Western Australian Centre for Health Promotion Research
School of Public Health, Curtin University

Annual Report
2005
## 1. Background

Page 3

## 2. Vision

Page 4

## 3. Research and Development Activities in 2005

Page 5

### 3.1 Mental Health Projects and Research Activities

Page 5

### 3.2 Physical Activity and Nutrition Projects and Research Activities

Page 8

### 3.3 Injury Prevention Projects and Research Activities

Page 11

### 3.4 Other projects and research activities

Page 12

## 4. Publications and Awards

Page 15

### 4.1 2005 Peer-reviewed publications

Page 15

### 4.2 2005 Under Review Peer-reviewed Articles

Page 16

### 4.3 2005 Reports

Page 16

### 4.4 2005 Conferences and presentations

Page 17

### 4.5 Submissions to Government

Page 21

### 4.6 Books and other publications

Page 21

### 4.7 Journal Reviews

Page 21

### 4.8 Collaborations

Page 22

### 4.9 Awards

Page 24

## 5. WACHPR Research Staff

Page 24

### 5.1 Curtin Staff / research students

Page 25

### 5.2 WACHPR Advisory Board

Page 25

### 5.3 WACHPR Adjunct staff

Page 25

### 5.4 WACHPR Collaborators

Page 26

## 6. Resources and facilities

Page 26

## 7. Relevant Achievement Against Performance Indicators

Page 27
1.0 BACKGROUND

The Western Australian Centre for Health Promotion Research (WACHPR) is a multi-disciplinary research centre within the Division of Health Sciences at Curtin University of Technology.

The WACHPR was the first research centre in health promotion to be established by an Australian university. Since its inception in 1986, the WACHPR has attracted over $7 million to fund both research and consultancies.

The WACHPR’s expertise is directed towards epidemiological research and health promotion intervention research. Our main research foci include: injury prevention; mental health promotion; cancer control and prevention; alcohol and other drugs; sexual health; physical activity and obesity; seniors’ health; theory and evidence based health promotion methodologies (planning, interventions and evaluation); health promotion education and training; and policy and advocacy.

In addition to these core functions, the WACHPR conducts health promotion continuing education/capacity building courses and community HIV/AIDS education courses locally, in regional areas and internationally. Further activities include consultancy and evaluation services, and assistance and advice with public health policy activity. The WACHPR’s work is predicated upon the following definition:

Health promotion can be regarded as a combination of educational, organisational, economic and political actions designed with consumer participation, to enable individuals, groups and whole communities to increase control over, and to improve their health through knowledge, attitudinal, behavioural, social and environmental changes (Howat et al, 2003).
2.0 VISION

The Western Australian Centre for Health Promotion Research is recognised nationally and internationally as a premier centre of excellence for research and training in health promotion.

The WACHPR is committed to ethical practice and social justice and is responsive to changing community needs and responsibilities.

We aim to achieve our vision through the:

- Conduct of high quality applied research. The WACHPR is currently conducting several formative and intervention research projects addressing the priority areas of alcohol and other drug use, mental health, physical activity, injury prevention, sexual health, seniors health and peer-based strategies targeting at-risk youth;

- Provision of high-level expertise in the design, planning, dissemination, implementation and evaluation of quality health promotion programs and services; and

- Provision of research training and capacity building techniques to undergraduate and postgraduate students. The WACHPR has developed a Research Competency Program (RCP) for students and volunteers. The RCP aims to provide practical application of health promotion skills in a professional research environment and to complement and supplement knowledge acquired through the study of health promotion. The RCP also aims to develop key competencies relevant for health promotion practice and research, and thus improve students’ employability. To date the WACHPR has supported over 500 students by providing practical training in health promotion research.
3.0 RESEARCH AND DEVELOPMENT ACTIVITIES in 2005

In 2005, the WACHPR staff had 18 peer-reviewed articles published, with a further five articles under review and 28 in preparation. Staff also presented 36 national and international conference papers.

