<td>55</td>
<td>17</td>
</tr>
</tbody>
</table>

Key Interests
The School of Public Health, Queensland University of Technology particular interests are socioeconomic inequality, nutrition and diet, cancer, palliative care, diabetes, cardiovascular disease, smoking, alcohol use, physical inactivity, sexual health, social and mental health, environmental health, Indigenous Australians health, occupational health and safety, Parkinson’s disease, neural tube defects in children and genetic epidemiology.

Conducts both basic and applied research that promotes the development, delivery, evaluation and dissemination of innovative and effective public health interventions and practice.

Contribution to Policy/Programs at National and/or State Level
The Centre for Health Research — Public Health (CHR-PH), a subsidiary of the School, aims to foster excellence in research and consultancy in public health. The CHR-PH has developed research excellence in a number of areas and encourages collaboration with key stakeholders in government and non government agencies as well as private and industry sectors.

The objectives of the Centre are to:
• promote and further the Queensland, national and international research effort with respect to the development, implementation and application of innovative public health research and evaluation;
• develop and enhance collaborative research;
• increase quality research funding and output, with a specific emphasis on analytic research and intervention studies in community settings;
• promote research training opportunities in public health for postgraduate students, staff and other public health professionals.

Collaborations (Links with Industry)
Academic involvement in responding to industry needs occurs at many levels both at a planning and operational level, for example:
• Joint industry and academic QCPH Business Plan meetings;
• Queensland Public Health Forum’s Workforce Development Group;
• Lunchtime Seminar Series;
• Development of an audited teaching model in conjunction with employers/industry;
• Research proforma developed for industry and academics; and
• Communication media linking students to employers through web linkages and organisational profiles.

Innovations Projects (Lead)
PHERP 44 — Strengthening and Extending Australia’s Research Capacity and Infrastructure in the Area of Socioeconomic Health Inequalities and Area Disadvantage; and
PHERP 97 — A Lifecourse Perspective on Health.
| University | Griffith University  
| Queensland Centre for Public Health |
| --- | --- |
| **Funding Period**  
2001– 2005 | **Core Funding**  
Total: $378,720 |
| **Student Numbers**  
Source: DEST data | **Year**  
| | **Commencements** | **Completions** |
| 2001 | 33 | 3 |
| 2002 | 39 | 3 |
| 2003 | 35 | 9 |
| **Key Interests** | Health care and public policy, sociological analysis of health care, consumer and community participation in health care, health promotion, workplace health, health management, reproductive health, women and children’s health, environmental health policy and legislation, developing country health research, public health planning. |
| **Contribution to Policy/  
Programs at National and/or  
State Level** | The School of Public Health, Griffith University has close links with Queensland Health, Queensland Health Scientific Services, the NHMRC, the National Research Centre for Environmental Toxicology, Australian Institute of Environmental Health, the Public Health Association of Australia, The International Union for Health Promotion and Education (IUHPE) South West Regional Office and local government councils through collaboration on the development of local government health plans (the Healthy Cities program).  
The Centre for Environment and Population Health is located within the School of Public Health. Its mission is to conduct research, education and training on factors in the environment which influence population health and to develop innovative and practical management strategies in this area. The Centre brings together staff in a range of areas providing a focus for integrating research on environment and population impacts. |
| **Collaborations**  
(Links with Industry) | Member of the QCPH collaboration which develops extensive links with industry. |
| **Innovations Projects (Lead)** | PHERP 43 — Advancing The Adoption of the Principles of Sustainable Development in Public Health Education and Training. |
APPENDIX 3: Innovation Projects: Summary of Outcomes

Themes:

Bridging Education and Employment
Health Systems, Economics and Law
Population Health and Primary Care
Building and Understanding Evidence
Healthy Ageing, Chronic Disease and Injury Prevention
Rural, Remote and Indigenous Health
Human Health Risk Assessment and Environmental Health
## Bridging Education and Employment

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 45 — Flexible Education Options for International Health</th>
</tr>
</thead>
</table>
| **Contract $ Amount** | Australian Government Contribution $50,000  
Consortium Contribution $63,394 |
| **Start and Finish Dates** | February 2002–March 2003 |
| **Lead Organisation and Partners** | Australian Centre for International and Tropical Health and Nutrition (lead) and University of New South Wales |
| **Aims and Objectives**  
(Expected Impact and Outcomes) | A documented strategic plan will be prepared for the development and implementation of coursework in international health that can be accessed by any Australian institution offering postgraduate training in public health. This will result in increased numbers of students undertaking international health subjects in existing courses and by flexible delivery. |
| **Deliverables**  
(Time Limited or Ongoing) | A documented strategy for the ongoing development of international health education which addresses the following:  
• A profile of current roles for Australians working in international health;  
• Identification of emerging trends in international health that may influence recruitment patterns or education/training needs;  
• Identification of core competencies required;  
• Review of current programs offered in international health education in Australia;  
• Identification of modes of course delivery best suited to the preparation and support of Australians working in international health;  
• Identification of existing and potential access to overseas field sites for practical experience in health issues, and exploration of ways to utilise such opportunities;  
• Exploration of the interest and feasibility of institutions to collaborate in the design and conduct of educational programs in this area;  
• Establishment of a consortium of universities prepared to collaborate in the development and delivery of International Health coursework.  
As part of the project, a workshop was conducted in 2002 which brought together government and non-government organisations to develop a detailed plan for education in international health. |
<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 46 — Developing the Indigenous Workforce: Career Pathways Through the Education Sector</th>
</tr>
</thead>
</table>
| Contract $ Amount | Australian Government Contribution $200,000  
Consortium Contribution $200,000 |
| Start and Finish Dates | August 2001–June 2003 |
| Lead Organisation and Partners | Australian Centre for International and Tropical Health and Nutrition (ACITHN) — the University of Queensland and the Queensland Institute of Medical Research  
Partners: Australian Catholic University and the Aboriginal and Torres Strait Islander Education Program |
| Aims and Objectives (Expected Impact and Outcomes) | The aims and objectives, as well as outcomes achieved so far, are:  
- eight students enrolled in Cairns and seven students passed all four of the University of Queensland courses as well as obtaining their advanced diploma. Students have the option of completing the Indigenous Health Program;  
- increased number of graduations and students undertaking graduate and postgraduate work. As of 2001, one full time student was undertaking the masters program;  
- increased number of people with relevant skills and knowledge and qualifications in Public Health, including students with joint degree in Indigenous Primary Health Care and nursing;  
- mentoring program implemented resulting in five students entering the Graduate Medical Course in 2002. It is anticipated that the mentoring program will be extended to other disciplines such as dentistry, pharmacy and allied health;  
- increased number of Indigenous students enrolled in research and undertaking health projects — two students are enrolled in a PhD;  
- increased teacher support for students in Northern Queensland undertaking health studies;  
- anticipated increased number of registered Indigenous nurses in Queensland with Indigenous Primary Health Care training and qualifications; and  
- anticipated that the four specialist subjects for Indigenous stream for the Masters of Public Health will be available for flexible delivery. |
| Deliverables (Time Limited or Ongoing) | Ongoing deliverables are:  
- articulated system for delivery of the Bachelor of Applied Health Science (in Indigenous Primary Health Care), the Diploma and Advanced Diploma of Aboriginal and Torres Strait Islander Primary Health Care;  
- articulation between the Bachelor of Applied Health Science (Indigenous Primary Health Care) and Bachelor Of Nursing;  
- increased Postgraduate course work programs in Indigenous Health at Graduate Certificate, Graduate Diploma and Masters levels. Specialist Indigenous health stream was established as part of the Masters of Public Health (Tropical Health);  
- mentoring program for Indigenous Australian students preparing to study for medicine;  
- preparatory program developed involving a number of Queensland University departments. |
**PHERP No and Title**
PHERP 48 — Aligning Undergraduate Public Health Education to the National Competencies Standards for Aboriginal and Torres Strait Islander Health Workers

| Contract $ Amount | Australian Government Contribution $180,000  
|                  | Consortium Contribution: Nil |
|                  |                               |

| Lead Organisation and Partners | James Cook University |

<table>
<thead>
<tr>
<th>Aims and Objectives (Expected Impact and Outcomes)</th>
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<tbody>
<tr>
<td>The main aim is to enable more Indigenous Australian students to participate in higher education in public health. Aboriginal and Torres Strait Islander health workers will enrol in courses which can then be used to gain advanced standing into higher levels of qualification. The project’s objectives are:</td>
</tr>
<tr>
<td>• increased numbers of Aboriginal and Torres Strait Islander people qualifying for entry into undergraduate and postgraduate education;</td>
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<td>• improved professional standing of Aboriginal and Torres Strait Islander health workers;</td>
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<tr>
<td>• increased flexibility in the Indigenous health workforce to meet new challenges and changing workplace factors (e.g., portability of skills, lifetime learning and professional development);</td>
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<tr>
<td>• enhanced opportunities for Indigenous health education, research and workforce development;</td>
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<tr>
<td>• increased provision of specialist knowledge and skills in the areas of Indigenous health;</td>
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<tr>
<td>• improved quality of Aboriginal and Torres Strait Islander health worker training; and</td>
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<tr>
<td>• an enhanced profile of Indigenous health as a vocation.</td>
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</table>

<table>
<thead>
<tr>
<th>Deliverables (Time Limited or Ongoing)</th>
</tr>
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<tbody>
<tr>
<td>• A developed curriculum for Aboriginal and Torres Strait Islander health worker training that meets national competency standards and provides a determined set of public health skills and knowledge at all relevant levels of training in Indigenous health.</td>
</tr>
<tr>
<td>• Establishment of articulated and accredited pathways for Aboriginal and Torres Strait Islander health workers from VET Sector Certificate, Diploma and Advanced Diploma programs through to undergraduate degrees.</td>
</tr>
<tr>
<td>• A feasibility and assessment report of options for flexible delivery modes for the curriculum.</td>
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</tbody>
</table>

Although the deliverables were time limited the project is an ongoing activity.
<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 50 — National Web-based Delivery of Core Components of a Masters of Public Health Program</th>
</tr>
</thead>
</table>
| Contract $ Amount | Australian Government Contribution $180,000  
Consortium Contribution $80,000 |
| Start and Finish Dates | June 2001– December 2004 |
| Lead Organisation and Partners | The University of New South Wales (lead) and The University of Sydney |
| Aims and Objectives (Expected Impact and Outcomes) | The project aims to design, develop and deliver Web-based educational materials addressing core competencies identified by the National Public Health Education Framework (PHERP 19) for a Masters of Public Health which will be made available and shared across public health institutions around Australia. |
| Deliverables (Time Limited or Ongoing) | Teaching and learning resources:  
  - Innovative web-based educational resources addressing core competencies of a Masters of Public Health promoting the application of knowledge and problem-solving activities into teaching and learning in a Web-based interactive format.  
  People trained with new skills/qualifications:  
  - Provision of support to increase the skills of academics and students in the use of teaching and learning strategies by strengthening technical, educational and academic expertise in the use of information technology for teaching and learning.  
  - MPH students, including health employees and health science graduates with skills closely related to core public health competencies.  
Dissemination  
  - Reports detailing a model for development of electronic learning resources and guidelines for sharing these resources between institutions;  
  - National dissemination and collaboration via the ANAPH Website; and  
  - International dissemination to institutions overseas who participated in the development of the web-based educational program.  
New networks between people/organisations:  
  - Encourage better collaboration between Schools of Public Health nationally in relation to sharing the web-based resources developed by the project team. |
**PHERP No and Title**

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 51 — Locational Disadvantage: A Focus on Place to Improve Health</th>
</tr>
</thead>
</table>

**Contract S Amount**

- Australian Government Contribution $201,270
- Consortium Contribution $55,700

**Start and Finish Dates**

- January 2003–June 2004

**Lead Organisation and Partners**

- The Centre for Health Equity Training, Research and Evaluation (CHETRE), School of Public Health and Community Medicine at the University of New South Wales (lead).
- The University of Sydney (School of Public Health), the College of Social and Health Sciences at the University of Western Sydney, NSW Department of Health and 3 collaborating Area Health Services in NSW.

**Aims and Objectives**

*Expected Impact and Outcomes*

- The project aims were to:
  - develop a standard protocol;
  - gather evidence of best practice in addressing location disadvantage; and
  - develop a needs assessment framework and identify key skill areas for the locational disadvantage workforce.

**Deliverables**

*Time Limited or Ongoing*

- **A standard protocol:**
  - published literature review on assessment of workforce development needs;
  - published report on public health workforce development forum;
  - generic protocol for undertaking workforce development needs assessments and a protocol specifically for workforce needs assessment in the locational disadvantage area.

- **Evidence of best practice in addressing location disadvantage:**
  - Published review of causes and dimension of locational disadvantage and its impact on health.
  - Published review of best practice and identified list of skills and competencies.

- **A needs assessment framework and identify key skill areas for the locational disadvantage workforce:**
  - published a needs assessment report;
  - identification of barriers and opportunities for workforce development;
  - published workshop report identifying key skill areas and strategies for workforce development;
  - published final report outlining key skill areas and strategies for workforce development.

These were delivered in the form of several progress reports and a Final Report. The Final Report included development and adaptation of a generic workforce development framework, models of best practice for effective interventions in relation to locational disadvantage, and strategies for assessing workforce development needs for locational disadvantage. This provides a useful tool for identifying local workforce needs, verified through case studies, for those in disadvantaged geographical locations. The Report also included a summary of its findings and recommendations.
**Strengthening Workforce Capacity for Population Health**

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 65 — National Public Health Undergraduate Internship and Scholarship Scheme</th>
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</table>
| **Contract S Amount** | Australian Government Contribution $370,579  
Consortium Contribution $94,515 |
| **Start and Finish Dates** | March 2001 – December 2003 |
| **Lead Organisation and Partners** | The University of Adelaide, Curtin University of Technology, Queensland University of Technology, The University of Western Australia |
| **Aims and Objectives** | The National Public Health Undergraduate Internship and Scholarship Scheme (NUPHISS) aims to enhance the responsiveness of undergraduate programs in Public Health to the needs of employers. The project aimed to build a collaborative approach to undergraduate education in public health between the providers of public health education and health industry employers.  
Intended project outcomes were:  
- fostering of collaboration and cooperation amongst academics who teach undergraduate public health, and with the public and private sector employers of public health graduates;  
- integration of undergraduate teaching programs in public health more closely with the needs of external employers of public health graduates, in particular with state health departments and the department;  
- enabling of undergraduate public health students to develop their public health research skills in an organisational context; and  
- enhancement of the capacity of public health students to define and develop expertise in addressing practical public health research problems. |
| **Deliverables** | The main deliverable was a series of Vacation Scholarships provided to senior public health students across Australia, attending the participating universities.  
Scholarships took place during the university summer vacations in 2001–2002 (27 students participated) and 2002–2003 (32 students participated). Of the funding provided under the contract, $65,650 was allocated to student stipends in 2001–2002 and $65,650 in 2002–2003. The remaining funds were allocated to academic staff salaries and administration.  
Work placements were held in the department and State health departments, non-government organisations and community organisations. Formal evaluations were conducted by the University of Adelaide after each round of work placements.  
Other deliverables resulting from the scholarship placement innovation were:  
- A Memorandum of Understanding related to pre-employment education and training between the institutions which teach undergraduate public health and employers of public health graduates;  
- The dissemination of shared resources for public health scholarship and internship programs, developed under the auspices of the network; and  
- A website of resources for undergraduate public health teaching. |
### Health Systems, Economics and Law

