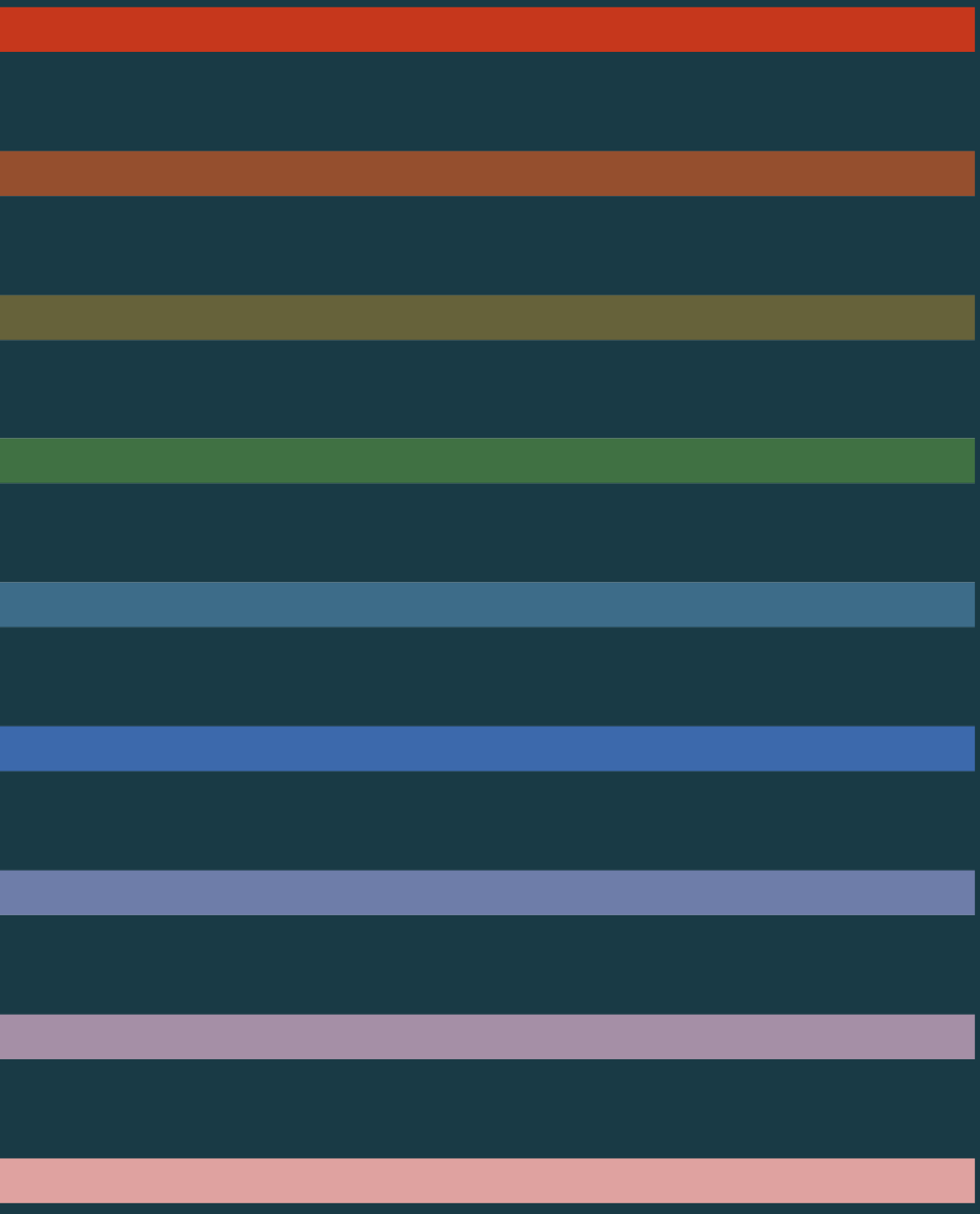
The Evidence Exchange

Strategy 2026-2030

August 2026



Acknowledgment of Country

We acknowledge the Traditional Custodians of all the unceded lands on which we work and gather.

We pay our deep respect to the Ancestors and Elders of Wadawurrung Country, Eastern Maar Country and Wurundjeri Country where our physical offices are located.

We recognise that colonisation has come at a deep and ongoing cost to the physical, social, spiritual and emotional wellbeing of Aboriginal and Torres Strait Islander people. We are committed to learning and growing as we work to decolonise engagement practices that continue to cause harm.

In supporting the self-determination of First Nations communities, we recognise the enduring strength and expertise within community to shape and sustain health on community's terms.

We honour the role we have to play in promoting holistic models of health, truth telling and elevating First Nations wisdom.

Acknowledgement of Living and Lived Experience

We acknowledge the individual and collective expertise of people with lived and living experience of health conditions and related issues. This extends to carers, supports, family members, chosen family and kinship groups.

We honour the efforts people make to share their unique perspectives and recognise these perspectives as essential in every effort to improve health and wellbeing.

Suggested Citation

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A note on language

Language, framing and accessible terminology are fundamental to how we approach this work. Our current definitions of the key terms used in this strategy are presented below.
As we progress, we will continue to refine a shared language of key terms and concepts.

Glossary

Commercial and Economic Determinants of Health (CEDoH)

The commercial determinants of health are the systems, practices and pathways through which commercial actors impact human health and equity.[1] The economic determinants of health are the wide set of economic systems and forces that shape conditions of daily life, including their impact on health. Examples include central bank policy, tax and trade policies, government debt, and other economic and development approaches.[2]

Commercial actors

Commercial actors range from small, locally owned businesses to multi-national corporations and financial institutions. The choices commercial organisations make about the products they sell and how they operate influence people's health and wellbeing in varied and complex ways.[3]

Communities

Communities are collective groups of people who share relationships, experiences or connections that shape their identity and wellbeing. These connections may be grounded in place, culture and kinship, shared lived experiences and share socio-political realities.