3.1 Mental Health Projects and Research Activities

Mental health has been identified as a national health priority area for Australia. The WACHPR conducted a number of mental health-related research projects in 2005 to address the need for ongoing research and intervention in this area. A variety of issues and target groups were investigated including bullying in primary school aged children and factors influencing the mental health and well-being of same sex attracted youth.

3.1.1 Peer Outreach Program for Same Sex Attracted Youth

Funding: Healthway (2005)

Peer based health promotion programs have been widely used in supporting and educating marginalised youth and within youth outreach strategies. However, these programs have had limited theoretical development and have rarely been evaluated past process evaluation, or fully explore their strengths and limitations. This project aims to assist the Freedom Centre (a peer based and run program for same sex attracted youth and youth with diverse gender expression) to build a strong foundation of what the Freedom centre model is, what it aims to achieve, what are its strengths and weaknesses, and develop ways of demonstrating its impact on the lives of young people. This is critical to the Freedom Centre maintaining its success into the future.

The aims and objectives of the study include:

1. To identify consistencies and inconsistencies between the experiences and perceptions of same sex attracted youth (SSAY) and the assumptions underlying current peer based initiatives targeting SSAY and marginalised youth. The strategy objectives to achieve this include:
   - To synthesise the experiences of SSAY and the role of the presence or absence of protective factors such as sense of belonging, coping skills, resiliency, self-efficacy and health literacy;
   - To describe the assumptions and expectations of SSAY of the targeted and general services targeting youth;
• To describe and compare the key models, issues and assumptions underlying peer-based initiatives targeting same sex attracted youth, programs targeting marginalised youth, and these programs responses to protective and risk factors; and
• To describe and compare the assumptions and capacity expectations that staff and volunteers from SSAY youth and marginalised youth programs have of each others programs and services.

2. To collaboratively identify opportunities for enhancement, reorientation and development of these programs, including joint initiatives between targeted and mainstream youth outreach services.

3. To provide recommendations for further research into peer based youth mental health promotion and service interventions.

3.1.2 ‘Cyber-reach’: peer based mental health promotion outreach program targeting at risk groups using internet chat rooms

Investigators: Brown G, Maycock B, Burns S, Hallett J.
Funding: Healthway 2005-2006

The rapid growth of the internet as a venue or space for communication, particularly on-line chat rooms and networks, demonstrates new ways in which community links can occur or marginalised people can interact, providing new opportunities for health promotion to occur. Same sex attracted youth (SSA) and men who have sex with men (MSM) are two groups that can experience poor health outcomes and marginalisation which health promotion initiatives often find hard to reach. However these groups have been shown to have high levels of usage of internet chat room environments.

The CyberReach Project is a collaboration between the WA Centre for Health Promotion Research and the WA AIDS Council. This project focuses on two target groups: same sex attracted youth - male and female aged 16 to 24 (SSAY) - and adult men who have sex with men, expected age range of 20 to 65 years (MSM). Using a Participatory Action Research framework, the CyberReach aims to adapt current peer based outreach, training and supervision frameworks to an online outreach setting in a way that is effective and supported by the community they are targeting. In essence - peer volunteers enter online chat rooms in a similar way that volunteers currently outreach at social, community and sexual venues. As with the other traditional outreach programs - volunteers are drawn from the community in which they will be outreaching, and the program is implemented in a way that respects and supports the users of this virtual environment and the online community they have created.
3.1.3 Why do some kids bully others and what makes them stop?

Investigators: Burns S, Maycock B, Brown G.
Funding: WA Health Promotion Foundation (Healthway)

Children who bully are subject to a variety of physical, emotional and social problems. The nature of their behaviours affects not only themselves but the children they bully, their families, the peers whom they bully and their families, the broader school community and ultimately, when behaviours such as criminal activities are considered, the whole community. There is considerable data worldwide on the characteristics and issues associated with bullying however few studies have used in-depth one-on-one interviews to investigate the reasons students initiate, maintain and cease their bullying behaviour. In this qualitative study students who self-reported to bully others (n=51) were interviewed at the end of Year 7 (approximately 12 years of age). The study used quantitative data collected as part of a two-year universal whole school bullying prevention project to identify students who self report to bully others and to inform the development of the interview guide. The theoretical framework and methodological approach of symbolic interaction was used to guide the interview and analyse the data. Some clear themes emerged from the study that helps explain the initiation, maintenance and cessation of bullying behaviour.