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 63 — Regulatory Strategies in Public Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contract $ Amount</strong></td>
<td>Australian Government Contribution $79,001 University Contribution Nil</td>
</tr>
<tr>
<td><strong>Start and Finish Dates</strong></td>
<td>June 2001–March 2003</td>
</tr>
<tr>
<td><strong>Lead Organisation and Partners</strong></td>
<td>La Trobe University</td>
</tr>
<tr>
<td><strong>Aims and Objectives</strong></td>
<td>To contribute to improving the health of Australians through improved public health regulation as a consequence of more far-reaching and more widespread understanding of the principles and models of regulation in public health.</td>
</tr>
<tr>
<td><strong>Deliverables</strong></td>
<td>Completed three case studies —</td>
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<tr>
<td></td>
<td>• B’s Case: a study in likelihood of risk.</td>
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<td></td>
<td>• Liability of government for negligence, the Wallis Lakes Oyster Case.</td>
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<td></td>
<td>• Remote Aboriginal Communities — Legislative barriers to the Application and Enforcement of Public health laws.</td>
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<tr>
<td></td>
<td>Monograph dealing with regulatory strategies in public health incorporating:</td>
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<tr>
<td></td>
<td>• A classification and analysis of regulatory strategies</td>
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<tr>
<td></td>
<td>• An overview history of the evolution of different modes of regulation</td>
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<tr>
<td></td>
<td>• A discussion of some key issues in regulation (risk assessment, transaction costs comparison, conflict reduction, etc)</td>
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<tr>
<td></td>
<td>• Case studies of several examples of different strategies</td>
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<tr>
<td></td>
<td>• Conclusions and principles regulations</td>
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<tr>
<td><strong>Unpublished/Published research:</strong></td>
<td>Publication of monograph with three comprehensive sections entitles:</td>
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<tr>
<td></td>
<td>• Ideas about regulation;</td>
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<tr>
<td></td>
<td>• History of the evolution of different modes of Regulation;</td>
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<td></td>
<td>• Risk — a key question in Regulation; and</td>
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<td></td>
<td>• “Managing the Risk — Regulatory Strategies in Public Health” Book</td>
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<tr>
<td>PHERP No and Title</td>
<td>PHERP 88 — Centre for Public Health Law</td>
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</tbody>
</table>
| Contract $ Amount | Australian Government Contribution $486,228  
Consortium Contribution $379,000 |
| Start and Finish Dates | November 2002–July 2005 |
| Lead Organisation and Partners | La Trobe University (lead) and Flinders University of South Australia |
| Aims and Objectives  
(Expected Impact and Outcomes) | The project aims to establish a national centre in public health law to:  
• provide research that develops and challenges current thinking in public health law;  
• teach public health law;  
• analysis and advice on public health law issues and projects through consultancies;  
• clearing-house for information via the World Wide Web, bulletins and email;  
• contribute to the strategic development and encouragement of the public health law workforce;  
• raise awareness of the role and encourage the use of public health law in everyday public health practice; and  
• provide a forum for ideas and issues relating to public health law. |
| Deliverables  
(Time Limited or Ongoing) | Teaching and learning resources:  
• Legal Intern Training and Mentorship Program (includes academic component);  
• One-day workshop and seminar program; and  
• Established website that provides information on teaching and legal internship programs, seminars, on-line tutorials, current research, useful research links, current and recent publications, consultancies and other public health law information.  
People trained with new skills/qualifications:  
• Legal interns will finish with a Masters of Health Science (Public Health Law);  
• Contribute to strategic development of public health workforce through training lawyers in public health law practice; and  
• Introduce public health agencies to the value of legal expertise in everyday public health practice through the placements of legal interns within the Legal Intern Program.  
Published research/unpublished research/reports:  
• Publication of papers and reports (that result from the Centre's research and consultancy program) in established peer review journals such as the Journal of Law and Medicine, in monographs or on the Centre's website; and  
• Monograph 'Managing the Risk, Regulatory Strategies in Public Health' funded as a previous PHERP Innovation.  
New networks between people/organisations  
• Fellow of the Centre for Public Health Law — individuals who are learned in public health practice or public health law and have an interest in the Centre;  
• The academic component of the Legal Intern Program involves academics from Flinders University of South Australia; and  
• The Centre’s Advisory Board has members from the Law Faculty and School of Law at La Trobe University, Department of Human Services Victoria and Queensland Health, and the NSW Court of Appeal, and from the United States (Georgetown University and Johns Hopkins University). |
### PHERP No and Title

**PHERP 32/85 — Comparative and Historical Study of Health Systems**

| Contract $ Amount | Australian Government Contribution $40,000  
|                  | Consortium Contribution $8,000  
| Start and Finish Dates | August 2001–December 2003  
| Lead Organisation and Partners | LaTrobe University  
| Aims and Objectives (Expected Impact and Outcomes) | The project aims to contribute to improved health service policy making in Australia, particularly macro health sector reform agenda, by raising the level understanding of comparative and historical perspectives on health system development and health sector reform (focusing on health policy analysis and development. The project’s objectives were to:  
- develop an on-line study unit, focused on the comparative and historical study of health systems with associated resources, and support arrangements;  
- include a regular module on comparative and historical study of health systems in LaTrobe Public Health Summer School;  
- pilot the resources at La Trobe and made available to other public health centres through on-line delivery or as a resource package for local delivery; and  
- upskill, among others, health service managers, health policy makers, workers in primary care including community health centres, aged care centres, general practice.  
| Deliverables (Time Limited or Ongoing) | An on-line modular study unit that complements the suite of available health policy subjects currently available. The subject can be offered as an elective throughout the PHERP university network (and beyond) in partnership with other academic centres to assist in maintenance and development. Demonstrates the effectiveness of the subject as a learning resource and the feasibility of this subject being presented by educators who have not had previous knowledge of the field as well as the use of distributed tutoring and nodes of study. |

### PHERP No and Title

**PHERP 33/81 — Development of an On-line Course on the Australian Health Care System**

| Contract $ Amount | Australian Government Contribution $33,200  
|                  | Consortium Contribution $30,500  
| Start and Finish Dates | August 2001–March 2002  
| Lead Organisation and Partners | La Trobe University  
| Aims and Objectives (Expected Impact and Outcomes) | The project aims to improve knowledge of the Australian Health Care System amongst practitioners, managers and policy makers. The project’s objectives were to:  
- develop an on-line MPH subject to provide an introduction to students to the key structural components of the Australian Health Care System, trends in health system performance and factors shaping trends, and evaluate contemporary health policy proposals and assess their impact on health services;  
- incorporates links to Australian websites to ensure access to the latest available data;  
- pilot and evaluate the subject and make a revised and updated version available on an ongoing basis from 2002 onward to students enrolling in any MPH program.  
<p>| Deliverables (Time Limited or Ongoing) | An on-line subject developed, using WebCT software, supplemented by a book authored by Professor Stephen Duckett on the Australian Health Care System. The on-line materials include links to relevant web-sites and will provide up-to-date information such as new publications on the topic. |</p>
<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 35 — Principles of Health Economics for Developing Countries</th>
</tr>
</thead>
</table>
| Contract $ Amount | Australian Government Contribution $30,000  
Consortium Contribution $30,000 |
| Lead Organisation and Partners | Health Economics Unit, Department of Economics, Department of Epidemiology and Preventive Medicine and the Asia Research Institute at Monash University |
| Aims and Objectives (Expected Impact and Outcomes) | The project aimed to develop a subject on health economics in developing countries to:  
- be available by distance education within a number of public health and health economics courses within Australia;  
- complement existing health economics subjects offered at Monash University and other universities to provide a specialty in health economics for public health practitioners interested in economic development in Australia and internationally; and  
- provide an overview of the particular problems confronted by health care systems in developing countries.  
Economic principles are used to review and develop policy options for financing of the health sector and approaches to priority setting that foster improved expenditure allocation. Practical aspects of individual health care project appraisal in developing countries are also addressed. |
| Deliverables (Time Limited or Ongoing) | Teaching and learning resources:  
- A one-semester subject available by distance education to students in a variety of courses in Australia, providing economic analytical methods and tools.  
- Teaching resources include a series of structured notes, commentaries and relevant readings on a number of topics, study materials and access to internet-based material available on-line through Monash University Business and Economics WebCT server.  
- The health economics subject is being offered as part of the suite of existing units offered by Monash University’s Health Economics Unit and as an individual elective.  
- The marketing campaign initially targeted existing health care professionals who wish to extend their knowledge in this field a current postgraduate student wishing to include a health economics elective stream in their chosen course. The subject was made available in Semester Two 2003 and had the first student intake in 2004.  
People trained with new skills/qualifications:  
Students in a range of courses offered by Monash University and other institutions will be up skilled in the following areas:  
- priority setting and economic evaluation of health services in developing countries;  
- capital and workforce planning;  
- health sector financing;  
- health sector finance options for the future; and  
- inter-relationships between health and other sectors. |
## Population Health and Primary Care

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 52 — Human Genetics and Public Health</th>
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<tbody>
<tr>
<td><strong>Contract $ Amount</strong></td>
<td>Australian Government Contribution $84,683&lt;br&gt;Consortium Contribution Nil</td>
</tr>
<tr>
<td><strong>Lead Organisation and Partners</strong></td>
<td>The University of Sydney</td>
</tr>
<tr>
<td><strong>Start and Finish Dates</strong></td>
<td>June 2001– November 2001</td>
</tr>
<tr>
<td><strong>Aims And Objectives (Expected Impact and Outcomes)</strong></td>
<td>The project aimed to develop a unique course unit on genetics and public health, providing essential genetic education to the widest possible audience of health professionals, initially delivered through the University of Sydney's Master of Public Health program and subsequently through other institutions around Australia. The project's objectives • Provide future and current public health professionals with essential information about the role of genetics in disease, the potential for public health genetics to prevent disease and promote health, the applications of genetic epidemiology, the evaluation of genetic tests and the risks and benefits of genetic testing to individuals and populations. • Equip public health professionals with the knowledge and skills needed to lead public health genetics research.</td>
</tr>
<tr>
<td><strong>Deliverables (Time Limited or Ongoing)</strong></td>
<td>Outcome of this project is the learning objectives achieved. For example at the end of this course students:– • Understood the general structure and functions of genes and their roles in health and disease. • Were able to describe basic study designs to determine if a disease is genetic, environmental or complex. • Were able to evaluate the benefits and risks of genetic testing and screening for specific diseases. • Appreciated how public health genetics has potential to prevent disease and promote health. • Appreciated the regulatory, legal and psychosocial aspects of genetic research. • Understood public health aspects of the use of genetic technology in the design of therapies and food. • Were able to direct their continuing education in this area.</td>
</tr>
</tbody>
</table>
Strengthening Workforce Capacity for Population Health

PHERP No and Title
PHERP 77 — Population Health Mentoring for General Practice Divisions

Contract $ Amount
Australian Government Contribution $138,943
Consortium Contribution $15,969

Start and Finish Dates
June 2001–December 2002

Lead Organisation and Partners
Adelaide University, University of South Australia, University of Queensland

Aims and Objectives
The project aims to enable staff from Divisions of General Practice to gain a sound understanding of public health concepts and knowledge relevant to their workplace duties using innovative mentorship arrangements that enhance their skills in problem solving and service development — there will be a particular emphasis on rural and regional divisions of general practice.

The project’s objectives are to:
• design, implement and evaluate a program of innovative Population Health mentorships for staff in Divisions of General Practice;
• enable selected staff members and their Divisions to use Public Health knowledge and skills to create a feasible solution to a significant Public Health problem, so that they will be able to meet more effectively, efficiently and equitably the needs of their clients;
• demonstrate the worth of Population Health mentorships to Divisions of General Practice; and
• foster collaboration between the Public Health workforce and Divisions of General Practice.

Deliverables
Deliverables include:
• Nine mentorship trainees submitted nine different proposals addressing population health issues in the Divisions of General Practice. Issues addressed were Chronic disease; immunization; cardiovascular disease; anxiety disorders; illicit drugs problems; asthma; diabetes; and mental health. Copies of the proposals available upon request;
• Completion of an extensive project evaluation report;
• Paper for publication to the Australian Family Physician which is a peer reviewed journal targeting General Practitioners;
• A short news item on the overall project submitted to GP infonet (the newsletter of the Primary Health Care Research and Information Service (PHCRIS) located in the Department of General Practice Flinders University of South Australia;
• An abstract for the International Symposium entitled Educating for Quality Healthcare International 2003; and
• Enhanced population health practice capacity in each participating Division and a plan to solve a pre-identified population health problem through organisational change at the Divisional level.
PHERP No and Title | PHERP 92 — Population Health Sector Support for the Primary Health Care Research Institute
---|---
Contract $ Amount | Australian Government Contribution $126,000
| Consortium Contribution Nil
Lead Organisation and Partners | Flinders University of South Australia, LaTrobe University, University of New South Wales, University of Queensland, Griffith University
Aims and Objectives (Expected Impact and Outcomes) | The project aims to establish a network of academic Population Health expertise to provide input into the emerging primary care and research and dissemination agenda of the Primary Health Care Research Institute (PHCRI). Particular goals include:
- the establishment of a network to supply academic Population Health sector expertise to policy and program development and evaluation in Primary Care, particularly with reference to the PHCRI — being inclusive of the existing expertise in groups such as the National Information Service (NIS);
- recommending future directions for information dissemination among Primary Care networks to inform the requirements of the PHCRI — those recommendation will identify need, current best practice, evidence of effectiveness and possible processes for moving forward with information dissemination options;
- recommendations on mechanisms by which ongoing Population Health perspectives can be provided on Australian Government Primary Care initiatives — including the PHCRI;
- identifying the scope of the Primary Care constituency that would have an interest in developing Population Health skills and recommending educational options for progressing that education agenda — particular reference will be made to the potential offered in expanding the Population Health Education for Clinicians (PHEC) Program to other sectors of the Primary Care workforce; and
- identifying mechanisms by which liaison and communication can be established between the current disparate elements of the Primary Care sector.
Project objectives include:
- to expand and enhance Population Health understandings and strategies within the Primary Care workforce to improve policy, practice, research and workforce development national wide;
- to contribute to Population Health in Australia and internationally by improving the capacity of the Primary Care workforce to support national Population Health strategies — including the Drug Strategy, General Practice and Population Health initiatives, Active Australia, Acting on Australia’s Weight, Diabetes and Suicide Prevention;
- to inform and support government policies that have implications for Population Health perspectives within Primary Care; and
- to encourage the wider adoption of Population Health strategies among Primary Care agencies and providers.
Deliverables (Time Limited or Ongoing) | A final report on the project which informed the development of the National Primary Health Care Research Institute at the Australian National University.
Strengthening Workforce Capacity for Population Health

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 99 — Graduate Certificate in Mental Health Promotion with Systematic Workforce Development Initiatives</th>
</tr>
</thead>
</table>
| **Contract $ Amount** | Australian Government Contribution $326,613  
Consortium Contribution $280,000 |
| **Start and Finish Dates** | November 2002–May 2005 |
| **Lead Organisation and Partners** | Flinders University of South Australia and University of Queensland |

**Aims and Objectives**  
(Expected Impact and Outcomes)

The aims of the Project are to devise strategies which:

- redress the imbalance in the tertiary education sector between developing the capacity of the workforce for Mental Health Promotion and clinical expertise;
- make a significant contribution to developing a model for workforce development in Mental Health Promotion; and
- improve Australia's mental health profile at the population health level.

The Project has the following objectives:

- to contribute to the implementation of the second National Mental Health Plan by providing a tangible ongoing link between academic research, policy and planning and Primary Mental Health/Mental Health Promotion practitioners;
- to enhance the Mental Health Promotion capacity of the workforce with an interest in mental health through providing opportunities for strengthening the knowledge and skills base in Primary Mental Health Care and Mental Health Promotion;
- to develop a national graduate level program in Mental Health Promotion;
- to integrate graduate level studies with systematic workforce development initiatives;
- to investigate effective network development and workforce support strategies;
- to investigate evidence-based workforce development strategies within the context of reorienting services towards mental health promotion;
- to encourage the documentation and dissemination of examples of sound evidence-based models of best practice; and
- to build on existing successful collaborations between two universities (in the first instance) and strengthen their already existing links with the service delivery field.

**Deliverables**  
(Time Limited or Ongoing)

Project deliverables are both time limited and ongoing. Time limited activities for this project include the development of curriculum material for a short course and a graduate certificate in Mental Health Promotion (available on-line). Courses developed or revised for use in this project include:

- Suicide Prevention; Primary Mental Health Care; Understanding Loss and Grief Across the Life Cycle; Mental Health Promotion; Aboriginal Social and Emotional Wellbeing; Mental Health Promotion: Interventions across the life span; and Concurrent Drug and Mental Health Problems.

- Short course delivered in August 2004.

The target audience is multidisciplinary and includes health professionals such as counsellors, mental health nurses, community health workers, health promotion officers, policy makers, general practitioners, primary care workers, teachers, clergy, youth and outreach workers, journalists and local councillors with enhanced skills and knowledge in mental health promotion. Ongoing activities include the “open design” model for workforce development in mental health promotion through establishment of a Mental Health Promotion Network.

The Consortium works closely with Auseinet — The Australian Network for Promotion, Prevention and Early Intervention for Mental Health, a project funded through the Health Priorities and Suicide Prevention in the department. Departmental staff from the Population Health Division are members of the Steering Committee.

Strong links and collaborative activities with VicHealth, working towards stronger links with NSW Health. NSW Health represented on the Steering Committee.

