SUMMARY REPORT

MELBOURNE SCHOOL OF POPULATION HEALTH
SUMMARY REPORT 2008

MESSAGE FROM THE HEAD OF SCHOOL

This has been a year when the public health debate was reignited in national arenas. Issues that have long been of vital concern in the work of the Melbourne School of Population Health were featured in such high-profile events as the 2020 Summit, attended by three representatives from the School’s Centre for Health and Society, the National Prevention Summit, submissions to the new National Health and Hospitals Reform Commission, and the development of the Government’s strategy to measure research excellence in Australia’s Universities (ERA).

The Melbourne School of Population Health is playing a leadership role in these national discussions – so vital to Australia’s future – through our world-class research and teaching, and our many other knowledge exchange initiatives. These include:

- collaborations between our centres and external partners
- contributing our research and expertise to policy development
- publishing our work in academic and mainstream media
- supporting practical interventions where they are most needed – in our communities.

The early work of our new Indigenous Eye Health Unit is one of the many examples of the School’s work which embodies all of the above. It is already demonstrating the power of taking preventative health approaches to entrenched public health problems.

Under its internationally acclaimed director, Professor Hugh Taylor, the Unit’s goal is to close the gap in indigenous eye health, with eradicating trachoma a priority. The efforts of Professor Taylor and those who have supported him were rewarded recently when the Prime Minister announced substantial funding to eradicate trachoma and to promote vision health in Indigenous Australians.

The recent establishment of the Jack Brockhoff Child Health and Wellbeing Program under the McCaughey Centre’s Professor Elizabeth Waters is another example. Supported by a $5 million grant from the Jack Brockhoff Foundation, the new program will work in partnership with community organisations, schools, local councils, hospitals and welfare organisations. It will evaluate and conduct programs which improve child health, focusing on such important issues as obesity and poor dental health in disadvantaged communities.

This is how our School remains at the forefront in the prevention of disease and injury and the promotion of health and wellbeing – by providing world-class teaching and research expertise that is grounded in the realities of community needs. It is a combination that, for many of our post graduate students, makes their time at Melbourne School of Population Health a life-changing experience.

I’m grateful to all of our staff for their hard work throughout the year and thank all of our friends and supporters who have backed our efforts to be the best at all we do.

The Melbourne School of Population Health’s vision is to inculcate a population health approach in all areas of health care and in the community where opportunities for disease and injury prevention exist.

What is population health?

Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups.

The study of population health is focused on understanding health and disease in the community, and on improving health and well-being through priority health approaches addressing the disparities in health status between social groups (Australian Institute for Health and Welfare).

OUR MISSION

To conduct and enhance research that addresses issues of population health and health social sciences, and to educate undergraduates and postgraduate students, clinicians, scientists, professionals and public health leaders through the enrichment of our educational programs in public health.

The Melbourne School of Population Health aims to strengthen the understanding, capacity and services of society to meet population health needs and to improve the quality and equity of health care.

The population health approach recognises that health is a capacity or resource rather than a state, a definition which corresponds more to the notion of being able to pursue one’s goals, to acquire skills and education and to grow.

This broader notion of health recognises the range of social, economic and physical environmental factors that contribute to health (Public Health Agency of Canada).
HIGHLIGHTS

Teaching Awards and Learning Excellence
Associate Professor Catherine Bennett was the recipient of two awards for teaching excellence; the David White Award which is a prestigious University-wide award and the Australian Award for University Teaching from the Australian Teaching and Learning Council.

Promotions
Professor David Dunt
Associate Professor Shyamali Dharmage
Associate Professor Margaret Kelafer
Associate Professor Mark Jenkins
Associate Professor Catherine Bennett
Senior Lecturer Carmel Apicella

Senior Appointments
KCWHS Director and Chair of Women’s Health – Professor Anne Kavanagh.
Founding Director, Centre for Health Policy, Programs and Economics (CHPPE) – Professor David Dunt.
Director–Elect, CHPPE Centre for Health Policy, Programs and Economics – Associate Professor Jane Pirkis.
Professor Kerin O’Dea AO, was appointed Director, Sansom Institute.
Professor Hugh Taylor AC, appointed to the Harold Mitchell Chair in Indigenous Eye Health.
Professor Elizabeth Waters, recipient of the Jack Brockhoff Foundation Centennial Gift.
Professor Ian Anderson was appointed as the Chair of the National Indigenous Health Equality Council (NIHEC). The Prime Minister, Kevin Rudd, the Minister for Health and Aging, Nicola Roxon, and the Minister for Indigenous Affairs, Jenny Macklin, announced the establishment of NIHEC in March 2008. NIHEC brings together the Australian Government, the Aboriginal and Torres Strait Islander Community and the health sector, working in partnership towards the attainment of equal health status for Aboriginal and Torres Strait Islander people and non-indigenous Australians.
Associate Professor Jane Pirkis was appointed as the Faculty research Domain Coordinator for Public Health, Epidemiology and Health Services.

2020 Vision
A University is a natural home for inspired thinkers, so it is was no surprise many members of our talented staff were among the delegates to the 2020 summit in Canberra over the weekend 18-19 April 2008: Professor Ian Anderson, Professor Marcia Langton and Dr Kylie Cripps. All three staff are from the Centre for Health and Society.

Festschrift in honour of Professor Doreen Rosenthal
To honour Professor Rosenthal’s contribution to the School, a University Festschrift was held to mark her retirement as director of the Key Centre for Women’s Health in Society.

Professor John Hopper awarded Australia Day Honour
John Hopper’s significant achievements in health and medical research were recognised in the Australia Day Honours list. John was inducted as a member (AM) in the General Division for service to public health and the biomedical sciences.

Significant Lectures and Presentations: David Danks Oration
Professor John Hopper, AM, Director of the Australian Twin Registry, NHMRC Senior Principal Research Fellow at the Centre for Molecular, Environmental Genetic and Analytical Epidemiology, delivered the 3rd David Danks Oration, titled ‘Using genetic knowledge to save lives’. This presentation showed how information from population-base studies conducted in Australia can be used to find cost-effective ways to use genetic knowledge to save lives.

Miegunyah Public Lecture
The School was fortunate to attract Professor Julian Peto, Chair of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine, and Head, Cancer Research UK Epidemiology and Genetics Unit, Institute of Cancer Research, as the Miegunyah Fellow. He delivered the Miegunyah Public Lecture, titled ‘Asbestos-related cancer deaths – the past, the present and the future’.

Vice Chancellor’s Lecture
Professor David Studdert, Federation Fellow, delivered the Vice Chancellor’s Research Lecture, titled ‘Bad babies: law, medicine and the battle over neurological birth injury’.

Faculty of Medicine, Dentistry and Health Sciences Dean’s Lecture Series
Professor Ian Anderson presented ‘The knowledge economy and Aboriginal health development’.
Professor Dallas English presented ‘Preventing cancer: how successful are we and what remains to be learned in order to do better’.

TEACHING AND LEARNING

Curriculum Review
In 2008 the MSPH initiated a review of graduate coursework programs in order to ensure that the school’s academic offerings are aligned with the Melbourne Model and financially sustainable in the long-term with the potential for growth.

The overarching goal of the MSPH graduate program is to be a national and international leader in population health teaching and learning. In order to achieve this goal, the school requires a whole-of-school approach that is consistent with the University’s graduate attributes, graduate destinations and outcomes, and inclusive of research and research training and knowledge transfer components.

A range of options have been investigated as part of the curriculum review, including the redesign...
Some members of the Melbourne School of Population Health 2008 cohort at their recent graduation ceremony.

of the population health social science curriculum to incorporate a common core across the MPH (Social Science) and Master of Social Health programs, minor revisions to MPH specialisations and electives and the introduction of new degrees to be offered as part of the new Master of Arts and Master of Science coursework programs. In light of new University rules regarding minimum subject enrolments, the MSPH is also looking at options for low enrolment subjects.

In conjunction with the curriculum review, the MSPH is investigating new subjects which could be offered to students from both inside and outside the school, including university breadth subjects and subjects suitable for the new generation Bachelor of Biomedicine degree. It is anticipated that curriculum changes currently under consideration by the school’s Teaching and Learning Management Committee will be introduced in the 2010 academic year.

**Why do doctors need population health training?**

The practice of medicine occurs within a psychological, social and cultural context, as well as a biomedical framework. Effective medical practice requires an understanding of this context and how it affects the assessment and management of patients on both individual and population levels. Many medical problems do not have simple solutions. Doctors need to deal with complexity, analyse the issues in reference to contemporary knowledge and make decisions in the face of uncertainty. They are required to fulfill a number of roles and expectations; as clinicians, public health practitioners, advocates, administrators, educators and ethical advisers. Doctors are expected to prevent illness as well as treat it; they need to be aware of the tension between limited health resources and increasing costs, and be able to understand and manage the health of populations. In order to do this, medical students require knowledge and skills in many aspects of population health; these include knowledge about the social determinants of health, the health of our communities, health promotion, health services and policy, evidence based medicine, and ethics.

Many staff within the School of Population Health contribute to the teaching of population health in the current medical curriculum, in addition to contributing to curriculum development of the new four-year graduate medical course commencing in 2011. They include:

- James Bradley
- David Dunt
- Shaun Ewen
- Giuliana Fuscaldo
- Peter Greenberg
- Anne Kavanagh
- Bo Lin
- Doreen Rosenthal
- Hennie Williams

- Alison Brookes
- Dallas English
- Kit Fairley
- Lynn Gillam
- Marilys Guillemin
- Louise Keogh
- Alison Morgan
- Heather Rowe
In 2008, the School adopted a new model for research development. This arose from our strategic planning process in 2007, and aims to entrench a process of continuous planning and review of our research enterprise, and to improve the co-ordination of each Centre's and Unit's research efforts. It also aligns the School's research with the University's Growing Esteem agenda and the Faculty's move to Research Domains that bridge departments and disciplines.

At the centre of the new model is a Research Development Committee (chaired by Jane Pirkis) which provides oversight and assistance with the implementation of the School's research strategy, complementing the specific strategies of the School's Centres and Units. Sitting alongside this is a Research Strategy Development Group (chaired by Terry Nolan and John Hopper), which is responsible for a continuous cycle of strategic planning for the School's research effort. Both the Research Development Committee and the Research Strategy Development Group report to the Head of School via the School Executive.

The committees are all now in place and have begun to meet, and are looking forward to further strengthening the School's research efforts.

### SCHOOL OF POPULATION HEALTH MANAGEMENT AND GOVERNANCE

The School's governance structure is designed to support the School's core business of teaching and research and to ensure high quality management of its finances and infrastructure. During 2008 the Teaching and Learning committees and the Research Committees were restructured.

**Principal Committees**

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<th>Management, Resources and Compliance</th>
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<tr>
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<td>Finance and Resources</td>
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<td>Information Technology</td>
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<td>Environmental Health &amp; Safety</td>
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**Academic**

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**Five Teaching & Learning Programs Sub-Committees:**

1. Postgraduate Population Health Practice | A/Professor Catherine Bennett
2. Postgraduate Population Health Science | Professor Dallas English
3. Postgraduate Population Health Social Sciences & Humanities | Professor Ian Anderson
4. Graduate Health Professional Degrees | Professor David Dunt
5. Undergraduate New Generation Degrees & Breadth Subjects | Professor Janet McCalman

**Research & Research Training**

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**Three Portfolios:**

1. Higher Degree Research Training | A/Professor Jane Fisher
2. Research Career Development | Professor Anne Kavanagh
3. Research Capability | A/Professor Shyamali Dharmage

| Health Ethics Advisory Group | Professor David Studdert |

**RESEARCH**

In 2008, the School adopted a new model for research development. This arose from our strategic planning process in 2007, and aims to entrench a process of continuous planning and review of our research enterprise, and to improve the co-ordination of each Centre’s and Unit’s research efforts. It also aligns the School’s research with the University’s Growing Esteem agenda and the Faculty’s move to Research Domains that bridge departments and disciplines.

The Research Development Committee has three sub-committees: (a) the Higher Degree Research Training Committee (chaired by Jane Fisher), which oversees policy, procedures and processes with respect to enrolment, connection of prospective students with supervisors, examination, entrance ability, and scholarship; (b) the Research Career Development Committee (chaired by Anne Kavanagh), which provides advice and policy recommendations on structures and opportunities for research career development and growth for School staff; and (c) the Research Capability Committee (chaired by Shyamali Dharmage), which provides advice and policy recommendations on what is required (e.g., personnel, infrastructure) to best underpin and serve the School’s research enterprise.

The committees are all now in place and have begun to meet, and are looking forward to further strengthening the School's research efforts.
For 2008 there were 288 continuing students within the MSPH postgraduate coursework programs and 93 research higher degree students.

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**RESEARCH AND RESEARCH TRAINING**

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**2008 SCHOOL OF POPULATION HEALTH AWARDS FOR EXCELLENCE**

**RESEARCH**

**Award Criteria**
- Impact of research on health outcomes.
- Impact of research on knowledge (paradigm shift, opening up of new approach, major discovery).
- Excellence in conceptualisation, development, execution and application of innovative and high quality methods.
- Impact on the field as judged by publication record and citation impact.
- Any other relevant external testament or recognition of significance.

**Judges** – Professor Kerin O’Dea, Professor John Hopper, Professor David Studdert.

**Award for Research Excellence**

**Early Career Award – Dr Jane Hocking (Key Centre for Women’s Health in Society)**
The Judges considered that Jane’s path-breaking work on sexually transmitted diseases, particularly Chlamydia, is a model of how to take an overlooked but important area of public health and pursue it with focus and creativity. There has clearly been an impact from Jane’s research in terms of advancing knowledge in innovative research methods and publications in peer review journals. The impact on health outcomes, as this knowledge influences practice and the design of screening policies will prove significant.

**Doctoral Research – Associate Professor Susan Skull (Vaccine And Immunisation Research Group)**
Susan’s PhD produced important information about the effectiveness of influenza and pneumococcal vaccination against hospitalisation for pneumonia among the elderly. Susan’s finding has immediate significance for health policy and understanding the cost-effectiveness of vaccination. The methodology used also advances knowledge by demonstrating a new use for ICD-10 codes.

**KNOWLEDGE TRANSFER**

**Award Criteria**
- Impact of knowledge transfer on health outcomes.
- Impact of knowledge transfer on health policy or professional practice.
- Impact of knowledge transfer on knowledge base.
- Excellence in conceptualisation, development, execution and application of innovative influence and high quality knowledge transfer methods.
- Any other relevant external testament or recognition of significance.

**Judges** – Associate Professor John Fitzgerald, Ms Helen Hayes (Director, KT and Partnerships), Professor David Studdert, Professor John Wiseman.

**Award for Excellence in Knowledge Transfer**

**Dr Louise Keogh (Key Centre for Women’s Health in Society)**
Abortion reform has been the most controversial and divisive issue on the legislative calendar through 2007-8 in Victoria. Louise’s contribution has been timely and informative. As the Chair of an important conference on abortion, she was instrumental in drafting and securing consensus among conference participants on a simple but powerful set of principles enunciating women’s reproductive rights in relation to abortion (the “Melbourne Declaration”). Louise followed this up with writing and interviews for the popular press, and briefings regarding abortion-related research for Parliamentarians while they were weighing the difficult questions that surrounded the abortion reform bill. It effectively influenced policy in an area of high sensitivity based on well-developed evidence and raised the profile of the University by being prepared to take on an unpopular issue and extend the thinking of policy makers.

**Dr Saw Saw (Key Centre for Women’s Health in Society)**
Saw Saw investigated the role of public-private mix partnerships in Tuberculosis (TB) control in Myanmar. She investigated a...
variety of social, economic and political conditions that shape TB service delivery and health outcomes. Saw Saw worked closely with various community and government organisations and disseminated the findings from her work at several national, regional, and international conferences.

**ACADEMIC ADMINISTRATION**

**Award Criteria**
- Excellence in conceptualisation, development, execution and application of innovative and high quality methods.
- A record of excellent professional performance within the School.
- Demonstrated potential for further career development.
- Demonstrated leadership potential.
- The ability to be a good “ambassador” for the School.
- Any other relevant external testament or recognition of significance.

**Judges** – Dr Richard Frampton (Faculty General Manager), Professor David Studdert, Ms Leanne Taylor

**Award for Excellence in Academic Administration**

Ms Nora Li
Nora has made a truly outstanding contribution to the School. While Nora supports Terry Nolan as Head of School, she has a significant broader influence in ensuring the smooth operation of the School’s Centres and Units in what is a highly complex administrative environment.

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<td>$6,767,522</td>
<td>$7,810,587</td>
</tr>
<tr>
<td>C3.1</td>
<td>$324,105</td>
<td>$1,152,838</td>
<td>$1,432,204</td>
<td>$1,226,542</td>
<td>$1,281,099</td>
</tr>
<tr>
<td>C3.2</td>
<td>$388,492</td>
<td>$458,098</td>
<td>$674,839</td>
<td>$726,791</td>
<td>$655,461</td>
</tr>
<tr>
<td>C3.3</td>
<td>$45</td>
<td>$31,159</td>
<td>$7,681</td>
<td>$113,583</td>
<td>$575,661</td>
</tr>
<tr>
<td>C3.5</td>
<td>$2,005,517</td>
<td>$2,533,870</td>
<td>$2,986,280</td>
<td>$2,629,359</td>
<td>$1,906,454</td>
</tr>
<tr>
<td>C3.5A</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$2,057,336</td>
<td>$1,818,063</td>
</tr>
<tr>
<td>C3.5B</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$572,023</td>
<td>$88,391</td>
</tr>
<tr>
<td>C3</td>
<td>$2,718,158</td>
<td>$4,175,966</td>
<td>$5,101,183</td>
<td>$4,696,274</td>
<td>$4,428,675</td>
</tr>
<tr>
<td>C4.1</td>
<td>$96,408</td>
<td>$142,199</td>
<td>$134,392</td>
<td>$206,524</td>
<td>$481,781</td>
</tr>
<tr>
<td>C4.2</td>
<td>$12,415</td>
<td>$18,312</td>
<td>$16,034</td>
<td>$24,641</td>
<td>$62,971</td>
</tr>
<tr>
<td>C4.3</td>
<td>$30,892</td>
<td>$45,269</td>
<td>$67,501</td>
<td>$103,730</td>
<td>$142,901</td>
</tr>
<tr>
<td>C4</td>
<td>$139,515</td>
<td>$205,781</td>
<td>$217,927</td>
<td>$334,894</td>
<td>$687,653</td>
</tr>
<tr>
<td>Total</td>
<td>$9,074,692</td>
<td>$12,959,129</td>
<td>$15,369,140</td>
<td>$15,309,980</td>
<td>$18,739,683</td>
</tr>
</tbody>
</table>

**Total Australian Competitive Grants (C1):** $5,812,767

**Total Australian Government Grants (C2):** $7,810,587

**Total Contracts (Australian and International) (C3):** $4,428,675

**Total CRC (C4):** $687,653

**Total Research Income (C5):** $18,739,683

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**MELBOURNE SCHOOL OF POPULATION HEALTH**

**RESEARCH INCOME 2008**

**Total CRC $687,653**

**Total Contracts (Australian and International) $4,428,675**

**Total Australian Competitive Grants $5,812,767**

**Total Australian Government Grants $7,810,587**

**Total $18,739,683**
# Grants Commencing 2008

**NHMRC Project Grants**

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Responsible Ci</th>
<th>Description</th>
<th>Grants Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHMRC Project Grants</td>
<td>Jane Hocking, Catriona Bradshaw, Sephyr Tabrizi, Kit Fairfield, Marie Potter, Basil Donovan</td>
<td>A longitudinal study of bacterial vaginosis and Mycoplasma genitalium in young Australian women</td>
<td>$115,000</td>
</tr>
<tr>
<td></td>
<td>Lyle Gurrin, Katrina Allen, Lawrie Powell, Christine McLaren</td>
<td>Early versus delayed therapeutic venesection for the prevention of hereditary haemochromatosis</td>
<td>$190,000</td>
</tr>
<tr>
<td></td>
<td>Catherine Bennett, Paul Johnson, Geoff Coombs, Gillian Wood</td>
<td>The epidemiology of Staphylococcus aureus and antibiotic resistance in community-acquired infections</td>
<td>$908,750</td>
</tr>
<tr>
<td></td>
<td>Dallas English, Joanne Young, Mark Jenkins, Jeremy Jass</td>
<td>Risk factors for molecular sub-types of colorectal cancer</td>
<td>$418,750</td>
</tr>
<tr>
<td></td>
<td>Anne Kavanagh, Dallas English, Graham Byrnes, Carolyn Nickson</td>
<td>Evaluation of the efficacy of the Australian mammographic screening program</td>
<td>$486,250</td>
</tr>
</tbody>
</table>

**Partners in NHMRC Project Grants**

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Responsible Ci</th>
<th>Description</th>
<th>Grants Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Council</td>
<td>Melanie Wakefield, Sarah Durkin, Victoria White, Ron Borland, Mohammad Siahpush, Matthew Spittal, Julie Simpson</td>
<td>How do media campaigns and tobacco-relevant news coverage influence adolescent and adult smoking?</td>
<td>$395,725</td>
</tr>
<tr>
<td>MCRI</td>
<td>Katrina Allen, Melissa Wake, Shyamali Dharmage, Mimi Tang, Lyle Gurrin, Melanie Matheson</td>
<td>Population prevalence and environmental/genetic predictors of food allergy in an infant cohort</td>
<td>$529,625</td>
</tr>
<tr>
<td>The Peter McCallum Clinic</td>
<td>Stephen Fox, Gillian Mitchell, Gillian Dite, Christobel Saunders, Donna Taylor</td>
<td>Histopathological, magnetic resonance and ultrasound correlates of mammographic density in BRCA1/2 mutation carriers</td>
<td>$332,725</td>
</tr>
<tr>
<td>Cancer Council</td>
<td>Gianluca Severi, Mark Jenkins, Vanessa Hayes, Catherine Hayden</td>
<td>Markers of inflammation and prostate cancer risk</td>
<td>$562,150</td>
</tr>
<tr>
<td>Deakin University</td>
<td>Boyd Swinburn, Andrea Sanigorski, Marj Moody, Lisa Gibbs, Liz Waters, Rob Carter</td>
<td>Sustainable impact, capacity gains and cost-effectiveness of a successful community-wide, child obesity prevention program</td>
<td>$390,545</td>
</tr>
<tr>
<td>School of Rural Health</td>
<td>Teng Liaw, John Furler, Kevin Rowley, Priscilla Pyett, Margaret Kelaheh, Phyllis Lau</td>
<td>Culturally appropriate diabetes care in mainstream general practice for urban Aboriginal and Torres Strait Islander people</td>
<td>$365,675</td>
</tr>
</tbody>
</table>

**NHMRC Fellowships**

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Description</th>
<th>Grants Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Hopper</td>
<td>Australia Fellowship</td>
<td>$4,000,000</td>
</tr>
<tr>
<td>Kevin Rowley</td>
<td>Research Fellowship</td>
<td>SRF – $537,000</td>
</tr>
<tr>
<td>Melissa Southey</td>
<td>Research Fellowship</td>
<td>SRF – $537,000</td>
</tr>
</tbody>
</table>
### SUMMARY REPORT

#### ARC Discovery Grants

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Responsible Ci</th>
<th>Description</th>
<th>Grants Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ian Anderson, Jane Freemantle, Joan Ozanne-Smith, Jane Halliday, Jill Gallagher, Mary-Ann Davey, Mary Sullivan, Pam Muth</td>
<td>A mortality profile of Victoria’s Aboriginal (and non-Aboriginal) children 1998-2008 using an innovative method and research process</td>
<td>$625,866</td>
<td></td>
</tr>
</tbody>
</table>

#### Partners: APC Discovery Grants

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Responsible Ci</th>
<th>Description</th>
<th>Grants Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deakin University</td>
<td>Kay Cook, Liz Waters, Siang Kai Lo, Elise Davis</td>
<td>The health implications of uncertain child support payments for children in low income single parent families</td>
<td>$234,944</td>
</tr>
<tr>
<td>Monash University</td>
<td>Lynette Russell, Marcia Langton, Zane Ma Rhea</td>
<td>Food, Traditional Aboriginal knowledge and the expansion of the settler economy</td>
<td>$210,000</td>
</tr>
</tbody>
</table>

#### ARC Indigenous Research Development Grants

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Responsible Ci</th>
<th>Description</th>
<th>Grants Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kylie Cripps, Ian Anderson, Marcia Langton, Maggie Walter, Mark Rose</td>
<td>Building and supporting community led partnership initiatives to respond to Indigenous family violence in Victoria</td>
<td>$200,000</td>
<td></td>
</tr>
</tbody>
</table>

#### ARC Linkage Grants

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Responsible Ci</th>
<th>Description</th>
<th>Grants Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Queensland</td>
<td>Harvey Whiteford, Michael Hilton, Geoff Waghorn, Jane Pirkis, Paul Scuffham</td>
<td>Mental health intervention and non-urban detection screening</td>
<td>$440,000</td>
</tr>
</tbody>
</table>

#### Other Grants

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Responsible Ci</th>
<th>Description</th>
<th>Grants Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Human Services, Victoria</td>
<td>John Fitzgerald</td>
<td>Health credits: identifying the economic benefits of licensed premises and translating them into health outcomes at a local level</td>
<td>$99,804</td>
</tr>
<tr>
<td>University of Melbourne Early Career Researcher Grant</td>
<td>Julie Simpson</td>
<td>Optimal design of antimalarial population pharmokinetic studies</td>
<td>$28,768</td>
</tr>
<tr>
<td>IATSIS</td>
<td>Marcia Langton</td>
<td>Indigenous involvement in water management and policy and regulation development</td>
<td>$22,000</td>
</tr>
</tbody>
</table>

---

### RESEARCH GRANTS AWARDED 2008, COMMENCING 2009

#### NHMRC Project Grants

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Responsible Ci</th>
<th>Description</th>
<th>Grants Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prof John Mathews, A/Prof Susan Skull, A/Prof Heath Kelly Dr James McCaw, Prof Terry Nolan</td>
<td>Understanding influenza mortality and the effects on the elderly</td>
<td>$429,350</td>
<td></td>
</tr>
<tr>
<td>Prof John Hopper, Dr Graham Byrnes, Dr Lyle Gurrin, Dr Katrina Scurrah, Dr Jennifer Stone</td>
<td>New methods for analysing twin data</td>
<td>$459,000</td>
<td></td>
</tr>
<tr>
<td>A/Prof Paul Dietze, Prof Robin Room, Dr Tanya Chikrihs, Dr William C Kerr, Prof Thor Norstrom, Dr Mats Ramstedt</td>
<td>Alcohol and public health: the Australian experience</td>
<td>$296,375</td>
<td></td>
</tr>
<tr>
<td>Sponsor</td>
<td>Responsible Ci</td>
<td>Description</td>
<td>Grants Income</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>A/Prof Shyamali Dharmage, Prof Hayden Walters, Prof Michael Abramson, A/Prof Paul Thomas, Dr Melanie Matheson, Dr Bircan Erbas, A/ Prof David Johns</td>
<td></td>
<td>What increases the reactivity of airways in middle-age?</td>
<td>$572,975</td>
</tr>
<tr>
<td>Dr Mark Jenkins, Prof Graham Mann, Dr Anne Cust, Dr James Dowty</td>
<td></td>
<td>How do your genes affect your risk of melanoma, and what can you do about it?</td>
<td>$145,975</td>
</tr>
<tr>
<td>Dr Jane Hocking, Dr David Regan, Dr David Wilson, Dr David Philip, Prof Anthony Smith</td>
<td></td>
<td>Control of sexually transmitted infections in Australia</td>
<td>$539,775</td>
</tr>
<tr>
<td><strong>Other Grants</strong></td>
<td></td>
<td></td>
<td>$6,384,114</td>
</tr>
<tr>
<td>National Breast Cancer Foundation and Australian Government (Peter MacCallum Cancer Centre, 2009-2013)</td>
<td>A/Prof Ian Campbell, Prof John Hopper, Ms Vicki Pridmore, Prof Anne Kavanagh et al.</td>
<td>Integration of Breastscreen with an epidemiological, molecular and translational research program</td>
<td>$5,000,000</td>
</tr>
<tr>
<td>Dental Health services Victoria – DHSV Research and Innovation Grant</td>
<td>Dr Andrea Sanigorski</td>
<td>The VicGeneration Study: A birth cohort to examine the environmental, behavioural, and biological predictors of early childhood caries in children from the western corridor of Victoria</td>
<td>$50,000 (2008-9)</td>
</tr>
<tr>
<td>Victorian Cancer Agency – Early Career Seed Grant</td>
<td>Dr Anne Cust</td>
<td>Identification and risk prediction of individuals at high risk of melanoma</td>
<td>$49,866 (2008)</td>
</tr>
<tr>
<td>Australian Government Department of Families and Housing, Community Services and Indigenous Affairs. Invest to Grow Extension Grant</td>
<td>A/Professor Jane Fisher, Dr Heather Rowe</td>
<td>Dissemination of a novel mental health promotion intervention for parents of newborns</td>
<td>$153,000 (2008-9)</td>
</tr>
<tr>
<td>Fred P. Archer Charitable Trust</td>
<td>Dr Heather Rowe, Dr Deborah Keys, A/Prof Jane Fisher</td>
<td>Developing a mental health promotion program for young mothers</td>
<td>$20,000 (2008-9)</td>
</tr>
<tr>
<td>VicHealth</td>
<td>A/Prof Tony LaMontagne, Dr K. Sanderson</td>
<td>Estimating the economic benefits of eliminating job strain as a risk factor for depression</td>
<td>$55,000 (2008-9)</td>
</tr>
<tr>
<td>VicHealth - Research Practice Leader in Mental Health Promotion</td>
<td>Dr Natasha Klocker</td>
<td>Ethnic and race-based discrimination</td>
<td>$504,088 (2008-11)</td>
</tr>
<tr>
<td>VicHealth - Research Practice Leader in Mental Health Promotion</td>
<td>Dr Therese Riley</td>
<td>Reducing discrimination and promoting acceptance of diversity</td>
<td>$552,160 (2008-11)</td>
</tr>
</tbody>
</table>
The School seminar series was well received throughout 2008. It provided opportunities for staff and visitors to showcase their research.