3.1.4 Loneliness and social isolation in later life

Investigators: Iredell H, Boldy D, Grenade L, Dhaliwal S, Howat P.
Funding: WA Health Promotion Foundation (Healthway) (2004-2006)

This study aims to measure the extent of loneliness and social isolation among older people, examine the relationships between loneliness, social isolation and living alone and to investigate factors contributing to, or protective of, experiences of loneliness and/or isolation. This includes identifying potential interventions, polices and strategies to protect those ‘at risk’.

This information will be collected via: a cross-sectional survey of older people (65 years and over); a survey of stakeholders involved in health and/or community related organisations that have an interest in older people; compilation and review of existing interventions, resources and policies; in-depth interviews of older people; and the development of a framework for future intervention research. The study will provide estimates of: the prevalence of loneliness and isolation amongst older Australians; review current efforts and their effectiveness in the alleviation of loneliness and isolation; facilitate the engagement of health professionals in understanding loneliness and isolation in later life; and provide a model for future intervention efforts.
3.2 Physical Activity and Nutrition Projects and Research Activities

With trends in overweight and obesity increasing significantly in recent years, physical activity and nutrition have been identified as priority areas to reduce associated chronic disease. The WACHPR completed the intervention phase of a longitudinal physical activity research project in 2005 and several physical activity and nutrition-related consultancy projects.

3.2.1 Perth Active Living Seniors (PALS)

Funding: Healthway (2002-2005)

The energy intake of older Australians often far exceeds their energy expenditure, with half being insufficiently active and almost two-thirds overweight or obese. This project investigated the relationship between BMI, physical activity and various health indices, and the impact of a walking program on these variables.

In a randomised controlled trial, 600 insufficiently active 65-75 year olds were recruited and assigned to either a walking group or control group. There were 30 walking groups containing on average 10 participants. The 26 week prescriptive graduated program was led by a trained walk leader and incorporated regular health education. The groups met twice per week in the walkers’ local suburb, optimising access, minimising travel, enhancing a sense of community and increasing sustainability. Self-reported BMIs were calculated and compared to a range of health indices.

Results indicated significant differences between the obese and healthy weight subjects at pre-program assessment. Obese subjects did less walking for recreation and for transport, less gardening and scored worse on the UCLA loneliness scale. Healthy weight people scored better on satisfaction with relationships, walking/exercise efficacy, and the SF12 PCS. There was significant post program improvement in physical activity levels for both the obese and healthy weight subjects; however there was no reported change in BMI. These findings indicate that as physical activity increased so did energy intake. This has serious implications for health promotion, reinforcing the need for nutritional education to be included in physical activity programs for older people.
3.2.2 Perth Active Living Seniors 2 (PALS2)

Funding: Healthway 2005-2006

Using the same cohort as PALS 1, an internet based nutrition resource will be developed, implemented and evaluated.

3.2.3 Evaluation of the 2005 Department of Planning and Infrastructure’s Bike to Work Breakfast

Investigators: McManus A, McManus J, MacDonald E, MacDonald M.  
Funding: Department for Planning and Infrastructure (2005)

Perth Western Australia has the highest proportion of per capita car ownership in Australia. Despite the various health, environmental and traffic-related benefits, the uptake of alternative forms of transportation such as walking, cycling and public transport are low. In response to growing reliance on motorised transport, the Department for Planning and Infrastructure’s Cycling Unit conducts an annual Bike to Work Breakfast to promote cycling as a viable form of transport to work.