**New networks between people/organisations**

- ANAPHI members involved in similar projects
- University of Western Cape (South Africa)
- Centre for Online Health (University of Queensland)
- National Mental Health Promotion Network (in collaboration with Auseinet)
- Service providers, intersectoral collaborators and partnered academic and research institutions dedicated to workforce development issues in MHP
- VicHealth (Chair of Mental Health Promotion)
- Department of Human Services (South Australia and Victoria)
### Building and Understanding Evidence

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 38 — Development of a Distance-based Delivery for Advanced Epidemiology Coursework</th>
</tr>
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</table>
| Contract S Amount  | Australian Government Contribution $24,000  
Consortium Contribution $132,000 |
| Lead Organisation and Partners | The University of Melbourne and Monash University |
| Aims and Objectives (Expected Impact and Outcomes) | The project aims to:  
- coordinate existing Australian expertise and produce modules for the flexible delivery of subjects in advanced epidemiology and applied biostatistics;  
- produce suitably qualified personnel in advanced epidemiology as support for public health research activities in Australia through offering advanced epidemiology subjects nationally through a distance mode, making these more accessible and thus addressing the shortage in applied expertise and building the future capacity of the workforce; and  
- contribute to building national capacity in advanced epidemiology as well as reducing existing redundancy in postgraduate epidemiology training in Australia. |
| Deliverables (Time Limited or Ongoing) | Teaching and learning resources in progress:  
- Master of Clinical Epidemiology and the Master of Epidemiology are developed at University of Melbourne.  
- Conversion of 2 existing subjects in the above courses to distance education mode.  
- Identification of other subjects in advanced epidemiology and applied biostatistics offered by other institutions around Australia, and negotiation with them to convert those subjects into distance mode.  
  
**New networks between people/organisations:**  
- Other educational institutions will be invited to offer subjects reflecting expertise required by this project.  
- Cross-enrolment of students taking advanced epidemiology subjects at other universities.  
- Networks formed between students undertaking distance and on-line learning.  
- Networks arising out of negotiations between institutions regarding learning materials. |
### Strengthening Workforce Capacity for Population Health

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 39 — Master in Health Services Research and Evaluation</th>
</tr>
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<tbody>
<tr>
<td><strong>Contract $ Amount</strong></td>
<td>Australian Government Contribution $150,000  \ Consortium Contribution $150,000</td>
</tr>
<tr>
<td><strong>Lead Organisation and Partners</strong></td>
<td>The University of Melbourne (lead) and Monash University</td>
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</table>

#### Aims and Objectives

**(expected impact and outcomes)**

- develop a Masters degree in Health Services Research and Evaluation offered through distance education;
- provide health services research training across Australia and then throughout the Asia-Pacific region and foster innovation in education through delivery by syndicated courses or distance education to address the general lack of training in the health services research field;
- support key Australian Government policies by strengthening the national capacity of the professional health workforce in this field.

#### Deliverables

** (Time Limited or Ongoing)

**Teaching and learning resources:**

- A Masters level course in health services research and evaluation including four new subjects developed and made available by distance learning via the Web and offered on a syndicated basis (cross-university accreditation) across collaborating universities.

**People trained with new skills/qualifications:**

- Masters graduates nationally and in the Asia-Pacific region with skills and knowledge in health services research and evaluation;
- Academics/lecturers with skills in teaching this new course in flexible delivery modes.

**Published research:**

- In the long-term, as part of the course students will be required to complete a minor thesis (12,000–15,000) words on a topic of their choosing.

**Reports/unpublished research:**

- A market needs analysis for the degree, documented marketing strategy and broad advertising for the course;
- An evaluation of the refinement of materials, delivery and marketing of all course subjects; and
- A project evaluation indicating priorities for future directions.

**New networks between people/organisations**

- Participation by other universities working in health services research or public health and new networks established between collaborating universities and other Australian universities offering courses in related health service areas;
- Strengthened links between the department and the University of Melbourne’s Centre for Health Program Evaluation and with all PHERP-funded universities.
<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 44 — Strengthening and Extending Australia’s Research Capacity and Infrastructure as these Relate to Socioeconomic Health Inequalities and Area Disadvantage</th>
</tr>
</thead>
</table>
| Contract $ Amount | Australian Government Contribution $276,000  
Consortium Contribution Nil |
| Start and Finish Dates | June 2001– September 2004 |
| Lead Organisation and Partners | Queensland University of Technology (lead) and the Australian Institute of Health and Welfare |
| Aims and Objectives (Expected Impact and Outcomes) | Improved knowledge and understanding of how and why socioeconomic position and health are related. This will provide information for policy and program development.  
Expansion of the existing pool of researchers equipped and trained with a social epidemiological focus.  
Identification of key research issues and knowledge gaps that will provide a focus for future research directions. |
| Deliverables (Time Limited or Ongoing) | **Time-limited deliverables** are:  
• A set of standardised procedures for measuring socioeconomic position.  
• An inventory of National and State-based data indicators that include social and health indicators.  
• Workshops and short courses on the topic of socioeconomic health inequalities.  
• Technical reports on the conceptualisation and measurement of socioeconomic position and health (3 reports in total).  
• Identification and critical analysis of specific socioeconomic position indicators currently used in state and territory and national data collections.  
• A set of guidelines for developing and selecting socioeconomic position indicators in the Australian context. |

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 64 — Development of Two Courses in Molecular and Genetic Epidemiology</th>
</tr>
</thead>
</table>
| Contract $ Amount | Australian Government Contribution $26,000  
Consortium Contribution $10,000 |
| Start and Finish Dates | June 2001–December 2001 |
| Lead Organisation and Partners | The University of Newcastle Centre for Clinical Epidemiology and Biostatistics (CCEB) (lead); University of Tasmania; University of Melbourne; Queensland Institute of Medical Research |
| Aims and Objectives (Expected Impact and Outcomes) | To develop the modules for a Genetic Epidemiology course and review and further develop the modules for a Molecular Epidemiology course. The courses will allow undergraduate and graduate students as well as clinicians to gain a basic knowledge of these subjects, as well as understand current research being published.  
The development of the course will contribute to the strengthening and enhancement of the application of research-based knowledge to enhance the development of health policy in Australia. |
| Deliverables (Time Limited or Ongoing) | **The time-limited deliverables** are two courses in genetic and molecular epidemiology developed in a modular format. Each module is a self-contained unit with exercises and/or assignments that cover one integrated concept.  
The courses will be offered to the CCEB’s full complement of students, both national and international. They will also constitute part of a new specialisation in molecular and genetic epidemiology in the Graduate Diploma and Masters Program in clinical epidemiology. |
<table>
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<tr>
<th>PHERP No and Title</th>
<th>PHERP 98 — Promoting Evidence-based Policy and Practice in Public Health and Health Promotion</th>
</tr>
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</table>
| Contract $ Amount | Australian Government Contribution $715,447  
Consortium Contribution $120,320 |
| Start and Finish Dates | January 2003–June 2005 |
| Lead Organisation and Partners | The University of Sydney (lead), La Trobe University, Murdoch Children’s Research Institute replaced by Deakin University as a collaborating partner |
| Aims and Objectives (Expected Impact and Outcomes) | The project aim is to enable use and synthesis of evidence in Australian public health and health promotion decision-making involved in policy, practice and research settings and contribute to developing the necessary public health infrastructure to train and develop the workforce. The project objectives are to:  
- equip decision-makers in policy and practice to use available evidence on the benefits and harms of interventions; and  
- enable the public health workforce to contribute to, and benefit from world-wide initiatives to produce, disseminate and utilise systematic reviews of effectiveness of interventions. |
| Deliverables (Time Limited or Ongoing) | Teaching and learning resources:  
- Continuing education: development and application of a training module on evidence-based public health in policy and practice settings in the form of printed materials and a CD-ROM plus 10 continuing education sessions across the country and ‘train the trainer’ sessions;  
- Tertiary education: development of a teaching module on evidence-based public health, and dissemination to tertiary education institutions conducting public health education and training; and  
- Systematic reviews training and support: development and implementation of a tailored training and support package for the production of systematic reviews of effectiveness of health promotion and public health interventions.  
The project’s three streams are divided into components: inputs, materials to be developed, dissemination of materials and implementation of teaching and training programs.  
People trained with new skills/qualifications:  
- Participants will develop new skills such as:  
  - capacity to integrate an evidence-based approach to their work;  
  - understanding the principles and criteria for assessing evidence in health promotion and public health;  
  - capacity to appraise and synthesise evidence, interpret and utilise evidence in different decision-making contexts and at different levels of public health policy; and  
  - produce systematic reviews to fill gaps in the existing evidence base.  
- Raising awareness and demand for evidence-based policy and practice among senior public health managers and decision makers to request and facilitate the use of evaluation research as evidence amongst advisers and practitioners.  
- Providing guidance and support for those who want to use evidence in policy and practice contexts, but do not have the skills to undertake this task unaided.  
Evaluation will include:  
- Evaluations of teaching and training modules and training and support package, materials, workforce training activity and student participation in the courses; uptake of teaching modules in postgraduate courses and satisfaction by teaching staff and participants;  
- A review of the effectiveness of strategies for the dissemination and uptake of continuing education and professional development programs.  
New networks between people/organisations:  
- A network will be formed between collaborating institutions, course participants, students, health professionals and institutions offering the courses. |
**Aims and Objectives**

(Expected Impact and Outcomes)

The project aims to develop, trial and implement a training module on the evaluation of mental health services and programs that is broadly applicable to a range of potential students who may be involved in mental health programs and services in a variety of ways.

The project’s objectives are to:

- bring together the best examples of mental health program and service evaluation both in Australia and overseas as case studies to illustrate and exemplify current and potential approaches to evaluation in this area;
- develop a structure for the training module that caters for a variety of participants: undergraduate and postgraduate students, professional and non-professional services providers in the mental health field, metropolitan and rural students and service providers, and positively encourages them to apply their learning from the training module to their work;
- incorporate into the structure of the training module a perspective of mental health program and service evaluation that is inclusive, intellectually rigorous, supportive of the Second National Mental Health Strategy, change oriented and utilisation focused;
- employ a variety of innovative delivery modes including web-based, intensive and semester length face to face approaches to deliver and educationally well constructed and work practice oriented product in a variety of contexts; and
- encourage the development and use of similar multifaceted and multi-targeted training products by modelling the successful development, refinement and implementation of a training package.

**Deliverables**

(Time Limited or Ongoing)

- **Teaching and learning resources:**
  - Extend population health training to wider health workforce through teaching population health skills in the mental health area to health workers outside the traditional MPH/DPH framework; specifically in the mental health evaluation field, and including multidisciplinary team training.
  - Significant progress has been made in developing the module and some progress has been in relation to planning the implementation state.
  - An online 12-session education and training module on the subject Evaluation of Mental Health Programs and Services that can be delivered by distance education, face-to-face intensive or face-to-face semester based formats is being assembled and completion will be by end of 2004.
  - The delivery of the module in a variety of formats across Australia is planned for 2005 semester 1.
  - Distance mode print-based/on-line delivery.
  - Intensive face-to-face delivery.

**Target Audience:**

- Students undertaking the Masters in Health Services Research and Evaluation;
- Students undertaking other Masters level courses in the public health arena electing to study this subject as an individual subject via on-line delivery;
- Nurses in training, postgraduate mental health/psychiatric nurses, and those wanting to gain access to work based training modules because of their work as deliverers of mental health programs and services;
- Psychiatrists, clinicians, and managers in public sector area mental health services or the like;
- Personnel in community health centres and other primary care providers, and local government health services who are currently broadening the scope of their work to include program and services for consumers with mental health problems; and
- Providers and managers of mental health services and programs throughout Australia in both rural and urban settings.
Healthy Ageing, Chronic Disease and Injury Prevention

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 87 — Sentinel Site for Obesity Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract $ Amount</td>
<td>Australian Government Contribution $449,340</td>
</tr>
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<td></td>
<td>Consortium Contribution $651,160</td>
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<tr>
<td>Start and Finish Dates</td>
<td>June 2002–December 2005</td>
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<tr>
<td>Lead Organisation and Partners</td>
<td>Deakin University (lead)</td>
</tr>
<tr>
<td></td>
<td>Partners:</td>
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<tr>
<td></td>
<td>Department of Human Services: Victoria and Barwon South-Western Region; Department of Education and Training: Victoria and Barwon South-Western Region; Southern Grampians and Glenelg Primary Care Partnership; Otway Division of General Practice; Sport and Recreation Victoria; and City of Greater Geelong</td>
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<tr>
<td>Aims and Objectives (Expected Impact and Outcomes)</td>
<td>The project:</td>
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<tr>
<td></td>
<td>• aims to build necessary knowledge, skills and evidence on effective strategies to prevent and reduce obesity among children and adolescents;</td>
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<tr>
<td></td>
<td>• is developing indicators and systems for Physical Activity and Nutrition (PAN) monitoring and intervention programs;</td>
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<td></td>
<td>• is trialling, monitoring and comprehensively evaluating obesity intervention and community development programs; and</td>
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<td></td>
<td>• will contribute to short, medium and long-term regional and national obesity prevention interventions, and research and evaluation infrastructure.</td>
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<tr>
<td>Deliverables (Time Limited or Ongoing)</td>
<td>Time limited deliverables</td>
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<tr>
<td></td>
<td>• New education programs and learning resources (including obesity prevention short courses and workshops) developed and made available to health professionals and community workers and to other community demonstration areas.</td>
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<td></td>
<td>• Delivery of training programs resulting in people, particularly the PAN workforce, having new skills/qualifications in the Barwon South West region and local communities.</td>
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<td></td>
<td>• Intervention action plans and programs developed and implemented for the region and within the three demonstration communities.</td>
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<td>• Set of key indicators developed and utilised for PAN monitoring and intervention programs.</td>
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<td></td>
<td>Ongoing deliverables</td>
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<td></td>
<td>• Building and disseminating evidence on obesity prevention through published and unpublished research papers and reports including evaluation of intervention trials, project findings and other information about the project.</td>
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<td></td>
<td>• Dissemination of data collection instruments, and monitoring indicators and systems for obesity prevention interventions, evaluation framework and protocols, and education and training resources.</td>
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<td></td>
<td>• Community capacity-building model for obesity prevention including the infrastructure necessary to support regional monitoring and community-based interventions programs.</td>
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<td></td>
<td>• Providing support and expertise to other obesity prevention initiatives including those focussed on remote areas and Indigenous Australians.</td>
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<td></td>
<td>• Building expertise and infrastructure at Deakin University, and within the Barwon SW region and individual communities.</td>
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<td></td>
<td>• Building collaborations amongst educators and researchers, state and regional/local governments, regional/ community physical activity/nutrition and sport and recreation workforce, health professionals and community workers.</td>
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<td></td>
<td>• Building a critical mass of obesity prevention expertise nationally and contributing to international efforts in relation to education and research through sharing information and resources.</td>
</tr>
<tr>
<td><strong>PHERP No and Title</strong></td>
<td><strong>PHERP 90 — Epidemiology and Ageing: Development and Delivery of a Modular Course on Ageing and Population</strong></td>
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<tr>
<td>Contract $ Amount</td>
<td>Australian Government Contribution $248,600&lt;br&gt;Consortium Contribution $214,000</td>
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<tr>
<td>Start and Finish Dates</td>
<td>September 2002–June 2005</td>
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<tr>
<td>Lead Organisation and Partners</td>
<td>The University of Newcastle (lead) — Clinical Epidemiology and Biostatistics</td>
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<tr>
<td></td>
<td>Advisory Board Members include:</td>
</tr>
<tr>
<td></td>
<td>• Director, Clinical Epidemiology and Biostatistics, the University of Newcastle</td>
</tr>
<tr>
<td></td>
<td>• Professor of Epidemiology and Geriatric Medicine, Clinical Epidemiology and Biostatistics</td>
</tr>
<tr>
<td></td>
<td>• Chair, Hunter Ageing Research and CME Director, Hunter Area Health, Professor of Geriatric Medicine Faculty of Health, the University of Newcastle</td>
</tr>
<tr>
<td></td>
<td>• Members of NHMRC Aat Health Ethics and Health Advisory Committees</td>
</tr>
<tr>
<td></td>
<td>• Director, Centre for Research into Aged Care Services — Curtin University of Technology</td>
</tr>
<tr>
<td></td>
<td>• Senior Research Fellow, Health Ageing Unit, University of Queensland</td>
</tr>
<tr>
<td></td>
<td>• School of Public Health — La Trobe University</td>
</tr>
<tr>
<td></td>
<td>• Director, Alma Unit for Research on Ageing: Gender and Health Across the Life Span</td>
</tr>
<tr>
<td></td>
<td>• Member of the Board of the Benevolent Society of NSW</td>
</tr>
<tr>
<td></td>
<td>• Director, Centre on Ageing, the Benevolent Society, National President, Australian Association of Gerontology and NSW Committee on Ageing member</td>
</tr>
<tr>
<td></td>
<td>• Director, Centre for Research into Aged Care Services, Division of Health Sciences and Professor of Health Policy and Management, Curtin University of Technology</td>
</tr>
<tr>
<td></td>
<td>• School of Behavioural and Community Health Sciences, University of Sydney</td>
</tr>
<tr>
<td></td>
<td>• Professor of Geriatric Nursing, Director of La Trobe University Gerontic Nursing Clinical School</td>
</tr>
<tr>
<td></td>
<td>• Dean, Faculty of Health Sciences, University of Sydney</td>
</tr>
<tr>
<td></td>
<td>• Assistant Dean, Indigenous Health and Education, Faculty of Health, the University of Newcastle</td>
</tr>
<tr>
<td></td>
<td>• Federal Member for Shortland, NSW</td>
</tr>
<tr>
<td></td>
<td>• Indigenous elder invited to Advisory Panel</td>
</tr>
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<td></td>
<td>• Srn Policy Analyst, Aged Care Integration Unit, NSW Health</td>
</tr>
<tr>
<td></td>
<td>• Office for an Ageing Australia, Department of Health and Ageing</td>
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</tbody>
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**Aims and Objectives**

(Expected Impact and Outcomes)

The Project aims to:

- harness the best expertise in ageing research and epidemiology in Australia through establishment of a collaborative inter-institutional, interdisciplinary faculty;
- develop and deliver a modular course on Ageing and Population, which will bridge and complement currently available MPH programs and have a broad reach and applicability across a range of disciplines involved in health care of older people;
- take a population view of ageing from across a number of public health perspectives including demographic transition and impact on population profile, health and welfare costs and health care delivery, and refocus public health priorities to address the changing ageing population needs.