Co-creation, co-design and co-production[4]

- Co-creation refers to a collaborative approach to creative problem solving among diverse interest-holders at all stages of an initiative, from problem identification through to solution generation, implementation and evaluation.
- Co-design describes active collaboration among interest-holders in the design of solutions to a pre-specified problem.
- Co-production refers to implementation of previously determined solutions to a previously agreed problem with emphasis on the most efficient use of existing resources and assets.

Engagement

Engagement is an umbrella term reflecting a range of ways in which people share their views and expertise to inform, create and lead action. This may be through different methods and at different levels, including consultation, participation, collaboration, partnership and leadership.

Community wealth building

Community wealth building is an economic-development strategy that seeks to strengthen communities through democratic ownership and control of business and jobs. It builds on local talent, capacities and institutions to rebuild capital, strengthen local ownership and keep wealth flowing in the community.[5]

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[1] Gilmore AB, Fabbri A, Baum F, Bertscher A, Bondy K, Chang HJ, et al. Defining and conceptualising the commercial determinants of health. Lancet. 2023;401(10383):1194-213.
[2] World Health Organization (WHO). Economic and commercial determinants of health in Small Island Developing States: noncommunicable diseases, mental health conditions, injuries and violence. Geneva: WHO; 2025. Available from: https://www.who.int/publications/i/item/9789240090941
[3] VicHealth. CDoH Local Government module supplement: VicHealth Local Government Partnership (VLGP) supplement module [Internet]. Melbourne: VicHealth; 2024 [cited 2026 Jun 10]. Available from: https://www.vichealth.vic.gov.au/place-based-approaches/local-government-partnership/vichealth-local-government-partnership-vlgp
[4] Vargas C, Whelan J, Brimblecombe J, Allender S. Co-creation, co-design, co-production for public health: a perspective on definitions and distinctions. Public Health Res Pract. 2022;32:e3222211. doi:10.17061/phrp3222211.
[5] Wellbeing Economy Alliance. Key concepts [Internet]. 2022 [cited 2026 Jun 10]. Available from: https://weall.org/key-concepts

Harmful industries

Harmful industries are those that manufacture, market and profit from products, services and practices that contribute substantially to health, equity and environmental sustainability harms. Much of the focus of research into harmful industries has centred on selected drivers of poor health (e.g. tobacco, alcohol, gambling and unhealthy foods). There is also increasing attention to the impact of other powerful industries on health and human rights, including extractive industries (e.g., fossil fuels), the pharmaceutical industry, and the technology industry.

Health

Health is a state of complete physical, mental and social well-being. It is one of the fundamental rights of every human being and a foundation for individual and collective flourishing.[6]

Knowledge mobilisation

Knowledge mobilisation is a broad term that describes the way knowledge is created, shared and used in order to have an impact. In simpler terms, it refers to the sharing of information with people in a way that they will be able to understand it and apply it.

Knowledges

We use the word “knowledges” to convey First Nations knowledges (often called Indigenous Knowledge Systems) representing thousands of years of intergenerational cultural, scientific and ecological wisdom. For us, using the plural "knowledges" rejects the idea of a single, monolithic Indigenous worldview and creates a container to hold diverse views, understandings, beliefs, values and practices.

Lived experience

Lived experience refers to a person’s current or previous experiences, expertise, skills and insight, that they can draw upon to benefit others, improve systems and advocate for human rights. It can encompass the living and learned experience of individuals, including carers, supporters, family members, chosen family and kinship groups.

Partners

Organisations, groups and individuals who we work collaboratively with to drive action on the CEDoH. Working with and alongside our partners, we work together to share knowledge, experiences and lessons, and increase our shared impact. Our partners include groups and individuals from diverse backgrounds, including: researchers; policymakers and government agencies; civil society (including non-governmental organisations, community groups and advocacy groups); members of the community; and values-aligned businesses.

Research translation

Research translation is the process whereby research is translated into practice, policy or further research to inform real-world action. In Australia, other terms such as knowledge translation/exchange are often used interchangeably with research translation.[7]

Transdisciplinary

Transdisciplinary is an approach to research that integrates knowledge, methods and insights from multiple fields and disciplines to create new conceptual, methodological and translation innovations to address complex problems.

Theory of Change

A logic model or plan that steps through how an initiative is proposed to have an impact.

Wellbeing economy

A wellbeing economy is one that is designed to serve people and the planet, rather than focused predominantly on continuous economic growth. A wellbeing economy is characterised by dignity, nature, connection, fairness, and participation.[8]

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[6] World Health Organization. Constitution of the World Health Organization [Internet]. Geneva: World Health Organization; 1946 [cited 2026 Jun 10]. Available from: https://www.who.int/about/governance/constitution

[7] Papageorgiou A, McLaren T, Schoep T; AAMRI Research Impact Working Group. Report: the AAMRI Research Impact Framework. 2021. Available from: https://aamri.org.au/advocacy/research-impact/research-impact-framework/

[8] Wellbeing Economy Alliance. Key concepts [Internet]. 2022 [cited 2026 Jun 10]. Available from: https://weall.org/key-concepts

About this strategy

The Evidence Exchange is a research translation centre focused on the commercial and economic determinants of health. This document sets out the vision, aims, objectives and proposed approach for *The Evidence Exchange*.

We recognise that movements towards healthier, fairer futures have been, and continue to be, championed by many other groups, organisations and voices. As we share our first strategic plan, we reflect on how far we've collectively come, and how far we still must go. We offer our admiration and support for existing and parallel efforts, and hope to add meaningfully to the contributions others have made.

At the same time, this strategy serves as an invitation for people, including community members, researchers and those working in government and businesses, to join us in working to improve the systems that are shaping population health.

This strategy is the result of 12-months of planning and discovery activities. It brings together our research, lived and learned expertise, and policy and practice perspectives to chart a course ahead. We'd like to thank all our peers, contributors and advisors for their input into this work.