In 2005, the WA Centre for Health Promotion Research was employed to conduct an evaluation of the event. A total of 1232 questionnaires were completed and analysed. The majority of respondents were male (69%, n=845). The age of respondents varied, with the most common age group being 31-40 years (29%, n=353) followed by 41-50 years (26%, n=324). Respondents cited a number of different reasons for cycling. The majority indicated improved fitness (84%, n=1035) and enjoyment (63%, n=777) as the main reasons for cycling. Almost half of respondents (43%, n=535) cycled on a daily basis whilst a further 42% (n=524) reported cycling 2-3 times per week. Respondents suggested they would ride more often if there were showers at work (35%, n=422), more on-road facilities (29%, n=360) and lockers at work (24%, n=293). Of the participants who completed questionnaires, 68% (n=843) had attended the Bike to Work Breakfast previously. Over the past five years, findings from the evaluation of this event have demonstrated positive trends in attitudes and behaviours towards cycling-related issues.
3.2.4 City of Mandurah Food Security Project

Investigators: McManus A, Smith J.
Funding: City of Mandurah (2004-2005)

Opportunities exist for health professionals to work with local governments to promote nutrition and to impact upon the food and nutrition system. Supermarkets are a key factor determining the quality of food supply in a community (wider range of goods, lower retail prices). However many people are unable to access large supermarkets as their primary food retail outlet. Difficulties faced by those who rely on corner shops or general stores for their primary food supply include the limited range of foods available and the prices are often higher than in most supermarkets.

The aim of the study was to assess the food availability among food outlets (excluding major supermarkets) in selected regions in the City of Mandurah. Data collection instruments were developed and trialled in 2004 and implemented in early 2005. This scoping exercise aimed to assess the availability, accessibility, quality and variety of healthy food options through an audit process within selected areas of Mandurah. It is envisaged this formative exploration will create an opportunity for the development of a comprehensive plan addressing the social determinants of health within the City of Mandurah.

3.2.5 Technip Subsea7 Enfield Joint Venture Wellness Initiative

Investigators: McManus A, Smith J.
Funding: Technip Oceania Subsea 7 Enfield Joint Venture (2004-2005)

The WACHPR was employed to design and conduct the evaluation of a workplace-based healthy lifestyle program. This pilot program aimed to facilitate and maintain positive health-related behaviour change among employees through the provision of a 12-month multi-strategic program addressing factors such as physical activity and nutrition-related knowledge and behaviours. The WACHPR will compare baseline self-reported data with data collected six and 12 months after the implementation of the program to measure attitudinal and behavioural changes relating to key health-related indicators.
3.2.5 Curtin Healthy Lifestyle Program

Investigators: Woolmer J, Sauer K, Howat P.

Curtin University has been actively advocating a healthy lifestyle in the workplace to increase productivity, creativity, health and happiness for 20 years. The Curtin Healthy Lifestyle Program was initially established based on a community development approach.

University staff are assisted to reduce their level of stress by promoting a healthy lifestyle and changing the work culture to one where staff are valued. Staff are encouraged to balance work, study and family life by taking work breaks, attend healthy activities during work time, be involved with campus life, network with other staff, develop hobbies, fit physical activity into their day (even involving families in healthy activities) and generally make time to care for their health. The program focuses on intersectoral collaboration amongst various departments, areas and individuals. Staff and students are encouraged to become involved, to form supportive groups, to increase the number of healthy opportunities available and to find solutions to health related problems on campus. These elements in combination assist in the creation and maintenance of a “Health Promoting University”.

3.3 Injury Prevention Projects and Research Activities

Injury-related morbidity and mortality continues to be a major contributor to public health burden in Australia. The WACHPR has been involved in several injury prevention initiatives in 2005.