**Deliverables**

(Time Limited or Ongoing)

**Teaching and learning resources:**

- A comprehensive curriculum and course materials for Ageing and Population courses offered as short courses and by distance learning and eventually as award courses;
- Collaborating institutions deliver short course modules in each State/region;
- Program delivery will include distance learning for between 150–200 students at the rate of one month to complete equivalent of 3 days work — each collaborator will take responsibility for teaching one or more modules for all students; and
- Systematic evaluation and ongoing development of the training program.

**People trained with new skills/qualifications:**

- Training of a broad network of health planners and providers, including medical and allied health workforce, involved in the health care of older people, in the principles, applications and implications of the epidemiology of ageing to better enable the health care system to meet the ageing population needs by enhancing workforce training;
- Develop research capabilities within the public health and health care workforce; and
- Stimulating and facilitating the use of population health information in planning and choosing health care for an ageing population.

**Research capacity**

- Increased opportunities for collaborative inter-sectoral research in the ageing and aged care by networking course alumni and academic collaborators; and
- Raising awareness and stimulating interest in research for ageing and aged care.

**New networks between people/organisations**

- Establishment of a collaborative inter-institutional and interdisciplinary Faculty including involvement of the department’s Office for an Ageing Australia.
### Aims and Objectives

A long-term outcome of this project will be an increased capacity for researchers and practitioners/policy makers to employ a life-course perspective on health in their work. Essentially, this will facilitate the transfer of knowledge of early-life determinants of multiple health outcomes into health policy (and practice). It is intended that the long-term effect will be to improve the lives of children and youth and ultimately enhance their health through life.

The project will facilitate increased expertise in life-course perspective methodology by the following mechanisms:

- Skills upgrades for the current and future population health and related workforce — at present there is very little curricula available within Australia related to life-course perspectives;
- An enhanced quality of measurement tool available for conducting life course research and evaluating life-course interventions.

### Deliverables

- The development and delivery of life-course perspective curriculum modules to public health and related professionals. (courses will be adapted from existing material in the field of life-course research and also new courses will be designed).
- Development of standardised measurement tools to measure early-life exposures at individual, family and community levels, and the health status of children and youth, for use in life-course projects.
- Production of a report documenting and summarising key health and development measurement tools, and a resource library (ultimately web-based) which will categorise these measurement tools.
<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 103 — Strengthening National Capacity in Injury Epidemiology, Prevention and Control: Development of a Distance Based Delivery System</th>
</tr>
</thead>
</table>
| **Contract $ Amount** | Australian Government Contribution $246,745  
Consortium Contribution $336,336  
Additional funds of $82,000 for rural and remote scholarships and workforce placements were made available from the Strategic Injury Prevention Partnership (SIPP) and the Drug Strategy Branch (DSB) of the department.  
Additional funds of $150,000 from DSB were used to develop the Falls Prevention in Older People specialist stream. |
| **Start and Finish Dates** | November 2002–March 2006 |
| **Lead Organisation and Partners** | University of Sydney (lead), University of Queensland and University of Western Australia, |
| **Aims and Objectives** | The project aim is to use existing Australian expertise to develop an innovative distance education module for training in injury epidemiology, prevention and control. The project objectives are to:  
• build upon the existing injury control infrastructure to improve the training opportunities for injury control professionals throughout Australia;  
• strengthen the level and quality of education and research in the field of injury control;  
• establish a multidisciplinary approach to provide a comprehensive and broad-based educational package;  
• provide a flexible and easily accessible training module to cater for all injury professionals including those working in rural and remote Australia and those working with Indigenous communities; and  
• foster collaboration between institutions and organisations and between the public and private sectors. |
| **Deliverables** | Primarily time limited deliverables through the finite production, implementation and evaluation of curriculum material. Ongoing implications for this project include the potential public health workforce capacity development in injury prevention. It is possible that the funding provided will be sufficient to enable all outcomes to be addressed so that the courses can be marketed nationally and student fees could then cover the recurring costs of running the courses. Deliverables include:  
• development and delivery of on-line (Semester 2 2004) and short course format of the injury prevention curriculum — initial student feedback positive;  
• short course delivery — The University of Western Australia 5th–6th August; University of Sydney 20th –23rd August; the University of Queensland 8th–9th November;  
• development of the Overview and Study guide and a marketing plan;  
• two scholarships awarded for rural and remote students (as of August 2004);  
• development of a website for delivery of the course and conversion of course material to html format; and  
• development of an evaluation plan for the final evaluation for the project. |
**Strengthening Workforce Capacity for Population Health**

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 106 — Advanced Level Training in Public Health Nutrition</th>
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</thead>
<tbody>
<tr>
<td><strong>Contract $ Amount</strong></td>
<td>Australian Government Contribution $558,227</td>
</tr>
<tr>
<td></td>
<td>Consortium Contribution $495,893</td>
</tr>
<tr>
<td>Round 1 Innovations project Advanced Study and Training in Public Health Nutrition — Australian Government Contribution $81,000 (rolled into PHERP 106)</td>
<td></td>
</tr>
<tr>
<td><strong>Start and Finish Dates</strong></td>
<td>January 2003–December 2005 (This project was based on Round 1 Innovations project Advanced Study and Training in Public Health Nutrition)</td>
</tr>
<tr>
<td><strong>Lead Organisation and Partners</strong></td>
<td>Flinders University of South Australia and Menzies School of Health Research</td>
</tr>
<tr>
<td>Australian Public Health Nutrition Academic Collaboration (APHNAC) partners are:</td>
<td></td>
</tr>
<tr>
<td>The University of Canberra; Deakin University; The University of Sydney; Griffith University; Curtin University of Technology; The University of Queensland; The University of Wollongong; Monash University; and The University of Newcastle.</td>
<td></td>
</tr>
<tr>
<td>APHNAC membership includes representatives from Strategic Inter-governmental Nutrition Alliance, Food Standards Australia New Zealand, Public Health Association of Australia, Dietitians Association of Australia, Indigenous health sector and state government.</td>
<td></td>
</tr>
<tr>
<td>International Reference Group includes: Professor Zak Sabry (University of California); Professor Agneta Yngve (Karolinska Institute); Professor Barrie Margetts (University of Southampton); and Professor Lenore Arab (University of North Carolina).</td>
<td></td>
</tr>
<tr>
<td><strong>Aims and Objectives</strong> (Expected Impact and Outcomes)</td>
<td>The project aims to implement strategies to develop an advanced level, specialist curriculum in public health nutrition (PHN) made available through a consortium of universities (operating as a virtual faculty) and delivered to post-entry level health professionals through existing postgraduate awards such as Master of Public Health, short courses, and non-award workplace training programs.</td>
</tr>
<tr>
<td>Objectives are to increase the capacity of the national PHN academic and education sector via development of a national collaborative PHN Faculty and to develop the national PHN workforce capacity through a specialist curricula made widely available and a competency framework for PHN training and practice.</td>
<td></td>
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<tr>
<td><strong>Deliverables</strong> (Time Limited or Ongoing)</td>
<td><strong>Teaching and learning resources:</strong></td>
</tr>
<tr>
<td></td>
<td>• Nationally available curriculum for advanced level training in PHN that can be flexibly delivered to students around Australia, integrating training within workplaces and with the needs of agencies;</td>
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<td></td>
<td>• A series of short courses and non-award workplace training courses (conducted in cooperation with employers) for professionals who want to continue their development but do not want to undertake a Masters degree;</td>
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<td></td>
<td>• A model or framework for PHN workforce mentoring to facilitate workforce development; and</td>
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<td></td>
<td>• A PHN competency framework building on existing public health competency frameworks including the PHERP-funded National Public Health Education Framework.</td>
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<tr>
<td></td>
<td><strong>People trained with new skills/qualifications:</strong></td>
</tr>
<tr>
<td></td>
<td>• Health service workers, managers and postgraduate students up skilled in public health nutrition and policy.</td>
</tr>
<tr>
<td></td>
<td>• Increased knowledge and skills of those already employed.</td>
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<tr>
<td></td>
<td>• Increased numbers of people entering public health nutrition to meet current and future workforce needs.</td>
</tr>
<tr>
<td></td>
<td><strong>Published research/Reports/unpublished research:</strong></td>
</tr>
<tr>
<td></td>
<td>• The Public Health Nutrition Competency Framework;</td>
</tr>
<tr>
<td></td>
<td>• PHN workforce mentoring model;</td>
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<td></td>
<td>• Other collaborative papers and reports based on project activities.</td>
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<td></td>
<td><strong>New networks between people/organisations</strong></td>
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<tr>
<td></td>
<td>• The virtual Faculty of Public Health Nutrition established across Australia called the Australian Public Health Nutrition Academic Collaboration (APHNAC)</td>
</tr>
<tr>
<td></td>
<td>• Cross-listing and enrolment of the new PHN units with collaborating universities.</td>
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<td></td>
<td>• Links formed with:</td>
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<tr>
<td></td>
<td>– an international PHN collaboration through an International Reference Group that includes overseas universities and other interested bodies;</td>
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<tr>
<td></td>
<td>– Northern Territory Department of Health and Community Services;</td>
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<tr>
<td></td>
<td>– Food Standards Australia New Zealand and other employer groups; and</td>
</tr>
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<td></td>
<td>– companies, organisations and agencies that enrol employees in the course.</td>
</tr>
</tbody>
</table>
### Rural, Remote and Indigenous Health

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 55 — Locational Disadvantage: Strengthening the Capacity of the Rural Public Health Workforce</th>
</tr>
</thead>
</table>
| **Contract $ Amount** | Australian Government funding $266,520  
Consortium Contribution $508,988 |
| **Start and Finish Dates** | August 2001–May 2005 |
| **Lead Organisation and Partners** | University of Western Australia (lead); Curtin University of Technology; and Combined Universities of Rural Health. |

**Aims and Objectives**  
(Expected Impact and Outcomes)

The project aimed to deliver the following outcomes:

- valid and reliable instruments to measure public health capacity and to assess gaps;
- workforce education and training programs to meet the needs of rural public health practitioners;
- the transfer of knowledge into rural public health policy and practice to build capacity through both the workforce education and training programs and the professional support service;
- methods to track improvements in rural public health capacity, and to evaluate the effectiveness of the innovation proposal;
- enhanced public health research capacity in rural areas; and
- enhanced public health capacity to support the implementation of the Australian core function — "Promote, develop and support actions to improve the health status of Aboriginal and Torres Strait Islander people and other vulnerable groups".

**Deliverables**  
(Time Limited or Ongoing)

This project is fundamentally aimed at sustainability and is therefore ongoing in that the intended learning was directed at both the individual and group learning through capturing the benefits of collaboration in developing and implementing a public health program as a multi-disciplinary team.

**Deliverables achieved to date**

- Action learning program on Collaborated Leadership Development Program—also available via the web.
- Action learning program on Cross-cultural Issues—also available via the web.
- Three plans for collaborative projects from rural health units in collaboration with GP Divisions.
- Student action learning projects incorporated into Collaborative Leadership course.
- Radio programming skills developed by participants as a health promotion strategy in the Pilbara in collaboration with Mulga Radio (local Aboriginal Community radio) — positively evaluated by participants.

**Ongoing**

Implementation of the three projects designed by each unit — Move Motivate Midwest, Great Southern Childhood Obesity Program; and Healthy Community Partnerships in South West region.

Post-training evaluation has been be conducted in December 2004.

Additional radio programming training in other areas in Western Australia.

**Published research:**

## Strengthening Workforce Capacity for Population Health

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 57 — Public Health Education and Training in the NT: A Focus on Indigenous and Remote Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract $ Amount</td>
<td>Australian Government Contribution $558,000  Consortium Contribution $510,000  (Additional Australian Government Contribution of $420,000, project to December 2005)</td>
</tr>
<tr>
<td>Start and Finish Dates</td>
<td>July 2001–December 2005</td>
</tr>
</tbody>
</table>
| Lead Organisation and Partners | Menzies School of Health Research and Charles Darwin University  
Partners: University of Queensland, Flinders University of South Australia/Centre for Remote Health,  
James Cook University/North Queensland Tropical Public Health Unit, Northern Territory Clinical School and Territory Health Services, Curtin University of Technology |
| Aims and Objectives | The project aims to effectively and efficiently deliver high quality public health postgraduate training by enhancing existing Indigenous Australian, rural and remote public health education:  
- development of flexible delivery modes and rationalisation of course content; and  
- collaboration with other institutions on the delivery of subjects.  
The objectives of the project are to:  
- produce graduates with an understanding of Indigenous health issues, and relevant public health practice skills eg. program planning, implementation and evaluation;  
- contribute to increased quality and focus of Indigenous health research on PHERP priorities including social and related "upstream" determinants;  
- improve the public health content in all health training programs in partner organisations and establish more formal links with health service providers; and  
- deliver public health units including web-based teaching, provide cross-enrolment opportunities with other tertiary institutions, and produce materials to support training. |
| Deliverables | **Time Limited** — Revised curriculum to reduce duplication in participating institutions; and short course delivery including Social Determinants of Health, Aboriginal Health Economics.  
**Ongoing** — Continued delivery of on-line public health training from graduate certificate to professional doctorate level and rationalised courses adapted as necessary for undergraduate, non-degree and VET sector training, particularly for Indigenous Australian students.  
**Teaching and learning resources:**  
- Modified course materials: Applied Public Health Skills; Alcohol and Other Drug issues among Indigenous Australians; Nutrition in Aboriginal and Torres Strait Islander People; Applied Biostatistics; Introduction to Public Health; Gender and Health; Generic skills in communications (media skills) and database searching—all through flexible delivery mode;  
- Teaching materials developed for pilot of the Population Health for Clinicians (PHEC) modules: Infectious Diseases; Nutrition; and for short courses: Evidence based Health Care; Applied Biostatistics; Aboriginal Health Economics;  
- Modified teaching materials for the Masters of Public Health offered by Charles Darwin University; and  
- Support for Indigenous Australian students is being provided through a program developed with the Cooperative Research Centre for Aboriginal Health and Indigenous Menzies School of Health Research staff.  
**People trained with new skills/qualifications:**  
- Graduates with updated competencies in line with National Public Health Education Framework including Indigenous health and tropical health skills;  
- International students with postgraduate public health qualifications;  
- Physicians with updated skills in public health; and health professionals/workers in Aboriginal health (including Aboriginal health workers) with updated skills in health economics, alcohol and other drugs issues, nutrition; and  
- Lecturers with skills in teaching new and rationalised courses in flexible mode.  
**Organisational or system changes:**  
- Flexible delivery of public health postgraduate awards and development of a minimum of three new short courses each year;  
- Facilitated increased access to postgraduate public health training through Menzies School of Health Research by Indigenous and non-Indigenous Australian students and offer of scholarships in priority areas;  
- Integration of National Public Health Education Framework principles into programs; and  
- Rationalisation of course content to provide a focus on Indigenous Australian, rural and remote public health education, specific to the needs of Northern Territory and remote Australia; and to reduce the overlap of subjects offered through partnering with other PHERP funded institutions and reduce potential for duplication.  
**New networks between people and organisations:**  
- Collaborating universities, Territory Health Services, AusAID, Centre for Remote Health, General Practice Education and Research (Darwin), Batchelor Institute of Indigenous Tertiary Education and Population Health Education for Clinicians project. |
<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 79 — Development of Web-based Health Economics Modules for Postgraduate Teaching in Public Health and PHERP 95 — Development of Short Courses in the Economics of Aboriginal Health</th>
</tr>
</thead>
</table>
| **Contract S Amount** | Australian Government Contribution $51,310 for PHERP 79 and $56,295 for PHERP 95  
No Consortium Contribution for either project |
| **Start and Finish Dates** | June 2001–May 2003 |
| **Lead Organisation and Partners** | Curtin University of Technology |
| **Aims and Objectives**  
(Expected Impact and Outcomes) | **PHERP 79 — Web-based Module**  
The project aims to:  
• develop a greater understanding and requisite skills within the public health workforce of Indigenous health economic issues through the development of suitable short course materials in an appropriately packaged form;  
• make materials on Indigenous health and Indigenous management courses available to students at various Australian institutions, with efficient and equitable use of resources;  
• allow better promulgation of government Indigenous health policies through creating new skills and understanding.  
Objectives are to:  
• identify staff and students interested in Indigenous health economics courses;  
• tailor course content, style of presentation and structure according to identified student audience including those who may wish to work in the field of Aboriginal health;  
• undertake community consultation involving Indigenous and non-Indigenous health administrators to learn about educational needs of health professionals and administrators working in Indigenous health care delivery;  
• build up relevant case studies as the basis for teaching and to develop culturally appropriate content and methods of presentation;  
• coordinate modules with existing Indigenous Health Studies and Indigenous Management courses in various institutions across the country;  
• provide some "training of trainers" for these courses as part of existing training of trainers program at the Centre for Aboriginal Studies at Curtin University of Technology; and  
• explore multi-disciplinary research on Indigenous health issues. |
| **PHERP 95 — Short Course** | The project aims to:  
• build on the current graduate Diploma in Health Economics offered at The University of Sydney by developing web based health economics modules and adapting modules for Masters of Public Health programs; and  
• develop four existing introductory and two new health economics modules for distance learning primarily for postgraduate public health teaching programs within Australia.  
Objectives are to:  
• build on, customise and develop existing modules in health economics to focus on the Australian health care system;  
• establish a completely web-based teaching program with assistance of University of Sydney expertise;  
• develop two new modules on Indigenous health economics, with expertise of the Centre for Aboriginal Studies (Curtin University of Technology), the Aboriginal Public Health Office (NSW Health Department) and the Office of Aboriginal Health (WA Health); and  
• consult and work with various groups experienced in Indigenous distance education such as the Department of Medical Education (University of Sydney) and the Koori Centre (University of Sydney) to investigate appropriate delivery mechanisms for promoting access to the education materials by Indigenous Australian students. |
| **Deliverables**  
(Time Limited or Ongoing) | Two short courses in Aboriginal Health Economics developed and delivered at Menzies School of Health Research on 6th and 7th November 2002 and at Deakin University on 4th – 6th December 2003. |
### Strengthening Workforce Capacity for Population Health