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker</th>
<th>Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Mar</td>
<td><strong>Dr John Carnie</strong>, Chief Health Officer, Department of Human Services, Victoria</td>
<td>A day in the life of the Chief Health Officer, Victoria</td>
</tr>
<tr>
<td>12 Mar</td>
<td><strong>Professor John Ovretveit</strong>, Director of Research, Karolinska Medical Management Centre Sweden, Professor of Health Management, Faculty of Medicine, Bergen University, Norway</td>
<td>Using research to make health care more effective: Implementation research and implementation capabilities in health care</td>
</tr>
<tr>
<td>19 Mar</td>
<td><strong>Professor Jeremy Grimshaw</strong>, Director, Centre for Best Practices, Institute of Population Health, Canada</td>
<td>Improving the scientific basis of health care research dissemination and implementation</td>
</tr>
<tr>
<td>2 Apr</td>
<td><strong>Professor Cecille Svanes</strong>, Pulmonologist, Department of Thoracic Medicine, University of Bergen, Norway</td>
<td>Early life origins of adult respiratory health: Results from the European Community Respiratory Health Survey</td>
</tr>
<tr>
<td>16 Apr</td>
<td><strong>Associate Professor Clara Gaff</strong>, Senior Genetic Counsellor, Genetic Health Services Victoria</td>
<td>Talking about genetics: a family affair</td>
</tr>
<tr>
<td>30 Apr</td>
<td><strong>Professor Julian Peto</strong>, Professor of Epidemiology, Cancer Research UK, London School of Hygiene &amp; Tropical Medicine, United Kingdom</td>
<td>The costs and benefits of HPV16/18 vaccination</td>
</tr>
<tr>
<td>14 May</td>
<td><strong>Professor Ron Borland</strong>, Nigel Gray Distinguished Fellow in Cancer Prevention, The Cancer Council Victoria, Australia</td>
<td>The contribution of public policy to reducing tobacco use: Findings from the International Tobacco Control Policy Evaluation Study</td>
</tr>
<tr>
<td>28 May</td>
<td><strong>Professor Elizabeth Waters</strong>, Professorial Fellow, Public Health and Health Equity, McCaughey Centre, Melbourne School of Population Health</td>
<td>Building the evidence base of upstream, equity oriented public health strategies</td>
</tr>
<tr>
<td>11 Jun</td>
<td><strong>Professor Cathy Humphreys</strong>, Alfred Felton Chair in Child and Family Welfare, School of Nursing and Social Work, The University of Melbourne <strong>Mr David Bradley</strong>, Victoria Police Research fellow, Office of the Chief Commissioner</td>
<td>Family Violence Reform Research: Linking research, policy and practice</td>
</tr>
<tr>
<td>25 Jun</td>
<td><strong>Associate Professor Margaret Hellard</strong>, Director, Centre for Epidemiology and Population Health Research, Burnett Institute, Melbourne</td>
<td>Lessons from the field: Working with Intravenous Drug Users to understand HCV transmission</td>
</tr>
<tr>
<td>4 Jul</td>
<td><strong>Professor Simon Thompson</strong>, Director, Medical Research Council Biostatistics Unit, Cambridge, United Kingdom</td>
<td>Screening for abdominal aortic aneurysms: From randomised trials to a national screening program</td>
</tr>
<tr>
<td>9 Jul</td>
<td><strong>Professor Alan Petersen</strong>, School of Political and Social Inquiry, Faculty of Arts, Monash University</td>
<td>What does public engagement mean in relation to population health research? – the example of biobanks</td>
</tr>
<tr>
<td>23 Jul</td>
<td><strong>Dr Catherine Bennett</strong>, Centre for Molecular, Environmental, Genetic &amp; Analytic Epidemiology, Melbourne School of Population Health, The University of Melbourne <strong>Associate Professor Paul Johnson</strong>, Deputy Director, Infectious Diseases Department, Austin Health &amp; University of Melbourne</td>
<td>The beast ‘withon’ – Staph aureus the new community pathogen</td>
</tr>
<tr>
<td>6 Aug</td>
<td><strong>Associate Professor Jan Nicholson</strong>, Principal Research Fellow, Murdoch Childrens Research Institute, Melbourne</td>
<td>Dissemination and effectiveness of a brief early parenting programme for high risk parents and young children</td>
</tr>
<tr>
<td>20 Aug</td>
<td><strong>Ms Monica Pfeffer</strong>, Director, Social Policy Branch, Department of Human Services, Victoria</td>
<td>Turning research into policy: Reflections from the real world</td>
</tr>
<tr>
<td>Date</td>
<td>Speaker</td>
<td>Presentation</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>3 Sep</td>
<td><strong>Professor Hugh Taylor</strong>, Chair of Indigenous Eye Health, Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne</td>
<td>Closing the Gap in Indigenous Eye Health</td>
</tr>
<tr>
<td>17 Sep</td>
<td><strong>Dr Marienne Hibbert</strong>, Project Director, BioGrid Australia (formerly Bio21:MMIM), Melbourne Health and The University of Melbourne</td>
<td>A research platform of record-linked Clinical and Biomedical data: Outcomes and opportunities</td>
</tr>
<tr>
<td>1 Oct</td>
<td><strong>Professor John Kaldor</strong>, National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales</td>
<td>Recent successes and failures in the biomedical prevention of HIV infection</td>
</tr>
<tr>
<td>8 Oct</td>
<td><strong>Professor Noralou Roos</strong>, Founding Director, and <strong>Professor Leslie Roos</strong>, Co-founder, Manitoba Centre for Health Policy, Canada</td>
<td>From health research to social research: Privacy, methods, approaches</td>
</tr>
<tr>
<td>15 Oct</td>
<td><strong>Professor Anthony Scott</strong>, Adjunct Professor, Melbourne School of Population Health and Professorial Fellow, Melbourne Institute of Applied Economic and Social Research, The University of Melbourne</td>
<td>The MABEL longitudinal survey of doctors: A randomized trial and cost-effectiveness analysis of response mode</td>
</tr>
<tr>
<td>29 Oct</td>
<td>Melbourne School of Population Health Annual Awards Presentation</td>
<td>N/A</td>
</tr>
<tr>
<td>12 Nov</td>
<td><strong>Dr Marie Bismark</strong>, Senior Associate, Budle Findlay New Zealand</td>
<td>Tackling Disparities: Cultural Competence, Health Care and the Law</td>
</tr>
<tr>
<td>26 Nov</td>
<td><strong>Professor David Studdert</strong>, Chair, MSPH Human Ethics Advisory Committee, and Federation Fellow, Faculty of Law &amp; Faculty of Medicine, Dentistry &amp; Health Sciences, The University of Melbourne</td>
<td>Human research ethics review: Tips for a smooth passage</td>
</tr>
</tbody>
</table>

**Academic Program Officers**

Bo Lin BA (English and International Laws) Guangdong University of Foreign Studies, Guangzhou, China, PGDip(Translation Studies), ANU
Jennifer Sievers BInfMan Monash

**Personal Assistant to Head of School**

Nora Li Dip Exec Sec Studies HK Polytechnic

**Honorary Appointments**

**Professorial Fellows**

Warwick Hugh Anderson, MB BS BMedSc MA MD Melb. PhD Penn.
Ross Bailie, MBChB MPhil MD(CommHlth) Cape Town MRNZCGP FCPHA(SA) FAFPHM
Stephen Bird, BSc PhD Leic. PGCE ScEdu Sussex ROB FBASES
Ron Borland, BSc Monash MSc Monash PhD Melb. MAPS
John Nicholas Crofts, MB BS Melb. MPH Monash FAFPHM
Graham Giles, BSc MSc Mich. PhD Tas.
Margaret Ann Hamilton, BA MSW Mich. DipSocSt
Eleanor Holroyd, BAppSc Curtin MApplSc Curtin PhD Hong Kong
Allan Kellehear, BA PhD
Lenore Hilda Manderson, BAAsianSt ANU/PhD ANU FASSA (Australian Research Council Federation Fellow)
John Mathews, AM, BSc Melb. MB BS Melb. MD Melb. PhD Melb. Hon DSc N7FRACP FRCPA FAFPHM
Alan Rob Moodie, MB BS Melb. MPH Harv. FAFPHM FRACGP DRAOCG DTM Paris FAIM
Robert Power, BSc Lond. PhD Lond. PGCE Lond.
Edward William Russell, BA Melb. BEc Monash PhD Monash

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**STAFF**

*denotes part-time staff

**MELBOURNE SCHOOL OF POPULATION HEALTH**

**Head of School and Associate Dean and Professor**

Terence Michael Nolan, BMedSc MB BS W Aust. PhD McG. FRACP FAFPHM

**Deputy Head of School and Professor**

David Studdert, BA Melb. LLB Melb. MPH Harvard ScD Harvard (Federation Fellow)

**Professional Staff**

**School Manager**

Leanne Taylor, BSc Deakin BHA NSW PGDipDiet Deakin MHSc LaTrobe

**Finance and Resources Manager**

Nancy Palamara BBus VU

**Information Technology Service Manager (South of Grattan Street Cluster)**

Nick Golovachenko BA Sydney

**IT Officers**

Niven Mathew BE TEIC, MIT Monash
Glynn Mathews
Danielle Pullin BA Melb
Graham Sadler

**Academic Programs Manager**

Elizabeth Lagias
Adjunct Staff
Professors
Sidney Bloch, MB ChB Capetown PhD ECFMG DipPsyMed
Sioban Nelson, BA LaTrobe PhD Griff.
Loane Skene, LLM Monash LLB Barristar & Solicitor Victoria

Senior Research Fellow
Jenny Lewis, BSc MEvNS PhD GDipRecPing Canberra GDipPubPol

Senior Lecturer
Tim Marjonbanks, PhD Hsrv.
Rosemary Robins, BA PhD NSW

CENTRE FOR MOLECULAR, ENVIRONMENTAL, GENETIC AND ANALYTIC (MEGA) EPIDEMIOLOGY
Director and Professor of Epidemiology and Biostatistics
Dallas English, BSc Melb. MS PhD Wash.
Director (Research) and Professorial Fellow
John Hopper, BA Melb. BSc MSc Monash PhD La Trobe (National Health and Medical Research Council Australia Fellow)
Director (Learning and Teaching) and Associate Professor in Epidemiology
Catherine Bennett, BSc La Trobe MAppEpid ANU PhD La Trobe

Professorial Fellow
*John Brooke Carlin, BSc W.Aust. PhD Harv.

Associate Professors
*Peter Greenberg, MB BS MD PhD Melb. FRACP
Mark Jenkins, BSc Monash PhD Melb.

Associate Professor and Principal Research Fellow
Shyamali Dharmage, MB BS MSc MD Colombo PhD Monash

Senior Lecturers
*Julie Simpson, BSc Melb. PhD Open Uni UK PGDip(MathStat) Camb. UK

Lecturers
Katrina Scurrah, BMath Newcastle PhD W.Aust.

Senior Research Fellows
Carmel Apicella, BSc Monash MSc PhD GDipEpiBio Melb.
Louisa Flander, BA MA G.Wash. MA RMIT PhD Colorado
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*Adrian Lowe, BBSc La Trobe MPH Melb. PhD Melb.
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Research Assistants
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Melanie Adams, BAppSci Deakin

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Joan McPhee, BA Ruters MNutr&Diet Deakin
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Honorary Appointments

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John Mathews, AM, BSc MB BS MD PhD Melb. Hon DSc NT FRACP FRCPa FAFPHM
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Mohammad Siahpush, BS MS Utah MBiostats Melb. PhD Ohio
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Roger Milne, BA. BSW BComm Melb. PhD Madrid MSc(Med) Monash
Nicholas Osborne, BSc Adel. BSc Finders MAgSc Qld PhD Qld.
Gianluca Severi, BSc Genoa MSc PhD Milan PhD Birmingham UK
Elizabeth Williamson, BA Cambridge MSc Leicester PhD London

Selected Visitors
Professor David Goldgar, BA Colorado MS Colorado State PhD Colorado Medical Center
Professor Julian Peto, MA Math Oxford MSc London DSc London DSc Manchester
Associate Professor Cecile Svanes, University of Norway

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Database Programmer
*Kelly Aujard, BInfoSys Swinburne

Australian Twin Registry, Project Support Officer
Jennifer Boadle, BA Deakin

Research/Data Management Support Officer

Australian Twin Registry, Senior Project Officer
*Kim Dorrell, BA Qld.

Australian Twin Registry, Coordinator
*Emily England, BA/BSc La Trobe GDipEd Monash

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Vicki King

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GDipBusAdmin RMIT

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Karen O’Brien

Australian Twin Registry, Project Support Officer
*Shaie O’Brien BA Monash MA Monash

Administration Assistants
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Data Clerk
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CENTRE FOR HEALTH AND SOCIETY

Head and Professor
Ian Philip Anderson, MB BS La Trobe

Deputy Head and Associate Professor

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*Janet Susan McCalman, BA, Melb. PhD ANU FAHA

Associate Professor
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John Fitzgerald PhD Monash, PhD Melb.
Jane Freeman, PhD UWA
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Bill Genat, BSc W.Aust. PhD W.Aust
Priscilla Pyett, BA Monash PhD Deakin

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Hans Baer, BS Pennsylvania State U, MA Nebraska, PhD Utah.
James Bradley, MA (Hons) History PhD Edinburgh, Dip IT Dundee
Viki Briggs, BA S.Aust.
Alison Brookes, BA Deakin PhD Deakin
Angela Clarke, BA VU MPubHlth Deakin
Kyllie Cripps, BA S.Aust PhD Monash
Johanna Monk, BA Melb. MA MPH
Yin Paradies, BSc MMEdStats MPH PhD
Gregory Phillips, BA Qld. MMEdSc. Qld.
Theresa Riley, B Soc Sci RMIT MA RMIT PhD RMIT
Paul Stewart, GDipIndigSt Syd MPubHlth Deakin

Senior Tutor
Ann Brothers, BA Melb

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Centre Manager
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Centre /Unit Staff
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Debra Knoche, BA (Hons) Melbourne
Nicole McMullan
Odetta Mazel
Adam Moffatt
Annie Nguyen, M Acct RMIT GDip Fin RMIT B Ec HCMC, Vietnam
Judy Pryor
Nicole Waddell
Laura Thompson, BA BEd Deakin
Nicole Waddell
Jane Yule, BA Monash MA Monash GDipRec PhillipIT

Honorary Appointments
Professorial Fellows
Warwick Hugh Anderson, MB BS BMedSc MA MD Melb. PhD Penz.
Ross Bailie, MCBCh MPH(CommHlth) Cape Town MRNZCGP FCH(SA) FAPPHM
Alan Rob Moodie, MB BS Melb. MPH Harv. FAPPHM FRACGP
DRAOG DTM Paris FAIM
Robert Power, BSc Lond. PhD Lond. PGCE Lond.
Julian Savulescu, MB BS La Trobe BMEdSc La Trobe PhD La Trobe

Principal Fellows with the title Associate Professor
Joan Cunningham, BA Harv. MLlibArts Harv. PhD Harv.
William Hart, MB BS Monash MScPhelim GDipCH La Trobe

Senior Fellows with the title Senior Lecturer
John Condon, MBBS Monash MPH Harvard CertHlthEcon Monash PhD Charles Darwin
James Humphery, BA MA Mphil Camb. PhD
Duncan MacGregor, MB BS BMEdSc PhD Melb.

Fellows with the title Lecturer
Susan Foxman-Feldman, BA La Trobe MA
Craig Lindsay Matthew Fry, BSc Monash
Elizabith Hoban, BA Edith Cowan MTrOpHlth QldPhD Melb
Cecily Hunter, BA Monash MSc Melb. PhD Melb.
Harald Klein, BA Qld. PhD Monash
Tania Lewis, BM BS Otago BA Canterbury MA Canterbury PhD Melb.

Adjunct Staff
Professors
Sidney Bloch, MB ChB CapeTown PhD CEFMG DipPsyMed
Sioban Nelson, BA La Trobe PhD. Griff.
Loane Skene, LLM Monash LLB Barrister & Solicitor Victoria

Senior Research Fellow
Jenny Lewis, BSc MEVSc PhD GDipRecPlng Canberra GDipPubPol

Senior Lecturer
Tim Marjoribanks, PhD Harv.
Rosemary Robins, BA PhD NSW

KEY CENTRE FOR WOMEN’S HEALTH IN SOCIETY
(World Health Organisation Collaborating Centre for Women’s Health)

Director and Professor of Women’s Health
Anne Kavanagh, MB BS Flinders PhD ANU FAHPHM

Associate Professor
Jane Fisher, BSc Qld. PhD Melb.

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*Andrea Whittaker, BA Qld. PhD Qld. (on transfer until Dec 2008)

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Lecturers
*Lisa Amir, MB BS Monash MMed Melb. PhD La Trobe IBCLC (on
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Heather Rowe, BSc La Trobe PhD Melb.

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*Danielle Newton, BA Monash PhD Deakin*
*Maggie Kirkman, BA Melb. PhD La Trobe*
*Carolyn Nickson, BA La Trobe GDipEpiBio. Melb. PhD Melb.*
*Karen Wynter, BSc: Stellenbosch MPH:Education Cambridge PhD Cambridge*
*Sonia Young, BSc Adelaide PhD Adelaide*

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**Honorary Appointments**

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Doreen Rosenthal, AO BA Melb. PhD Melb. FASSA

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Wendy Holmes, MB BS MSc. Lond.
Shelley Mallett, BAppSc: La Trobe BA La Trobe PhD La Trobe

**Professional Staff**
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**Personal Assistant**
Fulya Torun

**MCCAUKEY CENTRE**

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**Deputy Director**
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**Jack Brockhoff Chair of Child Public Health**
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MPH La Trobe
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Lisa Gibbs BSc (Hons) Melb PhD Deakin
Andrea Sanigorksi, BSc Melb, MA (Human Nut) Deakin, PhD Deakin

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Melanie Davern, BSc Melb BSc(Hons) Deakin PhD Deakin
Jodie Doyle DipNurs Deakin BNurs. Deakin GradDipHealthProm La Trobe MPH La Trobe MIlthSc La Trobe
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Rosemary Mann, DipAppSc. Deakin, CertDiet. Alfred, MA, Devel
Deakin, BL (Hon) Deakin, PhD Melb
Johanna Mithen, BA (Hons) Monash, GradDipEd Melb
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Naomi Priest BAppSci(Hons) S'Aust
Elisha Rigg BAppSc(Hons) Deakin
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*Pauline Van Dort, BA (Hons) Psych Swinburne
Deborah Warr BA Deakin, MA PhD MelbSue West, BA Philip IT MA RMIT
Lisa Willenberg, BThlthSci Adelaide, BThlthSc (Hons) Deakin

**Professional Staff**

**Senior Professional Staff**
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Kate Jenkins, DipBus RMIT
Amy McKernan, BA Melb
Patricia Van Kampen

**Honorary Appointments**

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London School Hyg & Trop Med
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Wellington NZ MSc: Canterbury NZ PhD Qld
Yolanda Wadsworth BA Monash MA (Prelim) Monash PhD Monash

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PhD Charles Darwin
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Rachel Clarke, MSc (Physical Activity, Nutrition & Public Health)
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Patricia Douglas

Business Development Manager
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Fellows with the title Lecturer
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Dr Pathiraja Dissanayake, MBBS Colombo, MSc Colombo, MD Colombo.
Dr Anura Jayasinghe, MBBS Colombo, MD Colombo
Dr Budianna Keliati, SKp UI, MAppSci UI, PhD
Dr Jong-Ik Park, MD Ulsan, MPsiychiatry Ulsan, PhD Ulsan
Dr Raju Lakshmmana, MBBS JIPMER, MD NIMHANS, FRANZCP
Dr John Mahoney, Doctor Honoris Causa UCE
Mr Stephen Minas, BA (Hons) Melb, LLB (Hons) Melb.
Dr Yvonne Stoik, BA Melb, MA Melb, PhD Melb
Dr Choeng-Siew Yong, MBBS Sydney, FRANZCP

SEXUAL HEALTH UNIT

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*Jane Hocking, BAppSci(Tas) GradCertSexHlth Melb. RN
*Caroline Tait, BAppSci(Nursing) GradCertSexHlth Melb. RN
*Tracey Mayhew, BAppSci(Nursing) GradCertSexHlth Melb. RN
*Sandra Walker, DPsych (Hlth Psych) Swinburne

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Phillip Patterson, RN DCert CMap
Bradley Whitton, BSc CertPubHlth(SexualHlth) Melb
VACCINE AND IMMUNISATION RESEARCH GROUP

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Prof Research Fellow
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Maryanne Skeljo, BSc Monash PhD Melb. GDipEpid&Biostat Melb
Loretta Thorn MB BS Melb
Karyn Alexander, MBCChB Leicester MPH Monash

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Paul Kalman Pallaghy, BSc LaTrobe PhD Melb. (MPHS Salaried staff)

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Assistant Study Co-ordinator
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Clare Teresa Brophy, RN
Julie Cooper, MBBS Monash
Diana
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Wendy Geoffroy, BNurs Deakin, RN
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Sheila Holland, Cert(Coronary Care) Prince Henry's RN
Alice Holloway, BSc(Hon) Melb

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Irene Mellas, BNurs Monash
Johanna Marie Mithen, BA Monash BSc. Monash GDipEd(Sec) Melb
Jacinta Maree O'Keefe, Bsc. Melb
Jan Parker, BBSc LaTrobe BFA RMIT RN
Zoe Ruwoldt, BNurs ACU MPubHth Melb. PGDip(Adv ClinNurs) Melb
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Tamie Samyue, BBioMedSc Monash BNursSci Melb
Marie West, RN
Clare Louise Kohlman, Cert(GenNurs) Box Hill GCart(Nurs) Box Hill
Cert(Midwifery) St Georges

Phlebotomists
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Judith Spotswood, RN Div 2
Erin Hill, RN Div 2
Charan Sandhu, Dip.FrontlineMgt. Swinburne RN

Study Doctors
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Briony Price, MMBS(Hon) Melb. FRACP
Nicole Rose, MBBS Melb.
Louise Murdoch, MBBS Melb. FRACP MFamMed. Monash

Admin Assistants
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Mairead Phelan, BPsyc ACU
Sophie Garnwell
Claire Laidlaw

INDIGENOUS EYE HEALTH UNIT

Harold Mitchell Chair of Indigenous Eye Health
Professor Hugh R. Taylor AC, MD Melb MBBS Melb, BMedSc Melb, DO Melb, FRANZCO, FRACS, FAAO, FACS, FAICD

Professional Staff
Research Administrator
Judith Carrigan BSChons PhD Monash, BA Melb
CENTRE FOR MOLECULAR, ENVIRONMENTAL, GENETIC AND ANALYTIC EPIDEMIOLOGY ANNUAL REPORT 2008

OVERVIEW
The Centre for MEGA Epidemiology has a well-deserved international reputation for excellence in research and the detailed report that follows shows the breadth, depth and quality of the research program. The Centre hosts several large cohort studies of individuals and families that are providing important information about prevention of cancer, asthma, allergy, respiratory disease and more recently hereditary haemochromatosis. During 2008, Catherine Bennett began a new NHMRC-funded study on Staphylococcus aureus.

A personal highlight for the Director was attending the ceremony in Parliament House, Canberra, where Catherine Bennett received her award for Teaching Excellence from the Australian Learning and Teaching Council (http://www.altc.edu.au/award-recipient). Associate Professor Bennett also won the University’s prestigious David White Award for excellence in teaching in Science, Health, Agriculture and Veterinary Science. Cathy leads a flourishing learning and teaching program in epidemiology within the Centre. The Centre’s contribution to the School’s postgraduate teaching continues to be successful, with increasing numbers of students and many high-quality research projects undertaken.

The Centre is fortunate to have outstanding academic and professional staff. During 2008, Catherine Bennett and Mark Jenkins were promoted to Associate Professor and Carmel Apicella was promoted to Senior Lecturer.

LEARNING AND TEACHING
The Centre delivers postgraduate coursework programs in Epidemiology and Biostatistics. Both streams have now been recognised with School Teaching and Learning Awards, and the redevelopment of the Epidemiology program featured in the awarding of the 2008 University David White Award and a national award for teaching excellence to Associate Professor Catherine Bennett.

We also have individual subject success stories. The introductory statistics subject coordinated by Julie Simpson in the MPH program delivered by the Victorian Consortium for Public Health continues to be highly rated by the large cross-University student cohort (>200), and in 2008 again achieved excellent student feedback for the quality of the lectures, tutorials and teaching materials. One of the Centre’s specialist subjects, Infectious Disease Epidemiology introduced in 2003, also continues to attract the highest enrolments of any Masters level elective within the School whilst maintaining high overall student ratings for “is this subject well taught” (4.7/5).

The epidemiological and biostatistics programs attract substantial numbers of students, and subject level enrolments continue to climb in our classroom-contact subjects. With increasing recognition of the research strengths and career opportunities that come with acquiring strong epidemiological and statistical skills in both health research and practice, we now also attract a steady flow of PhD students.

The Centre for Molecular, Environmental, Genetic and Analytic (MEGA) Epidemiology’s aim is to develop, promote and consolidate epidemiologic research and teaching. The Centre houses the Australian Twin Registry and has strong links with the Genetic Epidemiology Laboratory in the Department of Pathology, University of Melbourne.
from across the Faculty of Medicine, Dentistry & Health Sciences into our core methods subjects.

2008 also saw the Centre commence a short course program. Dr Lyle Gurrin led and coordinated the statistical short course “Modelling follow-up data using modern demographic methods with Stata and R”. This was offered in February and featured two international statisticians, Paul Dickman and Bendix Carstensen. The course was well attended and a great success and signals the ongoing interest in the Centre developing this type of advanced training.