3.3.1 Managing return-to-play decisions following mild traumatic brain injury in sport


The aim of this longitudinal study is to estimate the incidence of mild traumatic brain injury (mTBI) and to develop guidelines for managing return-to-play decisions following mTBI in sport. Formative work has been completed with the intervention beginning in early 2005. Further funding will be sought in 2005 to implement a computer-based neuropsychological test in a clinical setting. The proposed project will aim to develop Australian norms of cognition for use in assessing brain injury, particularly in sport. The current norms used to assess brain impairment are based on the findings of over one million respondents observed in the United States of America. The project aims to assess the efficacy of continued use of those norms in the Australian population.
3.4 Other projects and research activities

In 2005, the WACHPR conducted several research projects that addressed issues surrounding primary health care, alcohol and other drug use and health promotion practice.

3.4.1 Managing Waterborne Pathogens in Public Swimming Pools in Australia

Funding: Leisure Institute WA (AQUA) and School of Public Health

There have been numerous reports of swimming pool-associated outbreaks of Cryptosporidiosis and Giardia worldwide including Australia. It is essential to ensure that effective measures are in place to manage faecal contamination incidents, the primary source of contamination of these pathogens in public swimming pools. There are no evidence-based guidelines for the management of faecal contamination incidents (FCI) in public swimming pools in Australia. The aim of this study was to develop, implement and evaluate guidelines to reduce the public health risk of associated with Cryptosporidium and Giardia in public swimming pools in Australia. This research is particularly important both nationally and internationally as the endemic of Cryptosporidium and Giardia is increasing significantly.

3.4.2 Evaluation of the Starlight Children’s Foundation

Investigators: McManus A, Kusel M.
Funding: Starlight Children’s Foundation and School of Public Health

The aim of this project was to develop methodology and instrumentation to evaluate the operations of the Starlight Children’s Foundation in Australia, and to trial them in Western Australia. The Starlight Children’s Foundation Western Australian (Starlight WA) has 11 components. Each has a role to play in supporting chronically or terminally ill children and their families. The key components included in the evaluation were: the Starlight Express Room; the Starlight Television Channel; the Starlight Express Van; the Wish Granting Program; the Fun Centres; the Starlight Escapes; the role of Captain Starlight; and the Volunteer Program.
3.4.3 Development of a Community Profile for Alcohol and Other Drug Use for the Willetton District Local Drug Action Group

Investigators: Ilijovska A, Howat P, Maycock B.
Funding: Drug and Alcohol Office (2004)

Rapid Assessment and Response (RAR) methodology was utilized for the development of a community profile of the Willetton and District area regarding the use of alcohol and other drugs and their associated problems.

The objectives of the project were to establish the nature and extent of alcohol and other drug use and factors influencing this use to: establish the adverse consequences associated with alcohol and drug use and the factors that influence them; and to establish the resources available and current interventions within the community, relevant to alcohol and other drug problems.

Qualitative data was generated from in-depth interviews and focus group interviews with parents, students, teachers, school nurses, school counsellors, local police officers and other community members. Quantitative data was generated from surveys, reports and other local data. The interviews provided suggestions for possible solutions to the identified alcohol and other drug use problems. It is intended that these suggestions will help inform strategies that can be implemented by the WDLDAG. The process by which the community profile was developed was documented with the aim of developing this process in the form of an RAR Guide that can be used by other community groups.
3.4.4 Perth Gay Community Periodic Survey

Investigators: Brown G, Rawstorne P, Shanks K.
Funding: Department of Health WA (2004-2005)

The Perth Gay Community Periodic Survey is a cross sectional survey of the sexual health and behaviour of gay and bisexual men connected to the Perth gay community. Conducted biannually since 1998 the study is a partnership between WACHPR, the National Centre in HIV Social Research (UNSW) and the WA AIDS Council.

The survey allows health promoters and service providers to identify trends and changes in the health, social networks and sexual behaviour of the gay male community, and to develop resources and facilities to meet the communities’ future needs and demands. Questionnaires were distributed at various Lesbian and Gay Pride Festival events and gay and lesbian community venues during October and November 2004. Over 1000 surveys were completed and a community report will be released in April 2005.
4.0 PUBLICATIONS AND AWARDS

4.1 2005 Peer-reviewed Publications


Maycock, B & Hall, S 2005, 'Bridging the gap: integrating quality management into health promotion practice', *IUHPE Promotion and Education*, vol. XII, no. 1, pp. 7-12.