**PHERP No and Title**

<table>
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<tr>
<th>PHERP No and Title</th>
<th>PHERP 89 — Innovations in the Design and Delivery of Curricula on Indigenous Public Health for Existing PHERP Programs and Indigenous Student Cohorts</th>
</tr>
</thead>
</table>

**Contract $ Amount**

- Australian Government Contribution $447,926
- Consortium Contribution $472,053

**Start and Finish Dates**

- June 2002–June 2005

**Lead Organisation and Partners**

- The University of Melbourne and Deakin University
- Partners: Victorian Aboriginal Community Controlled Health Organisation; Victorian Aboriginal Education Association Inc.; Macfarlane Burnet Institute for Medical Research and Public Health; Cooperative Research Centre for Aboriginal Health; Menzies School of Health Research

**Aims and Objectives**

- To improve the capacity of the public health sector workforce to respond effectively and appropriately to Indigenous health issues.
- Increase the participation of Indigenous Australians in the Masters of Public Health program through the development, delivery and evaluation of a public health training program drawing upon an Indigenous community-based pedagogy.
- Establish the networks and partnerships necessary to maximise Indigenous health training opportunities for the wider health workforce.

**Deliverables**

- The project has ongoing implications in terms of implementation and uptake of project outputs including:
  - commencement of documentation of new approaches/strategies designed to increase the number of Indigenous Australians having access to education and training in public health;
  - the adaptation and delivery of Masters of Public Health (MPH) units utilising an array of creative materials/approaches; and
  - completion of a national audit on public health curriculum.
- The final audit report findings showed that:
  - seventeen Indigenous Australian MPH students graduated nationally;
  - courses with Indigenous context were concentrated in NT and Qld;
  - the emphasis on social science and cultural analysis within Indigenous health was minimal; and
  - one program was specifically focused on providing educational program for Indigenous Australian MPH graduates.
- Completion of a National Indigenous Curriculum Workshop.
- Identification of key Indigenous health content fundamental to the practice of public health professionals.
- Creation of four new units — currently being delivered at the University of Melbourne.
- Modification of an existing MPH into community based delivery for Indigenous Australian students and three Indigenous Australian students graduated in 2004.
- Networks and partnerships were established between members of the Steering Committee and Project Reference Group.
<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 104 — Public Health Workforce Development in Prevention, Early Detection and Management of Chronic Diseases in Rural, Remote and Indigenous Communities</th>
</tr>
</thead>
</table>
| Contract $ Amount | Australian Government Contribution $603,144  
Consortium Contribution $776,770 |
| Start and Finish Dates | November 2002–July 2005 |
| Lead Organisation and Partners | James Cook University (lead), Menzies School of Health Research, University of Queensland |

### Aims and Objectives (Expected Impact and Outcomes)

The aim of the project is to ultimately produce a health workforce in northern Australia which is better able to implement Queensland Health and the Northern Territory’s Chronic Disease Strategies. Other outcomes are intended to include:

- development of research skills among Indigenous Australians;
- establishment of partnerships with community controlled health organisations, Indigenous peak organisations, Indigenous health councils and Indigenous communities, to support Indigenous leadership in public health and research;
- in the long-term, an improvement in health outcomes for people with chronic diseases, and a reduction in the incidence of cardiovascular disease, diabetes and renal disease among Indigenous Australians in northern Australia.

### Deliverables (Time Limited or Ongoing)

Provide an Outcomes-based Curriculum Framework that can be incorporated into existing orientation programs and inform professional development programs for existing staff. The curriculum is designed to be flexible and can be adapted by different areas and organisations to suit the learning needs of their staff. The training will provide workers with the knowledge and skills to deliver the Primary Health Care component of the Northern Territory’s Preventative Chronic Disease Strategy and Queensland Health’s Chronic Disease Strategy (two strategies already developed by the respective State governments).

The training will develop the following knowledge base and skills:

- basic applied epidemiology of chronic diseases;
- understanding of the evidence base for the Chronic Disease Strategies;
- a systems approach to early detection and management;
- public health nutrition;
- interventions to address physical activity and substance misuse;
- basic financial and project management;
- program evaluation using qualitative and quantitative approaches appropriately;
- cultural safety, ethics and understanding compliance;
- an understanding of health economics applied to the prevention of chronic diseases; and
- an ability to communicate community-level health information effectively.

An evaluation framework for the Chronic Disease Strategies in defined rural and remote populations.

An evaluation, using the above framework, of the first stages of implementation of the Chronic Disease Strategies in the Northern Territory and Queensland.
<table>
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<tr>
<th><strong>PHERP No and Title</strong></th>
<th><strong>PHERP 107 — Development of a Course on Social Determinants and Indigenous Health</strong></th>
</tr>
</thead>
</table>
| **Contract $ Amount** | Australian Government Contribution $116,582  
Consortium Contribution $116,760 |
| **Start and Finish Dates** | October 2002–December 2004 |
| **Lead Organisation and Partners** | Menzies School of Health Research and the Cooperative Research Centre for Aboriginal Health |
| **Aims and Objectives** | The aim of the project is to develop and deliver a seminar series and short course to enhance a regional understanding of the social determinants of Indigenous health, and which encourages a strong evidence base to support the development and implementation of policies that reduce inequalities in health. The objectives of the project are to:  
• develop and deliver a series of seminars and a short course which enhances the understanding of the impact of the social environment on health, particularly the health of Indigenous Australians;  
• reach a broad public health workforce through this training; and  
• become a driver for social change.  
The short course objectives are to:  
• impart a broad understanding of the impact of the social environment on health, with a special focus on Australian Indigenous communities;  
• rethink the motivation for a structure of disease prevention based on an understanding of the social context of health behaviours;  
• critically examine current health planning and strategies in Northern Australia and to identify potential policy and research directions;  
• discuss the methods and rationale behind measurements of socioeconomic status, and how these can be applied in Indigenous communities;  
• obtain an understanding of the global and national implications and structural factors that affect distribution of income;  
• develop an understanding of the multi-dimensional nature of poverty;  
• examine the concept of social capital and its impact on health;  
• define neighbourhoods and their effects on health;  
• appreciate the relationship between unemployment, work environment and health;  
• understand the historical and contemporary effects of unemployment and work on Indigenous Australians, especially in Northern Australia;  
• examine the current theories regarding the relationship between social determinants and human neuro-endocrine, immunological, genetic and autonomic/metabolic systems; and  
• consider strategies and interventions appropriate to northern Australia. |
| **Deliverables** | Time limited in terms of curriculum material and delivery of the course will be the final measurable outcome. Ongoing benefits relate to attitudinal changes in public health education, research and policy development and implementation. Deliverables include:  
• completion of a Social Determinants of Health Framework Workshop — a critique of existing frameworks as a useful learning exercise;  
• delivery of Short course March 2004, attended by 70 participants, with 27 actively participating in the coursework component — positively evaluated;  
• subjects addressed in the course were: History and Health; Racism and Health; Approaches to minimising alcohol related harm; Poverty social class and health; Social capital and community resources; Measuring socioeconomic position; Place and health; Aboriginal customary law; and Policy and social change. Topics are being collated into a teaching resource — manuscript in progress. Next course planned for July 2005;  
• development of Unit Outline and Guide to Learning and a Book of Readings;  
• accreditation of the course with Charles Darwin University as a unit for delivery in the MPH (available on line 2006) and plans for modified version for undergraduate nursing programs (Batchelor Institute); and  
• extensive collaboration and network development between a broad range of stakeholders and course participants from across Australia. |
**Human Health Risk Assessment and Environmental Health**

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 37 — Health Impact Assessment: A Tool for Policy Development in Australia</th>
</tr>
</thead>
</table>
| **Contract $ Amount** | Australian Government Contribution $114,271  
Consortium Contribution $17,000 |
| **Start and Finish Dates** | June 2001–June 2002 |
| **Lead Organisation and Partners** | Deakin University (lead); Ministry of Health, New Zealand; Newcastle Institute of Public Health; VicHealth; Department of Human Services, Victoria; and Swinburne University Institute for Social Research, Melbourne |
| **Aims and Objectives** | To investigate the application of health impact assessment (HIA) to public policy and public health research in the Australian policy and health context through developing an understanding of HIA as a tool for policy development eg strengths, weaknesses, obstacles and limitations, opportunities, lessons learned from overseas, potential appropriate applications and identification of training and capacity building needs of the Australian public health workforce. |
| **Deliverables** | **Reports/published/unpublished research:**  
- Interim report including literature review of HIA in the policy context internationally and briefing paper on the summarised findings for discussion;  
- Consultative forum held on 13 March 2002 to examine feasibility of HIA being introduced in Australia;  
- Report entitled *Health Impact Assessment: A Tool for Policy Development in Australia*, describing policy-linked HIA and drawing on literature reviews, an audit of activity, review of practical examples of HIA activity and the national consultative forum and the main findings of the study. The report describes application of HIA in terms of why, when, who and how, practical lessons from overseas, results of the consultation, implications and application in Australia, and recommendations for future action.  
- An additional report, commissioned by the department in July 2002, was provided on *Integrating Health Impact Assessment (HIA) in the 'Triple Bottom Line' concept in Australia*. |
<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 43 — Advancing the Adoption of the Principles of Sustainable Development in Public Health Education and Training</th>
</tr>
</thead>
</table>
| Contract $ Amount  | Australian Government Contribution $230,000  
Consortium Contribution $120,000 |
| Start and Finish Dates | July 2001–March 2004 |
| Lead Organisation and Partners | Griffith University, The University of Western Sydney, The University of New South Wales  
Partners: Deakin University, La Trobe University |
| Aims and Objectives | The project aims to promote the integration of the principles of Sustainable Development in Public Health (SDIPH) throughout Australian public health teaching and research programs. The project’s objectives are to:  
• explore the emerging connections between environmental sustainability and public health research and practice through a discussion paper prepared in collaboration with national and international leaders in the field;  
• conduct an innovative, collaborative, exploratory workshop, setting up an on-going network of interested PHERP institutions to interpret the connections between Australian environmental conditions and public health practice and research (on the model of the Halifax EcoSummit 2000); and  
• continue the collaborative process established by the project in the production of resource materials for Public Health and other relevant courses throughout Australia. |
| Deliverables (Time Limited or Ongoing) | This is a time limited project that will be self-sustaining through the sale of the teaching resource and the implementation of the subject at a range of public health institutions.  
**Teaching and learning resources:**  
• Development of a teaching resource (in press — released in Nov 2004) that is grounded in a critical paradigm and sets out to rethink approaches to problems and find innovative solutions to emerging public health issues.  
• Results of literature review—recommended references on Sustainable Development  
• Sustainable Development decision-making framework for use as a monitoring and evaluation tool. |
|  | **People trained with new skills/qualifications:**  
• Public Health professionals with qualifications in Sustainable Development and the skills to implement the SD framework in a variety of workplaces.  
**Reports/unpublished research, publications:**  
• Discussion paper on Sustainable Development published on Project website  
• Soskolne/Bertolini research paper written for WHO published on project website (Website accessed by SaH “learning community”)  
• Report published in *Environmental Health* 2002: Sustainable Development: A cornerstone of public health in promoting ecological sustainable development and health in public health education in Australia  
• Three conference papers have been delivered at the:  
  – Australian Public Health Association Conference  
  – Indo-Pacific Ecosystem Health Conference  
  – Western Australian Annual State Environment Conference  
**New networks between people/organisations:**  
• Establishment of a cross disciplinary “learning community” nationally that involves international experts in public health, sustainable development and environmental health. |
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<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 91 — Equity-focused Health Impact Assessment</th>
</tr>
</thead>
</table>
| **Contract $ Amount** | Australian Government Contribution $219,400  
Consortium Contribution $328,400 |
| **Start and Finish Dates** | September 2002 – October 2004 |
| **Lead Organisation and Partners** | The University of Newcastle (lead)  
Case Study Partners:  
National Health and Medical Research Council; New Zealand Ministry of Health; Royal Australian College of Physicians;  
ACT Health; and the Division of Medicine at John Hunter Hospital, Newcastle. |
| **Aims and Objectives** (Expected Impact and Outcomes) | Long term aims of the project are:  
- dissemination of Health Inequalities Impact Assessment methodology;  
- uptake of training and educational materials for public health workforce capacity building;  
- changes to public health infrastructure to accommodate Health Impact Assessment and Health Inequalities Impact Assessment;  
- added value to population health research;  
- support of key government policies at national and state levels;  
- support for and advancement of population health research by addressing health inequalities and inequities;  
- offering innovative solutions; and  
- contribution to public health education and workforce capacity building. |
| **Deliverables** (Time Limited or Ongoing) | Deliverables are both time limited and ongoing. The main deliverable is the development and presentation of a framework for conducting equity-focused health impact assessments. In addition, the following activities have been conducted:  
- the production of reports, resources and workforce training materials; and  
- recommendations of a systematic application of this framework within different health and non-health policy settings. |

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 96 — Development of a Master of Environmental Health Degree on a Collaborative Basis</th>
</tr>
</thead>
</table>
| **Contract $ Amount** | Australian Government Contribution $181,800  
Consortium Contribution $20,000 |
| **Start and Finish Dates** | 29 November 2002 – 30 April 2004 (extended to 31 March 2005) |
| **Lead Organisation and Partners** | Curtin University of Technology |
| **Aims and Objectives** (Expected Impact and Outcomes) |  
- Improved professional standing of environmental health professionals.  
- Increased flexibility in the environmental health workforce to meet new challenges and changing workplace factors (e.g. portability of skills, lifetime learning and professional development).  
- Enhanced opportunities for Indigenous environmental health education, research and workforce development.  
- Provision of specialist knowledge and skills in the areas of environmental health and population health. Graduates will be equipped to deal with the broad nature of public and environmental health issues as identified in national flora.  
- An enhanced profile of environmental health as a professional vocation for science and associated graduates. |
| **Deliverables** (Time Limited or Ongoing) | A developed curriculum for a graduate-entry Master of Environmental Health (two years full time) degree to be offered nationally on a flexible delivery/distance education basis by collaborating universities.  
The qualification will be accredited by State governments and the Australian Institute of Environmental Health to enable graduates to work professionally as environmental health officers. The course will be accessible through flexible delivery to students (including Indigenous Australian/rural and remote cohorts) in most parts of Australia.  
People completing the course will be professionally certified as Environmental Health Officers (current courses do not presently have this accreditation). |
**Strengthening Workforce Capacity for Population Health**