In September 2008 the Australian Twin Registry convened an intensive short course in the ‘Twin Towns’ of Coolangatta/Tweed Heads, which focused on statistical genetics methods for detection of genetic loci for complex traits. Seven lecturers, headed by Professor Kenneth Lange, from the University of California (Los Angeles) conducted the 5-day program, which included hands-on computer exercises using statistical genetics computer programs, notably Mendel, SimiWalk, and FBAT. The short course proved very popular with 43 attendees, which was the maximum number the course could accommodate.

RESEARCH
Almost all of the Centre’s research is supported by competitive grants from the US National Institutes of Health, the NHMRC and other nationally competitive grant schemes such as the National Breast Cancer Foundation. The Centre does little contract research.

Major Research Programs
Asthma, allergy and other respiratory disease
The research program on allergy, asthma and other respiratory disease at the Centre is headed by Associate Professor Shyamali Dharmage. The aim of this program is to understand the complex interplay between environmental and genetic risk factors for these diseases both in children and adults, and thereby to contribute to the development of interventions that could be directed at the population level, at high-risk groups, or at individuals. This program mainly encompasses two longitudinal studies and is funded by a number of external funding bodies, including NHMRC.

The Centre, in collaboration with Monash University and the University of Tasmania, is investigating the natural history, environmental and genetic risk factors for adult asthma and chronic obstructive pulmonary disease using a large population-based prospective study of the 1961 birth cohort enrolled in the 1968 Tasmanian Asthma Study, their parents and siblings. This is currently funded by NHMRC project grants, Tasmanian Asthma Foundation, Victorian Asthma Foundation, GSK and Sykeps Trust. The 40-year follow-up of the siblings commenced with a postal survey of 21,000 siblings and the laboratory studies of a sample of siblings is underway.

The Centre, in collaboration with the Murdoch Childrens Research Institute and the Royal Children’s Hospital, is investigating the natural history, environmental and genetic risk factors for childhood asthma and allergies using a population based prospective study of a high risk cohort of children born from 1991-94 (the Melbourne Atopic Cohort Study). Fifteen-year follow-up of the MACS cohort including their parents and siblings commenced in 2008 with funding from a Healthy Start to Life for All Australians NHMRC strategic award.

Over the past eight years, this program has provided training opportunities for a number of honours and doctoral students, and post doctoral researchers to undertake ground-breaking research at the forefront of airway disease research. Currently three PhD students and two postdoctoral research fellows are conducting their research within this program. Dr Melanie Matheson is developing a research program on genetics of asthma and allergies and Dr Adrian Lowe is developing a research program on eczema prevention. During 2008, the research conducted within this program has been published in high impact journals, including four articles in the world’s top allergy journal, and the researchers have frequently been interviewed by the media.

The researchers of this program are collaborating with other local and international research groups working in this research area. The Centre is part of an international working group investigating early-life risk factors for asthma in collaboration with Haraldsplass Hospital, Bergen, Norway, and the Department of Public Health Sciences, King’s College London. This is a working group within the European Community Respiratory Health Survey that has been conducted in 56 centres in 28 countries, including Australia. A separate collaboration with the Royal Children’s Hospital is investigating the prevalence of food allergy and its risk factors among infants, which is a population based cross sectional study funded by NHMRC. The Centre is also part of a NHMRC project investigating the impact of air pollutants and pollen on asthma hospital admissions conducted by the La Trobe University. The Centre also has a collaborative study of occupational allergy underway. This is a study of prognostic indicators for occupational contact dermatitis in collaboration with the Occupational Dermatology Research & Education Centre, i.e. Skin Watch Study, and is currently following up a cohort of 600 workers who have been diagnosed as having occupational contact dermatitis.
Family studies of cancer
This program of research is headed by Professor John Hopper. The Centre has pioneered population-based family studies of cancer that are emerging as a standard design for genetic epidemiological research. The Australian Breast Cancer Family Registry, the Australasian Colorectal Cancer Family Registry, the Australian Melanoma Family Study, the Victorian Paediatric Cancer Family Study, the Australian Prostate Cancer Family Study (in conjunction with The Cancer Council Victoria), and The Twins and Sisters Study of Mammographic Breast Density (in conjunction with the University of Toronto and the Queensland Institute of Medical Research) are large population-based and clinic-based case-control-family studies funded by the National Health and Medical Research Council (NHMRC), VicHealth, the NSW Cancer Council and the National Institutes of Health (USA). The analysis of genetic mutations and variants is a common thread to all studies and much of this work is being conducted in the Genetic Epidemiology Laboratory in the Department of Pathology at The University of Melbourne.

These studies have been running since the early 1990s and since then tens of thousands of families have been recruited by these studies, often in collaboration with researchers throughout Australia, New Zealand, the USA and Canada as part of international cancer registries funded by the National Institutes of Health (USA). The breast and colorectal cancer studies have recently been funded to continue recruitment of additional new families and follow-up existing participants for at least the next four years. The blood samples, tumour samples, and questionnaires that have been collected on participants has, and will continue to enable research into the genetic and environmental causes of cancer that have not been possible to date. Research stemming from these studies includes the identification of new genetic pathways for cancer, the definition of new types of cancer, and better understanding of the risks of cancer due to family history of the disease and genetic risk factors. These resources, which are available to researchers in Australia and overseas for approved research, will enable genetic epidemiology research to progress for many years to come.

The Melbourne Collaborative Cohort Study
The Melbourne Collaborative Cohort Study (MCCS) is conducted by The Cancer Council Victoria and is headed by Professor Graham Giles (honorary professorial fellow), Professors Dallas English and John Hopper are chief investigators on the study and it represents Professor English’s main research interest. It is a prospective cohort study of 41,514 people aged between 40 and 69 at recruitment, which occurred from 1990 to 1994. About a quarter of the participants are migrants from Italy and Greece, who were included to increase the variability in lifestyle and genetic factors. The main focus of the study has been on identifying risk factors for cancer, type 2 diabetes, cardiovascular disease, eye disease and arthritis. During 2008, 23 peer-reviewed journal articles that made use of the MCCS were published.

With respect to cancer, cohort data were contributed to several genome wide association studies and to the Pooling Project for Cohort Studies of Diet and Cancer, which is coordinated by Harvard University. A paper on colorectal cancer illustrated the foresight of including the migrants in the study; Greek and Italian migrants were found to be at low risk of developing a form of colorectal cancer in which there is aberrant DNA methylation but not at low risk of developing the more common types of colorectal cancers.

Hereditary Haemochromatosis
This program of research is headed by Dr Lyle Gurin and Associate Professor Katie Allen from the Murdoch Childrens Research Institute. Between 2003 and 2008, 1063 participants in the Melbourne Collaborative Cohort Study (which started in the early 1990s) attended follow-up clinics for the HealthIron study, an investigation into the genetic and environmental modifiers of inherited disease of iron overload known as hereditary haemochromatosis.

Results from this study published in the New England Journal of Medicine in January 2008 showed that almost 30 percent of men who are genetically predisposed to accumulate too much iron in their body (due to having two faulty copies of the HFE [haemochromatosis] gene) had signs of iron overload related disease such as fatigue, arthritis, abnormal liver function tests or signs of liver damage. Women with the same genetic predisposition to iron overload had only a one percent chance of developing signs and symptoms of disease. Another important conclusion for this research is that people with serum ferritin (a marker of body iron stores) greater than 1000 ug/L are at greatest risk of subsequent disease. In a second publication in the journal Gastroenterology, analysis of biochemical data from participants at baseline and follow-up showed that iron levels in men and post-menopausal women were unlikely to increase after middle age, whereas pre-menopausal women will experience on average a three-fold increase in iron levels following menopause.

In December 2008 we completed a pilot study linking a sample of 50 records from the HealthIron database to the Australian Red Cross Blood Service to obtain details of the blood donation history of HealthIron participants, a project which is funded by the National Health and Medical Research Council. Linkage for the remaining 450 participant who self-reported that they had previously donated blood will be completed by June 2009. The HealthIron study continues to search for genetic factors that alter the risk of iron overload. In 2008 we completed a second round of genotyping on several recently discovered genes of iron metabolism using blood samples from 865 HealthIron participants. We successfully replicated one recently published association and are currently investigating another genetic variant that appears to decrease the risk of iron overload using both statistical analysis and laboratory studies.

Statistical Methods
Genetic Epidemiology
This program of research is headed by Professor
John Hopper. Methodological research in genetic epidemiology this year has focused on the development of methods for the analysis of data from twin studies. We proposed a method for analysing data from twin pairs that examines the relationship between the outcome of an individual twin and both that twin’s exposure and the exposure of their co-twin, which has the potential to suggest whether or not this outcome-exposure relationship is causal. We are continuing work on better methods of specifying models for the analysis of data within sibships and larger pedigrees.

Study design for pharmacokinetic studies in the target population

This year, headed by Dr Julie Simpson, we have applied optimal design methods for developing study designs for population pharmacokinetic studies of artesunate, a treatment for malaria. The study designs we have developed are feasible in all study populations, including children and pregnant women who have restrictive blood sampling schedules, and will improve future estimation of the drug concentration-time profile in these patient groups.

Community-onset *Staphylococcus aureus* Household Cohort Study

Through this research program led by Dr Catherine Bennett, the epidemiology of community onset *Staphylococcus aureus* infections, and virulent antibiotic resistant ‘MRSA’ or ‘superbug’ strains in particular, is being examined within the Melbourne population. This program is among the first research globally to recognise MRSA as being more than a hospital-based issue, and to approach this as a community-wide public health problem. Melbourne is a unique metropolitan population in Australia for this type of research with an unusually high degree of diversity in the Staph clones circulating in the community, making this a prime place for the study of Staph transmission within households.

The collaborative research group combines our Centre’s expertise in infectious disease epidemiology with clinical (Austin Health) and laboratory capacity (Royal Perth Hospital and Dorevitch Pathology). Our pilot work started in 2004 and anticipated the international interest now being focussed on this problem. In 2007, we took our pilot findings to the International Symposium on *Staphylococci* and Chemotherapy in Washington DC, and at the 13th Interscience Conference on Antimicrobial Agents & Chemotherapy in Washington DC, and at the 13th International Symposium on *Staphylococci* and *Staphyloccocal* Infections, Cairns.

In 2008 we commenced the next stage of the research with a large household cohort study supported by a project grant from the NHMRC. This has been designed to expand the pilot work into a substantial community-based study. 2008 saw the project investigator team work with the human research ethics committees at the University to establish a precedent for a population-based screened entry recruitment process (contacting doctors who refer clinical tests to a community-based pathology laboratory) which has important implications for future work in this and other infectious disease research. The recruitment for the household cohort Study (COSAHC) commenced in October, and will continue for 18 months to 2 years, with each participation household followed up at quarterly intervals for up to 2 years to track Staph carriage and infections.

**AUSTRALIAN TWIN REGISTRY (ATR)**

The Australian Twin Registry (ATR) is an open resource for medical and scientific research currently supported by an Enabling Grant from the National Health and Medical Research Council (NHMRC). The Director of the ATR is Professor John Hopper, and Dr Debra Foley from the University’s Oxygen Youth Health Research Centre and Department of Psychiatry is Deputy Director.

**Governance**

The Australian Twin Registry’s current five-year grant, which was awarded in mid 2004, is due to end in mid 2009. In 2008 the ATR commenced planning for funding renewal through the NHMRC Enabling Grant Scheme. As part of this planning the ATR invested considerable time and effort into developing a Vision Statement and Mission to lead the Registry into its next phase of growth and development. This process was led by the Chair of the ATR Advisory Board, Mr Vincent Pollaers, who is a long term active member of the ATR.

The vision of the ATR is to realise the full potential of research involving twins to improve the health and wellbeing of all Australians.

During the planning process, the ATR identified the need to expand the current management structure to include a second Deputy Director position. This position was filled by Dr Ruth Morley, the driving force behind the Mothers and Twin Children (match) project. In addition, the ATR published the 2007-2008 Annual Report, which outlined its activities and achievements over Year 4 of the current NHMRC Enabling Grant.

**Capacity Building**

A major ATR capacity building initiative has been the ‘Mothers and Twin Children’ (match) project, which aims to recruit and collect data from mothers pregnant with twins. In 2008 match added to its four original partner hospitals by launching at seven more in metropolitan and regional Victoria. By the end of 2008, 40 families had registered as part of the pilot phase and there had been no withdrawals or complaints. After a suitable grace period, women who have subsequently given birth are contacted by the ATR staff to complete the enrolment of their new twins onto the national Registry.

**Projects**

One round of the ATR Travel Grant Scheme was awarded in 2008, totalling $5000. This funding was provided to researchers to continue to promote and improve their skills in twin research.

In late 2008 the ATR engaged students from the University of Melbourne’s Department of Information Systems to build and implement a web-based, searchable data index of all previous studies conducted through the ATR. The system is accessible via the ATR’s current website (www.twins.org.au) and enables users to search all previous ATR-facilitated studies based on keywords and specific criteria. Researchers interested in conducting new studies in...
Award winner encourages students to ‘own their learning’

Associate Professor Catherine Bennett has discovered a renewable energy resource – one that drives her passion for her work. “It has been fascinating truism of my whole career that the more energy I put in, the more energy I get out of teaching.”

The winner in 2008 of two awards for teaching excellence, the University’s David White Award and the Australian Award for University Teaching from the Australian Teaching and Learning Council, Associate Professor Bennett is Director (Learning and Teaching) at MEGA, the Centre for Molecular, Environmental, Genetic and Analytic Epidemiology, within the Melbourne School of Population Health.

Her approach to her work is a reciprocal process, she says. Students and fellow staff respond to her high level investments of energy, intellectual input and emotional engagement by investing more of themselves in their teaching and learning partnerships.

It creates relationships that often extend beyond the life of the courses, as alumni carry their Melbourne School of Population Health knowledge, skills and experiences into their future careers. Increasingly, alumni are returning to seek her advice on how best to map out their careers in public health. “That’s another area I’m very passionate about: supporting our graduates, understanding where they go and what they do, so that feeds back into our program and into how we prepare our graduates. But it’s also a fantastic way to see the impact of the program.”

Her experiential teaching style encourages students to “own their learning” and to see their own professional experiences as resources to be shared with fellow students and their teachers, making learning a two-way exchange. This ensures classes never become stale. “All teaching should evolve – it’s got to be dynamic and responsive. It has to be adaptive or else the subject becomes outdated and irrelevant very quickly.”

But it could be argued that it is Associate Professor Bennett’s work outside the classroom, as a champion of curriculum development, that has had the most far-reaching impact. In 2005, Associate Professor Bennett led a major curriculum review within the School, which won the team involved the School’s award for teaching excellence in 2007. The review itself helped to drive cultural change by engaging both students and staff in the process. “Previously, we had individual ownership of subjects. It’s not a criticism but people tended to teach those subjects without a sense of how they fit within the whole course,” she says. The review “had the whole teaching team work as a team, so we had that combined experience and wisdom of the whole group contributing to the curriculum across subjects, not just within their own subjects,” she says. “That joint ownership and stronger sense of the core program has directly benefited our students as well.”

The review highlighted the need for a communication platform that harnessed the team’s expertise in curriculum development, ensured that the new program met course objectives and demonstrated to both staff and students how the teaching and learning processes worked within the curriculum itself. This prompted Associate Professor Bennett to develop her “curriculum matrix”, which is now sought after as a model for laying out and preparing curriculum across the University, and by educationalists in other major tertiary institutions and even overseas.

Associate Professor Bennett’s leadership roles include Deputy Chair of the Academic Programs Committee for the Faculty of Medicine, Dentistry and Health Sciences, and Director of Population Health Practice for the School. She also contributes to curriculum development across the University, and at state and national levels through her input into the Australian Government’s Public Health Education & Research Program, and various professional body working groups.

To Associate Professor Bennett, teaching is much more than a job: “It really is about having a belief that we need to educate to build the next generation of good public health researchers and practitioners.”
collaboration with the investigators of these previous studies are directed to contact the ATR who will then foster a link with the originating research group.

Conferences
In September 2008 the Australian Twin Registry convened an intensive short course in the 'Twin Towns' of Coolangatta/Tweed Heads, which focused on statistical genetics methods for detection of genetic loci for complex traits.

Research
During 2008, the ATR actively recruited for 16 studies. This involved 111 mail-outs, 20,431 mailed approaches and in excess of 1440 hours of telephone follow-up. New studies include: Menopause & Bone Health, Diabetes & Dementia, Face Recognition and 2nd Language Acquisition. Studies in development in 2008 and scheduled for commencement in 2009 include: Emotional Wellbeing and Syncope & Breath Holding.

Publication Highlights
Featured paper in biostatistics

This paper discusses the statistical model underlying the comparison of measurements made on two or more methods attempting to measure the same underlying quantity and extended it to the case with replicate measurements. As the computing code required to fit the models is non-trivial, we provided example computer code to fit the models which results in this paper being the third most downloaded paper in 2008 for the open access *International Journal of Biostatistics*.

Featured paper in hereditary haemochromatosis

The HealthIron study is a cohort of 1438 participant who have been assessed both biochemically and genetically for the risk of hereditary haemochromatosis (iron overload disease). Results from iron studies, liver tests and clinical examination, published in the top ranking *New England Journal of Medicine*, showed that disease features occurred in 28% of men and 1% of women who were genetically predisposed to iron overload. These percentages had not previously been estimated using population data, and showed that disease after iron overload is more common in men than previously thought but rarely occurs in women.


This international, collaborative study is the largest study to date on the cancer risk in carriers of mutations in the PMS2 gene. We used state-of-the-art statistical methods to conduct this analysis on mutation families identified from Australia as well as the USA, Canada and Europe. The risk estimates derived from this study are the most accurate and precise published to-date and will be of immediate clinical relevance to genetic counselors, physicians and geneticists who have mutation carriers as patients.


This international collaboration of 2000 cases of melanoma and 2000 controls has identified a new region of the DNA that is associated with risk of melanoma. Future studies are now underway to identify the mutations that are responsible for increased melanoma risk.

Featured paper from the Melbourne Collaborative Cohort Study

Although *Helicobacter pylori* infection has been considered a cause of stomach cancer for some time, some doubt has remained because the association is generally of only moderate strength and might be explained by bias or confounding. In this nested case-control study from the Melbourne Collaborative Cohort Study, the association between *Helicobacter pylori* infection and risk of stomach cancer was weak when the standard method of measuring *H pylori* infection was used, but much stronger when a more sensitive method was used. For cancers arising outside the cardia region of the stomach, the odds ratio was 10.6 (95% confidence interval 2.7-47). Such a strong association is unlikely to be due to bias or confounding.
Overview

CHS 10 year anniversary

In March 2008 the Centre for Health and Society celebrated its 10 year anniversary, albeit a few months late. We were delighted to welcome a number of distinguished guests and speakers to join us for the 10 Year Anniversary Symposium: Looking back, looking forward: Rights, social inequalities and health. Invited speakers were:

- Warwick H Anderson, Inaugural Director, Centre for Health and Society, Professorial Research Fellow in the Department of History and the Centre for Values, Ethics, and the Law in Medicine, University of Sydney
- Peter Sköld, Professor, Director, Centre for Sami Research and Centre for Population Studies, Umeå University, Sweden
- Papaarangi Reid, Tumuaki (Maori Dean), Faculty of Medical and Health Sciences, University of Auckland, New Zealand
- James Angus, Dean, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne
- Mark Considine, Dean, Faculty of Arts, University of Melbourne
- Terry Nolan, Head, Melbourne School of Population Health, University of Melbourne.

Mr Mick Gooda, CEO of the Cooperative Research Centre for Aboriginal Health, acted as discussant. Aunty Carolyn Briggs opened the symposium and welcomed guests to Country. The symposium served to highlight the unique position of the Centre as a joint Centre of the Faculties of Arts and Medicine, Dentistry and Health Sciences. The speakers illustrated the benefits of employing social sciences and humanities approaches to the study of health and health care, in particular towards social inequalities and health.


New strategic plan

After 10 years it was apt to reflect on the Centre’s achievements and more importantly to plan for the next 10 years. Following the Centre’s planning day, a new strategic plan was developed for 2008-2012. The strategic plan, written by Rosemary McKenzie, comprises the CHS Academic Strategy and CHS Knowledge Transfer Strategy. With the input of the CHS Advisory Committee, the Centre’s strategic plan was refined and is now being implemented. The CHS Advisory Committee assists the Centre to develop links between its academic teaching and research program and stakeholders in the community, health professions and policy sector. It also provides advice on strategies of engagement with the University of Melbourne Growing Esteem agenda, and assists the Centre in developing its national and international profile.

We are grateful to the following Advisory Committee members for their valuable input to the development of the Centre’s strategic plan.

The key focus of the Centre for Health and Society (CHS) is the interdisciplinary study of health, illness and healthcare in local, national and international settings. The Centre brings perspectives from the humanities and social sciences to the study of medical science, clinical and public health practice and health policy.
Billed as a gathering of more than 1000 of Australia’s “best and brightest”, the 2020 Summit in April 2008 had public intellectuals jostling for an invitation. The Centre for Health and Society was well represented by having three participants in the two-day event at Parliament House, and their presence reflected the expertise of these academics in their respective fields, says the Centre’s Director, Professor Ian Anderson.

While Professor Anderson’s long-term contributions in the field of Indigenous health saw him participate in the stream focusing on Indigenous communities, he noted that both Professor Marcia Langton, Chair of Australian Indigenous Studies, and Research Fellow Dr Kyllie Cripps were involved in mainstream agendas. “It signals the fact that the Centre is not just focused on doing high quality academic work – although that is what we do – but also in making a broader contribution to Australian society through our policy work and other areas that have a high level of impact.”

Among the “big ideas” presented at the Summit that have been acted upon was the National Indigenous Health Equality Council, launched in July 2008, with Professor Anderson as Chair. It is charged with advising the Government on the development and monitoring of health-related goals and targets aimed at “closing the gap” in Indigenous health.

But the reality of the Summit was that not all good ideas would come to fruition. “Those of us who are long-term contributors to public thinking have a pragmatic view around these sorts of processes,” he says. “You don’t contribute to the thinking around public policy with the view that every big idea necessarily gets up within a short time. It’s a long-term process and more of a marathon than a sprint.”

The summit was highly significant in signalling that Australia welcomed thinking and ideas as part of the democratic process, he believes. “An approach to public policy that engages with experts, looks at the knowledge basis for our thinking, that builds evidence, and engages with expertise is healthy,” he says. “That it actively facilitates critical debate is also healthy.”

Professor Anderson suggests the Summit presented a communications challenge: how do you ensure that everyone gets a say in these national debates? “You want to make sure that mums and dads are also part of the process. That it’s not just an elite agenda but a truly democratic one that communicates with the voting public with all sorts of ideas and engages the voting public more broadly.”

“Public intellectual life should not be an elite-led process,” he says, “but one in which intellectual elites make a contribution and that is also participatory and democratic in nature.”

This engagement with the wider community, by developing multi-faceted knowledge transfer activities, is a key focus for the Centre. “It’s not just about writing journal articles and sitting in offices producing arcane knowledge. It’s about transferring knowledge in a more dynamic way.”
of the strategic plan, and their involvement in the future development of the Centre.

CHS Advisory Committee 2008:

- Professor Terry Nolan, Head, Melbourne School of Population Health (Chair)
- Alison McClelland, Executive Director Research, Strategic Policy and Research Division, Department of Planning & Community Development, Department of Human Services
- Demos Krouskos, CEO, Centre for Culture, Ethnicity and Health
- Justin Mohamed, Director of the Academy of Sport, Health and Education (ASHE) & Chair VACC
- Tass Mousafiriadis, Director Research, Strategy and Policy, VicHealth
- Dr Neil Levy, Centre for Applied Philosophy and Public Ethics, University of Melbourne
- Associate Professor Jenny Lewis, Centre for Public Policy, University of Melbourne
- Dr Helen McDonald, The Australian Centre, University of Melbourne
- Professor Jane Gunn, Department of General Practice, University of Melbourne
- Professor John Wiseman, McCaughey Centre, University of Melbourne.

Aboriginal Health Programs

In 2008 the Onemda VicHealth Koori Health Unit underwent its second review since its establishment in 1999. Following its first review in 2003, Onemda was awarded a further five years of core funding from the Victorian Health Promotion Foundation and the Australian Government Department of Health and Ageing. We are pleased to report that the review team recommended funding for a further five years. This is in recognition of Onemda’s outstanding achievements in research, teaching and community development.

Onemda’s research program addresses priorities identified by Aboriginal people, communities and others with an interest in Aboriginal health policy and practice. It primarily focuses on issues important to the Koori community of Victoria, as well as projects which are more broadly identified as priorities. These include Aboriginal health policy, health information systems and practice; the social context of Aboriginal health (and interventions in Aboriginal health); and the Aboriginal health workforce.

In 2008 Onemda further strengthened its teaching program across the Faculty of Medicine, Dentistry and Health Sciences, and provided Aboriginal health teaching into the medical, nursing, dentistry, physiotherapy, social work and psychology curricula. In addition, Onemda staff continued their teaching of Aboriginal health through the Aboriginal health stream of the Master of Social Health and the Victorian Master of Public Health consortium.

At a national level, Onemda continued its innovative curriculum development programs.

An example of this is the Leaders in Indigenous Medical Education (LIME) Network. The purpose of the LIME Network is to encourage and support collaboration and sustainable growth within medical schools in Australia and New Zealand in Indigenous health curriculum content and Indigenous student recruitment. The LIME Network stemmed from the Medical Deans Australia and New Zealand Indigenous Health Project which was completed in 2007.

Community development underpins all aspects of Onemda’s work. It informs the research agenda as it is community development that enables the community to convey the priorities that it has identified. Among the many community development activities carried out in 2008 were community workshops and ‘Talkin’ Strong’ days, production and dissemination of Talkin’ Strong, a community newsletter, and community reports on Onemda’s research findings, such as We Can Like Research ... in Koori hands.

For further information on Onemda and its activities, please visit: www.onemda.unimelb.edu.au/

In 2008, the Centre for Excellence in Indigenous Tobacco Control, CEITC, expanded its capacity to grow its important national and international work in boosting the profile of Indigenous tobacco control and encouraging others to undertake work in this area. CEITC, which began in September 2003, is funded by the Commonwealth Department of Health and Ageing for six years. CEITC’s primary goals are to build a network of researchers and resource development in the area of Indigenous tobacco control.

Medical History Programs

The Medical History Program, under the umbrella of the CHS, includes the Johnstone-Need Medical...
History. The program continues to draw local and international students who are interested in using approaches from the social sciences and humanities to the study of health and health care.

The postgraduate student group, led by Kim McLeod and Di Cox in 2008, continued the excellent work undertaken in previous years. Activities included monthly reading groups on key social theory topics, writing groups which provided a forum for students interested in the craft of writing, research methods groups which provide an opportunity for students using similar research methods to network and discuss their use, as well as social gatherings throughout the year.

### LEARNING AND TEACHING

#### Undergraduate

CHS staff members continued to play a major role in curriculum development, subject coordination and teaching in the University of Melbourne’s undergraduate medical curriculum. The Centre contributed to the teaching of ethics, Aboriginal health, sociology of health and illness, the history of medicine, and health policy in the Health Practice subject of the undergraduate medical curriculum.

#### Postgraduate

The CHS offers a comprehensive postgraduate coursework program in Social Health that reflects the Centre’s unique interdisciplinary environment. Within the Social Health program, students can undertake a comprehensive interdisciplinary program, or choose streams in Ethics, Medical Anthropology, Aboriginal Health, or Health Care History. The program continues to draw local and international students who are interested in using approaches from the social sciences and humanities to the study of health and health care.

The postgraduate student group, led by Kim McLeod and Di Cox in 2008, continued the excellent work undertaken in previous years. Activities included monthly reading groups on key social theory topics, writing groups which provided a forum for students interested in the craft of writing, research methods groups which provide an opportunity for students using similar research methods to network and discuss their use, as well as social gatherings throughout the year.