### 4.2 Under Review Peer-reviewed Articles


### 4.3 2005 Reports


### 4.4 2005 Conferences & Presentations

Brown, B 2005, 'Peer based outreach programmes targeting marginalised youth', in *Youth Affairs Council of WA Conference*, Fremantle, 2-3 June


McManus, A 2005, 'How to prepare a zippy abstract and have it published', in Australian Health Promotion Association (WA Inc), Invited workshop series, Perth, 23 March.


4.5 Submissions to Government

McManus A. Review of the New Public Health Act 2005

Maycock B. Review of the Liquor Licensing Act 1988

4.6 Books and other publications


4.7 **Journal Reviews**

- American Journal of Epidemiology
- American Journal of Health Behavior (Australian Editor)
- Asia Pacific Journal Public Health
- ACHPER National Journal
- Australian Journal of Health Promotion
- Australian and New Zealand Journal of Public Health
- Australian Journal of Food and Nutrition
- Australian and New Zealand Journal of Medicine
- British Journal of Sports Medicine
- European Journal Clinical Nutrition
- Health Education (USA)
- Health Education Research: Theory and Practice (UK)
- Health Promotion Journal of Australia
- Injury Prevention
- International Journal of Drug Policy
- International Journal of Health Promotion and Education
- Journal of Science and Medicine in Sport
- Journal of Applied Sports Psychology
- Medical Journal of Australia
- Modern Medicine, Medicine Today
- Papua New Guinea Medical Journal
- Preventing Chronic Disease
- Promotion and Education - International Journal of Health Promotion and Education
- Public Health Nutrition

4.8 **Collaborations**

The WACHPR has an extensive list of local, national and international research collaborators. WACHPR is one of the few groups in Australia collaborating with the prestigious Centers for Disease Control and Prevention; Atlanta USA and the Oregon Research Institute, USA.
Local and National collaborations

- Department of Health
- Department of Veterans Affairs
- The Office of Seniors Interests
- Positive Ageing Foundation
- Main Roads WA
- Office of Road Safety
- NSW Risk Management Research Centre
- The Injury Control Council of WA
- The George Institute for International Health, Sydney
- Newcastle University
- The University of Western Australia
- Edith Cowan University
- Murdoch University
- The WA Health Promotion Foundation (Healthway)
- The University of NSW
- The Val Lishman Health Research Foundation
- WA AIDS Council
- WA Substance Users Association
- Gay and Lesbian Community Services
- Trinity Youth Options
- Family Planning Western Australia
- National Centre in HIV Social Research (UNSW)
- Australian Research Centre in Sex Health and Society (La Trobe University)
- Australian Federation of AIDS Councils

International Collaborations

- Oregon Research Institute, USA
- Centers For Disease Prevention and Control, USA
- National Institutes of Health, USA
- University of Pittsburgh, USA
- Human Performance Centre, Wellington, New Zealand
- Otago University, Dunedin, New Zealand
- Leeds Metropolitan University, United Kingdom
- Mahidol University, Thailand
- Seoul National University, S Korea
- Kagawa University, Japan
4.9 Awards

The WACHPR staff received the following awards in 2005:

Health Promotion Program, Excellence and Innovation in Teaching Award 2005, Curtin University of Technology

Graham Brown, Best Education Presentation Award, 'Know your environment', presented at the Australasian Society for HIV Medicine Conference, August 2005