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 100 — Skills Enhancement for Health Surveillance</th>
</tr>
</thead>
</table>
| **Contract $ Amount** | Australian Government Contribution $289,375  
Consortium Contribution $312,000 |
| **Start and Finish Dates** | January 2003–July 2005 |
| **Lead Organisation and Partners** | La Trobe University (lead) and The University of Queensland  
Partners: Health Canada; Menzies School of Health Research; Biosecurity and Disease Control Branch and Food and Healthy Living Branch, Department of Health and Ageing; Centre of Epidemiology and Research, NSW Department of Health; Population Research and Outcomes Studies Unit, SA Department of Human Services; Health Surveillance Unit, Population Health Information Development Unit and Public Health Unit of Department of Human Services, Victoria; National Public Health Partnership; Health Outcomes Assessment, Epidemiology and Analytical Services, WA Department of Health; Victorian Public Health Research and Education Council; and CATI Technical Reference Group. |
| **Aims and Objectives** | The project aims to provide on-line, continuing education for front-line public health and primary health care practitioners in Australia. It will increase skills of practitioners in applying epidemiological and health information management concepts and techniques to population health programs and is set within the broad chronic disease prevention strategy framework. |
| **Deliverables** | **Teaching and learning resources:**  
- An on-line health surveillance course (adapted from material developed by Health Canada) made available by WebCT. Course development will use Australian data in developing modules reflecting current national priorities in public health programs, including chronic disease, alcohol and drugs, sexual health, and nutrition as well as information technology;  
- The course will be available to policy makers and health professionals who otherwise would not have the training and experience to utilise current epidemiological methods and tools;  
- The course material developed will be piloted and trialled with health professionals and offered in a developed format suitable for public health professionals to utilise in training and continuing education programs;  
- The course evaluation will include the design and content of the teaching program, the learning and teaching process and outcomes of the program;  
- Reviews of the modules will be oversighted by the project Steering Committee, membership of which is comprised of surveillance and program personnel from key jurisdictions and academic partners. Feedback from Health Canada will be obtained.  
**People trained with new skills/qualifications:**  
- Front-line public health policy-makers and primary health care practitioners up skilled in the area of health surveillance, health measurement and disease investigations. |
| **Evaluation** | The program evaluation will include student focus groups, surveys of participants 6 weeks after the program, interviews with expert epidemiologists and with the course developers, and WebCT files will be examined to determine extent of use and participation in on-line teaching programs. There will be a final workshop of program developers, course writers, instructional designers and program participants to undertake a review of the modules and teaching program.  
**New networks and collaborations:**  
- The collaboration for this project provides a network of academics and educators in Australia and Canada, and those undertaking surveillance and program management in a range or jurisdictions nationally; and  
- Networks between teachers offering and participants undertaking the online course will be established and these may be geographically far-reaching. |
PHERP Review 2005

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 101 — Development of a Multi-functional Education and Workforce Training Module: Environmental Health Services Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract $ Amount</td>
<td>Australian Government Contribution $43,300</td>
</tr>
<tr>
<td></td>
<td>Consortium Contribution $55,880</td>
</tr>
<tr>
<td>Lead Organisation and Partners</td>
<td>The University of Melbourne</td>
</tr>
<tr>
<td>Start and Finish Dates</td>
<td>November 2003–May 2005</td>
</tr>
</tbody>
</table>

**Aims and Objectives**

(Expected Impact and Outcomes)

- embrace the principles underpinning PHERP Innovations;
- develop a multifunctional education and training module on the subject *Environmental Health Services Evaluation*. This module will be web-based for delivery by distance education, or face-to-face and used as a stand-alone workforce training course and as a subject within an undergraduate or postgraduate course, and made available to institutions involved in environmental health education and training; and
- skill the environmental health workforce in environmental health services evaluation.

The project’s objectives are:

- to address an identified gap in population health workforce education and training, i.e., a shortage in environmental health evaluation;
- improve the skills base and expertise of the environmental health workforce; and
- enhance Australia's capacity to respond to environmental health issues in an effective, efficient and timely way.

**Deliverables**

(Time Limited or Ongoing)

- A web-based education and training module on the subject 'Environmental Health Services Evaluation' that can be delivered face-to-face or by distance education.
- The subject will be able to function as an accredited undergraduate and postgraduate subject and as a stand-alone workforce-training course.
- Institutions involved in the education and training of environmental health parishioners will be invited to incorporate the module into their education and training programs.
- Deliver at least one intensive training course in each state annually or significant workforce members from each state have undertaken the course by distance education.
- The knowledge base with regards to the content, process, organisation, efficiency and effectiveness of environmental health services is better informed.
### Strengthening Workforce Capacity for Population Health

**PHERP No and Title**

<table>
<thead>
<tr>
<th>PHERP No and Title</th>
<th>PHERP 105 — National Collaborative Program on the Atmospheric Environment and Health</th>
</tr>
</thead>
</table>

**Contract S Amount**

- Australian Government Contribution $512,574
- Consortium Contribution $711,181

**Start and Finish Dates**

- November 2002–December 2005

**Lead Organisation and Partners**

- National Centre for Epidemiology and Population Health (NCEPH) at the Australian National University (lead) and The University of Sydney
- Partners: CSIRO Atmospheric Research; Bureau of Meteorology Research Centre; Department of Epidemiology and Preventive Medicine — Monash University; Centre for Public Health Research — Queensland University of Technology; Australian Institute of Health and Welfare; Environmental Health Council; and Environment ACT

**Aims and Objectives**

(Expected Impact and Outcomes)

- The project aims to establish a national collaboration to develop research methods and teaching curricula, including conducting short courses, in the broad topic area of atmospheric environment and health. This collaboration must initiate and promote a wider integration, across sectors, of environmental health policy development, practice and research including risk assessment and management.

**Deliverables**

(Time Limited or Ongoing)

- **Teaching and learning resources:**
  - Establishment of a unique education and training environment for the public health workforce.
  - Methodological workshops to be conducted on important contemporary issues in atmospheric environmental health research and management.
  - A program of twice-yearly short courses conducted on advanced topics in environmental health, focusing on research, practice, risk management, including risk perception and communication.

- **People trained with new skills/qualifications:**
  - Enhanced knowledge and skills of environmental health researchers and practitioners in hazard identification, studies of exposure-health relationships, health impact assessment, risk analysis methods and indicator development.
  - Improved research efforts including stimulation of methodological developments.
  - Strengthened and enhance application of research-based knowledge to contribute to policy development in health, environment and related sectors and consequent reduction in environmental health risks.

- **Reports/ published research/unpublished research:**
  - Publications and papers resulting from the workshops held and associated research activities by the collaboration — resulting in a set of quantitative estimates to assist in defining priorities for review, workforce training, short course topics, methodological development and research projects.
  - Disseminated output from project activities to the research and practice community through the website, reports and teaching curricula material.

- **Evaluation/assessment of demand:**
  - Market surveys conducted to assess areas of greatest need and interest in relation to atmospheric environmental health research, workforce training and research capacity-building on which to base short course development.

- **New networks between people/organisations:**
  - Improved links between the environment and health sectors and enhancement of the research-policy connection.
  - Mobilised resources for environmental health in Australia through the collaboration and expanded through the broad-based network of researchers and practitioners who participate in the project workshops and short course activities.
  - Strengthened inter-institutional and inter-sectoral links bringing together a range of organisations with environmental health expertise and relevant research data.
  - Engagement of non-health sectors (urban planning, transport etc) in environmental health discourse.
PHERP No and Title | PHERP 109 (originally 36) — Australian Centre for Human Health Risk Assessment
---|---
Contract $ Amount | Australian Government Contribution $600,000
| Consortium Contribution Nil
Lead Organisation and Partners | Monash University (lead) (Head of Department of Epidemiology and Preventive Medicine and the Australian Centre for Human Health Risk Assessment (ACHHRA) Director); National Centre for Environmental Toxicology at The University of Queensland; Flinders University of South Australia and Griffith University.
Aims and Objectives (Expected Impact and Outcomes) | To establish and develop a national collaborative centre to provide leadership and expertise in developing human health risk assessment for applications in the Australian policy and program environment by:
| • facilitating partnerships between collaborating academic departments, government and industry bodies;
| • building collaborative links between relevant research groups in Australia and with international bodies to monitor Human Health Risk Assessment developments overseas and assess their application in Australia;
| • undertaking education and training programs targeted to foster a critical mass of human health risk assessment expertise amongst relevant stakeholders; the workforce by providing training for people at all levels involved in health risk assessment (including government and private industry);
| • building national research capacity to better apply human health risk assessment analyses in Australia;
| • critically appraising the scientific underpinning of quantitative human health risk assessment and assessing relevance of overseas information for Australian settings; and
| • analysing in a consistent fashion the various scientific, social and economic factors required to inform the policy making process.
Deliverables (Time Limited or Ongoing) | Teaching and learning resources:
| • At least four new distance education subjects in human health risk assessment developed at Masters level for inclusion in postgraduate academic programs of the partner universities;
| • A workshop held each year on topics relevant to human health risk assessment with at least one international speaker.
| People trained with new skills/qualifications:
| • At least one post-doctoral position and four PhD positions in Human Health Risk Assessment offered.
| Research:
| • Development and submission of at least two research grant applications per year in areas relevant to human health risk assessment.
| • Contribution to development of Human Health Risk Assessment methodology and its application to public health policy in Australia.
| Reports/published and unpublished research:
| • ACHHRA web site relating to Health Risk Assessment established;
| • distribution of information in relation to human health risk assessment including development of a web-site and associated linkages;
| • Contribution to human health risk assessment methodology through publications in peer-reviewed scientific journals; and
| • Provision of human health risk assessment advice to clients as required.
| New networks between people/organisations
| • ACHHRA collaboration to form the basis of a national collaboration with international links.
## APPENDIX 4: National Workforce Initiatives

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Australian Network of Academic Public Health Institutions Secretariat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Period</td>
<td>Australian Network of Academic Public Health Institutions Secretariat Total funding: $90,750 (GST incl)</td>
</tr>
<tr>
<td>Funding Period</td>
<td>2003 to June 2005 (Funded since 2001)</td>
</tr>
</tbody>
</table>

### Key Objective

The Australian Network of Academic Public Health Institutions (ANAPHI) was formed in December 2000 with a membership comprising heads of Public Health departments located within the schools of preventive or community medicine or health sciences. All institutions in receipt of PHERP funding are members and ANAPHI is seeking to expand membership to other universities that share its objectives. ANAPHI aims to encourage cooperative action among academic public health institutions to:

- develop a partnership with governments to better understand and respond to the national public health interest;
- provide representation on key decision-making bodies;
- assist in developing public health collaborations and promoting national developments in public health education, research training and workforce; and
- work with other key stakeholders to strengthen public health action and policy through research and teaching.

### Contribution to Policy/Programs at the National and/or State Level

The department has made funding available to ANAPHI since its inception to strengthen its role in health policy development with a particular focus on the application of research and evidence in policy and service delivery. Funded projects have included:

- A Forum held in 2001 in conjunction with the department to improve the links between policy, research and workforce development. The outcomes informed the second round of PHERP Innovations Projects.
- ANAPHI Website development — worth $15,000, the primary purpose is to facilitate communication amongst the members of ANAPHI, information for the public, and a platform for shared national educational resources.
- ANAPHI Secretariat supports the work of the department on mutual interest projects, eg. PHERP Quality and Outcomes Framework and the National Public Health Education Framework (NPHEF).

In addition to the above projects, ANAPHI has undertaken a comprehensive analysis of the impact of PHERP on public health capacity in Australia which has been produced in the form of a monograph entitled “Building Capacity to Improve Public Health in Australia: Case Studies of Academic Engagement”. The case studies are:

- **Case Study 1:** Emerging health threats: Learning from SARS;
- **Case Study 2:** Linking policy research, education and policy action: An integrated approach to the prevention and management of chronic disease;
- **Case Study 3:** Indigenous health: Building on recently established foundations and linkages; and
- **Case Study 4:** Generating the knowledge to move public health action upstream.

### Innovations Project

The ANAPHI played a major role in the development and dissemination of the NPHEF.

### Collaboration

Members of ANAPHI include Professor Andrew Wilson (Chair) and Universities which deliver public health education and research training.
<table>
<thead>
<tr>
<th>National Workforce Development Project</th>
<th>The Biostatistics Collaboration of Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding Period</strong>&lt;br&gt;(2001–05)</td>
<td>Total funding: $1,227,136</td>
</tr>
</tbody>
</table>
| **Student Numbers**<br>Source: BCA | As at census date, 2004, student numbers are as follows:  
Year 1 students: 84  
Year 2 students: 30  
Year 3 students: 18  
In 2003, two students graduated with Masters of Biostatistics. These two students represent the first graduates of the 3-year Masters program. |
| **Key Interests** | The Biostatistics Collaboration of Australia (BCA) manages and delivers a national training program in Biostatistics, via distance delivery methods. |
| **Contribution to Policy/ Programs at the National and/or State Level** | The 1999 Review of PHERP identified a shortage of specialist biostatisticians in Australia and recommended that the Australian Government take action. In 2001, the department entered into an Agreement with The Universities of Sydney, Newcastle and Queensland for the development and delivery of postgraduate training courses for biostatisticians. These parties, together with Macquarie University, Monash University and the University of Melbourne, have formed the BCA to implement a national training program. The program has a three-tier award structure (Graduate Certificate, Graduate Diploma and Master in Biostatistics) and is delivered via distance mode. The Australian National University is a participating university that has developed units, but does not enrol students.  
In conjunction with the BCA program, the NSW State Department of Health provides a Biostatistical Officer Training Program whereby its employees are supported to undertake the Masters of Biostatistics offered by the BCA. |
| **Collaborations**<br>(Links with Industry) | Collaborations with pharmaceutical industry (Roche and Pfizer) and statistical consultants (Covance Pty Ltd, Valuemetrics). |
| **Innovation** | The recent BCA Review, *Biostatistics Collaboration of Australia: Report of an independent review (September 2004)*, emphasises the innovative nature of the BCA’s training program, declaring that  
“Through intensive coordination of expertise in seven universities and the use of distance education, the BCA is able to offer an educational program in biostatistics that is unique throughout Australia.” |
### Strengthening Workforce Capacity for Population Health

<table>
<thead>
<tr>
<th>National Workforce Development Project</th>
<th>National Centre for Epidemiology and Population Health: Master of Applied Epidemiology Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding Period</strong></td>
<td>Total funding: $2,679,444</td>
</tr>
<tr>
<td>July 2003– Dec 2005</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Numbers</th>
<th>Year</th>
<th>Commencements</th>
<th>Completions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source: DEST data</td>
<td>2001</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>2002</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>2003</td>
<td>10</td>
<td>9</td>
</tr>
</tbody>
</table>

| Key Interests                     | National Centre for Epidemiology and Population Health’s (NCEPH’s) Master of Applied Epidemiology (MAE) Program provides training in applied epidemiology to meet a recognised workforce need. |

| Contribution to Policy/ Programs at the National and/or State Level | The MAE has been funded by the department since its inception in 1991. Under the current funding agreement, the MAE will be funded until end December 2005, so as to be in line with PHERP Phase. The MAE is a unique 2-year program where the majority of time (21 months) is spent in field based training, in field placements such as state and territory health departments, community controlled health services and national public health institutions. The remaining three months is spent in intensive coursework training. Students specialise in one of three streams: Disease Control, Indigenous Health or Environmental Health. The Program is meeting a recognised workforce need in specialist applied epidemiology training. |

| Innovation                        | In 2002 and 2003 NCEPH undertook to enhance the MAE Program. One major result of this enhancement was the integration of three disciplinary specialties — communicable diseases, Indigenous health and environmental health — into a comprehensive field-based training program in applied epidemiology. |
### National Workforce Development Project

<table>
<thead>
<tr>
<th>Australasian Faculty of Public Health Medicine: Public Health Medicine Registrars Project</th>
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</table>
| **Funding Period** | Total funding: $875,000  
The Primary Care Division of the department provides additional funding of $1,800,000. |
| **Key Interests** | The enhancement and strengthening of training in public health medicine. |
| **Contribution to Policy/Programs at the National and/or State Level** | The aims of the project are to:  
- strengthen supervision and enhance training in public health medicine by strengthening the existing Australasian Faculty of Public Health Medicine training program;  
- link public health training with general practice; and  
- establish six public health medicine registrar positions for general practitioners and general practice registrars who are nearing completion of their vocational training.  
The funding for the Public Health Medicine Registrars Project is designed to boost Australasian Faculty of Public Health Medicine’s (AFPHM) capacity to provide high quality training for public health specialists.  
The six Public Health Medicine Registrar positions are located in GP Divisions, State Health Departments and Area Health Services in Adelaide, Townsville, Hobart, Darwin, Broken Hill and Sydney. The positions are fully funded for three years ($100,000 per registrar/year).  
The project team are now working on the second phase of the project, which is to develop a strategic framework for joint training in General Practice and Public Health Medicine.  
This project is enhancing the capacity of the public health and primary care workforce in providing General Practitioners with public health medicine training. |
| **Collaborations (Links with Industry)** | Collaborations include:  
- Royal Australasian College of General Practitioners;  
- Australian Divisions of General Practice;  
- General Practice Education and Training Ltd; and  
- Australian College of Rural and Remote Medicine. |
| **Innovation** | The establishment of the six Registrar positions is an innovative model for enhancing the public health medicine capacity of general practitioners.  
The project has enhanced the existing AFPHM training program to include such items as the creation of a National Director of Training, National Training days for advanced trainees and development of educational resources. |
APPENDIX 5: Consultation Paper and Guidelines for Submissions

Public Health Education and Research Program
Phase III Review

Consultation Paper

Introduction
The Public Health Education and Research Program (PHERP) was established in 1987 and represents a significant Australian Government investment in Australia’s public health infrastructure. Since its inception, the program has been reviewed twice, in 1991 and in 1999. These reports, and further information and background on the PHERP, are available on the review website.