We will revisit this strategy each year, recognising that we will learn, change and adapt, just as the dynamic systems we work within continue to change.

The challenge we face – the ‘why’ of our work

Health and wellbeing are profoundly shaped by unseen, systemic forces. These forces shape fundamental conditions and resources for health, including food, income, climate, social justice and equity.[9]

There is increasing attention to and awareness on how business, markets and commercial practices shape health. The commercial determinants of health (CDoH) describe the *systems, practices and pathways through which commercial actors impact human health and equity.*[10] This definition recognises that commercial actors can positively and negatively influence health and equity in diverse and complex ways, through the choices they make, the products and services they sell, and the way they operate.

The influence of commercial actors on health is deeply embedded in underlying economic and political systems, which are currently centred on short-term growth and profit maximisation, without sufficient regard for health, equity and environmental sustainability. These systems have contributed to harm, including rising health and wealth inequalities, and environmental damage.

Transformative change is urgently needed to ensure that commercial and economic systems promote health and equity for current and future generations.

Over recent years, the evidence-base and action agenda related to the commercial and economic determinants of health have grown substantially – driven by efforts of many research, civil society and advocacy voices. Effective implementation of strategies for change will require a coordinated, collective and active response. This requires:

- Mobilisation of evidence to inform pragmatic actions for real-world impact
- Strong interdisciplinary collaboration
- Participation from a wide range of interest-holders, including governments, businesses, civil society groups and communities
- Meaningful engagement to bring together evidence-based research, Indigenous knowledges, policymaking practice, community voices, lived and learned experience, and economic and business expertise.[11-13]

This is why *The Evidence Exchange* exists.

Products of just four industries – tobacco, alcohol, unhealthy food and fossil fuels – contribute to at least a third of global preventable deaths each year. [10]

[9] World Health Organization. *Health Promotion – First International Conference on Health Promotion (Ottawa, 1986)* [Internet]. Geneva: World Health Organization; 2012 Jun 16 [cited 2026 Jun 10]. Available from: https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference

[10] Gilmore AB, Fabbri A, Baum F, Bertscher A, Bondy K, Chang HJ, et al. Defining and conceptualising the commercial determinants of health. Lancet. 2023;401(10383):1194-213.

[11] Friel S, Collin J, Daube M, Depoux A, Freudenberg N, Gilmore AB, Johns P, Laar A, Marten R, McKee M, Mialon M. Commercial determinants of health: future directions. Lancet. 2023;401(10383):1229-40.

[12] Backholer K, Baum F, Finlay SM, Friel S, Giles-Corti B, Jones A, et al. Australia in 2030: what is our path to health for all? The Medical Journal of Australia. 2021;214 Suppl 8:S5-40.

[13] Lacy-Nichols J, Jones A, Buse K. Taking on the commercial determinants of health at the level of actors, practices and systems. Front Public Health. 2023;10:981039.

The Evidence Exchange: Our strategic intent

Our vision

Current and future generations thrive in a world where economic and commercial systems prioritise health, fairness and environmental sustainability.

Our aim

To build a coordinated and collective response to transforming commercial and economic systems so that they support better health and fairness for people and the planet.

Our objectives

As a transdisciplinary research translation centre, we seek to achieve our aim by:

- Mobilising knowledge into action, in partnership with researchers, policymakers, communities, civil society and values-aligned businesses
- Highlighting business practices and models that promote health and equity
- Exposing and opposing the systems, practices and pathways through which commercial actors cause harm
- Showcasing how economic, commercial and political systems can be designed and governed to rebalance power
- Building collective awareness, capacity and capability to act
- Embedding Indigenous ways of knowing, and lived and learned expertise
- Providing platforms and mechanisms for sustained knowledge exchange and collaboration

In doing so, we will bring together diverse viewpoints – including evidence-based research, Indigenous knowledges, policymaking practice, community voices, lived and learned experience, and economic and business expertise – to support collective real-world action.

Who we are

The Evidence Exchange is a research translation centre, coordinated by Deakin University and VicHealth.

Our founding transdisciplinary members include researchers and practitioners specialising in public health, First Nations health, business, economics, law and health policy, as well community-led research, lived-experience engagement, and translating evidence into real-world change. Collectively, we bring together a diversity of lenses, disciplines and methodological approaches to exploring ways for commercial and economic systems to promote health and equity.

Our expertise

The Evidence Exchange was founded with five overlapping knowledge streams. Each stream (below) is co-led by a senior and an Early/Middle Career researcher/practitioner.

First People's health

How can we work towards fairer systems that advance First People's interests so that health, wellbeing and Country are prioritised over commercial gain?

Prof Yin Paradies
Assoc. Prof Jennifer Browne

Investing for health

How do we shift towards fairer economies that reduce inequity?

Dr Kate Lycett
Dr Ben Wood

Monitoring corporate practices

How can we systematically monitor, expose and act on commercial practices that harm health?

Prof Kathryn Backholer
Dr Florentine Martino

Policy and regulatory action

How can we address power imbalances in policy and regulatory processes to improve health, advance equity, and ensure communities have a meaningful voice in decisions that affect their lives?

Prof Samantha Thomas
Assoc. Prof Neera Bhatia

Community engagement

How can we engage with diverse perspectives, including researchers, communities, governments, civil society and values-aligned businesses, to share knowledge and generate action?

Alison Coughlan
Dr Hannah Pitt

Our core team

Our research translation centre is led by **our Director, Prof Gary Sacks**. Prof Sacks is a professor of public health policy in Deakin's School of Health and Social Development and Co-Director of the Deakin Centre for Global Preventive Health and Nutrition. His research focuses on the commercial and economic determinants of health, with a focus on food policy.