5.0 WACHPR RESEARCH STAFF

5.1 Curtin staff/research students

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Prof Colin Binns</td>
<td>Professor of Public Health</td>
<td>Associate Director</td>
</tr>
<tr>
<td>Ms Sharyn Burns</td>
<td>Lecturer</td>
<td>Associate Director</td>
</tr>
<tr>
<td>A/Prof Peter Howat</td>
<td>Head, Health Promotion Program Area</td>
<td>Associate Director</td>
</tr>
<tr>
<td>Dr Alexandra McManus</td>
<td>Senior Research Fellow</td>
<td>Associate Director</td>
</tr>
<tr>
<td>A/Prof Bruce Maycock</td>
<td>Senior Lecturer</td>
<td>Associate Director</td>
</tr>
<tr>
<td>Prof Ian Rouse</td>
<td>Head, School of Public Health</td>
<td>Associate Director</td>
</tr>
<tr>
<td>Dr Graham Bates</td>
<td>Senior Lecturer</td>
<td>Researcher</td>
</tr>
<tr>
<td>Mr Graham Brown</td>
<td>Lecturer</td>
<td>Project Director</td>
</tr>
<tr>
<td>Ms Jenny Collins</td>
<td>Academic Coordinator</td>
<td>Project Director</td>
</tr>
<tr>
<td>Ms Lisa Cooper</td>
<td>Research Assistant</td>
<td>Project Coordinator</td>
</tr>
<tr>
<td>Ms Lynda Fielder</td>
<td>Research Assistant</td>
<td>Research Assistant</td>
</tr>
<tr>
<td>Ms Janet Haines</td>
<td>Research Assistant</td>
<td>Research Assistant</td>
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<tr>
<td>Ms Anna Ilijovska</td>
<td>Research Assistant</td>
<td>Research Assistant</td>
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<tr>
<td>Ms Helena Iredell</td>
<td>Project Director</td>
<td>Project Director</td>
</tr>
<tr>
<td>Dr Ross James</td>
<td>Senior Research Fellow</td>
<td>SRF</td>
</tr>
<tr>
<td>Ms Jonine Jancey</td>
<td>Project Director</td>
<td>Project Director</td>
</tr>
<tr>
<td>Ms Barbara MacDonald</td>
<td>Research Assistant</td>
<td>Research Assistant</td>
</tr>
<tr>
<td>Ms Linda Portsmouth</td>
<td>Coordinator, Health Communication Program</td>
<td>Researcher</td>
</tr>
<tr>
<td>Ms Jenny Smith</td>
<td>Research Assistant</td>
<td>Project Coordinator</td>
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<tr>
<td>Ms Jillian Woolmer</td>
<td>Project Coordinator</td>
<td>Project Coordinator</td>
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5.2 WACHPR Advisory Board

Ms Ann Barblett  South Metropolitan Area Health Service
Mr Iain Cameron  Office of Road Safety
Mr Neil Guard  WA Health Promotion Foundation
Mr Peter Howat  Centre for Behavioural Research into Cancer Control
Mr Gary Kirby  Drug and Alcohol Office
Mr Richard Lobb  Dept of Education & Training Western Australia
Ms Ilse O’Ferrall  Dept of Health, Population Health Unit
Prof Ian Rouse  School of Public Health, Curtin University
Mr Trevor Shilton  National Heart Foundation of WA
Mr Terry Slevin  Cancer Council of WA
Ms Joanne Taggart  Curriculum Council of Western Australia
Prof Steve Zubrick  Institute of Child Health Research and Centre for Developmental Health

5.3 WACHPR Adjunct staff

Mr Iain Cameron  Office of Road Safety
Prof Donna Cross  Child Health Research Unit, ECU
A/Prof John Fisher  Oregon Research Institute, USA
Ms Shirley Frizzell  Health Consultant
A/Prof Ray James  Institute of Child Health Research, UWA
Mr Garry Kirby  WA Drug and Alcohol Office
Dr Anthony (Tony) Lower  Combined Universities Centre for Rural Health
Ms Ilse O’Ferrall  N Metro Health, Dept Health, WA
Mr Trevor Shilton  National Heart Foundation
Prof David Sleet  Centres for Disease Control, NCIPC, USA
Mr Terry Slevin  Education & Research, Cancer Society of WA
Dr Ross Spark  Public Health, N Queensland
Prof Lawrie St Leger  Deakin University
5.4 WACHPR Collaborators