Phase III (2001–2005) of the $55 million Program finishes in December 2005, and a review of this phase has been initiated.

Terms of Reference
The review will advise on the outcomes of Phase III of the PHERP (2001–05) and the future strategic directions for the program.

Part A
The review will evaluate Phase III against the national program objectives, and will have particular regard to:

- Value for money delivered by the current program.
- The quality, impact and relevance of program outputs, including workforce training, research and innovation grants funded by the program.

Part B
The review will advise on the future strategic directions for the program, including:

- How to strengthen the alignment of the program with current and emerging national priorities in public health.
- The delivery of high quality, sustainable and value for money program outputs.
- The respective roles of workforce and research capacity building.
- The future design of the program.

Submissions may address either Part A (the current program, ie Phase III) or Part B (future strategic directions) or both.
Part A: Considerations with regard to Phase III

The overall objective of Phase III of the program is to strengthen national capacity to meet the strategic needs of public health education, training, research and policy development by:

- building on existing public health education and research infrastructure and providing leverage for more extensive public health work;
- strengthening the basis for high-level and consistent quality education and research programs;
- fostering innovation to ensure emerging population health education and workforce development needs are addressed;
- supporting population health workforce development and education initiatives which focus on the needs of Indigenous Australians;
- fostering co-operation and collaboration across the population health education research sectors, including linkages to Government and the public health workforce; and
- fostering multi-disciplinary approaches to population health education and research.

In the context of these objectives, submissions are invited to address key issues arising from the terms of reference including:

- value for money;
- the quality and impacts of program outputs;
- relevance of the program to employer needs;
- gaps or imbalances in course content, competencies, geographic coverage, population groups or settings;
- lessons learnt from innovations grants;
- the program’s contribution to research capacity; and
- areas for improvement.

Part B: Considerations with regard to future directions

In considering possible future directions, submissions are invited to have regard to developments such as:

- globalisation;
- transformations in science and medical technologies (eg genomics, health informatics);
- demographic and community trends;
- increased consumer participation in health care and health care decision making;
- the changing nature of work, and the health workforce;
- the evolution of health systems and the impact of health system reform;
- the demands of health stewardship and leadership.

In addition there are specific public health issues that are likely to be priority concerns in coming years. They include:

- the changing burden of disease, and new and emerging threats to health (such as bio-terrorism, global spread of zoonoses, obesity);
- the need for more effective prevention of chronic diseases, informed by a lifecourse perspective and including promotion of healthy lifestyles (eg nutrition, physical activity);
– ensuring progress in Aboriginal and Torres Strait Islander health;
– changing patterns of health disadvantage;
– the need for timely, accurate surveillance for both communicable and non-communicable diseases;
– closer engagement between public health and the primary health care sector; and
– effective intersectoral and whole-of-government approaches to improve, promote and protect public health.

In the context of these and related challenges and priorities, submissions are invited which address Part B of the Terms of Reference, including:

• the alignment of workforce education and training with current and emerging national priorities in public health;
• skills and competencies which will need to be developed and sustained;
• effective mechanisms for the delivery of high quality, sustainable and value for money outputs;
• respective roles in workforce capacity building of educational institutions and workplace-based activities;
• the relative emphasis that should be given to generalist versus specialist education (eg Master of Public Health vis-a-vis Master of Epidemiology and Master of Health Economics);
• the emphasis to be placed on research capacity building;
• future design of the program, including modes of delivery and governance; and
• the role of all levels of government both as funders and employers.

The review is interested in comments on future challenges facing the public health workforce and any pertinent issues which are not canvassed or implied in the outline presented above. It would be desirable in providing such comments if submissions could provide some evidence for why a particular trend or issue is considered important (eg references to key articles or reports) and practical suggestions for how this might be addressed in a new phase of PHERP.

Please see the document Guidelines for Submissions for details of word length, format, deadlines and mode of submission.

September 2004
Public Health Education and Research Program
Phase III Review

Guidelines for Submissions

Content
The review of Phase III (2001–05) of the Public Health Education and Research Program (PHERP) is being conducted by the Department of Health and Ageing. The department is now seeking written submissions from interested parties addressing the Terms of Reference. A consultation paper outlining the Review objectives, the Terms of Reference, and future key challenges has been prepared to guide written submissions and is available on this PHERP review website.

Consultation Process
In addition to seeking written submissions, the reviewers will also conduct face to face consultations. Details of the consultation process, the Terms of Reference, the Steering Committee and reviewers are on this website along with background documentation. Organisations and interested individuals should register their interest in the review process through the website.

Length
Written submissions should be no more than 2,000 words in length. A brief summary of key points (no more than 250 words) should be provided at the front of the submission. Supporting material may be provided but should be kept to an absolute minimum.

Verification and confidentiality
Submissions must include details of the submitting party. Submissions made by organisations should be clearly marked and indicate at what level the submission was authorised. In addition the submission should indicate what connection you or your organisation has to the program ie professional, special interest, or funded through the program.

Unless you request that your submission be treated confidentially, it may be made publicly available on the PHERP review website or on request, and authorship will be acknowledged. Where submissions are from individuals, only your name and suburb will be published. The department in its absolute discretion reserves the right to withhold publication of submissions.

If you want your submission to be kept confidential, please say so clearly at the front of the submission, or in a covering note. If you want part of the submission to be confidential place that section on a separate clearly marked page(s). The department will endeavour to keep such submissions confidential unless required to do otherwise by the operation of any law, judicial or parliamentary body or governmental agency. The department can therefore give no undertakings to keep the information confidential or ensure that you will be protected from future legal action. If you have any concerns about this, the department suggests that you should seek your own legal advice.
Format and Deadline

Submissions should be lodged electronically and sent to the PHERP Review Secretariat at the following address: pherp.review@health.gov.au by close of business 15th October 2004. In addition, six (6) copies of the submission should be sent by the due date to:

PHERP Review
Department of Health and Ageing
Population Health Division (MDP 16)
GPO Box 9848
Canberra ACT 2601

Receipt of Submissions

The department will acknowledge receipt of submissions via an email or letter, however detailed feedback will not be provided at this time.

If you require further information, please contact Ms Angela McKinnon, angela.mckinnon@health.gov.au.

September 2004
APPENDIX 6: List of Written Submissions Received

The department received written submissions from the following organisations and individuals:

**Victoria**
- Victorian Consortium for Public Health
- Deakin University
- LaTrobe University
- Centre for Public Health Law, La Trobe University
- The University of Melbourne
- Monash University
- Institute of Koorie Education, School of Health and Social Development, Deakin University and VicHealth
- Koori Health Research and Community Development Unit, University of Melbourne
- Victorian Department of Human Services

**Queensland**
- Queensland Centre for Public Health
- School of Public Health, Griffith University
- James Cook University
- Faculty of Arts, Health and Science, Central Queensland University
- Mt Isa Centre for Rural and Remote Health, James Cook University
- Anton Brienl Centre, James Cook University
- Australian Centre for International and Tropical Health and Nutrition
- School of Population Health, The University of Queensland
- School of Public Health, Queensland University of Technology
- Queensland Institute of Medical Research
- Health Information Branch, Queensland Health
- Public Health Services Branch, Queensland Health
- The Townsville Hospital, Queensland Health
- Tropical Public Health Unit Network, Queensland Health

**New South Wales**
- Faculty of Health, The University of Newcastle
- School of Public Health and Community Medicine, The University of New South Wales
- School of Public Health, The University of Sydney
- The George Institute for International Health, University of Sydney
- New South Wales Health
- Dr Peter Sainsbury The University of Sydney and New South Wales Health

**South Australia**
- South Australian Academic Public Health Consortium
- Department of Public Health, Flinders University of South Australia
- Centre for Remote Health, Flinders University of South Australia and Charles Darwin University
- University of Adelaide
University of South Australia
Strategic Planning and Population Health, Department of Health, South Australia

**Australian Capital Territory**
Australian National University
National Centre for Epidemiology and Population Health, Australian National University

**Western Australia**
National Drug Research Institute, Curtin University of Technology
Edith Cowan University
The University of Western Australia, School of Population Health
Population Health Division, Department of Health Western Australia

**Northern Territory**
Menzies School of Health Research
Advanced Level Training and Public Health Nutrition Steering Committee, Menzies School of Health Research and Flinders University of South Australia
Department of Health and Community Services, Northern Territory

**National, Non-Government Organisations and Individuals**
Australian Government Office of the National Occupational Health and Safety Commission
Australian Health Promotion Association
Australian Indigenous Doctors Association
Australian Institute of Aboriginal and Torres Strait Islander Studies
Australian Network of Academic Public Health Institutions
Australian Rural Health Education Network
Australasian College of Tropical Medicine
Australasian Epidemiological Association
Dr Barry Suckling, Napier, New Zealand
Biostatistics Collaboration of Australia
Emeritus Professor Bob Douglas AO, Canberra, Australian Capital Territory
Department of Defence, Area Health Services North Queensland
Dietitians Association of Australia
Dr Dorothy Mackerras, Darwin, Northern Territory
Kimberley Aboriginal Medical Services Council
Margaret Barclay, Lower Templestowe, Victoria
Dr Maria Quartararo, Sydney, New South Wales
National Public Health Partnership
Queensland Cancer Fund
Queensland Public Health Forum
The Royal Australasian College of Physicians
VicHealth
Victorian Public Health Research and Education Council
## APPENDIX 7: Consultations: Forums and Meeting Attendees

**Melbourne Consultation Forum — 22nd September 2004**

<table>
<thead>
<tr>
<th>Attendee</th>
<th>Position/Institution</th>
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</thead>
<tbody>
<tr>
<td>Ms Shawana Andrews</td>
<td>Student, Institute of Koorie Education, Deakin University, Geelong Campus</td>
</tr>
<tr>
<td>Dr Catherine Bennett</td>
<td>Senior Lecturer, University of Melbourne</td>
</tr>
<tr>
<td>Mr John Biviano</td>
<td>Public Health Director, Research Workforce and Tobacco Control, VicHealth</td>
</tr>
<tr>
<td>Ms Wendy Brabham</td>
<td>Director, Institute of Koorie Education, Deakin University, Geelong Campus</td>
</tr>
<tr>
<td>Dr Michelle Callander</td>
<td>Public Health Trainee, Research Workforce and Tobacco Control, VicHealth</td>
</tr>
<tr>
<td>Dr John Carnie</td>
<td>President, Australasian Faculty of Public Health Medicine</td>
</tr>
<tr>
<td>Ms Wendy Brabham</td>
<td>Director, Institute of Koorie Education, Deakin University, Geelong Campus</td>
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<tr>
<td>Dr Michelle Callander</td>
<td>Public Health Trainee, Research Workforce and Tobacco Control, VicHealth</td>
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<tr>
<td>Dr John Carnie</td>
<td>President, Australasian Faculty of Public Health Medicine</td>
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<td>Ms Wendy Brabham</td>
<td>Director, Institute of Koorie Education, Deakin University, Geelong Campus</td>
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<tr>
<td>Dr Bill Genat</td>
<td>Lecturer, University of Melbourne</td>
</tr>
<tr>
<td>Ms Sarah Gruner</td>
<td>Department of Health and Ageing, Victoria Office</td>
</tr>
<tr>
<td>Ms Genevieve Howse</td>
<td>Director Programs, Centre for Public Health Law</td>
</tr>
<tr>
<td>Ms Janice Jessen</td>
<td>Coordinator, Institute of Koorie Education, Deakin University, Geelong Campus</td>
</tr>
<tr>
<td>Mr Darryl Kosch</td>
<td>Program Manager, National Public Health Partnership Support Unit</td>
</tr>
<tr>
<td>Mr Bernie Marshall</td>
<td>Senior Lecturer, Deakin University, Burwood Campus</td>
</tr>
<tr>
<td>Dr Celia McMichael</td>
<td>Lecturer, School of Public Health, La Trobe University</td>
</tr>
<tr>
<td>Professor John McNeil</td>
<td>Head of Department, Epidemiology and Preventive Medicine, Monash University</td>
</tr>
<tr>
<td>Dr Cathy Mead</td>
<td>Executive Officer, Victorian Public Health Research and Education Council</td>
</tr>
<tr>
<td>Dr Liz Moore</td>
<td>Research Coordinator, Research Workforce and Tobacco Control, VicHealth</td>
</tr>
<tr>
<td>Professor Tony Morris</td>
<td>Faculty of Human Development Victoria University</td>
</tr>
<tr>
<td>Professor Terry Nolan</td>
<td>Head, School of Population Health, University of Melbourne</td>
</tr>
<tr>
<td>Professor Brian Priestly</td>
<td>Director, Australian Centre for Human Health Risk Assessment, Monash University</td>
</tr>
<tr>
<td>Dr Priscilla Robinson</td>
<td>Masters of Public Health Course Coordinator and Senior Lecturer, La Trobe University</td>
</tr>
<tr>
<td>Professor Malcolm Sim</td>
<td>Head, Unit of Occupational and Environmental Health, Monash University</td>
</tr>
<tr>
<td>Professor Boyd Swinburn</td>
<td>Professor of Population Health, Deakin University</td>
</tr>
<tr>
<td>Ms Lisa Thorpe</td>
<td>Student, Institute of Koorie Education, Deakin University, Geelong Campus</td>
</tr>
</tbody>
</table>
Melbourne Individual Meetings — Wednesday 22nd September 2004

Victorian Consortium for Public Health

Dr Catherine Bennett  Senior Lecturer, University of Melbourne
Professor Vivian Lin  Head, School of Public Health, La Trobe University
Mr Bernie Marshall  School of Health and Social Development, Deakin University
Professor John McNeil  Head of Department of Epidemiology and Preventive Medicine, Monash University
Professor Terry Nolan  Head, School of Population Health, University of Melbourne
Dr Priscilla Robinson  Academic Coordinator, Masters of Public Health Course and Senior Lecturer, La Trobe University
Professor Boyd Swinburn  School of Health and Social Development, Deakin University
Dr Cathy Mead  Victorian Public Health Research and Education Council
Kirsty Irving  Administrator Latrobe University

Department of Human Services, Victoria

Ms Anne Brown  Coordinator, Victorian Public Health Training Scheme, Department of Human Services Victoria
Dr John Carnie  Director, Disease Control and Research, Rural and Regional Health and Aged Care Services Division, Department of Human Services Victoria
Dr Rosemary Lester  Manager, Prevention and National Health Priorities, Department of Human Services Victoria
Ms Sylvia Petrony  Senior Project Officer, Department of Human Services Victoria

Department of Health and Human Services, Tasmania

Dr Roscoe Taylor  Director of Public Health and Deputy Director Community, Population and Rural Health, Department of Health and Human Services, Tasmania
Brisbane Consultation Forum — 23rd September 2004

A/Professor Joan Bryan
School of Population Health, University of Queensland

Ms Andrea Casasola
Principal Project Officer, Planning and Research Unit, Public Health Services, Queensland Health

Professor Cordia Chu
School of Public Health, Griffith University

Professor Annette Dobson
Head of Public Health Division, University of Queensland and Chair, Biostatistics Collaboration of Australia

Ms Rachelle Foreman
Acting Director, Cardiovascular Health Programs, National Heart Foundation (Queensland Branch)

Professor Brian Kay
Director, Australian Centre for International and Tropical Health and Nutrition