Our Core staff lead the program operations of *The Evidence Exchange,* and provide research translation and engagement support to all the people involved in *The Evidence Exchange*. The Core team, based at Deakin University, includes:

- Jasmine Chan, Program Manager
- Sarah Dean, Research Translation and Impact Officer
- Jo Szczepanska, Innovation and Service Development Manager, Health Voices Victoria
- Alana Faust, Senior Engagement Officer, Health Voices Victoria
- Steph Thow, First Nations Engagement Manager, Health Voices Victoria

Our founding members

We would also like to acknowledge our founding members, the many contributors who have helped to shape the establishment of *The Evidence Exchange*. They include those who have joined this initiative from when it was first conceptualised, those who have joined along the way, and those working in and alongside our founding teams. Their input has heavily informed the development of our Strategy, our collective vision and objectives, our branding, and how we will operate as a research translation centre over the coming years.

Our compass of guiding principles

We are guided by the following principles, which shape how we work with each other and others, and how we organise our collective efforts.

Make complex ideas accessible and usable, allowing evidence to move out of specialist spaces and into policy, practice, community and everyday life.

Focus on solutions and pathways to change that can move us towards meaningful impact.

Meaningful engagement to bring together evidence-based research, Indigenous knowledges, policymaking practice, community voices, lived and learned experience, and economic and business expertise.

Foster transdisciplinary collaboration across interests and disciplines to understand issues from many perspectives.

Continuously reflect on our efforts, share lessons learned and refine our approach.

Be willing to name hard truths about systems, industries and influence. Our independence allows us to hold tension and ask difficult questions in spaces shaped by competing and conflicting interests.

Our Strategy on a Page

Outlines how our Theory of Change drives what we do and the impacts we want to have

The Evidence Exchange

Our vision: Current and future generations thrive in a world where economic and commercial systems prioritise health, fairness and environmental sustainability.

Our aim: To build a coordinated and collective response to transforming commercial and economic systems so that they support better health and fairness for people and the planet.

This diagram outlines how we plan to contribute to the systemic shifts and impacts we hope to see at the local, Victorian, national and global levels.

The challenge

Current **commercial and economic systems** and practices are **centred on short-term growth and profit maximisation,** without sufficient regard for health, equity and environmental sustainability.

These systems have **contributed to harm for people and planet,** including rising health and wealth inequalities, and environmental damage.

Our expertise

- **Monitoring corporate practices**
- **Policy and regulatory action**
- **Investing for health**
- **First People's health**
- **Community engagement & co-production**
- **Research translation**

Our objectives

Mobilising knowledge into action, in partnership with researchers, communities, allies, policymakers and businesses

Highlighting business practices and models that **promote health and equity**

Exposing and opposing the systems, practices and pathways through which commercial actors cause harm

Showcasing how economic, commercial and political systems can be designed and governed to **rebalance power**

Building collective awareness, **capacity and capability to act**

Embedding Indigenous ways of knowing, and lived and learned expertise

What we do

Generate targeted evidence

Synthesise and mobilise knowledge

Support evidence-based advocacy

Foster learning and development

Embed Indigenous knowledges and practices

In partnership

Our focus areas

Targeted translation areas

1. Protecting children, young people and communities from harmful commercial marketing
2. Rebalancing policy processes to prioritise health
3. Transitioning to a wellbeing economy

Emerging topics

Enable community translators

Harness impact networks

The shifts we want to see

Mental models: Health, equity and the environment are priorities in economic and commercial systems

Connections: There is a coordinated and mobilised sector approach to driving transformation

Accountability: Corporations are held accountable for their impacts on health, equity and the environment

Policies and regulations: Regulatory environments support markets and business models to coherently embed health, equity and environmental sustainability

Power: Governance structures and policy processes support the public interest, without undue corporate influence

People Power: Communities are empowered and supported to lead positive change

The impacts we want to have

Economic and commercial systems **prioritise health, fairness and environmental sustainability**

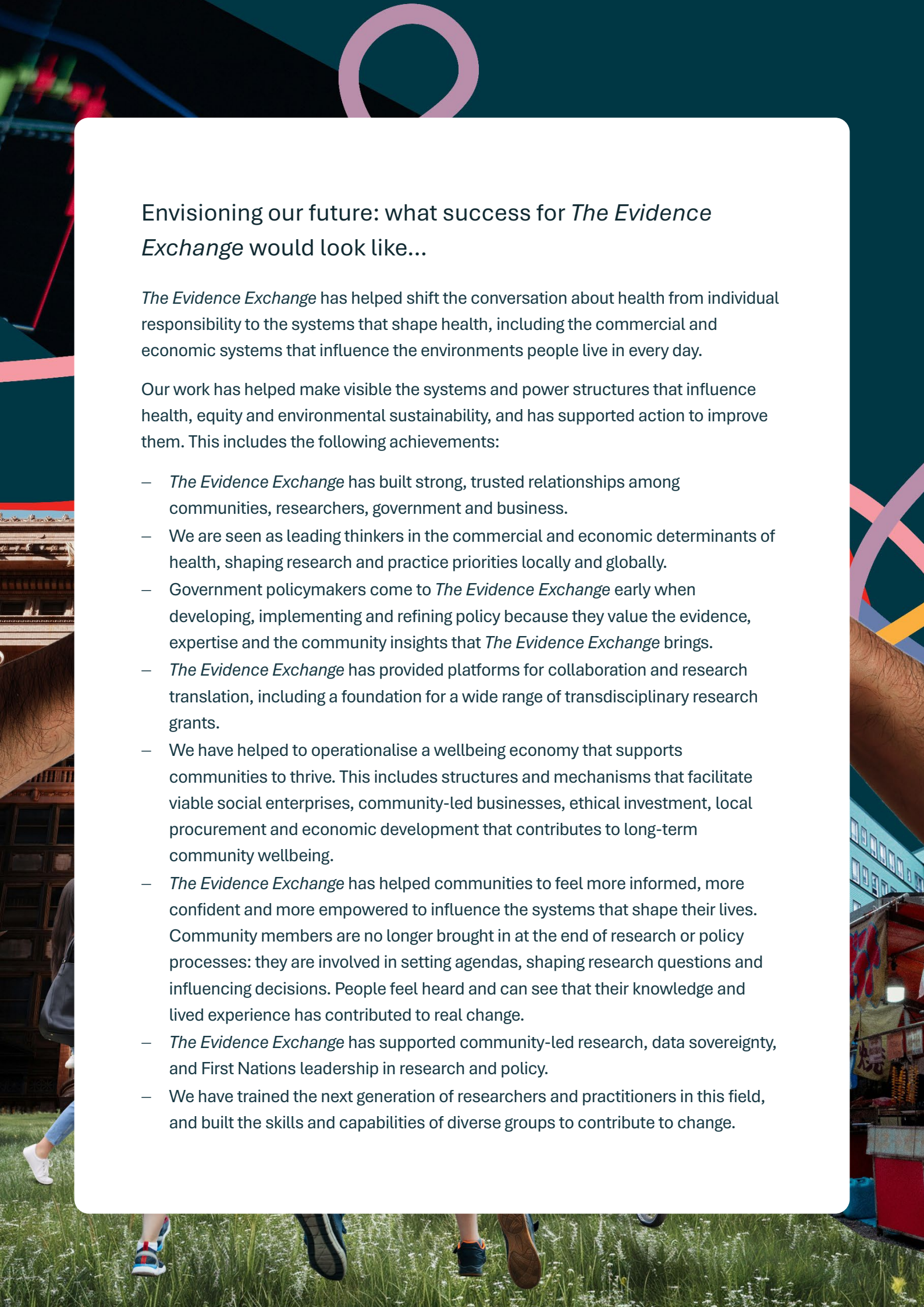
Communities are **less exposed to harmful commercial and economic practices**