### RESEARCH HIGHLIGHTS

In 2008 the CHS continued to be highly research productive, both in terms of attracting research income and producing research outcomes. Research outcomes generated included academic publications and presentations, community reports, discussion papers, as well as refereed conference proceedings.

#### Key Achievements

- Ian Anderson appointed as Chair, National Indigenous Health Equality Council.
- Therese Riley was awarded a VicHealth Research Practice Leader Grant – Social Participation.
- James Bradley, lecturer in medical history, was awarded a University of Melbourne Early Career Grant for The Medical Society of Victoria and the making of colonial medical profession, 1855–1901.
- Jane Freemantle received a WA Healthways Excellence in Health Promotion Award for her research on hospital morbidity and the associations between morbidity and mortality in WA Indigenous and non-Indigenous children born 1980 to 2002.
- John Fitzgerald received a Vice-Chancellor’s Knowledge Transfer Excellence Award for his work on AFL alcohol policy.
- Kyllie Cripps was promoted to Lecturer Level B.
- Ian Anderson presented a MDHS Dean’s lecture on the Knowledge Economy and Aboriginal Health Development.

### CHS 2008 PhD completions

At the Centre for Health and Society (CHS) we are proud of our high-quality PhD candidates, most of whom are funded on prestigious PhD scholarships including NHMRC, Australian Postgraduate Awards, Melbourne Research Scholarships and VicHealth scholarships. In 2008 we saw the successful completion of two of our PhD students (see table on this page). These PhD projects were excellent illustrations of the Centre’s interdisciplinary focus in combining perspectives from the humanities and social sciences to the study of medical science, clinical and public health practice and health policy.

#### Publication highlights

The Centre continued its established record of high numbers of research publications. These comprised a total of 101 publications, 58 of which were refereed publications (journal articles, books and book chapters), and 10 major reports. These publications covered the areas of health ethics, health policy, youth drinking, ethical decision-making, Aboriginal health, medical anthropology and research methodologies. In addition to these academic publications, were a number of research outputs that are illustrative of our record of knowledge transfer/exchange.

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**PhD graduates**

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<tr>
<th>PhD graduate</th>
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<tr>
<td>Carolyn Westall</td>
<td>‘Kept in the dark’: the experience of resolution from postnatal depression</td>
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<tr>
<td>Jessica De Largy Healy</td>
<td>The spirit of emancipation and the struggle with modernity: Land, art, ritual and a digital knowledge documentation project in a Yolngu community, Galwin’ku, Northern Territory of Australia (French-Australian PhD in Cotutelle)</td>
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OverView
Our activities in 2008, the 20th year since the establishment of the Centre, further entrenched our reputation as a leading Centre for research, teaching and knowledge exchange about women, gender and health. We are one of only two World Health Organisation Collaborating Centres in Women’s Health and attract students from all around the Asia-Pacific region. Our research interests include upstream, macro-level, determinants of health such as government policies, local environments, poverty, housing and work and downstream, individual health determinants including psychological factors, health behaviours and biological characteristics. We have a strong commitment to improving women’s health across the lifespan by addressing gender-based inequities as well as other forms of social and economic disadvantage.

Our staff and students come from many disciplines including epidemiology, psychology, sociology, statistics and health services research and we have strengths in both qualitative and quantitative methods.

2008 was a year of considerable change for the Key Centre for Women’s Health in Society. We farewelled Professor Doreen Rosenthal who completed her term as Director in February 2008. In April 2008 I was appointed the next Director of the Key Centre, a position that I have taken up with excitement. To farewell Doreen we organised a Festschrift – an event that honours the achievements of esteemed academics on retirement. The Festschrift, described elsewhere in the report, included reflections on her many contributions as well as a good dose of laughter. It is certainly an honour to follow Doreen as Director of the Key Centre.

The Key Centre also moved to new offices; after nearly a decade located in the Royal Women’s Hospital, in June 2008 it moved to University premises on the 2nd floor 723 Swanston St. Despite our geographic separation our connections with the Royal Women’s Hospital have continued to grow. We signed a Memorandum of Understanding indicating our commitment to working together on key advocacy and research issues. Further, Dr Chris Bayly, Associate Director of Women’s Services at the Royal Women’s Hospital, has been appointed an honorary fellow of the Key Centre in 2008, following her six-month sabbatical at the Key Centre in 2007.

Internationally the Key Centre continued to be very active. Associate Professor Jane Fisher became Centre Deputy Director and Coordinator of International Research & Education, continuing her work with other staff on the successful teaching program of the Japanese language Masters of Women Health Program, in partnership with Melbourne Consulting and Custom Programs. In December 2008, the Centre was invited to join a consultation to form a WHO Network for HIV and Health in the Western Pacific Region. The meeting was held at the Western Pacific Regional Office in Manila, which Jane Fisher attended. The WHO Network for HIV and Health will provide technical...
advice to countries in the region in their applications for international funding and in developing and evaluating initiatives to reduce HIV. The Centre will contribute technical advice about women’s health including initiatives to reduce mother to child transmission of HIV, sexually transmitted infections and to protect the health of commercial sex workers.

– Professor Anne Kavanagh

LEARNING AND TEACHING

PhD Students

During 2008 there were 17 enrolled Doctorate students, around a third being international. Alison Barr enrolled mid-year, also taking up a Scholarship provided by the Australian Health Inequalities Project (AHIP), while Pauline Gwatirisa and Lukar Thornton both submitted their theses successfully by the end of the year.

Coursework teaching

We continued to have steady enrolments in our women’s health subjects in the Masters of Women’s Health and Masters of Public Health. Our subjects are always extremely highly rated with quality of teaching scores of 4.0 or higher (out of 5) for all subjects.

Japanese Masters Program

Dr Heather Rowe travelled to Japan for two weeks in August to continue teaching in this increasingly successful program. Students are taught in block mode in their own language (with interpreter) using materials written by the Key Centre. The degree is awarded through the University of Melbourne’s Melbourne Consulting and Custom Programs.

Short Courses

The following two courses were successfully run concurrently with block award teaching:

● Gender, Violence and Health, 21-25 July, which explored the intersection of gender and violence as well as the importance of other social and contextual factors. The course also covered the impact of various forms of violence on physical and mental health and wellbeing.

● Women and Global Health, 29 September - 3 October, which examined the historical, political, social and cultural settings that affect women’s health, in the contemporary global context, with an emphasis on the Asia Pacific Region.

RESEARCH

The Key Centre research program continues to grow. One of the main themes of the Centre’s work is women’s mental health. This program of research includes research projects investigating factors affecting mental health at the individual (unplanned pregnancy and abortion; exposure to trauma; social correlates of mental health service usage, and labeling of mental illness); health service (assisted reproductive technology, pregnancy advisory services; prenatal genetic screening, caesarean section), and the community levels (workplace discrimination during pregnancy; mainstreaming mental health in primary care). The program includes evaluation research for primary prevention (a universal psycho-educational program for first-time parents of newborns) and secondary prevention (early parenting services; social work program for disadvantaged clients of early parenting services; psycho-educational intervention for pregnant survivors of trauma). Outcomes of this program include the development, evaluation and knowledge exchange of interventions addressing key modifiable social determinants to improve mental health in the childbearing year. This program of work includes many staff from the Centre including Associate Professor Jane Fisher, Dr Heather Rowe, Dr Maggie Kirkman, Dr Sonia Young, Dr Karen Wynter and Turi Berg.

Research on women’s sexual and reproductive health includes an ARC Linkage grant led by Professor Doreen Rosenthal and including Dr Maggie Kirkman and Dr Heather Rowe that examines women’s experiences of unplanned pregnancy and abortion, as well as an audit of Victoria’s largest pregnancy advisory service.

Dr. Jane Hocking leads a large international and national team on a Commonwealth Department of Health and Ageing grant assessing the feasibility, acceptability, effectiveness and cost-effectiveness of an organised program for chlamydia testing in general practice. Dr Hocking also leads a research project examining the impact of chlamydia on the sexual, reproductive and mental health of Victorians and their health care system. The Chlamydia Incidence and Re-infection Rates Study (CIRIS) is headed by Dr Hocking in collaboration with Professor Christopher Fairley at the Sexual Health Unit, Melbourne School of Population Health, and other investigators from the Department of General Practice at the University of Melbourne, University of New South Wales and Australian National University. It is a prospective cohort study of young Australian women aged 16 to 25 years that aims to determine the incidence of chlamydia infection. This information will be used to inform the optimal screening interval for a possible national chlamydia screening program. 1100 women have been recruited from 30 general practice and sexual health clinics in Victoria, New South Wales and the ACT. The prevalence of chlamydia at baseline was 5.0%. To date about 600 women have completed their 12-month follow-up, with a retention rates at 12 months of 74%.

Dr Danielle Newton and Dr Simone Poznanski are research fellows employed on Jane’s projects. Associate Professor Jane Fisher and Dr Louise Keogh are collaborators on the DHS-funded chlamydia project with Dr Hocking.
Recession motivates fresh look at Centre’s priorities

The new Director of the Key Centre for Women’s Health in Society, Professor Anne Kavanagh, is reassessing the Centre’s role as it prepares to celebrate its 21st year in 2009.

Professor Kavanagh sees challenges ahead both internally, for the Centre, and externally, among the communities it serves, as funding constraints and the recession motivate a closer examination of the Centre’s research priorities. “We’re operating in a context of reduced resources and are finding ways to invigorate the Centre and set new directions,” she says.

Professor Kavanagh was Acting Director of the Key Centre between February and April 2008 before being appointed to the Chair of Women’s Health and Director of the Key Centre in April 2008. A medically trained epidemiologist, she says the landscape of women’s health in 2009 and beyond is, in many ways, very different than in 1988 when the Centre was established. “We’re asking ourselves: how can we be more relevant? What are the contemporary issues we need to be addressing? There have been a great many changes in Australia over the past 21 years.”

As an example, she notes that the ethnic origins of the refugees arriving in Australia are very different, and they are faced with even greater difficulties as the impact of the global recession bites into Australia’s economy.

Women also tend to be worst affected by the economic security – or insecurity – issues that will worsen with the recession, she believes. “Women are more likely to be in precarious employment than men, and are likely to be bearing the brunt of economic hardship.” The Key Centre is focusing on how these financial constraints affect the health of women and is aiming to ensure that they are part of government agendas.

She cites the Key Centre’s research into housing stress as an example. “That will again be re-emerging on a massive scale. Women are most vulnerable to housing stress because they are often living in single parent households, which makes them more vulnerable when they can’t afford the rent or mortgage repayments.

“These are the kinds of issues the Centre needs to be grappling with.”

Professor Kavanagh’s personal research interests concern inequalities of health and gender. In tough economic times, gender becomes even more relevant, she says, pointing to the ongoing struggle around maternity leave. “That’s an age-old issue that’s even more acute in this kind of environment.”

Another “age-old” issue is abortion, an area in which the Centre played an influential role in 2008 including lobbying for legislative change.

Professor Kavanagh is also proud of the Centre’s role in informing the debate around the Assisted Reproductive Treatment Act 2008, which was passed in December.

In reassessing the Centre’s role, Professor Kavanagh is acutely aware that some issues are as relevant today as they were 21 years ago, such as violence against women and the right of women to access contraception. They will remain important to the Centre’s program.

Another highlight of Professor Kavanagh’s first year as Director was initiating collaborative relationships with women at government and non-government levels, which she hopes will take the Centre in new directions. “The Victorian Women with Disabilities Network is one example,” she says. “They are a great advocacy organisation I hope we can work with. One of my visions is to develop a program around disability, which is another significant form of disadvantage, particularly for women. We need to examine how this impacts on their employment, educational, housing and social participation and health.”
Grants & Contracts Commenced in 2008

Nationally competitive grants
ARC (LP 0883727) 2008-10: Professor A Kavanagh, Dr Shelley Mallett, Professor Doreen Rosenthal. Healthier & sustainable futures for disadvantaged young people. $295,734 – with an additional $80,000 from the collaborating external partner Melbourne City Mission.

NHMRC, 2008-10: Professor Anne Kavanagh, Professor Dallas English, Dr Graham Byrnes, Dr Carolyn Nickson. Evaluation of the efficacy of the Australian mammographic screening program – $486,250.

National Heart Foundation (NHF) 2008-09: Professor Anne Kavanagh, Professor Neville Owen, Dr David Dunstan, A/Professor Damien Jolley. Environmental predictors of biomarkers of cardiovascular disease & diabetes – $124,151.

NHMRC 2008-2010: Dr Jane S Hocking, Bradshaw C, Tabrizi S, Fairley CK, Pirotta M, Donovan B. A longitudinal study of bacterial vaginosis and Mycoplasma genitalium in young Australian women. $115,000

Other grants & contracts
Archer Trust, 2008: Associate Professor Jane Fisher, one-off contribution for salaries and costs to assist general work on mental health and related projects – $20,000

AusAid International Seminar Support Scheme, 2008: Associate Professor Jane Fisher, for conference support to allow Dr Tran Tuan, Vietnam, to attend Policy and Planning and Effective Delivery of Perinatal Mental Health Care: The International Marcel Society 2008 Conference September 2008 – $2950

BreastScreenVictoria (DHS funding), 2008: Professor Anne Kavanagh, Islamic Women health promotion practices – $12,727

Department of Human Services (DHS), Victoria 2008-09: Dr Jane Hocking, How does chlamydia impact on the sexual, reproductive and mental health of Victorians – $186,870

Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) 12 month extension of funding agreement 2008-09: Associate Professor Jane Fisher and Dr Heather Rowe, For The Mothers, Fathers And Newborns: Preventing Distress And Promoting Confidence Project – $152,956

Melbourne Research Grant Scheme (MRGS) 2008: Associate Professor Jane Fisher, two internal University grants for current research on maternal mental and physical health in rural Vietnam – $40,367

Salvation Army, 2008-09: Dr Deborah Keys, Homeless children in transitional support services – $85,000

COMMMUNITY ACTIVITIES
Abortion Law Reform
Key Centre staff were proud to share a small part of the hard work in supporting the Victorian Government in this long-overdue law reform. In response to a request for advice from one Member of Parliament, a group of staff sent a letter to all Members of Parliament advising them to vote for the Bill. There were many replies from MPs indicating appreciation of the letter. Dr Maggie Kirkman, Dr Heather Rowe and Dr Louise Keogh were available for media comment and Dr Keogh wrote two opinion pieces, and took part in several interviews both for the print media and for radio. This was another opportunity to present the Melbourne Declaration (arising from the 2007 conference, ‘Abortion in Victoria, Where are we now? Where do we want to go?’) to a wider audience, and to address some of the misconceptions about abortion.

While there is more work to do to ensure equitable access to high quality abortion services in Victoria, this was an important first step in recognising the right of women to control their fertility.

Assisted Reproductive Treatment Bill 2008
Key Centre staff contributed to the debate about legislative reform concerning assisted reproductive treatment and surrogacy in Victoria. Academic staff signed a letter sent to all Victorian MPs urging them to support the Assisted Reproductive Treatment Bill 2008. In early October, Dr Maggie Kirkman spoke at a Parliamentary Forum about the Bill, at the invitation of MPs Tony Lupton and Fiona Richardson, at Parliament House, Melbourne. She also spoke at the public forum “What is the future of IVF and surrogacy in Victoria?” at the Northcote Town Hall, organised by Fiona Richardson.

In their letter to parliamentarians, academic staff said that current discriminatory laws adversely affect women’s health and well-being, with repercussions for their children. Academics pointed out that the Bill acknowledged the many diverse types of families that already exist in Victoria and responded to children’s need to have their families recognised in law.

The Assisted Reproductive Treatment Bill 2008 was passed by both Houses of Parliament on 4 December last year, and the Government has said that it intends to proclaim the Assisted Reproductive Treatment Act by 1 July 2009.

KEY ACHIEVEMENTS
Promotions/Appointments
As already noted, Professor Anne Kavanagh was formally promoted to the role as Professor of Women’s Health and Director of the Key Centre for Women’s Health in Society.

Dr Louise Keogh was appointed to the continuing position of Lecturer Women’s Health late in 2008, to take up the position February 2009.

Key Centre leads at annual Melbourne School of Population Health Awards
Two Centre staff members and one former student were recognised for their outstanding achievements in research excellence by Professor Terry Nolan, Head of the Melbourne School for Population Health.
Dr Jane Hocking was awarded the Research Career Development Award, Dr Louise Keogh the Knowledge Transfer Award for her work on the Abortion Conference (2007) and Dr Saw Saw the Award for Excellence in Knowledge Transfer in Doctoral Research.

**Harold Mitchell Foundation Awards – Travel**

In mid 2008, Dr Louise Keogh, NHMRC post doctoral research fellow, went to Chicago for the American Society of Clinical Oncologists (ASCO) and presented a paper titled ‘Australian physicians and chemoprevention for women at high familial risk for breast cancer’. She also visited the Centre for Excellence in Women’s Health in Chicago.

Later in 2008, Dr Jane Hocking Senior Lecturer & NHMRC Fellow, travelled to Switzerland and the UK to investigate chlamydia epidemiology and control. She also met with policy makers to learn about the design and management of the National Chlamydia Screening Program in the United Kingdom.

Sudirman Nasir, PhD candidate, postponed his HMF travel in 2008, to take up the research travel in 2009.

**Conferences and public presentations**

**Bentley R** and **Baker E.** Understanding the Health Effects of Housing. Australian Housing Researchers Conference, Rydges Hotel, Carlton, June.

**Fisher JRW**. Ong DM, **Rowe H.** Quality of intimate partnership and maternal mood: should postpartum depression be viewed as a problem of relationships not individuals? Program and Abstracts of the 3rd International Congress on Women’s Mental Health, Melbourne, March.

**Fisher JRW.** Perinatal mental health of women in developing countries. Invited keynote presentation Inaugural Research Day School of Medicine Sydney, Notre Dame University, April.

**Fisher JRW.** Ong DM, **Rowe H.** Quality of intimate partnership and maternal mood: should postpartum depression be viewed as a problem of relationships not individuals? International Women’s Mental Health Conference, Melbourne, March.


**Hocking JS.** The trials and tribulations of designing and implementing a cluster RCT for a Chlamydia screening project. NIDMA Modelling Infectious Diseases Workshop, Sydney, February.

**Hocking JS.** Evaluating chlamydia screening


Rowe H and Fisher J. Evaluating an innovative postpartum mental health promotion intervention: dilemmas in trial design and implementation. Complex Interventions in public health – design, implementation, evaluation. A short course. COMPASS, La Trobe University, Melbourne, April.


STAFF
In 2008 we welcomed the following new staff: Turi Berg, Dr Danielle Newton, Fulya Torun, Dr Karen Wynter and Dr Sonia Young. We also saw the departure of a number of staff, including Dr Karen Hammarberg, Dr Deborah Keys, Dr Shelley Mallett, Dr Anne-Marie Polimeni, Helen Rawson, Katie Symes, Esther Sadek, Jennifer Sievers, Lyndal Thomas, and Atlanta Zwar.

PUBLICATION HIGHLIGHTS
In recognition of our considerable standing in the field, Centre staff were editors for two journal special issues. Dr Maggie Kirkman and Associate Professor Jane Fisher edited a special issue of Women’s Studies International Forum, 2008 31(4) (Editors) on Women and Technologies of Reproduction. This special issue brought together refereed papers from researchers around the world, including Maggie Kirkman’s psychosocial research on women who became mothers using donated eggs or embryos and Jane Fisher’s paper (with Donna Cherniak) on explaining obstetric interventionism. The Editors’ Introduction explored the complex ways

Kavanagh AM. The Cancer Council NSW Roundtable Meeting, Sydney, 17 December.

Kavanagh AM. The Built Environment and Health Behaviours – VicLANES, Guest Lecturer, Department of Health and Ageing, Melbourne, November.

Kavanagh AM. Keynote Lecture: Gender, Social and Economic Inequalities and Women’s Health. 7th Annual Scientific Meeting, Centre of Research and Promotion of Women’s Health, School of Public Health, Chinese University, Hong Kong, October.

Kavanagh AM. Lecture: Mammographic Screening – Issues and Controversies. 7th Annual Scientific Meeting, Centre of Research and Promotion of Women’s Health, School of Public Health, Chinese University, Hong Kong, October.


Keogh L. Challenges and opportunities in returning genetic results to participants. Colon Cancer Family Registry Steering Committee In-Person Meeting, Melbourne, October.


Kirkman M, Rowe H, Hardiman A, Mallett S, Rosenthal D. Understanding women’s experience of unplanned pregnancy and abortion. 34th Annual Scientific Meeting of the Australian Society for Psychosocial Obstetrics and Gynaecology, Adelaide, August.

Kirkman M. Invited observer – Australia-New Zealand Roundtable on Genetics, “Transforming research into practice, policy, and law reform”. Royal Melbourne Hospital, November, Title: ‘donor-assisted conception’.

Kirkman M. Evidence for planning improved services for Australian women contemplating abortion after unplanned or unwanted pregnancy. The International Marce Society 2008 Conference, Sydney, September.

Kirkman M. Invited observer – Australia-New Zealand Roundtable on Genetics, “Transforming research into practice, policy, and law reform”. Royal Melbourne Hospital, November, Title: ‘donor-assisted conception’.

Kavanagh AM. The Built Environment and Health Behaviours – VicLANES, Guest Lecturer, Department of Health and Ageing, Melbourne, November.

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Rowe H, Fisher J. Mainstreaming mental health promotion in primary maternal and child health care. 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders, ‘From Margins to Mainstream’, Melbourne, September.

in Australia – issues for consideration. Invited presentation at the 5th Annual Amsterdam Chlamydia Meeting, Amsterdam, December.

Hocking JS. Chlamydia screening in Australia – a pilot design. Invited presentation at the University of Bern, December.

Kavanagh AM. The Cancer Council NSW Roundtable Meeting, Sydney, 17 December.

Kavanagh AM. The Built Environment and Health Behaviours – VicLANES, Guest Lecturer, Department of Health and Ageing, Melbourne, November.

Kavanagh AM. Keynote Lecture: Gender, Social and Economic Inequalities and Women’s Health. 7th Annual Scientific Meeting, Centre of Research and Promotion of Women’s Health, School of Public Health, Chinese University, Hong Kong, October.

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in which technology intervenes in the whole of women’s reproductive lives.

Professor Anne Kavanagh and Dr Rebecca Bentley edited a special issue of the *Australian Journal of Social Issues*, 2008 43(1) on Gender and Health Inequalities. This issue included papers on the intersections between gender and class; gendered determinants of walking; gender equity and contraceptive use and intimate partner violence; gender and housing; a critique of the men’s and women’s health policies and women and social participation.

Other publication highlights included:


Using mortality and population data from the Australian Bureau of Statistics we modelled the association between area disadvantage, socio-economic position and cancer mortality among 25-64 year old men and women (n=16,340) between 1998 and 2000 in Australia. Results indicated that the probability of premature cancer mortality was highest in the most disadvantaged areas for all-cause cancer mortality for men (RR 1.49 95% CI 1.35-1.63) and women (RR 1.30 95% CI 1.19-1.43) and that risk of premature mortality from cancer was associated with socio-economic position. This study, published in the top-ranking international cancer journal *Cancer Causes and Control*, was the first study to simultaneously examine spatial and social inequalities in cancer mortality in Australia and provided evidence that interventions to reduce cancer mortality inequalities should consider people and places.

Regan DG, Wilson DP, Hocking JS (2008). Coverage is the key for effective screening of Chlamydia trachomatis in Australia. *Journal of Infectious Diseases* 2008; 198(3): 349-358. This paper describes a dynamic mathematical model of chlamydia transmission in Australia. This model was parameterised with Australian sexual behaviour and chlamydia prevalence data; this enabled its outputs to be generalised to the Australian context. It explores the impact of different chlamydia screening strategies on the prevalence of chlamydia among young heterosexual adults. The model predicts that even moderate screening coverage in young adults could reduce prevalence rapidly. Sensitivity analysis determined that chlamydia transmission is strongly related to two biological parameters (the proportion of infections that are asymptomatic in women and the duration of infection in men) and two behavioral parameters (the frequency of sex acts for 20–24 year-olds and the level of condom usage). Models such as this are useful for informing future chlamydia control policy.

**Rowe HJ, Fisher J**, Loh WM. The Edinburgh Postnatal Depression Scale detects but does not distinguish anxiety disorders from depression in mothers of infants. *Archives of Women’s Mental Health* 2008; 11(2):103-108. Postnatal mental health problems in women are associated with personal and family disability and constitute a substantial public health burden. The predominant focus of research, policy initiatives, clinical practice recommendations and health education has been postnatal depression. This paper shows that the Edinburgh Postnatal Depression Scale, a screening tool widely used in primary care, detects as many anxiety disorders as depression. This is evidence that current Australian initiatives, which recommend that women identified with this screening tool warrant treatment for depression, oversimplify postnatal mental health problems and may lead to improper labeling and inappropriate therapy.

Lee ASM., & Kirkman M. (2008). Disciplinary Discourses: Rates of caesarean section explained by medicine, midwifery, and feminism. *Health Care for Women International*, 29(5), 448-467. This discourse analysis of articles in medical and midwifery journals and feminist texts was instigated by the international concern about increasing rates of caesarean sections. The investigators found that each discipline was positioned differently in explaining the increasing rates. The results illustrate the complex ways in which this intervention in birth is discursively constructed and demonstrate its significance as a site of conflict arising from the historical perspective and current position of each discipline.

**Kavanagh AM, Byrnes GB, Nickson C, Cawson JN, Giles GG, Hopper JL, Gertig DM, English DR.** Using mammographic density to improve breast cancer screening outcomes. *Cancer Epidemiol Biomarkers Prev.* 2008;17(10):2818-24 Glands and fibrous tissue appear white on a breast x-ray (mammogram). This is referred to as mammographic density. Women who have a high proportion of mammographic density are more likely to have their cancers missed at screening and are also at a higher risk of breast cancer. Using a case-control study within a population-based Australian mammographic screening program (1706 invasive breast cancers and 5637 randomly selected controls), we investigated the effects of breast density on the risk of small (<or=15 mm) and large (>15 mm) screen-detected and interval breast cancers. The risk of small screen-detected cancers was not associated with density but the risk of interval cancers increased as density increased [highest decile odds ratio (OR), 4.65; 95% confidence interval (95% CI), 2.96-7.31]. The findings of this study suggest that the effectiveness of the screening program could be improved if density were to be used to identify women most likely to have poor screening outcomes.
Admiration, humour at former head’s Festschrift

The energy, leadership and vision of Professor Doreen Rosenthal (right) was celebrated with admiration and humour at her University Festschrift in April 2008, held to mark her retirement as Director of the Key Centre for Women’s Health in Society.

Among those who paid tribute to Professor Rosenthal were: Professor Pat Grimshaw of the School of Historical Studies, who chaired the event; Professor Bruce Singh, Deputy Dean of Faculty of Medicine, Dentistry and Health Sciences, representing the Dean; and Professor Terry Nolan, the Head of the Melbourne School of Population Health.

Associate Professor Anne Mitchell, Director of ARCSHS (Australian Research Centre in Sex, Health and Society), at La Trobe University, spoke of Professor Rosenthal’s drive and vision in setting up ARCSHS in the early 1990s, and her creativity and willingness to take risks in the cause of innovative and relevant research. As examples of Professor Rosenthal’s leadership she cited her development of knowledge transfer strategies long before it was widespread practice. This included the establishment of the Community Liaison Unit at the Centre, which worked with communities and other stakeholders to disseminate research.

Professor Rosenthal’s son, Professor Mark Rosenthal, Director of Medical Oncology at the Royal Melbourne Hospital, provoked laughter when he recalled how his mother had embarrassed him and his siblings, Jo and Simon, with discussions of sex during her TV appearances. He also paid tribute to her mentoring qualities as an academic.

Professor Pip Pattison, Professor of Psychology, reflected on Doreen’s early work in the Department of Psychology in the 1980s, where she combined a deep commitment to high quality teaching and research with a sense of theatricality as a resident “Aquadizzyack”.