Prof Duncan Boldy  Centre for Research into Aged Care Services, Curtin University of Technology
Dr Ann Clarke  Centre for Research into Aged Care Services, Curtin University of Technology
Ms Chris Costa  Injury Control Council of WA
Prof Caroline Finch  NSW Risk Management Research Centre, University of NSW
Ms Barbara Horner  Centre for Research into Aged Care Services, Curtin University of Technology
Ms Helena Iredell  School of Population Health, University of Western Australia
Dr Kypros Kypri  University of Newcastle, NSW
A/Prof Andy Lee  Epidemiology and Biostatistics, Curtin University of Technology
Dr Fuzhong Li  Oregon Research Institute, USA
Dr Jane Scott  University of Glasgow, UK
Ms Therese Shaw  Edith Cowan University, WA
Prof Mark Stevenson  Injury Prevention and Trauma Care, George Institute for International Health, Sydney University

6.0 RESOURCES AND FACILITIES

The WACHPR relies on external funding sources such as the National Health and Medical Research Council and Healthway, and income generated by consultancy research and other commercial activities to support its research and development activities.
The following performance indicators were identified in the WACHPR Vision and Strategic Plan 2001-2005. Each objective is assessed according to performance in 2005 in parentheses.

**RESEARCH**

**Strategic objective:** To build on its previous research program achievements and obtain at least two major research grants each year.

**Objectives:**

- Enhance the high quality of applied research it conducts. (CURRENTLY ACHIEVING)
- Generate at least three publications (that include data) from each major research grant and at least one paper from each pilot project. (PROGRESS MADE)
- Ensure writing teams are clearly established for all publications. (CURRENTLY ACHIEVING)
- Submit at least two intervention-based research grants and two pilot/starter grants per year. (CURRENTLY ACHIEVING)
- Maintain and build upon traditional funding sources e.g. NHMRC and Healthway. (PROGRESS MADE)
- Develop new funding sources e.g. ARC, Linkage Grants. (CURRENTLY ACHIEVING)
- Prepare seminars for health professionals, study participants and lay public to present major research findings. (CURRENTLY ACHIEVING)
- Provide all staff with ongoing access to data management and biostatistical support. (PROGRESS MADE)
- Enhance staff expertise in the writing of successful grants. (PROGRESS MADE)
CONSULTANCY
Strategic objective: To secure tenders that have a high likelihood of success and that are directly related to staff expertise.

Objectives:
- Increase collaboration with state, national and international research centres and organisations. (CURRENTLY ACHIEVING)
- Increase the number of large successful Government and non-Government tenders. (PROGRESS MADE)
- Continue to develop passive income sources by developing and selling publications. (CURRENTLY ACHIEVING)
- Continue to offer fee-for-service consultation to health agencies and corporations. (PROGRESS MADE)
- Establish a Faculty of Associates and a Commerce and Industry Board to support its activities or formal links to a University Research Foundation. (NO PROGRESS)
- Increase efforts to obtain corporate sponsorship for its activities. (NOT ACHIEVING – this remains an ongoing challenge)

EDUCATION AND TRAINING
Strategic Objective: To increase the number and quality of education and training courses offered by the WACHPR.

Objectives:
- Increase number of fee-for-service continuing education courses. (PROGRESS MADE)
- Expand the number and variety of in-country and out-of-country courses offered to the Asia Pacific region. (PROGRESS MADE)
- Expand the variety of Distance Education short courses, especially in remote and rural areas. (CURRENTLY ACHIEVING)

ADVOCACY
Strategic Objective: To continue to share knowledge and expertise within the University and the wider community.

Objectives:
- Continue to provide active community service. (CURRENTLY ACHIEVING)
- Maintain its position as an ethical and credible source of health promotion research information amongst the public health research and wider community. (CURRENTLY ACHIEVING)
- Continue to actively involve School, Department staff and students in its activities. (CURRENTLY ACHIEVING).