Communities have **increased capacity and agency to advocate for change and ability to influence decision-making**

Evidence-based research is actively used to inform policy and systems change

Improved population health, equity and environmental sustainability

Providing platforms and mechanisms for sustained knowledge exchange and collaboration



Envisioning our future: what success for *The Evidence Exchange* would look like...

The Evidence Exchange has helped shift the conversation about health from individual responsibility to the systems that shape health, including the commercial and economic systems that influence the environments people live in every day.

Our work has helped make visible the systems and power structures that influence health, equity and environmental sustainability, and has supported action to improve them. This includes the following achievements:

- *The Evidence Exchange* has built strong, trusted relationships among communities, researchers, government and business.
- We are seen as leading thinkers in the commercial and economic determinants of health, shaping research and practice priorities locally and globally.
- Government policymakers come to *The Evidence Exchange* early when developing, implementing and refining policy because they value the evidence, expertise and the community insights that *The Evidence Exchange* brings.
- *The Evidence Exchange* has provided platforms for collaboration and research translation, including a foundation for a wide range of transdisciplinary research grants.
- We have helped to operationalise a wellbeing economy that supports communities to thrive. This includes structures and mechanisms that facilitate viable social enterprises, community-led businesses, ethical investment, local procurement and economic development that contributes to long-term community wellbeing.
- *The Evidence Exchange* has helped communities to feel more informed, more confident and more empowered to influence the systems that shape their lives. Community members are no longer brought in at the end of research or policy processes: they are involved in setting agendas, shaping research questions and influencing decisions. People feel heard and can see that their knowledge and lived experience has contributed to real change.
- *The Evidence Exchange* has supported community-led research, data sovereignty, and First Nations leadership in research and policy.
- We have trained the next generation of researchers and practitioners in this field, and built the skills and capabilities of diverse groups to contribute to change.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Our approach to enabling change

In this section, we share how *The Evidence Exchange* will work, what we do, and ways to define our scope.

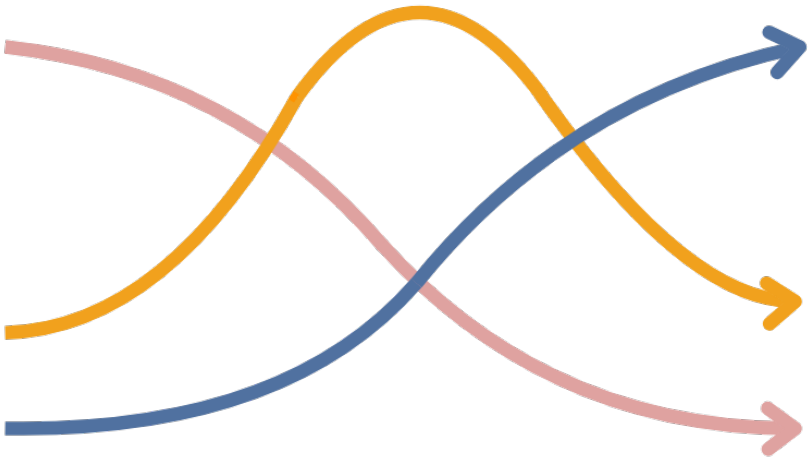
Working across horizons

The Three Horizons model [14] is a way of thinking about how systems change over time, recognising that:

- Some systems dominate today, and we need to start where we currently are
- Emerging changes need to be fostered and tested
- Some aspects of the future need to be imagined and built

[14] Sharpe B, Hodgson A, Leicester G, Lyon A, Fazey I. Three horizons: a pathways practice for transformation. Ecology and Society. 2016;21(2):47

Responding to the commercial and economic systems we want to shift, across three horizons



HORIZON 1

Responding to what's happening now

- Supporting improvements within existing commercial and economic systems
- Reducing urgent harms communities are experiencing now

HORIZON 2

Shifting what's no longer working

- Testing alternative approaches and novel strategies that can hold up in real conditions
- Building trust, legitimacy and experience for new arrangements and solutions to take root

HORIZON 3

Building the futures we want

- Community-led visions of healthier, fairer and sustainable futures
- Redesign of economic and commercial models
- Research translation narratives that make transformation feel possible and legitimate

Horizons for *The Evidence Exchange*

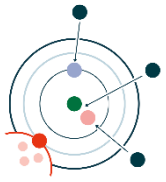
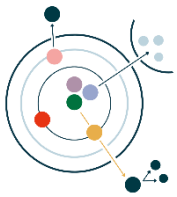
Using three horizons to ground our strategy also helps us to articulate how we, as a newly-established research translation centre, will develop, evolve and mature across our initial 5-year timeline.