Dr Shelley Mallett, formerly of the Key Centre, spoke of her appreciation of Professor Rosenthal as a mentor and friend who advised on intellectual pursuits as well as fashion, while Professor Anne Kavanagh, recently appointed as Director of the Key Centre, noted Doreen’s role in the establishment of the Key Centre.

Professor Rosenthal has now taken up an honorary appointment with the Melbourne School of Population Health, and remains an active collaborator on much work across the School and the Key Centre.

• This is an edited text from the KCWHS’s Keynotes newsletter, Autumn 2008.
OVERVIEW
The McCaughey Centre aims to build knowledge about the social, economic and environmental foundations of community wellbeing and mental health. A defining feature across all the Centre’s research is a commitment to improving social and health equity and reducing health inequalities. The Centre undertakes research, policy development, teaching, workforce development and knowledge translation with a focus on:
- Reducing violence
- Reducing discrimination
- Increasing social participation and inclusion
- Strengthening economic participation and security
- Addressing the impact of climate change on community wellbeing
- Improving intergenerational health and wellbeing
- Improving understanding of knowledge translation and exchange.

The McCaughey Centre’s work takes place in a range of key settings and contexts, including in early years services and schools, workplaces, communities and neighbourhoods, public policy and service delivery agencies and in other culturally diverse contexts. The Centre hosts a number of major research, policy and knowledge translation initiatives, including Community Indicators Victoria, the Cochrane Collaboration Public Health Review Group and the Jack Brockhoff Child Health and Wellbeing Program. Further details regarding each of these initiatives, and the Centre’s range of other research and knowledge transfer undertakings, are included in this report.

HIGHLIGHTS
The McCaughey Centre’s research and staffing profile continued to grow throughout 2008, and highlights for the year include the increasing diversification of Centre funding, significant grants successes in competitive and non-competitive rounds; the establishment of a highly successful seminar series; and entering the next phase of the Community Indicators Victoria project. The granting of a gift of $5 million in perpetuity for the Centre’s Child Health and Wellbeing work from the Brockhoff Foundation, and the establishment of the Jack Brockhoff Chair of Child Public Health within the McCaughey Centre are further major achievements, and each of these key events plus a range of other teaching, research and knowledge transfer highlights from 2008-2009 are expanded upon below.

TEACHING, LEARNING AND WORKFORCE DEVELOPMENT
Postgraduate Teaching and Learning
The McCaughey Centre has contributed to the Melbourne School of Population Health’s review of its postgraduate course offerings, with a view toward teaching into a range of programs from 2010 when the new course structures are finalised.

Research Higher Degree Students
Scholarship and Award Recipients
McCaughey Centre PhD students received a number of awards and scholarships in 2008, including:
- Karen Block: Awarded an NHMRC Public Health Postgraduate Scholarship in December 2008 for the project ‘Refugee Youth, Social
McCaughey Centre

Inclusion and Health: Social networks, education and employment’ (commencing in 2009)

- Karen Block: Awarded a Sidney Myer Health Scholarship (top up) for the project ‘Refugee Youth, Social Inclusion and Health: Social networks, education and employment’ (commencing in 2009)

- Pam Leong: Awarded an NHMRC Dental Postgraduate Scholarship in December 2008 for the project ‘Early childhood caries: A longitudinal study measuring the risk and protective factors in infants 1-18 months of age’ (commencing in 2009)

- Elisha Riggs: Awarded the 2008 Australian Health Promotion Association (AHPA) Carol Bailey Scholarship Postgraduate Student of the Year Award. This award recognises Elisha’s commitment to and achievement in the area of health promotion.

Confirmations

A number of McCaughey Centre PhD students successfully confirmed their candidature in 2008:

- Rebecca Armstrong (May 2008)
- Elisha Riggs (July 2008)
- Di Cox (August 2008)
- Marnie Badham (November 2008).

Completions

Naomi Priest submitted her PhD thesis in December 2008. Naomi’s thesis is titled ‘Aboriginal perspectives of health, development and wellbeing in early childhood’. She was supervised by Professor Elizabeth Waters and Dr Elise Davis from the McCaughey Centre, and by Dr Tamara Mackean from the Centre of Aboriginal Medical and Dental Health (University of WA). Tamara is also the President of the Australian Indigenous Doctors Association.

Student Events

McCaughey Centre PhD students participated in the joint Centre for Health and Society and McCaughey Centre Student Groups’ ‘Conversazione’ event on Friday 7 November. This all-day event was titled ‘Conversazione 2008: Aspects of research practices and processes’. Students were encouraged to present an interesting finding, a review of the literature, highlight aspects of their discussion chapters, outline a methodological approach, or simply provide an update on where they are at with their research. All postgraduate students and supervisors in the Centre for Health and Society and McCaughey Centre were invited to participate in this annual, information-sharing event.

Workforce Development

The McCaughey Centre is strongly committed to developing and undertaking research and other academic activities that are informed by and have a positive impact on the communities around us. As such, the Centre is highly consultative in the development of research, policy development, teaching, workforce development and knowledge translation priorities. We place a high value on establishing effective, intersectoral partnerships across academia, government departments and agencies, community groups and public and private sector organisations in each of these activity areas, and our partnerships form a basis for research and other academic activities that build capacity and knowledge for all involved.

Within these guiding principles, workforce development is a key priority for the McCaughey Centre. There are currently two core elements to the McCaughey Centre Workforce Development program, namely the Centre’s seminar and public lecture series, and a short courses program which is currently under development. Details regarding the Centre’s seminar series are outlined in the Knowledge Transfer section of this report. The Centre’s short course program has been under development throughout 2008, and will commence in June 2009 with a two-day course on ‘Race, Culture, Indigeneity and the Politics of Public Health’, led by Dr Yin Paradise.

The short course program will draw on the content and methodological expertise of the McCaughey Centre’s highly skilled and inter-disciplinary staff, focusing on the following key elements of the Centre’s overall work program:

- Reducing discrimination
- Addressing the impact of climate change on community wellbeing
- Evidence reviews of population health research and policy options
- Development and testing of population-level complex interventions to improve population health and to reduce health inequalities
- The development of indicators and other measures of health and wellbeing and their social determinants
- Improving understanding of knowledge translation and exchange.

As the McCaughey Centre short course program is finalised, up-to-date information regarding course dates, content, enrolments etc will be available on the McCaughey website at www.mccaugheycentre.unimelb.edu.au

RESEARCH

Research Funding

Operating funding for the McCaughey Centre from VicHealth, and the University’s Faculty of Medicine, Dentistry and Health Sciences, has continued to provide a robust platform from which Centre staff have leveraged a range of other income streams throughout 2008.

The McCaughey Centre’s known income entering 2008 is in excess of $3.33 million, with the graph on the next page providing a breakdown of this income.

This overview of the Centre’s various funding sources demonstrates the broad range of research projects McCaughey staff are collaborating on with stakeholders from government departments, peak bodies, community organisations, not-for-profits and other academic institutions both nationally and abroad.
Research Projects
Throughout 2008 the McCaughey Centre continued to develop an impressive research profile, with project work and contract research being undertaken in a range of key determinant areas of mental health and community wellbeing. Centre staff work with a broad range of funding partners and external stakeholders, including government departments, peak bodies, community groups, schools, health practitioners, not for profits and other organisations and individuals to produce research outcomes that can be translated into meaningful outcomes for our partner communities and the broader population.

A range of project overviews are included below, demonstrating the contribution the McCaughey Centre is making to the body of evidence which suggests that improved access to social and economic resources can build resilience, and help reduce or eliminate the risk of developing poor mental health.

Community Indicators Victoria
The Community Indicators Victoria project continued throughout 2008 under the auspice of the McCaughey Centre, and a great deal of effort was invested in trying to secure the immediate to longer term future of the project in relation to funding, staff and other resources.

Centre Director Professor John Wiseman led the project throughout this period, meeting with a wide range of stakeholders from state government, local councils, peak bodies, the philanthropic sector and a range of other organisations in an endeavour to confirm funding for the next three-year phase of the project. While stakeholder feedback on CIV has been resoundingly positive, it has proven difficult to secure an ongoing commitment from any one sector to fund the project into the future. The Helen Macpherson Smith Trust allocated $100,000 to CIV in 2008 to support CIV throughout this interim period between the initial phase of survey design, conduct and website launch, and securing the project’s financial viability into the future.

VicHealth conducted a review of Community Indicators Victoria in June 2008, noting that the project “is a valuable and accessible source of data to support local and state planning to improve community health and wellbeing and address environments which facilitate inequalities”. The review panel concluded that short-term support from a range of key stakeholders is required to move CIV into the next phase of activity, and their formal recommendations included the development of a business model that identifies revenue streams and establishes a pricing and costing structure for CIV business activities. The Minister for Community Planning allocated $30,000 to CIV under the Victorian Community Support Grants scheme for the development of business plan for CIV, and external consulting group Capire have prepared an initial plan outlining potential next steps for the project. The Capire report outlines three broad scenarios for future development and management of CIV, which the CIV team and CIV reference group will now consider with a view to having a short to medium term strategy around project resourcing, funding and personnel firms up by June 2009.

Freedom from violence
The Crisis Advocacy Response Service (CARS)
Marion Frere of the McCaughey Centre, along with University of Melbourne colleagues Stuart Ross, Lucy Healey, Cathy Humphreys and Kristin Diemer, completed a project exploring the establishment and early indicators of effectiveness of the Northern Crisis Advocacy Response Service (CARS). CARS was established to provide a 24-hour face-to-face crisis response to women and children experiencing family violence, and developed in the context of state-wide reform in Victoria and the implementation of the Integrated Family Violence System (IFVS). The findings are among the first indications in Victoria of the impact of the reform on outcomes for women and children.

Safe for Life: Submission to the National Plan of Action to Reduce Violence Against Women and Children
The Salvation Army approached Marion Frere to work with them on the development of a major submission to the National Plan of Action to Reduce Violence Against Women and Children. Four principles underpin the submission:

1. Prevention of violence is a protection of human rights;
2. Questions of gender roles and inequalities must continue to be addressed if we are to prevent violence against women and children;
3. Violence impedes social inclusion, and;

The submission makes a strong case for a focus on the provision of long term support for women and children who have experienced violence, in addition to short term crisis measures.

Safety and Accountability for Families: Evidence and Research (SAFER)
As a member of the SAFER team led by Professor Cathy Humphreys, Marion Frere commenced a new study looking at the development of the Victorian...
Family Violence Reform Initiative, a policy framework that aims to respond more effectively to family violence in Victoria through the integration of services across the whole of government. The research focuses on the risks and opportunities of integrated policy making and policy research, and will include discussion of integration, leadership, culture, planning, resources, accountability and skills. Findings from the study will be available in the first quarter of 2009.

**Freedom from discrimination**

**A Framework to Address Ethnic and Race Based Discrimination**

In partnership with Onemda and VicHealth, McCaughey Centre members Loga Chandrakumar, Yin Paradies and Marion Frere developed A Framework to Address Ethnic and Race Based Discrimination. The aims of this project are to support the development of evidence-informed policy, programs and practice and to assist in the identification of priorities for future anti-racism work by the partners and other non-government and government actors concerned about racism. The Framework is in its final stages of development and will be available in 2009.

**The Economic Costs of Racism in Australia**

There is increasing recognition that ethnoracial discrimination (racism) has serious health, social and economic consequences. This project aims to quantify the economic cost of racism to society as a whole. It is a collaborative undertaking of the Centre together with researchers from Onemda, the Centre for Health Policy, Programs and Economics and the Faculty of Economics and Commerce. A scoping study was funded by the Social Justice Initiative, with the intention of developing an Australian Research Council Linkage Project Grant in 2009.

**Refugee Resettlement in Regional and Rural Victoria**

Research addressing the resettlement of refugees in regional and rural Victoria was published in a report entitled Refugee Resettlement in Regional and Rural Victoria: Impacts and policy issues. The report, authored by Dr Brooke McDonald (La Trobe University), Professor Sandy Gifford (La Trobe University), Kim Webster (VicHealth), Professor John Wiseman (the McCaughey Centre) and Sue Casey (Victorian Foundation for Survivors of Torture), provides valuable insights into the benefits and issues experienced by refugees settling into rural and regional communities. The report recommends the development of policies and programs to support resettlement, based on careful examination of the impacts of resettlement on refugee health and wellbeing and on the regional communities they settle in.

**Social inclusion and connectedness**

**Community Needs in the Outer North Project**

This project, managed by Belinda Robson and Marion Frere and funded by the Salvation Army Crossroads Youth and Family Services, involved consultations with over 70 residents from Craigieburn and Roxburgh Park as well as 30 stakeholders. It had a dual focus on the needs of young people aged 12 to 17, and the impact of mortgage stress on families. The Salvation Army has approved further funding to continue this research project, this time in the areas of Mill Park, South Morang and Mernda/Dereen. This will provide a wider scope for analysis of the expectations and aspirations of residents living in growth areas.

**Creating Liveable New Communities**

On 13 April the Minister for Planning, the Hon Justin Madden, launched a report prepared for the Growth Areas Authority and led by the McCaughey Centre in a partnership between the University of Melbourne and the Urban Research Program at Griffith University. Sue West led the project and was supported by a team of project advisors including John Wiseman, Marion Frere, Margaret Kelaher, Carolyn Whitzman, and Geoff Woolcock and Tim Eltham, and by Research Assistant Marnie Badham. The project resulted in the publication of the following:

- A Strategic Framework for Creating Liveable New Communities
- A Check List for Liveability Planning
- Promising Practice: A book of ‘good practice’ case studies.

**Evaluation of Ucan2**

Ucan2 is a multi-agency project involving collaboration between the Victorian Foundation for Survivors of Torture (Foundation House), Adult Multicultural Education Services (AMES) and the Centre for Multicultural Youth (CMY). The Ucan2 program aims to provide additional employment, peer and psycho-social support opportunities to young people who are concurrently undertaking the standard 12-month English language program offered to newly-arrived migrants. The goal of the evaluation is to build the evidence and knowledge base for enhancing social, educational and economic outcomes for young people from refugee and migrant backgrounds. The evaluation will also contribute to improved understanding of the influence of contextual factors on processes of resettlement, and the opportunities and barriers that are presented to young people from refugee and migrant backgrounds in mobilising and consolidating social, educational and employment opportunities.

**Home-making: exploring processes of resettlement in Australia among migrant and refugee families with young children**

In collaboration with Broadmeadows Communities for Children, Dr Deborah Warr and Dr Rosemary Mann commenced a study to explore the processes through which families from migrant and refugee backgrounds with young children (0-5yrs) come to establish and build social connections following resettlement in Australia. The aim of the study is to explore the ways in which families from non-English speaking backgrounds living in the City of Hume in the north-west of Melbourne become connected in neighbourhoods, through both formal links with early childhood services and through building informal
links with other families, community and cultural groups. In conjunction with interview and focus groups, the study will use an innovative ‘photo-elicitation’ methodology to portray themes of ‘home-making’, belonging and community connection.

Neighbourhood Renewal
Researchers from the McCaughey Centre are working closely with communities to coordinate surveys across Melbourne as part of a Neighbourhood Renewal project. The project is aimed at giving residents a chance to voice their opinions on a range of local issues, including perceptions of neighbourhood, physical environment and housing, transport and services, health and wellbeing, personal safety and crime, pride and participation in the community. Centre staff train members of local communities to conduct the surveys themselves, and the information gathered will directly help to improve living in the communities, to identify local priorities for action and assist with Neighbourhood Renewal Project planning. The initiative is being led by the Office of Housing in the Department of Human Services as part of the State Government’s Growing Victoria Together agenda to build more cohesive communities and reduce inequalities. The McCaughey Centre’s involvement has spawned a number of other projects, including Exploring the value and challenges of participatory research methods, which studied the value of the peer-interviewer method and the challenges encountered by peer interviewers in the Neighbourhood Renewal project. This data has been reported in the community report Something to Talk About.

Economic participation and security
Workplace Mental Health Promotion Project in the ACT
Associate Professor Tony LaMontagne and Dr Deborah Valance of the McCaughey Centre and Ms Clare Shann of beyondblue’s Workplace Program worked throughout 2008 on this ACT Health-funded project to develop and deliver an integrated job stress and beyondblue workplace intervention program across 10 sites in the ACT.

Work Stress and Depression
A recent study into work-related depression, led by Associate Professor Tony LaMontagne, attracted significant media interest. The research, which found that almost one in six cases of depression among Victorians are caused by job stress, also found that women and workers in lower skilled occupations were more likely to be affected by job stress related depression, with stressful working conditions defined as a combination of high job demands and low control over how the work is done.

Latrobe Valley Asbestos Disease Projects
Associate Professor Tony LaMontagne and team have been conducting community-based collaborative research on asbestos-related disease in the Latrobe Valley over several years. This NHMRC-funded project with the Peter MacCallum Cancer Centre is focused on developing new screening tests for mesothelioma, an activity that was made possible by the relationships developed with community partners in the Valley over the past seven years. The team’s multi-disciplinary approach to addressing the asbestos disease legacy includes social and historical as well as epidemiological and biomedical research.

Healthy and sustainable environments
Climate Change and Community Engagement
Climate Change and Community Engagement: Benefits, Challenges and Strategies, a project completed by Professor John Wiseman, Jess Fritze and Lara Williamson, was commissioned by the Victorian Department of Planning and Community Development to uncover key insights into effective engagement of communities on climate change issues. The team held roundtable discussions with representatives of state and local government and community and environment-focused non-government organisations, in collaboration with the Victorian Council of Social Service (VCOSS) and the Council on the Ageing Victoria (COTA Victoria). Participants provided extremely valuable information about how environmental advocates are engaging the communities they live and work in, encouraging awareness of the issues and inspiring action.

Climate Transformations
The McCaughey Centre’s Climate Transformations initiative was established in 2008 to find ways of concurrently addressing climate change and community wellbeing. The initiative aims to create and share knowledge about the social, economic, political and cultural transformations needed to prevent catastrophic climate change and to support just and sustainable adaptation strategies. The initiative is underpinned by a commitment to be inclusive and work collaboratively with other agencies, communities and individuals. In full recognition of the urgency with which climate change must be addressed, it strives to inspire positive and rapid transformative action.

In line with the McCaughey Centre’s core focus on mental health and community wellbeing, the Climate Transformations initiative is concerned primarily with the social and equity impacts of climate change – deepening understanding of these impacts and facilitating effective responses.

Greener Houses, Growing Greener Neighbourhoods
As partners in the Greener Houses, Growing Greener Neighbourhoods project, Dr Deborah Warr and Dr Rosemary Mann are evaluating the community education and community engagement component of the project. Greener Houses will operate across five neighbourhood houses in metropolitan Melbourne to showcase the range of options for households to incorporate eco-friendly living solutions in their homes. Project partners include Burnley, Watsonia and Allwood Neighbourhood Houses, Jika Jika Community Centre, Creeds Farm Living and learning centre, LGA and State Government representatives, Moreland Energy Foundation, Northern Alliance for Greenhouse Action and RMIT University.
Improving intergenerational health and wellbeing

VicGeneration08
VicGeneration08 is an innovative new study to examine the environmental, behavioural and biological predictors of early childhood caries (tooth decay) in children from the Western corridor of Victoria.

This project has been funded by the NHMRC and Dental Health Services Victoria and will involve 500 young children and their primary carers. The families are drawn from disadvantaged and culturally diverse communities in metropolitan, regional and rural Western Victoria to provide a population-oriented sample that involves and reflects the diverse population from this region of the state. The evidence generated in this study will allow the development of evidence-based health promotion activities and public policy related to oral and general health, as well as solution-focused interventions to prevent dental decay in young children. The project is managed by Dr Andrea Sanigorski with a team of experienced and culturally diverse research assistants and oral health practitioners involved in the data collection from mothers and their young babies.

SPLASH!
SPLASH! aims to examine the relationships between the impact of policy, industry and environmental factors on key areas of child health inequality in rural areas: children’s oral health and nutrition. A range of issues have influenced parental choices and patterns of drink consumption, with drought, fluoridation and marketing of drinks influencing children’s drinking choice. Funding for this Australian Research Council project was announced in 2008, and the project will start in 2009.

Fun ‘n healthy in Moreland!
Fun ‘n healthy in Moreland! is a cluster randomised controlled trial of a child health promotion and obesity prevention intervention with 23 primary schools in a culturally diverse, inner urban area of Melbourne. It is a partnership study between Moreland Community Health Service and the University of Melbourne. The intervention strategies are driven and customised by the schools to ensure relevance and sustainability, informed by an exchange of information about the evidence-base in child health promotion and obesity prevention. Schools are thus supported in the implementation of a range of whole-of-school initiatives designed to address healthy eating, increased physical activity and self-esteem, targeting school policies, physical and social environment and programs.

Teeth Tales
Teeth Tales is a University/community partnership between the McCaughey Centre, Moreland Community Health Service, Arabic Welfare (formerly known as Australian Lebanese Welfare), Victorian Arabic Social Services and Dental Health Services Victoria. The Teeth Tales study explored socio-cultural differences in child oral health care. Teeth Tales worked in partnership with the community and used qualitative research methodologies to explore the social, cultural and environmental determinants of the development of poor child oral health in refugee and migrant communities. This resulted in the development of a community-based intervention framework to promote equity in child oral health.

Evaluation of the Stephanie Alexander Kitchen Garden Project
The Kitchen Garden is an innovative gardening and cooking program conceived by Australian chef and food writer Stephanie Alexander, first implemented at Collingwood College in 2001 and now being offered to schools through Australia. The aim of the program is to provide children with a pleasurable introduction to food education through growing, harvesting, preparing and sharing fresh, seasonal, healthy and delicious food. It is based on the belief that these hands-on experiences will positively influence their food choices, attitudes towards environmental sustainability, self-esteem and working relationships with other children and adults. The evaluation is being jointly conducted by the McCaughey Centre and Deakin University. It will explore contextual factors and program impacts and outcomes in relation to the school and participating students’ wellbeing, learning and attitudes towards fresh, seasonal and healthy food. It will also explore economic factors and unanticipated school, family and community-based activities arising from the program.

Building the capacity of Family Day Carers to promote the mental health of children living in low socioeconomic areas
Childhood mental health problems are highly prevalent: One in five children aged between 4-17 years living in low-income or single parent families have mental health problems. Without sufficient focus and training in children’s mental health and development, the Family Day Care system is unable to effectively address concerns regarding children’s mental health, to identify children at risk of mental health problems, or to promote positive mental health among children. This project, led by Dr Elise Davis, aims to design, implement and test the appropriateness, acceptability, feasibility, cost and effectiveness of an intervention that builds the capacity of Family Day Carers to promote children’s positive mental health, in partnership with VicHealth, Family Day Care Australia and Windermere Family Day Care (Windermere).

Social Exclusion in Children: Examining the Impact of Culture
Childhood mental health problems affect 14-20% of children and are associated with long-lasting health, educational, social and financial consequences. There is strong evidence to demonstrate that social exclusion is a risk factor for mental health problems, whereas being socially included can have protective effects. There is a lack of research that examines the processes by which children become excluded. This study aims to identify the factors that contribute to social exclusion for children from low socioeconomic,
Students of St Matthew’s performing ‘Stir it up’ during the launch of the Jack Brockhoff Child Health and Wellbeing Program.

Knowledge Translation for Obesity Prevention (KTOP) is an innovative research partnership project that aims to assess the effectiveness of knowledge translation strategies for obesity prevention in Victorian Local Governments. These strategies are intended to support the use of research evidence in local government decisions. The first component of the study, a state-wide survey and a series of key informant interviews, is now complete. The survey, which was open to all Victorian local governments, explored the different types of evidence that are used to inform public health planning, policy and practice decisions. Councils were also asked to identify ways in which they could be better supported to use research evidence in their decision-making. The second study component, a cluster randomised controlled trial, will begin in 2009. Informed by the initial study components, the trial will evaluate the effectiveness of a number of strategies that are intended to increase the use of research evidence in local government public health decisions.

Launch of the Jack Brockhoff Child Health and Wellbeing Program

On 22 October the McCaughey Centre celebrated the award of $5 million in perpetuity from the Jack Brockhoff Foundation to support the work of Professor Elizabeth Waters and her team in their work around Child Health and Wellbeing. The award was officially announced at an event at St Matthew’s Primary School in Fawkner, one of the schools involved in the fun’n’healthy in Moreland! project. Representatives of the McCaughey Centre, the Jack Brockhoff Foundation, and the University of Melbourne joined St Matthew’s students and staff in a celebration of healthy eating and living. The St Matthew’s students put on a fantastic show, including African drumming, skipping and cartwheeling, and songs and performances about healthy eating.
Cochrane Public Health Review Group – Cochrane Colloquium, Freiburg, Germany

The annual Cochrane Colloquium is an opportunity for editors, authors, consumers, researchers and entity staff working as part of the global Cochrane network to come together to share ideas, build collaborations and develop methods for conducting systematic reviews. The October 2008 meeting was held in Freiburg, a small University town close to the Black Forest in Germany. The Colloquium was the first attended by members of the McCaughey Centre’s Public Health Review Group since they received official registration status in May 2008, and they engaged in a range of seminars and workshops to share their experiences and learnings in relation to this important, evidence-based knowledge translation field.

Training for the US Centres for Disease Control

Atlanta

Cochrane Public Health Review Group.

Editors

Rebecca Armstrong and Laurie Anderson (Editor)

from the Cochrane Public Health Review Group ran two 2-day short courses at the US Centre for Disease Control (CDC) in Atlanta, USA in November 2008. The courses were a great success with more than 30 participants attending, and many hoping to go on and conduct Cochrane Reviews in their program work areas.

The CO-OPS Collaboration: Collaboration of Community-Based Obesity Prevention Sites

The CO-OPS Collaboration is an initiative being led by a collaborative group from the World Health Organisation, The University of Sydney and The University of Melbourne, with the support of the Australian Government’s Department of Health and Ageing. With a focus on rigorous evaluation, this project seeks to:

- Identify and analyse the lessons learnt from a range of community-based projects designed to prevent unhealthy weight gain, mainly in children and adolescents.
- Identify the elements that make community-based projects successful.
- Share the knowledge gained with other communities.

Elizabeth Waters, Rebecca Conning and Rebecca Armstrong have been engaged to develop evidence summaries in collaboration with community-based obesity prevention sites from across Australia, to support evidence-informed decision-making.

Sexual Harassment and casual workers

Research conducted in 2008 by Associate Professor Tony LaMontagne (McCaughey Centre), demonstrating that women in casual or contract jobs are over 10 times more likely to experience unwanted sexual advances in the workplace than those in permanent full time positions; attracted significant community interest in 2008. The study was featured in a range of print and radio media, including syndication to 45 television stations, ABC774 Melbourne, 3AW Melbourne, GOLD FM, and national newspapers including The Australian, The Age, the Courier Mail and the Herald Sun.

Asbestos Diseases Research: New Avenues in Sydney

Associate Professor Tony LaMontagne and Dr Deborah Vallance hosted the 2008 Annual Scientific Meeting of the National Centre for Asbestos-Related Diseases, along with a seminar entitled Asbestos Diseases Research: New Avenues in Sydney. This seminar was presented by Nico van Zandwijk, of the Asbestos Diseases Research Institute (ADRI), the University of Sydney. Professor van Zandwijk spoke about the research program of the ADRI, discussing epidemiology and prevention, the establishment of a tissue bank, molecular biological aspects of Malignant Mesothelioma, new drug development and plans for a more efficient structure of health care around patients with Malignant Mesothelioma.

Emerging Places/New Directions

Dr Rosemary Mann and the Medical Anthropology Reading Group (MARG) hosted the 2008 seminar Emerging Places: Connecting communities, art and environment. Associate Professor Lyndal Jones (Director of Creative Media, RMIT University) explored concepts of sustainability through a focus on the Avoca Project (http://www.avocaproject.org), a long-term collaborative project engaging local community, national and international artists, scholars and climate change experts. Dr Emily Potter (ARC Postdoctoral Research Fellow, Architecture, Building and Planning, University of Melbourne) also called for poetic work – the realm of storytelling, performance, art and design – to address the challenges of environmental sustainability.