Ms Kathleen Lilley
Manager, Queensland Centre for Public Health

Professor Alan Lopez
Head, School of Population Health, University of Queensland

A/Professor Geoff Marks
School of Population Health, University of Queensland

Professor Don McManus
Queensland Institute of Medical Research and Australian Centre for International and Tropical Health and Nutrition

Professor Brian Oldenburg
Queensland University of Technology

Professor Ian Riley
Deputy Director, Australian Centre for International and Tropical Health and Nutrition

Mr Ken Rouse
Lecturer, University of Queensland

Dr Philip Schluter
Postgraduate Coordinator (Master of Public Health), School of Population Health, University of Queensland

A/Professor Cindy Shannon
Head of Indigenous Health Division, University of Queensland

Professor Stephanie Short
Head, School of Public Health, Griffith University

A/Professor Rick Speare
Deputy Head of School of Public Health and Tropical Medicine, Anton Breinl Centre of Public Health and Tropical Medicine

Ms Janelle Stirling
Coordinator Indigenous Health Research, Queensland Institute of Medical Research

Ms Alison Thompson
AVDirector, Planning and Research Unit, Public Health Services, Queensland Health

Dr Susan Vlack
Training Coordinator, Australasian Faculty of Public Health Medicine. Centre for Indigenous Health, University of Queensland

Mr Martin Webb
Executive Officer, Queensland Public Health Forum
Brisbane Individual Meetings — Thursday 23rd September

Queensland Centre for Public Health

Professor Cordia Chu School of Public Health, Griffith University  
Professor Annette Dobson Head of Public Health Division, University of Queensland  
Professor MaryLou Flemming Acting Head of School, School of Public Health, Queensland University of Technology  
Ms Kathleen Lilley Manager, Queensland Centre for Public Health  
Professor Alan Lopez Head, School of Population Health, University of Queensland  
Dr Elizabeth Parker Deputy Director, Queensland Centre for Public Health  
A/Professor Phillip Schluter Principal Investigator, School of Public Health, University of Queensland  
A/Professor Don Stewart Chair, Queensland Centre for Public Health  
Professor Brian Oldenburg Queensland University of Technology  

Queensland Health

Ms Andrea Casasola Principal Project Officer, Planning and Research Unit Public Health Services, Queensland Health  
Dr Jane Jacobs Acting Principal Advisor, Office of Chief Health Officer, Queensland Health  
Ms Jackie Steele Executive Director, Public Health Services  

Australian Centre for International and Tropical Health and Nutrition

Professor Brian Kay Director, Australian Centre for International and Tropical Health and Nutrition  
Professor Alan Lopez Head, School of Population Health, University of Queensland  
Professor Ian Riley Deputy Director, Australian Centre for International and Tropical Health and Nutrition  
A/Professor Cindy Shannon Head of Indigenous Health Division, University of Queensland  
A/Professor Geoff Marks Australian Centre for International and Tropical Health and Nutrition
Sydney Consultation Forum — 24th September 2004

Professor Bruce Armstrong  Head of School of Public Health, University of Sydney
Professor Simon Chapman  Director, Teaching and Learning, School of Public Health, University of Sydney
Ms Natalie Grove  Research Assistant, School of Public Health and Community Medicine, University of New South Wales
A/Professor Nick Higginbotham  Centre for Clinical Epidemiology and Biostatistics, The University of Newcastle
Mr Alan Hodgkinson  Senior Lecturer, School of Public Health and Community Medicine, University of New South Wales
Ms Jenny Hughes  Manager, Health Promotion Strategies and Settings Branch, New South Wales Health
Ms Erica Jobling  Executive Officer, Biostatistics Collaboration of Australia
Dr Louisa Jorm  Director, Epidemiology and Research, New South Wales Health
Mr Mohit Kumar  Senior Executive Officer, Australasian Faculty of Public Health Medicine, Royal Australasian College of Physicians
Dr Lynne Madden  Manager, Public Health Training and Development Branch, New South Wales Health
Dr Maria Quartararo  Senior Lecturer, University of Western Sydney
Professor Arie Rotem  School of Public Health and Community Medicine, University of New South Wales
Ms Dawn Simpson  Training Development Officer, New South Wales Health
A/Professor Judy Simpson  School of Public Health, University of Sydney
Professor Wayne Smith  Director, Centre for Clinical Epidemiology and Biostatistics, The University of Newcastle
Ms Jessica Taylor  Australian Government Department of Health and Ageing, New South Wales Office
Ms Deborah Ward  Manager, Australian Government Department of Health and Ageing, New South Wales Office
A/Professor Heather Yeatman  Head of Graduate School of Public Health, University of Wollongong
Strengthening Workforce Capacity for Population Health

Sydney Individual Meetings — Friday 24 September 2004

Sydney Public Health Consortium

Professor Bruce Armstrong  Head, School of Public Health, University of Sydney
Professor Simon Chapman  School of Public Health, University of Sydney
Mr Alan Hodgkinson  Senior Lecturer, University of New South Wales
Professor John Kaldor  Deputy Director, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales
Professor Arie Rotem  School of Public Health and Community Medicine, University of New South Wales
A/Professor Judy Simpson  School of Public Health, University of Sydney
Dr Heather Worth  Deputy Director, National Centre in HIV Social Research, University of New South Wales
Professor Anthony Zwi  Head, School of Public Health and Community Medicine, University of New South Wales

Centre for Clinical Epidemiology and Biostatistics

Professor Wayne Smith  Director, Centre for Clinical Epidemiology and Biostatistics
A/Professor Nick Higginbotham  Centre for Clinical Epidemiology and Biostatistics

New South Wales Health

Dr Louisa Jorm  Director, Epidemiology and Research, New South Wales Health
Dr Lynne Madden  Manager, Public Health Training and Development Branch, New South Wales Health
Dr Peter Sainsbury  South Western Area Health Services, New South Wales Health
Adelaide Consultation Forum — 29th September 2004

Professor Gary Andrews  Director, Centre for Ageing Studies and Australian Centre for Community Ageing

Professor Fran Baum  Head of School, Flinders University of South Australia and Chair of South Australian Academic Public Health Consortium

A/Professor John Coveney  Senior Lecturer, Department of Public Health, Flinders University of South Australia

Dr Jeff Fuller  Masters of Public Health Coordinator, Department of Public Health, University of Adelaide

Professor Brendon Kearney  Executive Director, Department of Health South Australia

Dr Paul Kelly  Head, Education and Training Division, Menzies School of Health Research

A/Professor Kerry Kirke  Chair, Board of Censors, Australasian Faculty of Public Health Medicine, Royal Australian College of Physicians

Dr Colin MacDougall  Senior Lecturer, Faculty of Health Sciences, Flinders University of South Australia

Dr Dorothy Mackerras  Senior Research Fellow, Menzies School of Health Research

Mr John Moss  Senior Lecturer, Department of Public Health, University of Adelaide

Professor Kerin O’Dea  Director, Menzies School of Health Research

Professor Louis Pilotto  Head of the Department of General Practice; and Director, Flinders Centre for Epidemiology and Biostatistics, Flinders University of South Australia

Ms Rae Plush  President, Australian Health Promotion Association (South Australia Branch)

Mr James Smith  Committee Member, Australian Health Promotion Association (SA Branch) and Student, University of Adelaide

Professor John Spencer  Director, Australian Research Centre for Population Oral Health, University of Adelaide

Ms Helen Van Eyk  Manager, Research Policy and Ethics, Department of Health South Australia

Mr Francis Wiechec  Program Manager, Department of Health and Ageing, South Australia Office

Dr Eileen Willis  Coordinator, Bachelor of Health Sciences, Flinders University of South Australia
Adelaide Individual Meetings — Wednesday 29th September 2004

South Australian Academic Public Health Consortium

Dr Jeff Fuller  Masters of Public Health Coordinator, Department of Public Health, University of Adelaide
Mr Colin MacDougall  Senior Lecturer, Faculty of Health Sciences, Flinders University of South Australia
Mr John Moss  Senior Lecturer, Department of Public Health, University of Adelaide
Professor Roy Goldie  Executive Dean, Faculty of Health Sciences, Flinders University of South Australia
Professor Fran Baum  Head of School, Flinders University of South Australia and Chair, South Australian Academic Public Health Consortium

Department of Health South Australia

Dr Kevin Buckett  Acting Executive Director, Department of Health South Australia
Ms Helen Van Eyk  Manager, Research Policy and Ethics, Department of Health South Australia
Mr Andrew Stanley  Director, Strategic Planning and Research, Department of Health South Australia

Menzies School of Health Research, Northern Territory

Professor Kerin O'Dea  Director, Menzies School of Health Research
Dr Paul Kelly  Head, Education and Training Division, Menzies School of Health Research
Dr Dorothy Mackerras  Senior Research Fellow, Menzies School of Health Research
**Australian Capital Territory Consultation Forum — 30th September 2004**

Ms Wendy Banham  
Executive Officer, Department of Health and Ageing

Ms Laura Barwick  
Manager, Grants Support and Development Section,  
Australian National University

Ms Lea Collins  
Business Manager, National Centre for Epidemiology and Population Health,  
Australian National University

Mr Mark Cooper-Stanbury  
Director, Australian Institute of Health and Welfare

Dr Charles Guest  
Deputy Chief Health Officer, ACT Health

Dr Graham Henderson  
Research Fellow, Australian Institute of Aboriginal and Torres Strait Islander Studies

Ms Julie Hill  
Manager, National Occupational Health and Safety Commission

Mrs Vanessa Lala’o  
Senior Project Officer, Department of Health and Ageing

Dr Ian McMahon  
Director, Research Office, Australian National University

Professor Tony McMichael  
Director, National Centre for Epidemiology and Population Health,  
Australian National University

Ms Peta Miller  
Information and Research Coordination Team, National Occupational Health and Safety Commission

Ms Ruth Nicholls  
Health Research Officer, Australian Institute of Aboriginal and Torres Strait Islander Studies

Professor Brian Oldenberg  
Queensland University of Technology

Ms Amy Rauch  
Project Officer, Department of Health and Ageing

Ms Karen Roger  
Acting Executive Officer, National Public Health Partnership

Dr Ian White  
Vice-President, Management Committee, National Health Promotion Association

Professor Andrew Wilson  
Deputy Director, School of Population Health, University of Queensland

**Australian Capital Territory Individual Meetings — 30th September 2004**

**National Centre for Epidemiology and Population Health**

Dr Jim Butler  
Deputy Director, National Centre for Epidemiology and Population Health

Professor Tony McMichael  
Director, National Centre for Epidemiology and Population Health

Mr Robert Wells  
Director, Policy and Planning (Health) National Centre for Epidemiology and Population Health

**Australian Network of Academic Public Health Institutions**

Professor Vivian Lin  
Member, La Trobe

Professor Brian Oldenburg  
Member, Queensland University of Technology

Professor Andrew Wilson  
Chair, Australian Network of Academic Public Health Institutions,  
University of Queensland

Professor Anthony Zwi  
Member, University of New South Wales
Perth Consultation Forum — 1st October 2004

Professor Donna Cross  Director, Child Health Promotion Research Unit School of Nursing, Edith Cowan University
Dr Judith Finn  Co-Director, Western Australian Centre for Public Health and Senior Lecturer and Deputy Head of School University of Western Australia
Ms Marcelle George  Senior Policy Officer, Department of Health Western Australia
Dr Marisa Gilles  Senior Lecturer, Rural Health, Combined Universities Centre for Rural Health
Ms Britt Granath  Project Officer, Department of Health Western Australia
Mr John Gregg  Executive Officer, Planning and Research Unit, Western Australia State Office, Department of Health and Ageing
Ms Jane Heyworth  Lecturer, School of Population Health, University of Western Australia
Professor D’Arcy Holman  Chair Public Health and Head of School of Population Health, University of Western Australia
Dr Ray James  Population Health Consultant, Institute for Child Health Research
A/Professor Matthew Knuiman  Population Health, University of Western Australia
Mr Jason Micallef  Senior Project Officer, Workforce, Population Health Division, Department of Health Western Australia
Ms Ilse O’Ferrall  President, Public Health Association of Australia (Western Australia Branch) and Program Manager, North Metropolitan Area Health Service, East Population Health Unit, Department of Health Western Australia
Professor Ian Rouse  Acting Head, School of Public Health, Curtin University of Technology
Dr Kay Sauer  School of Public Health, Curtin University of Technology
Dr Alison Smith  Coordinator, Genomics Directorate
Professor Jeff Spickett  Head, School of Public Health, Curtin University of Technology
Dr Judy Straton  Director, Child and Community Health, Department of Health Western Australia
Perth Individual Meetings — Friday 1st October 2004

Western Australia Centre for Public Health

Dr Judith Finn  
Co-Director, Western Australian Centre for Public Health and Senior Lecturer and Deputy Head of School, University of Western Australia

Professor D’Arcy Holman  
Chair of Public Health and Head of School of Population Health, University of Western Australia

Professor Ian Rouse  
Acting Head, School of Public Health, Curtin University of Technology

Dr Kay Sauer  
Director of Academic Programs, Curtin University of Technology

Professor Jeffrey Spickett  
Dean of Graduate Studies, Division of Health Sciences, Curtin University of Technology

Department of Health, Western Australia

Mr Mike Daube  
Director General, Department of Health Western Australia

Ms Marcelle George  
Senior Policy Officer, Department of Health Western Australia

Mr Michael Jackson  
Executive Director, Population Health, Department of Health Western Australia

Dr Judy Straton  
Director, Child and Community Health, Department of Health Western Australia

Department of Health and Community Services, Northern Territory

Dr David Ashbridge  
Assistant Secretary, Department of Health and Community Services
Townsville Consultation Forum — 19th November 2004

Dr Peter Aitken  
Staff Specialist Emergency Department, The Townsville Hospital

A/Professor Peter d’Abbs  
Lecturer, Anton Breinl Centre

Dr Tracy Cheffins  
Training Co-ordinator, Australasian Faculty of Public Health Medicine

Professor Bob Douglas  
Chair, Anton Breinl Centre Advisory Committee and National Centre for Epidemiology and Population Health, Australian National University

Professor David Durrheim  
Director, Anton Breinl Centre

A/Professor Jacinta Elston  
Assistant Dean-Indigenous Health Faculty of Medicine, Health and Molecular Sciences, James Cook University

Professor Richard Hays  
Dean, School of Medicine, James Cook University

Lieutenant Colonel Jon Hodge  
Commanding Officer, Lavarack Barracks Medical Centre

Dr Andrew Johnson  
Executive Director of Medical Services, The Townsville Hospital

Dr Chris Kennedy  
Lecturer, Anton Breinl Centre

A/Professor Peter Leggat  
Lecturer, Anton Breinl Centre

Mrs Margaret McDonald  
Finance and Human Relations Manager, School of Public Health and Tropical Medicine, James Cook University

Mr John Piispanen  
Director of Environmental Health Services Tropical Public Health Unit

Dr Ian Ring  
Executive Director, Health Information Branch, Queensland Health

Ms Barbara Schmidt  
Principal Research Officer, Anton Breinl Centre

Professor Rick Speare  
Deputy Director, Anton Breinl Centre

Ms Yvonne Thomas  
Head of Occupational Therapy, Occupational Therapy Department, James Cook University

Dr Mark Wenitong  
President Elect, Australian Indigenous Doctors Association

Dr Ken Winkel  
President, Australasian College of Tropical Medicine

Professor Ian Wronski  
Executive Dean, Faculty of Medicine, Health and Molecular Sciences, James Cook University

Townsville Individual Meeting — 19th November 2004

James Cook University

Professor Bob Douglas  
Chair, Anton Breinl Centre Advisory Committee and National Centre for Epidemiology and Population Health, Australian National University

Professor Ian Wronski  
Executive Dean, Faculty of Medicine, Health and Molecular Sciences, James Cook University

Professor David Durrheim  
Director, Anton Breinl Centre

Professor Rick Speare  
Deputy Director, Anton Breinl Centre
## APPENDIX 8: PHERP Funded Institutions: All Postgraduate Awards by Enrolment Status

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<tr>
<th>Institution</th>
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<td>Anon Breinl — James Cook University</td>
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<td>The University of Adelaide</td>
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<td>University of Newcastle</td>
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<td>The University of Sydney</td>
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<td>879</td>
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**Note:**
- The data reported were compiled from the Department of Education Science and Training’s student data collection and verified by universities. Specific data parameters include:
  a. Completions data relates to award completions within a calendar year period.
  b. Data for 2001–2003 student enrolment numbers include all students enrolled between September of the previous year and August of the reporting year. A commencing student during this reporting period is defined as one who has commenced their course between September of the previous year and August of the reporting year.
  c. Data for 1999–2000 student enrolment numbers include all students enrolled at 31 March in each respective year. A commencing student during this reporting period is defined as one who has commenced their course between April of the previous year and March of the reporting year.
APPENDIX 9: References