YEAR 1: 2025-26	YEARS 2-3: 2026-28	YEARS 4-5: 2028-30	
Establishing the Centre's foundations	**Building new and existing initiatives to create impact**	**Fostering novel ways to create impact**	**Advancing and evolving ways to create impact**
Understand the current research and research translation landscape	Translate existing and emerging evidence to inform current policy decisions	Continue with proven existing activities, while testing and piloting novel methods, approaches, projects and initiatives for research and research translation	Explore and invest in disruptive and innovative approaches, methods and technologies for research and research translation
Assess how *The Evidence Exchange* is best placed to respond to research translation gaps	Support and amplify new and existing methods, activities and initiatives	Foster stronger collaboration within *The Evidence Exchange* and with our partners	Establish platforms to integrate long-term research, collaboration and advocacy
Build and map relationships within *The Evidence Exchange and others*	Deepen relationships within *The Evidence Exchange* and with our partners	Formalise sustainable partnerships for new projects and initiatives	Pursue further opportunities to sustain the work of *The Evidence Exchange*
Develop our strategy, brand and identity	Establish our brand and identity as an evidence-based voice with appeal to a broad range of audiences	Position *The Evidence Exchange* as a trusted and credible source of information that is responsive to real-world decision-making contexts	Be recognised as a leading thinker in CEDoH, shaping policy and practice both locally and globally

What will we do

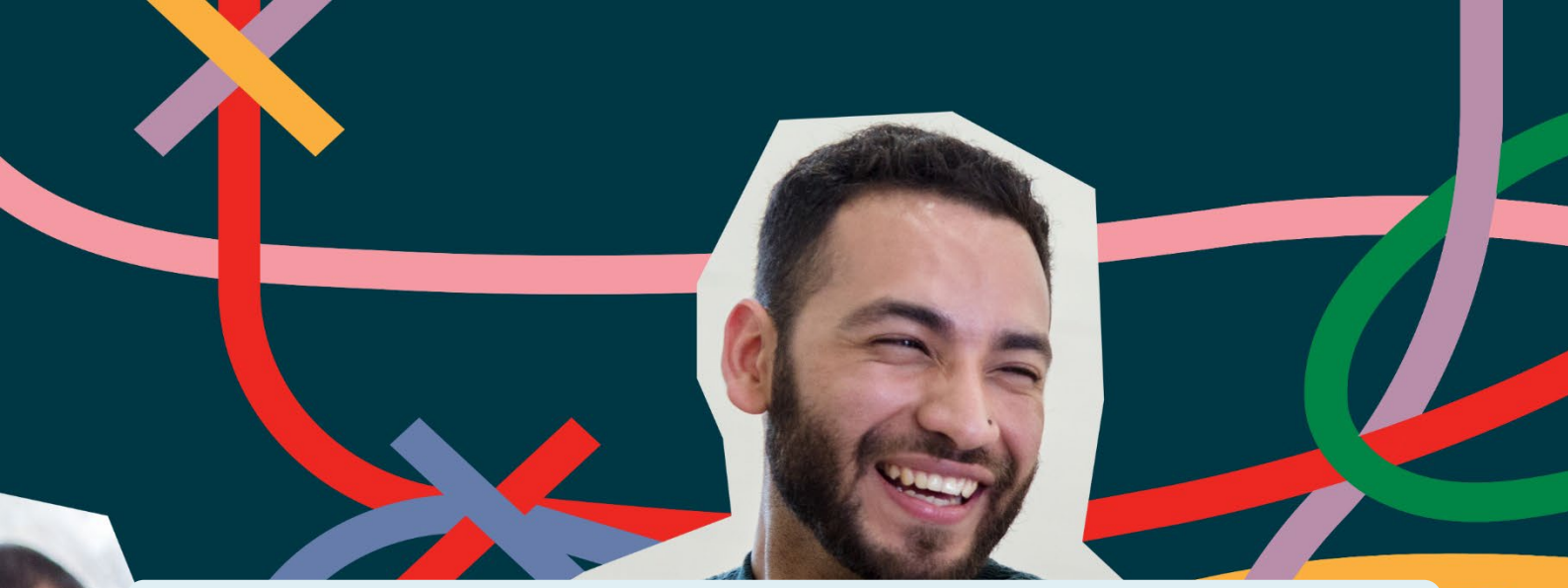
The functions of *The Evidence Exchange* will vary based on what is needed and where there are identified gaps. For example, in policy areas on the political agenda, we will mostly focus on actively **mobilising knowledge** to directly inform policy decisions**.** For other areas, we will include activities that **generate targeted evidence, build capacity** and/or support **evidence-based advocacy**.

Our role in Research Translation

Generate targeted evidence	Building robust, credible and accessible evidence, where targeted research is needed, to directly inform policy processes, advocate for change, and transform social norms.	
Synthesise and mobilise knowledge	Translating and testing effective ways to move evidence and knowledge into action. For example, translating knowledge into strategic communication to influence policymakers and power holders.	
Support evidence-based advocacy	Influencing, shaping and amplifying support to shift public understanding, and drive government and business action on key policies or issues, in partnership with community and civil society groups.	
Foster learning and development	Equipping members and others with the knowledge, skills and support required to advance change within this complex field.	
Embed Indigenous knowledges and practices	Indigenous knowledges, ways of knowing, being and doing, and community expertise inform the ways in which we work. They challenge us to think differently about power, relationships and decision-making, enabling more relational, ethical and impactful approaches to engagement and research translation.	