Happiness, Progress & Wellbeing: The View from Bhutan

In September 2008, in conjunction with the VicHealth sponsored 5th World Conference on the Promotion of Mental Health and the Prevention of Mental
The McCaughey Centre’s highly successful seminar series commenced in 2008, incorporating high calibre presenters from within the Centre, School, and broader University of Melbourne academic community, and from a range of external organisations and academic institutions.

Details for the 2008 seminar series are included below:

- **1 April**, ‘The impact of racism on Indigenous health’, Dr Yin Paradies, Onemda VicHealth Koori Health Unit, University of Melbourne
- **22 April**, Work in progress seminar ‘Complex community interventions: Chaos theory compared’, Dr Lisa Gibbs and Dr Deborah Warr, McCaughey Centre
- **6 May**, ‘Social Connection: Theoretical approaches and methodological challenges’, Jenny Lewis, Centre for Public Policy, University of Melbourne
- **13 May**, Professional Development Workshop ‘What makes a good paper? Words of wisdom and practical advice for getting your work in print’, Jeanne Daly, Editor ANZJPH, Amanda Tattam, Marketing and Communications, University of Melbourne, Associate Professor Tony LaMontagne, McCaughey Centre
- **10 June**, ‘Local creativity and environmental change: A creative research approach to strengthening community resilience’, Emily Potter, Architecture, Building and Planning, University of Melbourne.
- **24 June**, Work in progress seminar ‘Figures or pictures: Use of GIS and mapping in CIV’, Dr Xiaogang Chen and Dr Melanie Davern, McCaughey Centre
- **7 August**, PhD confirmation seminar ‘Community wellbeing indicators and public policy: Learning from Victoria’, Di Cox, McCaughey Centre
- **12 August**, ‘Suspicious from the apocalypse: Global threats, sustainability and human wellbeing’, Richard Eckerseley, National Centre for Epidemiology and Population Health, ANU
- **26 August**, Forum on collaborative research, ‘What research means to us: A special forum to learn from community partners’, including discussants from a range of community organisations
- **16 September**, ‘Stories of belonging: Theoretical and empirical understandings of social inclusion and older people’, Dr Kathleen Brasher, McCaughey Centre, Catherine Dinklemann, Victorian College of the Arts
- **30 September**, ‘Researching complexity: Young people and wellbeing’, Ani Wierenga, Youth Research Centre, University of Melbourne
- **14 October**, Professional development seminar, ‘Sharing responsibility for ethical conduct in research: There’s more to it than forms’, Giuliana Fuscaldo, Centre for Health and Society, University of Melbourne

The McCaughey Centre’s seminar program is published each semester on the Centre’s Seminars and Events Webpage at http://blogs.unimelb.edu.au/sph-events/category/centre-units/mc aughey-centre/
CONFERENCES AND PUBLIC PRESENTATIONS

McCaughey Centre staff attended a range of local and international conferences throughout 2008, providing an important opportunity for staff to disseminate their research outcomes and learnings, and establish new networks and partnerships with academics from around the world in shared areas of interest. A sample of the conferences, international meetings and forums attended by McCaughey staff in 2008 are included below:


**February**: Attendance at the Young People, Crime and Community Safety conference, Melbourne, Australia – M. Frere.

**February**: Attendance at the Policy, Partnerships and Performance conference, Melbourne, Australia – M. Frere.

**February**: Attendance at a meeting of the Taskforce on Community Preventative Services for Disease Control, Atlanta, USA, and a meeting of the 6th Annual Canadian Cochrane Contributors meeting, Edmonton, Canada – R. Armstrong.

**March**: Attendance at the British Association for the Study of Community Dentistry, Presidential Spring Scientific meeting, York, England – E. Riggs

**April**: Collaborative visit with ACT Health and beyondblue project partners, Canberra, Australia – T. LaMontagne.

**April**: Attendance at the Indigenous Family Strengths Program, Newcastle, Australia – N. Priest.

**April**: Attendance at the Australian Academy of Cerebral Palsy and Developmental Medicine conference, Brisbane, Australia – E. Davis.

**April**: Attendance at the Australian Positive Psychology and Wellbeing Conference, University of Sydney, Australia – J. Wiseman.


**May**: Attendance at the 5th Annual International Campbell Colloquium, Vancouver, Canada – J. Doyle.

**May**: Attendance at the 16th Annual Congress of the European Congress on Obesity, Geneva, Switzerland – L. Waters.

**June**: Attendance of at an international delegates meeting on ‘Aging Migration’ at the New York Academy of Medicine, USA – K. Brasher.

**June**: Attendance at the UK Public Health Conference, London, UK, and visiting fellowship to Cardiff University, Wales, UK – L. Waters.

**June**: Attendance at the National Conference of the Institute of Public Administration of Australia, Sydney, Australia – S. West.


**July**: Meeting with University of Tasmania collaborators on the ‘Eliminating Job Strain’ project – T. LaMontagne.

**July**: Meeting with beyondblue and ACT Health project partners on the ‘Job Stress’ project, Canberra, Australia – D. Vallance.


**August**: Attendance at the Occupational Asthma Workshop, Department of Health and Ageing, Canberra, Australia – D. Vallance.


**September**: Attendance at the 3rd Canadian Congress on Mental Health and Addiction in the Workplace, Quebec City (and collaborator visits to the National Jewish Hospital, Denver USA) – T. LaMontagne, D. Vallance.

**September**: Attendance at the ‘Rights, Reconciliation, Respect and Responsibility’ conference, Sydney, Australia – L. Chandrakumar.

**September/October**: Attendance at the 16th Cochrane Colloquium, Frieberg, Germany – R. Armstrong, J. Doyle, L. Waters.

**October**: Attendance at the 5th European Youth Heart Study Symposium, University of Iceland, Reykjavik, Iceland – L. Waters.

**October**: Attendance at the ‘Partnerships for Social Inclusion’ conference, Melbourne, Australia – S. West.


**November**: Attendance at the 2008 Health Policy and Research Exchange, SAX Institute, Sydney, Australia – L. Waters.

**November**: Conduct of training sessions for the Centre for Disease Control and Emory University, Atlanta – R. Armstrong.

**November**: Attendance at an international seminar on ‘Involving Citizens/Communities in Measuring and Fostering Wellbeing and Progress: Towards New
$5 million commitment to helping young disadvantaged

Children will have a say – and be heard – when researchers from the new Jack Brockhoff Child Health and Wellbeing Program engage with disadvantaged families to build new research partnerships, according to the program’s head, Professor Elizabeth Waters.

She believes health promotion and disease prevention require a fresh “mindset” – one that challenges researchers and policy makers: “We need to start thinking about more creative ways of bringing about health improvement in disadvantaged communities.”

Launched in October 2008, the community-based research program aims to improve the health of children from disadvantaged families in Victoria and is backed by a $5 million commitment from the Brockhoff Foundation, which has a particular focus on improving the lives of young people.

This is the first program of its kind in Australia. It involves a broad child health and wellbeing research platform, and has over 28 University researchers working in partnership with community organisations, schools, local councils, hospitals and welfare organisations to establish and evaluate programs that improve the health of children from disadvantaged backgrounds.

“A strong focus of our program is to understand why some children, families and communities have poorer health and to work closely with them to determine what can be done to reduce this risk. We spend time with families, communities and groups of children of whatever age to really hear how life is for them and the context in which they live and work and go to school,” Professor Waters says. “Then we work in partnership with them to decide what strategies are going to work in the longer term.

“And then from an academic perspective, we need to make sure we build the evidence base so that what we find is made available to others in Australia and internationally to bring about changes in policies and practices and improve children’s health in ways that are cost-effective, sustainable and equitable.”

Professor Waters, who joined the School’s McCaughey Centre in 2007, is the inaugural holder of the Jack Brockhoff Chair of Child Public Health.

She sees the Foundation’s “outstanding contribution” as stretching beyond the Program by providing an example of how philanthropic organisations can work with the academic sector and communities to identify and fill evidence gaps.

In the case of the Child Health and Wellbeing Program, the major gap it addresses is the lack of evidence-based research about what works best to improve the health of disadvantaged children.

Previous health promotion strategies generally employed the “knowledge deficit model”, providing more health information in the form of posters, pamphlets and booklets and expecting it would lead to behavioural change. Often, this bypassed disadvantaged groups and improved the health of the more advantaged groups in the community, so increasing the gap between rich and poor.

The new Program follows a socio environmental model that supports making changes at a macro level -- i.e. regulation, policy and legislation -- while working with communities and individuals. The innovative aspect of the Program is that the voices of the people within the communities are heard – including children. This approaches seeks out the determinants, the “causes behind the causes”, and zeroes in on points of intersection between various sectors, including education, health and planning.

Professor Waters anticipates that the new Program will have an international impact, enhanced through her leadership role within the Cochrane Collaboration, a research organisation that summarises research evidence for use by researchers, policymakers and health care practitioners.
change has expanded, a growing body of evidence has emerged about the health effects of climate change. This article focuses particularly on the mental health implications of climate change and discusses three areas of emerging concern about the relationship between climate change and mental health. Firstly, the direct impacts of climate change, such as extreme weather events, are likely to have immediate impacts on mental health concerns and outcomes. Secondly, vulnerable communities are beginning to experience disruptions to the social, economic and environmental determinants that promote mental health. Finally, there is an emerging understanding of the ways in which climate change as a global environmental threat may create emotional distress and anxiety about the future. It concludes with some reflections on future policy, practice and research priorities in the fields of mental health and mental health promotion.


Related articles in the same journal include:


This article provides an overview and analysis of recent developments in policy and practice in relation to asbestos disease in Australia. In addition, it represents a novel form of community engagement and knowledge exchange, wherein community partner voices and views are expressed alongside those of researchers, demonstrating partnership while at the same time maintaining independence. The lead article complements three concurrent publications from community partners representing important contributions of people and organisations toward addressing the health and social impacts of Australia’s asbestos disease epidemic. Community partner contributions include an overview of the national campaign to “Make James Hardie Pay” as well as the efforts of workers and advocates. Discussion of recent developments in asbestos-related disease research and mesothelioma surveillance is followed by articulation of the comprehensive public and social health response that is needed to fully engage and address the asbestos disease legacy and to apply lessons learned to help revive the currently waning societal commitment to occupational health and safety in Australia and elsewhere.

This report presents the findings of an evaluation of a new crisis response to women who have experienced family violence in the Northern Metropolitan sub-region of Melbourne, which covers the Local Government Areas of: Banyule, Darebin, Moreland, Nillumbick, Whittlesea, Hume and Yarra. It examines the first six months of a new pilot service, the Crisis Advocacy Response Service (CARS), which was established to provide a 24-hour face-to-face crisis response to women experiencing family violence. The crisis intervention also allows women and their accompanying children to have access to a CARS Unit, a safe, comfortable space in a residential setting within which women can explore their options, supported by a CARS worker, while children have ‘time out’ from the precipitating situation.


In 1998 the World Health Organisation designated obesity as a global epidemic. The prevalence of childhood obesity trebled in Australian children between 1985 and 1997 with further gains reported in 2004. This is predicted to approach adult rates within the next 30 years, and is a trend that is taking place across the developed world and developing world.

Fun ’n Healthy in Moreland! is a five-year school and community based intervention that tackles health promotion and obesity prevention. In order to achieve an understanding of what works for whom within the program, it is crucial that the interrelationships between socioeconomic position (SEP), cultural, and ethnic backgrounds be examined. This paper addresses the relationship between socioeconomic status and weight status, and the impact of culture and ethnicity, which extends beyond the impact of social determinants.

A Cross-Cultural Examination of Barriers to Social Inclusion for Children: A Qualitative Study Using Child-Centred Methods, Davis E, Davies B, Cook K, Waters E, Gibbs L, Priest N.

Social exclusion is a risk factor for mental health problems. This paper aims to identify the factors that contribute to social exclusion for children from several cultural backgrounds, living in low-socioeconomic status (SES) areas. Children from English, Chinese and Arabic speaking backgrounds participated in semi-structured interviews. They were asked questions around three prominent themes of social exclusion: exclusion from school, social activities and social networks. Children from English and Chinese speaking backgrounds experienced exclusion at school, from social activities or in social networks. The major barriers to social inclusion, which differed across cultural groups, included bullying, time constraints, economic resources and parental permission.

Although money is a barrier to social inclusion, there are several other barriers that need to be considered, such as bullying, time and parental permission, and they may differ by culture. Mental health promotion programs in schools and communities need to address these barriers in a culturally appropriate manner.

Improving the reporting of public health intervention research: advancing TREND and CONSORT, Armstrong R, Waters E, Moore L, Riggs E, Cuervo L, Lumbiganon P, Hawe P.

Evidence-based public health decision-making depends on high quality and transparent accounts of what interventions are effective, for whom, how and at what cost. Improving the quality of reporting of randomised and non-randomised study designs through the CONSORT and TREND statements has had a marked impact on the quality of study designs. However, public health users of systematic reviews have been concerned with the paucity of synthesised information on context, development and rationale, implementation processes and sustainability factors. This paper examines the existing reporting frameworks for research against information sought by users of systematic reviews of public health interventions and suggests additional items that should be considered in future recommendations on the reporting of public health interventions.

Addressing the potential adverse effects of school-based BMI assessments on children’s wellbeing, Gibbs L, O’Connor T, Waters E, Booth M, Walsh O, Green J, Bartlett J, Swinburn B.

Do child obesity prevention research and intervention measures have the potential to generate adverse concerns about body image by focusing on food, physical activity and body weight? Research findings now demonstrate the emergence of body image concerns in children as young as five years. In the context of a large school-community-based child health promotion and obesity prevention study, we aimed to address the potential negative effects of height and weight measures on child wellbeing by developing and implementing an evidence-informed protocol to protect and prevent body image concerns.

Fun ’n healthy in Moreland! is a cluster randomised controlled trial of a child health promotion and obesity prevention intervention in 23 primary schools in an inner urban area of Melbourne. Body image considerations were incorporated into the study philosophies, aims, methods, staff training, language, data collection and reporting procedures of this study. This was informed by the published literature, professional body image expertise, pilot testing and implementation in the conduct of baseline data collection and the intervention. This study is the first record of a body image protection protocol being an integral part of the research processes of a child obesity prevention study. While we are yet to measure its impact and outcome, we have developed and tested a protocol based on the evidence and with support from stakeholders in order to minimise the adverse impact of study processes on child body image concerns.
After 17 years as the inaugural Head of the Centre for Health Policy, Programs and Economics, I’m handing over the reigns to Jane Pirkis. Jane has been at the Centre for the past 14 years, and has worked closely with me as Deputy Head for most of that time. Margaret Kelaher will be the new Deputy Head. I’m looking forward to remaining at the Centre as Professor and Founding Head, and taking the opportunity to explore some research interests which I’ve had on the back-burner for some time.

Any change of this sort presents an ideal opportunity to reflect on achievements. The Centre was established in 1991, with joint funding from the National Health and Medical Research Council (NHMRC) and VicHealth, as the NHMRC National Centre for Health Program Evaluation. The National Centre for Health Program Evaluation was a joint venture between the University of Melbourne and Monash University. I led the University of Melbourne’s Program Evaluation Unit, and Jeff Richardson led the Health Economics Unit. Health services research was only an emerging discipline at the time, but the National Centre for Health Program Evaluation soon became a prolific contributor to academic and policy debates on the delivery of health care in Australia.

By 1996, the Centre was successfully attracting funding from a range of sources, and no longer reliant on core funding from the NHMRC and VicHealth. It changed its name to reflect this, and became the Centre for Health Program Evaluation. We were regularly attracting funding from key granting bodies and from government departments. Our revenue and staff numbers continued to grow, as did our influence on the health policy landscape.

In 2003, further change occurred. After 12 years together, the Program Evaluation Unit and the Health Economics Unit returned to their respective universities. Both groups had become extremely successful at attracting funding for research and teaching and in producing high quality academic papers and policy-relevant reports. Both were acting as centres in their own right, and the return to their respective home campuses was a reflection of this mutual independence. By this stage, the Program Evaluation Unit had its own health economics expertise as well as proficiency in health program evaluation and health policy. The Program Evaluation Unit became an integral part of the Melbourne School of Population Health, contributing significantly to the research and teaching conducted in the School.

In 2006, the Program Evaluation Unit was recognised as a centre by the University, and in 2007 it was launched as the Centre for Health Policy, Programs and Economics. The new name better reflects its strengths and broadening interest in health policy. The Centre is aiming to engage strategically in policy development with the main stakeholders in the health care system.

This brings us to 2008. This was an extremely good year for the Centre. It was able to continue its success and growth in the health policy and health services research, and to contribute to the health of the community through research, teaching and service relevant to health programs and policy. It aims to do this by advancing relevant knowledge and addressing relevant issues productively and flexibly. It also includes methodological development, exemplary practice and a varied program of teaching and training. It aims to achieve this mission by improving the community’s ability to critically evaluate the performance and funding of health policy and health programs.

The Centre for Health Policy, Programs and Economics is a multidisciplinary organisation, the core business of which is health services and policy research and health economics. Its staff have expertise in program evaluation, health economics, economic evaluation, health law, epidemiology, social sciences and research methodology, and many have clinical backgrounds.

The mission of the CHPPE is to contribute to the health of the community through research, teaching and service relevant to health programs and policy. It aims to do this by advancing relevant knowledge and addressing relevant issues productively and flexibly. It also includes methodological development, exemplary practice and a varied program of teaching and training. It aims to achieve this mission by improving the community’s ability to critically evaluate the performance and funding of health policy and health programs.
CHPPE

year for us in terms of all of the three strands of the University’s Growing Esteem agenda: Research and Research Training; Learning and Teaching; and Knowledge Transfer. We were awarded six new NHMRC and ARC competitive grants and fellowships to commence in 2009, totaling $4.1 million. We published 21 peer-reviewed journal articles and 22 other publications. We had 19 students enrolled in PhDs, as well as 266 student enrolments in the Master of Public Health from both The University of Melbourne and other universities in the Victorian Consortium of Public Health undertaking our postgraduate units in Program Evaluation and Health Economics. We continued to play a key role in influencing policy. For example, I authored a paper arguing that a new paradigm or model for the Australian health care system is urgently needed to address the chronic illness epidemics that dominate patterns of disease in this country currently. This paper became the core of the Faculty of Medicine, Dentistry and Health Science’s submission to the National Health and Hospitals Reform Commission.

Our new Advisory Committee met for the first time and provided very valuable input on strategic direction for the Centre. Its members are:

- Mr Peter Allen (The Under Secretary, Portfolio Services and Strategic Projects Division, Victorian Department of Human Services)
- Professor Mark Considine (Head of School, Centre for Public Policy, School of Political Science, Criminology and Sociology, The University of Melbourne)
- Mr Philip Davies (Deputy Secretary, Department of Health and Ageing)
- Mr Bruce R Dixon (Managing Director, Healthscope Limited)
- Mr Chris Rex, (Chief Executive Officer, Ramsay Health Care)
- Mr Todd Harper (Chief Executive Officer, Vichlhealth)
- Dr Brendan Murphy (Chief Executive Officer, Austin Health)
- Professor Terry Nolan (Head, Melbourne School of Population Health, The University of Melbourne)
- Professor Stephen Sedgwick (Director, Melbourne Institute of Applied Economic and Social Research)
- Professor Doris Young (Chair of General Practice, Department of General Practice, The University of Melbourne).

Other important highlights of the year include staff promotions and awards. I was appointed to Professor and Margaret Kelaher to Associate Professor. Jane Pirkis was awarded a National Health and Medical Research Council Senior Research Fellowship, Colleen Doyle was awarded an Alzheimer’s Association Research and JR Wicking trust travelling scholarship for ‘Consumer involvement in dementia care evaluation, research and policy’, and Dr Susan Day successfully completed her PhD.

The CHPPE continued to attract visitors keen to undertake the overseas placement component of their postgraduate training at the Centre. We hosted four visitors completing their post doctoral training from the Postgraduate Institute of Medicine in Columbo. They were Doctors Janani Piniyapathirage, Nayana De Alwis, Rasika Rampatige and Kapila Jayaratne. Annemiek Huisman, from the Vrije Universiteit in Amsterdam, also visited our Centre as part of her PhD overseas placement.

I have to say I feel very proud of the achievements of the Centre for Health Policy, Programs and Economics. The Centre is recognised both within Australia and internationally as a leader in the field, and has helped put health services and policy research on the agenda here and overseas. I’m pleased to be handing the baton on to Jane, and I’m sure that she’ll continue to keep the Centre in good shape!

– Professor David Dunt

LEARNING AND TEACHING

In 2008 enrolments continued to grow in our range of MPH, higher degree and short course offerings. Continued growth reflects a number of factors: the quality of our teaching and learning programs; professional and government interest in evidence-based public health policy, and health sector demand for practical skills in policy, program and service evaluation. The continuation of flexible delivery modes in our core subjects in health program evaluation also supports enrolment growth.

Master of Public Health

Strong enrolments are particularly evident in the subjects taught within the Master of Public Health. The foundation subject, Health Economics and Program Evaluation, continues to attract a large number of students across the four universities: Deakin University, La Trobe University, Monash University and The University of Melbourne. Cathy Segan, back from maternity leave, coordinated the subject with Arthur Hsueh. David Dunt, Rosemary McKenzie, Theonie Tacticos, and Lucio Naccarella provided lectures, and a large team of staff expert in health economics and health program evaluation joined the coordinators and lecturers in delivery of tutorials to the 143 students enrolled in the subject in 2008.

At the start of 2008 we farewelled Jenni Livingston, the longstanding coordinator of health program evaluation teaching and learning in CHPPE. Jenni has played a key role in the successful development of our health program evaluation curriculum. Her expertise in health program evaluation and her outstanding teaching skills have undoubtedly underpinned the strong enrolments in the health program evaluation specialisation. We wish Jenni well in her new role at the University. Jenni’s coordination, lecturing and research project supervision roles have been assumed by Rosemary McKenzie.

As in previous years, MPH students had access to the following suite of health economics/economic evaluation subjects in 2008:
• Health Economics: Arthur Hsueh, Subject Coordinator.
• Economic Evaluation 1: Arthur Hsueh/Steve Crowley, Subject Coordinators.
• Economic Evaluation 2: Steve Crowley, Subject Coordinator.
• Research Project in Health Economics: Arthur Hsueh, Subject Coordinator.

In the health program evaluation field, the following subjects were available in 2008. All are available in distance mode and on-campus.

• Health Program Evaluation 1: Rosemary McKenzie, Subject Coordinator.
• Health Program Evaluation 2: David Dunt and Rosemary McKenzie, Subject Coordinators.
• Research Project in Health Program Evaluation: Rosemary McKenzie, Subject Coordinator.

The popular Methods for Evaluating Health Services 1, coordinated by Margaret Kelaher, is offered on a biennial basis and will be offered again in semester 2, 2009.

During 2008, a record number of students completed their two semester Research Project in either Health Economics/Economic Evaluation or Health Program Evaluation. Nine students completed a research project with an economic focus and 18 completed a research project with a program evaluation focus. Research projects were of a very high standard and in many cases have directly contributed to health program improvement in public health agencies, both locally and overseas. Students completed research projects on the following topics:

• Shahela Anwar, supervisor Steve Crowley. Protocol for cost effectiveness evaluation of integrating HIB vaccination to the National Immunisation Program in Bangladesh.
• Yu-Ping Chen, supervisor Associate Professor Bridget Hsu-Hage. The development of a program evaluation plan for the P.A.C.E. service model.
• I-Lan Chu, supervisors Rosemary McKenzie and Bridget Bassilios. Evaluation of the Cobram Mental Health Nurse program.
• Lauren Cordwell, supervisor Jenni Livingston. A program evaluation of Health Issues Centre’s Consumer Nominee Program.
• Melissa Coutts, supervisor Rosemary McKenzie. An evaluation of the impact of the MyTime parenting program on organisational capacity and partnerships.
• David Dawson, supervisor David Dunt. Evaluation of a university based education program for ambulance paramedics.
• Anita Deutschmann, supervisor Helen Jordan. Project ORCHID – An HIV AIDS harm reduction initiative in Northeast India.
• Timothy Fry, supervisor David Dunt. Evaluation of the Going off Tap program.
• Brynn Lewin, supervisors Jenni Livingston and Lynn Gillam. Early childhood experience (evaluation plan).
• Claire Keith, supervisor Andrew Dalton. The cost effectiveness of using unfractionated heparin versus a low molecular weight heparin to prevent venous thromboembolism in general medical patients.
• Su Yeon Kwon, supervisors Arthur Hsueh and Macrae Finlay. Economic evaluation of new colon bowel screening program in Australia.
• Huy Lim, supervisor Rosemary McKenzie. Protocol to assess the implementation and interim effects of the Global Fund.
• Hollie McCaig, supervisors Jenni Livingston and Lynn Gillam. The experience of parents and children where children have been supported with a ventricular assist device as a bridge to heart transplantation.
• Marcia Monjane, supervisors Rosemary McKenzie and James Black. Caring for the workforce: An assessment protocol for the HIV and AIDS workplace program in the Health Sector, Mozambique.
• Mutsa Mutowa, supervisor Steve Crowley. Malaria: A protocol to investigate which vector control program – Insecticide treated nets (ITNs) or Indoor residual spraying (IRS): What is the most incremental cost effectiveness of ITNs vs IRS in the fight against malaria in developing countries.
• Mathew Ng’ambi, supervisor David Dunt. Evaluating the impact of the health care financing policy on operations of 2nd level hospitals in Zambia. Devising, implementing and reporting on a very small-scale evaluation.
• Philippa Robinson, supervisor Andrew Dalton. Development of an economic evaluation protocol for breastfeeding promotion programs.
• Lauren Schmid, supervisor Steve Crowley. Measuring preferences in health care: Is conjoint analysis under-utilised in economic evaluations?
• Roger Smith, supervisor Andrew Dalton. Cost Effectiveness of a Tumour Necrosis Factor Inhibitor for the Prevention of Complications Following Cardiac Surgery.
• Htet Soe, supervisor David Dunt. Evaluation of Hospital Information System in rural hospitals in developing countries (Myanmar).
• Sigit Sulistyo, supervisor Jenni Livingston. Do growth monitoring and promotion programs motivate mothers to change behaviour: A systematic review using combination of Cochrane-style systematic reviews and realist reviews.
• Dwidjo Susilo, supervisor David Dunt. Economics of reducing drug related harm among injecting drug users in Indonesia.
- Carmen Yiu, supervisors Jenni Livingston and Carol Jewell. Development of the evaluation plan of the Melbourne Health Allied Health Education Strategy Objective: Investment in the quality of current and future staff through relevant education programs.

Higher Degree Students
There were 19 PhD students enrolled in 2008, which includes five students new to the program. Susan Day was awarded her PhD in June. The details were:
- Susan Day: An investigation into the extent to which General Practitioner (GP) remuneration can be used to overcome geographic inequities in the supply of, and demand for, Medicare-funded GP services.

Short Courses
Health Program Evaluation
The three-day short course in Health Program Evaluation is coordinated and delivered by Helen Jordan, a lecturer at the Centre for Health Policy, Programs and Economics. The course was delivered at the Centre in February, July and December of 2008. A total of 36 health professionals working in government, health services, health promotion, and the tertiary sector participated.

The course provides an opportunity for practical, workplace oriented learning about health program evaluation, with a particular emphasis on program evaluation planning and program logic development. The course also provides the opportunity for health practitioners who share an interest in health program evaluation to network and undertake group work. Helen Jordan also delivers the course at workplaces across Australia and is currently negotiating a number of courses to be delivered in South Australia in 2009.

SEMINAR PROGRAM
Once again, the Centre’s lunchtime Seminar Series, which is open to all colleagues and the general public, proved to be extremely successful. The seminar topics are chosen to highlight current and key aspects of the Centre’s Research Program.

<table>
<thead>
<tr>
<th>DATE</th>
<th>PRESENTER</th>
<th>TOPIC</th>
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<tbody>
<tr>
<td>4 March</td>
<td>Bridget Bassilios</td>
<td>Evaluation of the Access to Allied Psychological Services (ATAPS) project.</td>
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<tr>
<td>18 March</td>
<td>Andrew Dare</td>
<td>Media Monitoring Project.</td>
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<tr>
<td>1 April</td>
<td>Margaret Kelaher</td>
<td>What has Kylie taught us? Use of breast cancer screening and treatment by Australian women aged 25-44 following Kylie Minogue’s breast cancer diagnosis.</td>
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<tr>
<td>29 April</td>
<td>David Dunt</td>
<td>The Australian health care system: “It’s so 20th century darling”: thinking through a new paradigm to meet the chronic diseases epidemic.</td>
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<tr>
<td>13 May</td>
<td>Colleen Doyle</td>
<td>Dementia is my life now: Benefits and barriers to consumer involvement in dementia research, evaluation and training.</td>
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<td>27 May</td>
<td>Fay Kohn</td>
<td>Utilisation of findings from the evaluation of a major primary mental health care initiative in Australia.</td>
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<tr>
<td>10 June</td>
<td>Justine Fletcher</td>
<td>Services of psychologists on the Medicare Benefits Schedule: Experiences of providers and their clients.</td>
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<td>24 June</td>
<td>Peter Feldman</td>
<td>The buggers keep on moving! Population mobility effects in the evaluation of area-based programs.</td>
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<td>8 July</td>
<td>Kristen Moeller-Saxone</td>
<td>Smoking and mental illness.</td>
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<tr>
<td>22 July</td>
<td>Noleen Bennett</td>
<td>Small hospitals big challenges: The Victorian hospital acquired infection surveillance program.</td>
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<td>5 August</td>
<td>Lennart Reifels</td>
<td>Workforce Challenges in Mental Health: A Victorian PDRS Sector Study.</td>
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<td>19 August</td>
<td>Jane Pirkis</td>
<td>Carer Outcome Measurement in Mental Health Services.</td>
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<td>2 September</td>
<td>Tshepo Rasekaba</td>
<td>Chronic Disease Management: A cross-sectional study of characteristics of chronic disease patients of the Northern Alliance HARP-CDM.</td>
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<tr>
<td>30 September</td>
<td>Angeline Ferdinand</td>
<td>How do we know it’s working? Challenges in evaluating program impacts on refugee and migrant communities.</td>
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<tr>
<td>14 October</td>
<td>Arthur Hsueh</td>
<td>Health, Ageing and Economics: An analysis from the HILDA survey data of Australia.</td>
</tr>
<tr>
<td>11 November</td>
<td>Shelby Williamson</td>
<td>Evaluation of the Queensland Government Suicide Prevention Strategy.</td>
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Quality boost in media’s reporting on suicide

The number of media reports about suicide almost doubled over a six-year period, with the steep rise accompanied by a significant improvement in the quality of reporting.

This is the ‘lead’ in the ‘good news’ story that emerged from The Media Monitoring Project by CHPPE (Centre for Health Policy, Programs and Economics) at Melbourne School of Population Health.

Associate Professor Jane Pirkis, who will become head of CHPPE in early 2009, said the project evaluated changes in Australian news media reporting of suicide between 2000/01 and 2006/07 against recommendations in the resource Reporting Suicide and Mental Illness.

The resource was released in 2002 as part of the Australian Government’s Mindframe National Media Initiative, which aimed to encourage responsible, accurate, and sensitive media portrayal of suicide.

There was almost a two-fold increase in reporting of suicide during the monitoring project period, with 4813 and 8363 items retrieved in 2000/01 and 2006/07, respectively.

The CHPPE project’s report, Changes in media reporting of suicide and mental health and illness in Australia: 2000-01 – 2006-07, noted: “Most strikingly, there was significant improvement on almost all individual dimensions of quality and overall quality.”

Associate Professor Pirkis said the Mindframe campaign, which targeted professionals in the media, courts, police and mental health and suicide prevention, was undoubtedly a major contributor to the increase in the appropriate portrayal of suicide and other mental health issues in media reports and in television and film scripts.

Associate Professor Pirkis paid tribute to the “fantastic” work of the Hunter Institute of Mental Health in actively disseminating resources to guide media practitioners in how to report mental health issues sensibly and responsibly. While other countries had similar guidelines, she said, she believed the evaluation showed that Australia had done a much better job of having them adopted by the media because of the concerted dissemination campaign by the Hunter Institute, she said. The free education resource package, ‘Response Ability’, for example, had been highly successful. CHPPE’s evaluation project provided evidence for providing continuing support to the Mindframe campaign.

“The media does have a role in educating the public,” she said. “One of the ways they can do that is by indicating that suicide is quite a complex problem that is often related to mental illness. It’s rare for suicide to be the result of one event.”

Improving the way the media reports suicide and mental health issues has important public health implications, she said. “It helps to reinforce the community’s knowledge about suicide and may reduce the possibility of copycat behaviours.” For vulnerable or easily influenced groups, such as young people, it was crucial to avoid simplistic explanations that presented suicide as an impulsive solution to an unhappy event, for example, or to portray it as glamorous.

The CHPPE researchers are beginning to explore ways to study Internet coverage of suicide, which opens new research challenges because of the dynamic nature of the medium.

Along with the Mindframe campaign, she also credited the activities of mental health organisations such as beyondblue and SANE Australia with destigmatising mental illness and raising public awareness during the period of the evaluation.

The Media Monitoring Project’s findings are due to be published in the journal Crisis in 2009.
RESEARCH

The CHPPE undertakes evaluations of health programs and policies at international, national, state and local levels. Since its establishment, the CHPPE has attracted over $38 million in funding from key granting bodies such as the National Health and Medical Research Council (NHMRC), Australian Research Council (ARC) and from organisations such as Commonwealth and state/territory health departments that fund contract research. Over half of this funding has come directly to the CHPPE and the remaining funding has been shared with collaborating agencies. Since 2007, the CHPPE has focused its research around four work streams: Health Economics, Health Policy and Law, Mental Health and Primary Care.

Details of new and existing research activities are set out under the four work streams, including major grants awarded.

HEALTH ECONOMICS

The Health Economics Work Stream includes health economics in general and economic evaluation in particular. In 2008, the research focused on economic evaluation. One major project, 'The impact of Chlamydia on the health and health care system of Victorians — an analysis of available data', was funded by the Department of Human Services. The work stream was responsible for the economic evaluation component for this project. Another project, 'Increasing community pharmacy involvement in the prevention of cardiovascular disease', was funded by The Pharmacy Guild of Australia. The work stream was also responsible for the economic evaluation component for this project. Further details are below.

How does chlamydia infection impact on the sexual, reproductive and mental health of Victorians and the Victorian health care system?

Funding Body: Department of Human Services, Victoria.

Chief Investigators: Jane Hocking, Christopher Fairley, Meredith Temple-Smith (Department of General Practice, University of Melbourne), Louise Keogh, Marcus Chen, Jane Fisher, Hennie Williams, Arthur Hsueh, D Henning (Centre for Adolescent Health, Royal Children’s Hospital), Christine Bayly, K McNamee (Family Planning Victoria).

Description: This project will use different research methods to make an assessment of the impact of chlamydia on the sexual, reproductive, mental health and economic aspect of Victorians and their health care system. The research methods include a comprehensive literature review, analysis and evaluation of existing data sources, qualitative interviews with key informants, people affected by chlamydia and health care professionals and quantitative surveys. We will review participatory action-based chlamydia programs and will assess the economic evaluation literature of chlamydia control strategies.

Funding: $186,869.49

Increasing community pharmacy involvement in the prevention of cardiovascular disease

Funding body: The Pharmacy Guild of Australia.

Lead Investigators: Kay Stewart, Johnson George, (Monash University), Shane Jackson, Gregory Peterson, (University of Tasmania), Jeffery Hughes (Curtin University), Kevin McNamara (Findlers and Deakin Universities), Michael Bailey (Monash University), Arthur Hsueh. Co-investigators: Jenny McDowell (Monash University), Luke Bereznicki, Peter Gee (University of Tasmania).

Description: The research and development funded under this tender will, following literature review and stakeholder consultation, develop and trial a comprehensive, multifactorial intervention package to assist community pharmacists to address the problem of poor patient compliance with antihypertensive medicines.

Funding: $1,343,126.67 ($75,000 to CHPPE)

Existing research activities carried over from previous years include:

- Assessing Cost Effectiveness (ACE) in prevention (funding for two PhD scholarships).
- Priority setting in Aboriginal health: Planning for the prevention of non-communicable diseases in Aboriginal and Torres Strait Islander Communities.
HEALTH POLICY & LAW
2008 marked the second year of the Centre’s new stream of work in health policy and law, which began with David Studdert’s arrival in January, 2007. The health policy and law group:
- Secured federal funding for three research projects (described below)
- Launched studies examining the regulation of pathology services, alternative models of compensation for medical injury, and the influence of the compensation processes on the speed of recovery of persons injured in transport accidents
- Continued to plan research programs in the work of coroners’ and suicide prevention.

Professor Studdert acted as a key consultant to the Victorian Law Reform Commission’s inquiry into abortion law, and helped draft the widely-publicised report to Parliament on the inquiry’s findings.

The major research activities funded this year were:

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<tr>
<th>When informed consent goes poorly: A descriptive study of health care complaints and medical negligence claims</th>
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<tr>
<td><strong>Funding Body:</strong> Australian Research Council (ARC).</td>
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<tr>
<td><strong>Chief Investigators:</strong> David Studdert, Russell Gruen (Department of Surgery, Royal Melbourne Hospital, University of Melbourne).</td>
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<td><strong>Partner Organisations:</strong> Victorian Health Services Commission, Avant Mutual Group Limited.</td>
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<td><strong>Description:</strong> To correct process failures effectively, one must understand them. This project will improve knowledge of problems and disputes that arise when patients are consented for medical treatment – an enterprise in which thousands of Australians, many at very vulnerable stages of their lives, are engaged daily. Study findings will advance understanding of breakdowns in the informed consent process and help shape strategies for reducing them. Our partner organisations are extraordinarily well-placed to carry insights from this work to health professionals in the field, enhancing opportunities for real benefits to patients from the research. The project fits with the national research priority of promoting and maintaining good health.</td>
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<td><strong>Funding:</strong> $174,000</td>
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<tr>
<th>Drug Companies, their Patenting Strategies and High-Cost Pharmaceuticals: An Empirical Investigation</th>
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<tr>
<td><strong>Funding Body:</strong> Australian Research Council (ARC).</td>
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<tr>
<td><strong>Chief Investigators:</strong> Andrew Christie (Melbourne Law School, University of Melbourne), David Studdert, Peter McIntyre (Department of Pharmacology, University of Melbourne) and Chris Dent (Melbourne Law School, University of Melbourne).</td>
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<tr>
<td><strong>Description:</strong> Pharmaceuticals are a vital part of clinical services that maintain and improve Australia’s health; they are also costly, absorbing a substantial proportion of the national health expenditures. By conferring market protections, the patent system helps the manufacturers of pharmaceuticals to recoup the high costs of research associated with developing new products. Abuses of the patent system by pharmaceutical manufacturers have the potential to stifle competition and inappropriately raise the costs of pharmaceuticals to society. This innovative, cross-disciplinary research will investigate the existence of abusive patents and, if use of such strategies is identified, propose reforms aimed at curbing this contributor to health care costs.</td>
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<td><strong>Funding:</strong> $290,000</td>
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<tr>
<th>Legal Implications of Open Disclosure in Australia</th>
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<tr>
<td><strong>Funding Body:</strong> Australian Commission on Safety and Quality in Health Care.</td>
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<tr>
<td><strong>Chief Investigator:</strong> David Studdert.</td>
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<tr>
<td><strong>Description:</strong> Provision of expert legal advice on changes necessary to implement and achieve an effective and consistent regulatory framework in Australia to support transparency between providers and patients around medical injuries.</td>
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<tr>
<td><strong>Funding:</strong> $95,715.45 (and $10,112 for preliminary scoping study.)</td>
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MENTAL HEALTH

The Mental Health Work Stream continues to conduct internationally-recognised projects in the area of mental health and suicide prevention, under the leadership of Jane Pirkis.

Several projects were completed in 2008. Andrew Dare, Shelby Williamson and Jane Pirkis completed a study examining outcome measures for carers of people with mental illness. Andrew Dare and Jane Pirkis finished an investigation into media reporting of depression. Jo Christo, Angela Delle Vergini and Jane Pirkis finalised work on a project which aimed to develop a set of clinical prompts for mental health care providers.

A number of previously-funded projects continued throughout the year. Jane Pirkis maintained her involvement with the Australian Mental Health Outcomes and Classification Network. Jane Pirkis and Shelby Williamson continued an evaluation of the Queensland Government Suicide Prevention Strategy. Shelby Williamson and Jane Pirkis also continued to collaborate with interstate colleagues on a randomised controlled trial of an intervention designed to improve GPs ability to detect and manage depression and suicidality among their older patients. Justine Fletcher, Bridget Bassilios, Fay Kohn and Jane Pirkis continued to work on the ongoing evaluation of the Better Outcomes in Mental Health Care program, attracting additional funding for the evaluation of some recent modifications to the program. Justine Fletcher ably managed an evaluation of a new set of Medicare Benefits Schedule item numbers which provide reimbursement for psychologists’ services.

2008 also saw the commencement of several new projects. Jane Pirkis, Justine Fletcher, Bridget Bassilios and Fay Kohn were successful in securing funding for an evaluation of the Better Access initiative. Andrew Dare built on a series of earlier projects on reporting of suicide and mental illness in newspapers and on radio and television by beginning one project exploring how the internet deals with these issues and another examining the experiences of journalists who have won awards for responsible reporting of suicide. Further details are below:

The Australian Health News Research Collaboration

**Funding Body:** National Health and Medical Research Council.
**Chief Investigators:** Simon Chapman (University of Sydney), Warwick Blood (University of Canberra), Jane Pirkis.
**Description:** News media are highly influential in setting health agendas and shaping health policy. The program builds multidisciplinary research capacity between three universities, including participation by some of Australia’s leading health journalists, to examine the content and accuracy of news treatments of health issues, how key audiences understand and are influenced by news coverage, how journalists decide which issues to cover and how they approach this coverage. The program aims to improve media literacy and the potency of policy advocacy among health professionals and so improve the quality of health news reporting in Australia.
**Funding:** $1,897,375

Evaluation of the Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule (Better Access) Initiative

**Funding Body:** Department of Health and Ageing.
**Chief Investigators:** Jane Pirkis, Meredith Harris (University of Queensland), Lyn Littlefield (Australian Psychological Society), Cathy Mihalopoulos (Deakin University), Grant Blashki (Department of General Practice, University of Melbourne), Philip Burgess (University of Queensland), Tim Coombs (NSW Institute of Psychiatry), Justine Fletcher, Bridget Bassilios, Fay Kohn, Anthony Scott (Melbourne Institute of Applied Economic and Social Research), Sarah Gill (Australian National University).
**Description:** The Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative aims to improve outcomes for people with mental disorders by encouraging a multi-disciplinary approach to their mental health care. It takes the form of a series of new item numbers which have been added to the Medicare Benefits Schedule (MBS). Component A of the evaluation involves a study of consumers and their outcomes; and Component B involves an analysis of MBS and Pharmaceutical Benefits Schedule (PBS) data to profile the uptake of the item numbers and examine the impact of Better Access on patterns of MBS and PBS service usage over the two years prior to and following the introduction of Better Access.
**Funding:** $747,275
### Online Media Monitoring Project

**Funding Body:** Department of Health and Ageing.

**Chief Investigators:** Jane Pirkis, Andrew Dare, R Warwick Blood (University of Canberra).

**Description:** This is a scoping study, designed to inform future research into reporting and portrayal of suicide and mental illness on the Internet. It involves a literature review and two components: (1) an analysis of blogs containing material related to suicide and mental illness; and (2) a comparison of reporting and portrayal of suicide and mental illness in print and online versions of newspapers.

**Funding:** $240,823

### Media Awards for Responsible Reporting of Suicide: A Cross-National Study

**Funding Body:** Unfunded project.

**Chief Investigators:** Jane Pirkis, Andrew Dare, Karl Andriessen (Flemish Mental Health Centres, Belgium), Merete Nordentoft (Copenhagen University, Denmark).

**Description:** Australia, Belgium and Denmark all have media awards for examples of responsible reporting of suicide. This project involves qualitative interviews with the recipients of these awards, and aims to examine the impact of the awards on reporting practices.

**Funding:** Nil

### Existing research activities carried over from previous years included:

- Evaluation of the Access to Allied Psychological Services Component of the Better Outcomes in Mental Health Care Program – *additional funding received in 2008*
- Evaluation of the Queensland Government Suicide Prevention Strategy
- Clinical prompts project
- Carer outcome measurement in mental health services
- Monitoring media reporting of depression
- An evaluation of the new Medicare Benefits Schedule psychologist item numbers: Impacts for psychologists and their patients
- Australian Mental Health Outcomes and Classification Network
- Reducing depression and suicide amongst older Australians: A cluster randomised clinical trial in primary health care
- Health risk screening of adolescents in primary care: A cluster randomised controlled trial.
**PRIMARY CARE**

The Primary Care Work Stream includes evaluations of projects run in general practice and other primary care settings, projects aimed at increasing the health and wellbeing of particular consumer groups (e.g., older people, people with diabetes, people with dementia) and/or projects that have a health education focus.

Much of the work of the Primary Care Work Stream involves developing the capacity of funders and project workers to undertake evaluations of their own. 2008 saw major developments in CHPPE’s involvement in evaluating and improving Aboriginal and Torres Strait Islander peoples’ access to primary care. This included research on access to eye health services and medicines, the evaluation of lifestyle interventions and the design of interventions to improve access to diabetes care through mainstream general practice. This area will be further developed in 2009 with a project that will identify interventions to improve the identification of Aboriginal and Torres Strait Islander people in general practice and a project that will evaluate a family-centred smoking control program to reduce respiratory illness in Indigenous infants.

In 2008 the Primary Care Work Stream continued to consolidate activities in the national evaluation of 17 projects funded under the Australian Government’s Dementia Initiative. An important Interim Report was presented to the Department of Health and Ageing, and the project team summarised evaluation activities for the Minister’s Dementia Advisory Board. The evaluation report contributed to the Minister’s decision to provide continuation of funding for the $300 million Dementia Initiative program beyond 2009.

The Primary Care Work Stream attracted funding for the following new projects:

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Funding Body</th>
<th>Chief Investigators</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>A study of a family-centred smoking control program to reduce respiratory illness in Indigenous infants</td>
<td>NHMRC</td>
<td>David P Thomas, Vanessa Johnston, Ngiare J Brown, Anne B Chang (Menzies School of Health Research), Cathy J Segan.</td>
<td>$864,875</td>
</tr>
<tr>
<td>Improving the identification of Aboriginal and Torres Strait Islander people in General Practice</td>
<td>Australian Primary Health Care Research Institute.</td>
<td>Margaret Kelaher, Ian Anderson, Yin Paradies, Jane Freemantle.</td>
<td>$250,000</td>
</tr>
<tr>
<td>Culturally appropriate diabetes care in mainstream general practice for urban Aboriginal &amp; Torres Strait Islander people</td>
<td>NHMRC</td>
<td>Siaw-teng Liaw, John Furler (Department of General Practice), Kevin Rowley, Priscilla Pyett, Margaret Kelaher, Phyllis Lau (Department of General Practice).</td>
<td>$316,000</td>
</tr>
<tr>
<td>Mapping use of eye health services by Indigenous people</td>
<td>Indigenous Eye Health Unit – Minum Barreng.</td>
<td>Margaret Kelaher, Hugh Taylor.</td>
<td>$50,000</td>
</tr>
</tbody>
</table>
### Management of depression in patients with chronic obstructive pulmonary disease

**Funding Body:** beyondblue.

**Chief Investigators:** Colleen Doyle, David Dunt, David Ames (National Ageing Research Institute).

**Description:** This project is investigating the management of mental health in patients with chronic obstructive pulmonary disease who attend pulmonary rehabilitation clinics and patient support groups throughout Victoria. Patients will be invited to complete a self-report questionnaire about their physical and mental health, and will then be followed up at a later date to determine whether they are still attending rehabilitation. Pulmonary rehabilitation coordinators will also be interviewed regarding their management of the mental health of their clients. The outcome of the study will be further understanding of the factors affecting compliance with rehabilitation.

**Funding:** $99,964

### Evaluation of the ‘Go for your life’ Being Active and Eating Well Indigenous community demonstration initiative

**Funding Body:** The Department of Human Services.

**Chief Investigators:** Margaret Kelaher.

**Description:** The purpose of this study is to provide information to assist in the preparation and submission of proposals for the development of an evaluation framework, evaluation tools and collection of baseline data for the ‘Go for your life’ Being Active and Eating Well Indigenous community demonstration initiative.

**Funding:** $65,544

### Evaluation of Western Hospital Admission Risk Program Chronic Disease Management (HARP CDM)

**Funding Body:** Western Health.

**Chief Investigators:** David Dunt.

**Description:** The aim of the project is to support the implementation, monitoring and evaluation of systems to improve the safety and quality of Western HARP services.

**Funding:** $22,900

### Development of a quality assurance framework for the Alzheimer’s Australia Victoria Counselling Services

**Funding body:** Alzheimer’s Australia.

**Chief Investigators:** Colleen Doyle, Susan Day, Pauline Van Dort.

**Description:** The Alzheimer’s Australia Victoria Counselling Service funded a small project to investigate the quality assurance framework for the service. The project involves developing a program logic model in collaboration with service staff, reviewing the international and grey literature on effective interventions for carers of people living with dementia, and recommending measures to improve the quality assurance mechanisms of the service.

**Funding:** $7,242

### Existing research activities carried over from previous years included:

- Evaluation of Building Bridges Phase 11 (Evaluating Practice to Reduce Discrimination Affecting Culturally and Linguistically Diverse (CALD) communities
- National Evaluation of the Australian Government Dementia Health Priority Initiative
- Helping smokers with a history of depression quit smoking safely: Depression and smoking cessation outcomes among clients of a tailored quitline callback service offering doctor-quitline co-management of smoking cessation and depression
- Responding to health inequalities: Investigating the impact of Neighbourhood Renewal on health and well-being in disadvantaged Victorian communities
- Raising awareness of prevention programs for chronic pulmonary disease
- Arts and Health Strategy
- Evaluation of the VicHealth Community Arts Development Scheme
- Evaluation of surveillance programs for nosocomial infection in smaller hospitals
- Interventions to improve evidence-based prescribing for heart failure.
COMMUNITY ACTIVITIES
During 2008 CHPPE staff continued to be active in the wider community as members of important advisory committees, reviewers of potential articles for a variety of refereed journals and assessors of grant applications. In addition, staff conducted specialist reviews of a range of health services. An important example of the latter is Professor David Dunt’s two ‘eminent person’ reviews for the Department of Veteran Affairs and the Department of Defence Science and Personnel. The reviews are:
1. A Review of Mental Health Care in the Armed Defence Forces and Transition through Discharge (Ministers of Veteran Affairs and Defence Science and Personnel); and
2. An Independent Study into Suicide in the Ex-Service Community (Commonwealth Minister of Veteran Affairs).

Further details of community activities are below:

Committee Memberships

David Dunt
- Treasurer, Health Service Research Association of Australia and New Zealand
- Submission to National Health and Hospitals Reform Commission.

Bridget Hsu-Hage
- Board Director, Goulburn Valley Health. Goulburn Valley Health received the Premier’s Award for the Regional Public Health Service of the Year
- Board Director, Chinese Health Foundation of Australia.

Margaret Kelaher
- Health Ambassador, UNESCO Observatory on Multi-disciplinary Research.

Rosemary McKenzie
- Member of the Evaluation Working Group of the National Prescribing Service Ltd (Ongoing appointment since 2006).

Jane Pirkis
- Country Representative (Australia), International Association for Suicide Prevention
- Chair, Suicide and the Media Task Force, International Association for Suicide Prevention
- Executive Member, Health Services Research Association of Australia and New Zealand
- Ordinary Member, Suicide Prevention Australia
- Member, Scientific Committee, 3rd Asia Pacific Regional Conference of International Association for Suicide Prevention, Hong Kong, 31 October – 3 November.

David Studdert
- Board Member, Trinity College, University of Melbourne
- Chair, Research Advisory Committee of the Primary Care Research Unit, Department of General Practice, University of Melbourne
- Chair, Health Ethics Review Group, School of Population Health, University of Melbourne
- Member of the Committee of Judges for the Alice S. Hersh New Investigator Award, Academy Health.

Pauline van Dort
- Board Member, Australian Polish Community Services.

Referee and Assessor Services for Grant Applications and Journals

Grant Bodies

David Dunt
- Assessor, National Health and Medical Research Council project grants and Capacity Building Grants.

Margaret Kelaher
- Member, Public Health Grant Review Panel, National Health and Medical Research Council Project Grants
- Reviewer, Canada Foundation for Innovation’s Research Hospital Fund.

Jane Pirkis
- Member, Public Health Grant Review Panel, National Health and Medical Research Council Project Grants
- Member, Selection Committee, Australian Rotary Health Research Fund Mental Health Research Grants
- Member, Selection Committee, Australian Rotary Health Research Fund Mental Health Evaluation Grants
- Member, Scientific Committee, American Foundation for Suicide Prevention.

David Studdert
- Assessor, AusAid Development Research Awards.

Journals

Andrew Dalton
- Reviewer, Medical Journal of Australia.

Colleen Doyle
- Reviewer, International Psychogeriatrics.

David Dunt
- Member of the Editorial Board, International Journal Family Practice
- Reviewer, Family Practice
- Reviewer, Medical Journal of Australia
- Reviewer, Australian and New Zealand Journal of Public Health
- Reviewer, BMC Family Practice, BMC Health Services Research
- Reviewer, Health Promotion International
- Reviewer, European Journal of General Practice.

Arthur Hsueh
- Reviewer, Australian and New Zealand Journal of Public Health
- Reviewer, Journal of Pharmacoeconomics
- Reviewer, Health Economics
- Reviewer, BMC Health Services Research.
Bridget Hsu-Hage
- Member Editorial Board, Current Diabetes Reviews
- Member Editorial Board, Global Health.

Helen Jordan
- Reviewer, article for International Breastfeeding Journal.

Margaret Kelaher
- Member Editorial Board, Health Policy
- Member Editorial Board, UNESCO Journal for Multi-disciplinary Research and the Arts
- Reviewer, Lancet
- Reviewer, Social Science and Medicine
- Reviewer, Journal of Remote and Rural Health

Fay Kohn

Jane Pirkis
- Member, Editorial Board, Crisis
- Member, Editorial Board, International Journal of Mental Health Systems
- Reviewer, Australian and New Zealand Journal of Psychiatry
- Reviewer, Australian and New Zealand Journal of Public Health
- Reviewer, Crisis
- Reviewer, International Journal of Mental Health Systems
- Reviewer, Journal of Affective Disorders
- Reviewer, Journal of Health Services Research and Policy
- Reviewer, Medical Journal of Australia
- Reviewer, New Zealand Medical Journal
- Reviewer, Psychological Medicine
- Reviewer, Social Psychiatry and Psychiatric Epidemiology
- Reviewer, Social Science and Medicine.

David Studdert
- Reviewer, Lancet
- Reviewer, Medical Journal of Australia
- Reviewer, International Journal for Quality in Health Care
- Reviewer, New England Journal of Medicine
- Reviewer, JAMA
- Reviewer, BMC Health Services Research
- Reviewer, Milbank Quarterly
- Reviewer, Quality and Safety in Health Care
- Reviewer, American Journal of Managed Care

Conference and Public Presentations

International conferences


Kelaher, M., Berman, N (2008). The Community Arts Development Scheme research and evaluation and its potential impact on the mental health and wellbeing of communities. 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioral Disorders. Melbourne, September.


of suicide in Australia between 2000/01 and 2006/07. Paper presented to the 3rd Asia Pacific Regional Conference of the International Association for Suicide Prevention, Hong Kong, 31 October – 3 November.