With our partners

Harness impact networks	Building, convening and mobilising impact networks for *The Evidence Exchange*. Impact networks will support collaboration between community translators, researchers, policy makers, partners and allies with the goal of advancing systems change by shifting relationships, mental models, practices, power dynamics, resources and policy.
Enable community translators	Recruiting, training and supporting community members, leaders, advocates and people with lived experience to collaborate on research translation activities, take collective action and lead change in communities.



Our Impact Networks partner

The Evidence Exchange has partnered with Health Voices Victoria to build, convene and mobilise impact networks for systems change. By bringing together network members with lived experience, practice knowledge and research expertise, the networks are designed to enable more equitable and impactful research translation.

Health Voices Victoria will support us in:

- Fostering trusted relationships with and among a diverse network membership.
- Facilitating the conditions for the impact networks and their members to contribute in meaningful ways, and to be supported in their collective efforts.
- Activating Community Translators by recruiting, training and supporting community members, leaders, advocates and people with lived experience.
- Enabling networks to become platforms for co-production where network members collaborate equitably to create, test and learn together.

Our Focus Areas

We have prioritised the scope of our research translation into Focus Areas. They bring together topics from across our knowledge streams, as well as existing and related work to be welcomed into *The Evidence Exchange*.

Our Focus Areas have been further grouped into two "containers": 'Targeted Translation Areas' and 'Emerging topics'. This prioritisation is based on the strength of the current evidence-base, existing policy and practice momentum for change, and the current expertise and interest within *The Evidence Exchange*. The structure of the Focus Areas enables *The Evidence Exchange* to strategically resource priority areas, while allowing us to build a pipeline for emerging topics to grow over time and to mobilise in response to emerging priorities and opportunities for impact. We will revisit the priorities each year.

Targeted Translation Areas

(Policy areas that are ripe for change, and we are well positioned to adopt a strategic approach to supporting collective action)

For Year 2, our three Targeted Translation Areas are:

1. Protecting children, young people and communities from harmful commercial marketing
   - Includes marketing of unhealthy food, alcohol, gambling and other harmful products and brands
2. Rebalancing policy processes to prioritise health
   - Examination of political donations, lobbying, revolving door, conflicts of interest
   - Role of civil society in policy processes
3. Transitioning to a wellbeing economy
   - Supporting community wealth building
   - Addressing health impacts of the finance sector

Emerging topics

(Promising areas for research translation which are emerging through new research activities and connections with partners and communities)

Examples of topics that are emerging as potential future priorities include:

- Competition policy reform
- Support for alternate business models (e.g. 'for-purpose' companies)
- Investment decision-making of superannuation funds
- Improved corporate reporting related to health and equity
- Progression of tax justice (tax policy reform)
- Innovative levers for greater investment in preventive health at scale

Other threads that we are exploring for further development include, amongst others:

- Health impacts of Artificial Intelligence and related technologies
- Combatting disinformation and misinformation
- Corporate reputation management, corporate social responsibility
- The role of the 'influencer' and wellness industry
- Treaty rights and obligations in Victoria
- Health impacts of energy industry sector, and mining and resource extraction
- Commercial Determinants of Women's Health

How we will focus our attention

The landscape of the commercial and economic determinants of health is complex, political and constantly evolving. Our attention will focus on:

Connecting the dots across complex systems: We will concentrate predominantly on structures and characteristics of commercial and economic systems that apply across the economy. Moving beyond a focus on specific industries or risk factors, this approach will enable us to target the complex patterns of power and the underlying structural influences on health and equity. Where individual projects and initiatives centre around a particular policy or topic, we will endeavour to draw from and extend upon lessons learnt from related work in other areas.

Translating lessons and insights across borders: We seek to include a range of different contexts for our work. This includes activities in local communities, at the state/territory government level, and at the national level in Australia and other countries, including low- and middle-income countries (LMICs). While a large proportion of our work will be conducted in the Victorian context, many of the levers for change are at the national and international levels, and so these will need to be a critical focus. Australia can learn from actions taken in other countries, and we can actively contribute to change internationally, including in LMICs.

We are alert to what has not worked, and will move beyond:

- Individual behaviour change approaches, that ignore structural drivers
- Voluntary corporate action, without strong accountability mechanisms
- Siloed ways of working
- Research shaped or funded by harmful industries

Our questions for ourselves and others

A shared starting point for partnership and change

The Evidence Exchange exists because the systems shaping health, equity and environmental sustainability are complex, powerful and contested. We do not pretend to have all the answers. Instead, we begin by asking clear, intentional questions of ourselves and of those who work with us.

Research and translation	– How can we make our work directly relevant to the issues policymakers are grappling with right now? – How do we shift the mindsets of people embedded in current systems? – How do we avoid focusing too heavily on the problem, without articulating practical solutions and pathways for change? – How do we adopt a strategic approach to research translation, leveraging current strengths, seizing opportunities and filling gaps? – Can we generate evidence that actively targets current barriers to change?
Scale and focus	– How can we be flexible to respond to new issues as they emerge? – How do we ensure local action is not isolated, and large-scale reform is practical and feasible? – How can our work benefit communities in other contexts, including in low- and middle-income countries (LMICs)?
Power	– Who currently holds power in shaping commercial and economic decisions? Who is missing from those decisions, and why? – How can power be meaningfully shared? – How do we value lived experience, practice wisdom and research evidence, without collapsing their differences?
Partnership and integrity	– Who else is working in this area, and how can we collaborate with them? – How do we engage with commercial actors without undermining our mission or legitimising harmful practices?
The future	– What are we willing to imagine, test and build even if the pathway to make it a reality is uncertain?

We ask these questions not to slow change, but to ground it. If you work with us, we invite you to sit with these questions too, and help us to answer them.

A menu of ways to work and partner with us

Whether you are shaping policy, conducting business, generating evidence, living with harm, or changing practice, there is a way to work with us grounded in integrity, clarity and action.

We partner where there is a shared commitment to health and fairness for people and planet, and where collaboration does not extend or legitimise harm.

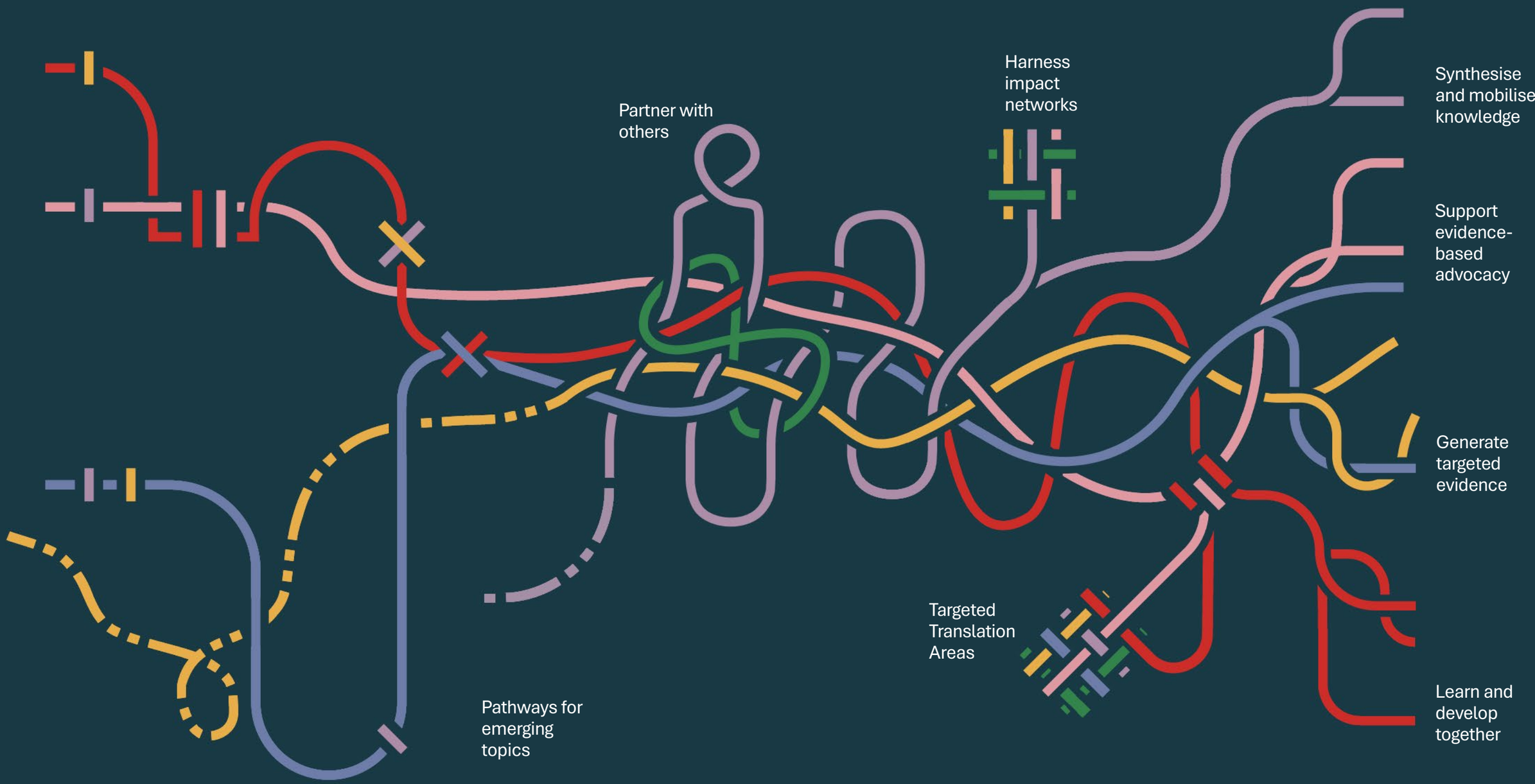
Researchers	Collaborate with us to conduct research and research translation, aligned with our strategy and research priorities
Government, government agencies and policymakers	Engage with us and share your expertise on policy processes, and research translation for policy change
Civil society, including NGOs, community-led groups and advocacy groups	Collaborate with us on joint policy agendas, media/communication partnerships and rapid-response collaborations during active policy windows
Members of the community	Collaborate with us on advocacy, policy and strategic communications led by community priorities
Values-aligned businesses	Engage with us where there is a shared commitment to health, equity and practice that does not contribute to harm

The path ahead

Starting from different places
Working in parallel, apart or in competition

The Evidence Exchange
A platform to co-ordinate collective impact

Building a coordinated and collective response
Improving health, fairness and environmental sustainability



A closing note

Steph Thow, our First Nations Engagement Manager, shares her aspirations for *The Evidence Exchange*

Our vision is clear: that current and future generations thrive in a world where economic and commercial systems prioritise health, fairness and environmental sustainability. That is what we are building toward. And when I think about what it will take to get there, I keep coming back to the same thing, it will require all of us, and it will require us to do things differently.

For me, the most exciting and important part of that difference is what genuine partnership looks like in practice. Communities bringing their knowledge, their leadership and their lived experience not as a checkbox or a consultation, but as an equal force in how we ask questions, how we translate evidence, and how we advocate for change. Seeing Indigenous knowledges sit alongside academic research, practice wisdom and community expertise signals a fundamental shift in how knowledge, power and authority is held, and in how this collective knowledge moves into tools, policies and movements that reshape the systems shaping people's health. That is what decolonising knowledge looks like when it is real, not rhetorical.

We are building something different, where kindness and fairness are not aspirations but practices, and where the diversity of knowledge is treated as a strength.

I cannot wait to see what we create together.