International Seminar Presentations


National Conferences


Workshop Presentations


Poster Presentations


Seminar Presentations


Webinar Presentations


Other Presentations


PUBLICATION HIGHLIGHTS

The Centre for Health Policy, Programs and Economics published over 40 journal articles, book chapters, reports and conference papers, including 21 peer reviewed journal articles in 2008. Margaret Kelaher’s paper on cancer detection among young Australian women attracted 21 newspaper articles, three television interviews and seven radio interviews. It was featured in the *Journal of the National Institute of Cancer* (impact factor=15.3) and was “Editors’ Choice” in the *International Journal of Epidemiology*. Further details about this article and a selection of other 2008 peer reviewed journal articles are provided below. For details of all 2008 CHPPE publications please refer to the full school 2008 Publications Report.


Objective: To examine the effects of the publicity surrounding Kylie Minogue’s diagnosis with breast cancer on doctor-referred breast imaging, image-guided biopsy, and cancer excisions among a low-risk population of women in Australia.

Method: We examine changes in unilateral and bilateral breast imaging, image-guided breast biopsies, and surgical excisions of breast cancer before and after the announcement of Kylie Minogue’s diagnosis with breast cancer in May 2005. The study included procedures provided through the Australian public health system to women aged 25–44 years from October 2004 and June 2006.

Results: The odds of women aged 25–44 years undergoing imaging procedures increased by 20% in the first and second quarters after the Minogue publicity, compared to the preceding two quarters. The volume of biopsies also increased but the biopsy rate, measured as a proportion of imaging procedures, did not change among women aged 25–34 years and decreased among women aged 35–44 years. The volume of operations to excise breast cancers did not change for either age group. Compared to the 6 month period before the publicity, there was a large and significant decrease in the odds that an excision would follow biopsy (25–34 years: OR 95% CI=0.69, 0.48–0.98; 35–44 years: OR 95% CI=0.83, 0.72–0.95).

Conclusions: Highly-publicised illnesses may affect
both consumer and provider behaviour. Although they present opportunities to improve public health, they also have the potential to adversely impact the appropriateness and cost-effectiveness of service delivery.


**Objective:** To examine whether there was a reduction in demand for psychological services provided through the Access to Allied Psychological Services (ATAPS) projects after the introduction of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) program, and whether any such reduction was greater in urban than rural areas.

**Design and setting:** A Division-level correlation analysis examining the relationship between the monthly number of sessions provided by allied health professionals through the ATAPS projects run by Divisions of General Practice, and allied health professional services reimbursed by Medicare Australia under the Better Access program, between 1 November 2006 and 31 March 2007.

**Main outcome measures:** Uptake of each program, assessed by the number of sessions provided.

**Results:** Overall, despite dramatic uptake of the Better Access program in the first five months after its introduction, the demand for ATAPS services was not reduced. The correlations between the numbers of sessions provided by both programs overall (r = −0.078; P = 0.074) and in rural Divisions (r = 0.024; P = 0.703) were not significant. However, there was a significant negative correlation between the numbers of sessions provided by both programs in urban Divisions (r = −0.142; P = 0.019).

**Conclusions:** For the first five months of the Better Access program, the two programs seemed to operate relatively independently of each other in terms of service provision, but in urban Divisions there was a move towards services provided through the Better Access program. Early indications are that the two programs are providing complementary services and are working together to address a previously unmet need for mental health care.


**Summary:** This paper illustrates the integration of an approach used in program evaluation with an approach used by environmental health practitioners to provide a useful tool for program planning, evaluation and decision making for environmental health practitioners. A program logic approach that focuses on and links the ‘actions’ designed to improve environmental health with each of the components of the DPSEEA (Driver, Pressure, State, Exposure, Effect and Action) conceptual framework for indicator development is presented. Together, these approaches can be used to facilitate the evaluation of organised actions towards environmental health, and the effectiveness of these actions in attaining the goals that might be associated with any one or more components of the DPSEEA framework. These approaches also highlight the complexities of environmental health problems. They show the need for an interdisciplinary and multidisciplinary range of professionals to assist in addressing these issues. It is important to have an understanding that they are heuristic models, and can alter with improved knowledge of the mechanisms and conditions of the environmental problem and the intervention designed to address it.


**Summary:** Changes in patterns of delivery of mental health care over several decades are putting pressure on primary health and social care services to increase their involvement. Mental health policy in countries like the UK, Australia and New Zealand recognises the need for these services to make a greater contribution and calls for increased intersectoral collaboration. In Australia, most investment to date has focused on the development and integration of specialist mental health services and primary medical care, and evaluation research suggests some progress. Substantial inadequacies remain, however, in the comprehensiveness and continuity of care received by people affected by mental health problems, particularly in relation to social and psychosocial interventions. Very little research has examined the nature of the roles that non-medical primary health and social care services actually or potentially play in mental health care. Lack of information about these roles could have inhibited development of service improvement initiatives targeting these services. The present paper reports the results of an exploratory study that examined the mental health care roles of 41 diverse non-medical primary health and social care services in the state of Victoria, Australia. Data were collected in 2004 using a purposive sampling strategy. A novel method of surveying providers was employed whereby respondents within each agency worked as a group to complete a structured survey that collected quantitative and qualitative data simultaneously. This paper reports results of quantitative analyses including a tentative principal components analysis that examined the structure of roles. Non-medical primary health and social care services are currently performing a wide variety of mental health care roles and they aspire to increase their involvement in this work. However, these providers do not favour approaches involving selective targeting of clients with mental disorders.

Objective: To gather information on smoking rates and interest in smoking cessation among consumers at a Psychiatric Disability Rehabilitation and Support Service (PDRSS).

Method: A questionnaire was offered to all consumers at Neami Victoria by support staff in March 2007. 280 people (81%) completed the survey. Relationships between categorical variables were analysed using Fischer’s exact test (p=0.05).

Results: 62 per cent of consumers were smokers. 12 per cent had previously quit smoking. PDRS consumers smoked 50% more than the general population and high rates (17%) of illegal tobacco smoking were identified. 59 per cent of smokers wanted to quit, while 74% wanted to reduce.

Conclusions: While smoking rates were almost four times higher than the general population, interest in quitting and cutting down was also high.

Implications: Opportunities exist for public health advocates to collaborate with PDRSSs to increase knowledge related to smoking harms, and to reduce smoking in this group.

STAFF

The CHPPE comprises 25 full time and part time staff, consisting of 22 Academic staff and 3 professional staff. The Centre also has 8 honorary staff members.

Three new staff joined the Centre in 2008:

- **Angeline Ferdinand.** Angeline is involved in a number of projects lead by Margaret Kelaher, ‘Mapping use of eye health services by Indigenous people’, ‘Evaluation of the ‘Go for your life’ Being Active and Eating Well Indigenous Community demonstration Initiative’ and the ‘Evaluation of Building Bridges Phase 11 Evaluating Practice to Reduce Discrimination Affecting Culturally and Linguistically Diverse (CALD) communities’.

- **Elodie Fernandez** and **Larraine Becker.** For short periods during 2008, both Elodie and Larraine undertook analytical work on collaborative research projects lead by David Studdert and Lyle Gurrin from the Centre for MEGA Epidemiology.

Please refer to the School Report for a full list of staff.
YEAR'S OVERVIEW
It is with great sadness that we advise of the sudden and unexpected death of Steven Klimidis, Associate Professor at CIMH on evening of Tuesday 26 August. Steve was a pioneer of transcultural psychiatry in Australia. His contribution to the field is far-reaching. He was thoughtful, meticulous and rigorous. He influenced very many people – students and professional colleagues. He worked tirelessly with many community groups. He embodied an unusual combination – passionate on issues of justice and rights and absolutely committed to the quality of evidence.

There were several new appointments to CIMH in 2008:
Dr Prem Chopra, Senior Lecturer
Ms Nur Rokhmah Hidayati, Lecturer
Ms Vandana Arora, Business Development Manager
Ms Patricia Douglas, Centre Manager
Mr Stephen Minas, Honorary Research Fellow
Dr Natascha Klocker, VicHealth Research Practice Leader
Visiting Staff
A/Prof Jong-Ik Park, Honorary Fellow

LEARNING AND TEACHING
The Centre for International Mental Health (CIMH) has continued to provide innovative courses in mental health leadership and training. Fifteen international delegates attended for a one-month intensive teaching session in August 2008 towards completion of the International Mental Health Leadership Program (iMHLP). The group comprised 10 delegates from Indonesia, who have since acted as key members of the National Taskforce for Mental Health upon their return. The group also included delegates from Taiwan, Sri Lanka and Pakistan, with a breadth of representatives from a range of disciplines.

The Australian Mental Health Leadership Program (ausMHLP) was again offered through interactive seminars held in Melbourne, Sydney and Brisbane. Fourteen delegates completed the ausMHLP program in 2008. The “Leadership in Mental Health – ausMHLP 2008 Completion Seminar” on 8 December 2008 marked the conclusion of this program. Participants demonstrated the knowledge gained in mental health systems development through the presentation of a range of projects undertaken throughout the year.

During 2008, CIMH also undertook a major review of the existing postgraduate teaching programs. In recognition of the need to provide students interested in pursuing future study with greater flexibility, and also with the aim of enhancing the quality of the teaching program, the two key professional development programs (iMHLP and ausMHLP) and the existing Master of International Mental Health have been redeveloped into an articulated series of postgraduate award programs. The proposed revised programs have the potential to meet the needs of an expanded network of students with an interest in mental health reform.

It is intended that students will have the option of enrolling either in the relevant professional development program or in the university award program, with the...
capacity to pursue further study through elective subjects offered within the Melbourne School of Population Health and also to undertake supervised research. Two key articulated streams of teaching have been proposed to commence from Semester 2, 2009, each of which lead progressively to a Masters qualification:

- International Mental Health Stream (based on current IMHLP and MIMH)
  Graduate Certificate of International Mental Health (Grad Cert IMH)
  Graduate Diploma of International Mental Health (Grad Dip IMH)
  Master of International Mental Health (MIMH)
- Australian Mental Health System Development stream (based on current ausMHLP)
  Graduate Certificate of Mental Health System Development (Grad Cert MHSD)
  Graduate Diploma of Mental Health System Development (Grad Dip MHSD)
  Master of Mental Health System Development (MMHSD).

There were three Master of International Mental Health students enrolled in 2008, and one Master of Public Health student, who undertook research under the supervision of CIMH staff. Shahid Khan Afridi, supervised by Harry Minas and Prem Chopra, completed his Research Project entitled: “Community Mental Health in Pakistan: A Literature Review.”

There were five PhD students enrolled in 2008 and Angela Donohue-Davutovic, supervised by Nancy McMurray and Harry Minas, successfully completed her thesis entitled: “Adolescents’ attitudes to and experiences of growing up in post-conflict Croatia.”

**RESEARCH**

CIMH has continued to expand research programs with partner countries, in particular Indonesia and Sri Lanka. The recently launched International Observatory of Mental Health Systems (IOMHS) will also provide a key role in coordinating mental health system reform in the Asia-Pacific region.

Research highlights for the year include:

**Evaluation of Mental Health first aid training for members of the Vietnamese community in Australia, Colucci/Minas**

Community surveys have shown that, in many countries, the public have poor mental health literacy but how members of the public respond to a person with a mental disorder may affect outcomes. For this reason, a Mental Health First Aid (MHFA) course has been developed which trains members of the public in how to give early help to people with developing mental health problems and to give assistance in mental health crisis situations. This MHFA training has been taught to several members of the community in Australia and overseas. In this project, we evaluated the level and quality of knowledge on mental health in a group of Vietnamese living in Australia, before and after a short training course.

**Development of Suicide First Aid Guidelines for Asian Subjects, Colucci/Minas**

This project will produce guidelines for how a member of the public should provide first aid to a person who is suicidal, i.e. has expressed suicidal thoughts or intent or has made a suicide attempt. The guidelines will be produced for three countries: Japan, Philippines and India. These three countries have been chosen because they are Asian countries with very different cultural and religious contexts, different rates of suicide, different levels of economic development, and different levels of availability of mental health services. It is expected that there will be different views expressed by the expert panels about appropriate guidelines for mental health first aid in relation to suicide.

**Spirituality in Japan: An exploratory study using drawings, Colucci**

Dr Colucci explored, in collaboration with Professor Watanabe from Kansai University of International Study, the concept of spirituality among Japanese university students using drawings as a research method.

**Culture and the meaning of suicide: a comparison between Italian, Indian and Australian students, Colucci/Minas**

Dr Colucci recruited almost 700 Italian, Indian and Australian University students 18-24 years old (equally distributed by gender), enrolled in The University of Padua (Veneto, Italy), in various colleges in Bangalore (Karnataka, India) and two Universities in Brisbane (Queensland, Australia). A range of methods (e.g. case vignettes, word associations, attitudes scale, survey open-ended questions, tape-recorded focus group discussions) was employed for this study. The comparisons highlighted differences and similarities across cultures in meanings and social representations of suicide.

**Race Based Discrimination – Victorian Health Promotion Foundation (VicHealth), Klocker/Minas**

This project is based upon the independent evaluation of an anti-discrimination program being piloted by VicHealth and the Victorian Equal Opportunity and Human Rights Commission (VEOHRC). Called the Localities Embracing & Accepting Diversity (LEAD) Program, this three-year pilot aims to promote positive attitudes towards cultural diversity and prevent racial discrimination. It will operate in partnership with local government. It is the first program of its kind in the world to adopt such a multi-faceted approach to interpersonal and local-level institutional discrimination. This project will be led by Dr Natascha Klocker, who is employed as a research leader under a partnership arrangement with VicHealth.

**Conflict resolution in Cambodia, Miletic/Minas**

Tania Miletic and Harry Minas have been continuing research regarding conflict resolution and peace-building perspectives. A research program is being developed to look more closely at the effects of conflict on mental health and migration. Since 2004 Tania has also worked as an Independent Consultant in Conflict Resolution and Research. Tania has continued work as a consultant for the Collaborative for Development Action, Inc, to conduct the Reflecting on Peace Practice Case Study on the Cambodian peace process.
Indonesia Mental Health Research Program
In Indonesia, CIMH has been managing mental health related programs, both development projects and research type programs, since 2004. The programs have been focussing on community mental health service reform. They include:

1. National Taskforce for Mental Health
In June 2008, a successful collaboration between the Directorate of Mental Health, Ministry of Health (MoH) and CIMH established a National Taskforce to develop Mental Health Systems in Indonesia. The Taskforce is supported by World Health Office (WHO) Indonesia and Christian Blind Mission (CBM).

The aims of the taskforce are to strengthen the capacity of the Indonesian Ministry of Health in planning, implementing, managing and evaluating mental health systems at national, province and district level. The National Taskforce for Mental Health is a one-year project funded by AusAID under Public Sector Linkages Program (PSLP) that has the following aims:

a. To develop recommendations for the Government of Indonesia to perform their function in developing policy discussion papers through the activities of four working groups:
   • Legislation, policy, and financing system.
   • Integration of hospital based and community based health services.
   • Mental health human resources in Indonesia.
   • Ethics, human rights, and advocacy.

b. Organising Leadership Training in Mental Health in Indonesia, based on the International Mental Health Leadership Program

c. Organising the 7th International Mental Health System Development Conference in Indonesia

2. Pasung research in Aceh
In Indonesian the term “pasung” refers to the physical restraint or confinement of “criminals, crazy and dangerously aggressive people”. The practice of pasung is widespread throughout Indonesia and many other countries, and is almost universally ignored. While pasung can be explained it remains a fundamental abuse of the human rights of the mentally ill person and an affront to human dignity (Minas, 2009). Research and case finding methods are an important part of the strategy for eliminating pasung practices in Indonesia and elsewhere. Aceh is the first province in Indonesia where the local government has declared an intention to eliminate pasung practice. The objectives of the research are to collect and analyse data related to pasung to have better understanding of pasung phenomenon in Aceh.

3. Impact of the community mental health system strengthening project in Aceh: ADRA funded Research
CIMH has successfully obtained an AusAID Research Grant through the Australian Development Research Awards 2008. This project will investigate the impact of a community mental health system strengthening program in Bireuen District, Aceh, Indonesia, and the relationship between mental illness, disability and poverty. Indonesia significantly under-invests in health, and even more dramatically under-invests in mental health programs (approximately 1 to 2% of health expenditure), and has a poorly performing mental health system. The focus of the mental health system strengthening project in Bireuen District, Aceh, has been to strengthen the capacity of the District Health Office (DHO) to deliver and manage basic mental health services through the primary health care system to the population of Bireuen, which is mostly rural, poor, and greatly affected by the long and intense conflict in the region as well as the 2004 tsunami. There is a major gap in knowledge concerning the effectiveness of mental health system strengthening activities and the capacity of primary health care services to deliver basic mental health care. Also, there is little evidence regarding the association of mental disorders with disability, and on the role of poverty in moderating the relationship between mental disorders and disability. The Indonesian Ministry of Health has identified the primary care based community mental health programs in Bireuen as a model for other Indonesian provinces. Further research will be undertaken to investigate whether the program actually produces population benefits in terms of recognition and treatment of mental disorders and appropriate response to disability.

COMMUNITY ACTIVITIES
Community Based Mental Health Program in Aceh
CIMH has been continued to play a major role in improving mental health service delivery in Aceh, Indonesia, following the 2004 tsunami. A community based mental health program has been implemented in two districts in Aceh (Bireuen and Pidie) to respond to the substantial mental health issues in those two districts, including the lack of mental health policy; the lack of integration of hospital and community focused mental health services; workforce shortages, maldistribution of resources and low skills amongst the workforce; and systematic abuses of the rights of the mentally ill in the hospital and community settings (Minas & Diatri, 2008). The objective of the program is to improve local capacity to provide mental health services needed by the population. The mental health system has been developed from the district level up to the village level. The system developed covers both program management (including data) and service delivery aspects from primary care to tertiary care services.

Outcomes
• There has been significant integration of mental health services at the provincial and districts levels in Aceh.
• Inter-sectoral networking and awareness regarding mental health related issue in general and particularly on community based mental health program has improved as a result of strong advocacy and mental health promotion activities.
• Increased attention from the District Government in Aceh has been given to the financing of community based mental health programs.
• This work has been incorporated into the agenda of the Indonesian National Taskforce. Ten Taskforce members participated in the
International Mental Health Leadership Program (IMHLP 2008) in Melbourne and they have been actively contributing in the mental health system development in Indonesia.

- Consumer and family associations involved in mental health advocacy, established the Perhimpunan Jiwa Sehat (Indonesian Mental Health Association) and are actively participating in the National Taskforce activities.

**Mental Health System Development Program in Hambantota District, Southern Province, Sri Lanka**

With the support of World Vision Australia a program to implement the new mental health policy and to develop community mental health services in the Southern Province of Sri Lanka has begun. This project has been managed by the WHO Sri Lanka Office under the leadership of Dr John Mahoney, Program Manager, Psychosocial and Mental Health, WHO Sri Lanka, with technical support from CIMH.

**KEY ACHIEVEMENTS**

**Launch of The Movement for Global Action for Mental Health Website**

The Movement for Global Action for Mental Health’s website was launched on World Mental Health Day, 10 October 2008, at The University of Melbourne. The Movement for Global Mental Health aims to improve services for people with mental disorders worldwide. The Movement is a global network of individuals and institutions that support this mission. Associate Professor Harry Minas (CIMH) and Professor Dye Geneje (University of Ibadan, Nigeria) are responsible for editing the capacity-building pages of the website.

**Launch of Global Action for International Mental Health (GAMH), newsletter of the Centre for International Mental Health**

This newsletter is intended as a quarterly publication to provide an update of the activities of the centre, as a means of communication with current students and alumni, and to provide a means of communication to facilitate further collaboration in mental health service development. The first edition of GAMH was published in October 2008.

**1st CIMH Advisory Board meeting held on 8 December 2008 in Melbourne**

CIMH has established an Advisory Board, chaired by Dr John Mahoney, World Health Organisation, and including Professor Frank Larkins, Deputy Vice Chancellor (Global Relations), The University of Melbourne, and esteemed leaders in health systems reform and international advocacy.

**CONFERENCES AND PUBLIC PRESENTATIONS**

**International Mental Health System Development Conference (IMHSD)**

The two-day Mental Health System Development in Indonesia Conference held in Melbourne on 14 and 15 August was a focal point of the International Mental Health Leadership Program, and provided an opportunity for Fellows and invited speakers to interact and develop an agenda for mental health system reform in Indonesia.

**Leadership in Mental Health – ausMHLP 2008 Completion Seminar**

The Australian Mental Health Leadership Program (ausMHLP) 2008 was completed on 8 December 2008, with a one-day Seminar held at the Graduate House, University of Melbourne, Parkville Campus. Each year the seminar focuses on the achievements of ausMHLP Fellows and completion of their projects that are a component of the ausMHLP. The seminar included presentations by 2008 Fellows based on their projects that addressed various aspects of mental health system development.

**Depression in South Asians in UK from Epidemiology to Intervention Seminar**

Dr Nusrat Husain, Senior Lecturer, University of Manchester, and Honorary Consultant Psychiatrist, Early Intervention Services and Lead Culture & International Mental Health Research Group, Lancashire Care NHS Foundation Trust, visited CIMH on 23 October 2008. Dr Husain has undertaken significant work in the development of community based initiatives to raise awareness and promote mental health among South Asian immigrants in Manchester. His seminar, “Depression in South Asians in UK from Epidemiology to Intervention”, highlighted the importance of a primary care focus in raising awareness about mental health and reducing the burden of mental illness in this vulnerable group.

**Launch of the International Observatory on Mental Health Systems (IOMHS)**

The IOMHS is to be launched in February 2009 at University House, The University of Melbourne. The IOMHS is an initiative of CIMH in partnership with leading organisations committed to mental health system development. The key objectives of the IOMHS are to improve the human rights of people with mental illness and promote the scaling up of effective mental health services in low and middle income countries around the world. The IOMHS will achieve these outcomes by building capacity to measure and to track mental health system performance in participating countries at national and sub-national (provincial and district) levels. The IOMHS will build the capability of partner organisations and networks to provide evidence-based advice to policy makers, service planners and implementers, and will monitor the progress of mental health service scaling up activities. Hailed as the first of its kind, the IOMHS will help develop a research program by monitoring and evaluating programs at national and district level. It will rely on the establishment of strong partnerships with key stakeholders, including Ministries of Health, university research groups, local and international NGOs, professional associations and mental health practitioners. The IOMHS will begin its work in Asia and the Pacific region, where CIMH has been working for more than 10 years.
Overcoming language hurdle for immigrant community

Anyone who experiences mental illness and doesn’t speak English faces double hurdles when it comes to getting appropriate support and treatment.

A ground-breaking study by the Centre for International Mental Health (CIMH) indicates that an innovative, mental-health training program for immigrants is proving highly effective.

Mental Health First Aid (MHFA) was developed in Australia and, on the basis of its success here, has spread to 12 other countries. (For more information visit www.mhfa.com.au). MHFA training fulfils a similar function for mental health as first aid does for a physical emergency. It is a short training program for the general public that provides the skills and confidence for helping a person who is experiencing mental health problems.

CIMH’s study of the program, involving Vietnamese-Australian participants, is the first in the world to evaluate the training within an immigrant community.

CIMH is a WHO Collaborating Centre for Research and Training in Mental Health and Substance Abuse. Its Director, Associate Professor Harry Minas, says that while the training program doesn’t replace mental health services, it does equip individuals within immigrant and refugee communities to become very important partners for mental health professionals.

“We’re all realising that the mental health burden is so great that unless we engage non-English speaking communities in responding more appropriately to people with mental health problems within their own communities we’re always going to be ‘behind the eight ball,’” he says.

“This evaluation demonstrates for the first time in an immigrant, non-English speaking community in Australia that the training works very well in those areas that are most important. That is, it does begin to change the negative attitudes towards people who have mental illness, it improves people’s knowledge of mental illness and, most importantly, it gives them strategies for effectively responding.”

The study is part of a program of work that is developing mental health first aid guidelines for implementation in Asia, the results of which are generating significant international interest.

“We’ve been having discussions with the creators of the MHFA program about developing training programs in Vietnam, Indonesia, Thailand, the Philippines, Japan, India and China,” Associate Professor Minas says. “We have completed development of MHFA guidelines for dealing more appropriately with people in Asian countries who have psychotic disorder (published in February 2008) and we are developing guidelines for helping people who are suicidal in India, Japan and the Philippines,” he says.

The CIMH study involved 138 participants across three training groups, who completed a 12-hour, two-day training program. The MHFA training course and manual were culturally adapted and translated into Vietnamese by a Vietnamese psychiatrist and two Vietnamese-Australian mental health professionals and the training program was conducted in Vietnamese.

The CIMH study found that after the program, participants’ recognition of and response to mental health vignettes, such as for depression, showed significant improvement.

The evaluation recommends ‘scaling up’ the training program within the Vietnamese community and conducting longitudinal studies to evaluate its effectiveness across a range of criteria.

Associate Professor Minas says delivering MHFA programs within immigrant communities has great benefits for the broader Australian community. “What’s on everybody’s mind at the moment is jobs. A program of this kind can help us, as a community, support people with mental illness to be fully re-engaging socially,” he says. “Often that means helping them to find a meaningful job. In order to do that, lots of things need to happen. The level of suspicion and stigma needs to decrease in the general community and particularly among employers.

“There needs to be a better understanding of the fact that people with mental illness are capable of lots of things and most are capable of working even though they are dealing with their mental illness.”
SHU

SEXUAL HEALTH UNIT
ANNUAL REPORT 2008

OVERVIEW
The Centre has provided high quality care to 19,097 individual clients who registered in 2008 with a total of 31,571 consultations. One of its key roles is to promote sexual health and disseminate information and education materials to the general public and health care providers (e.g. General Practitioners) in diagnosing and treating STIs. MSHC provides wide reaching support to GPs through various means such as an extensive web page and 1800 009 903 telephone number directly to a sexual health physician. The MSHC website http://www.mshc.org.au comprises information divided into three major sections:

- General Public
- Health Professionals
- Research and Education.

There are also interactive online services provided:

For the general public:
- http://www.checkyourrisk.org.au (Check your Risk) to check risk of exposure to an STI.
- http://www.healthmap.org.au (Health Map) for HIV positive people to find out what tests are needed and also what issues should be on the agenda at the next visit to the doctor or clinic. Health Map asks questions about health and provides a personal report, based on expert advice. This report directs users to chosen websites for particular needs, and provides some facts and a “to-do” list for medical care.
- http://www.letthemknow.org.au (Let Them Know) for assisting heterosexuals diagnosed with chlamydial infections about informing their partners about their possible risk of infection. The site has numerous tools including examples of conversations, emails, SMS and letters to communicate the information as well as fact sheets, and a phone number (03 9341 6242) to listen to a short recorded message about chlamydia.

For general practitioners:
- http://www.mshc.org.au/GPassist (GP Assist) provides a mechanism to improve partner notification through providing the http://www.mshc.org.au/GPassist web address on laboratory reports of positive results of common STIs. Accessible information about treatment of the more common STIs and simple tools such as partner letters and fact sheets for GPs to use in discussing partner notification are also available at this site.

LEARNING AND TEACHING
In collaboration with the Melbourne School of Population Health, the Centre offers a number of postgraduate courses, postgraduate subjects and short courses in sexual health. These have been well-attended and will provide the Victorian community with a highly trained workforce that improves the quality of sexual health services outside the Centre.

Master of Public Health (MPH)
Many students undertaking the MPH select sexual health subjects as part of their master’s degree. These subjects have become increasingly popular and as a result of this, there is now a formal Sexual Health stream within the Masters of Public Health. This enables students to pursue research projects in Sexual Health as part of their MPH program.

The University of Melbourne’s Sexual Health Unit (SHU) is situated at the Melbourne Sexual Health Centre (MSHC), which is also a division of the Alfred Health Network. The vision of the MSHC is to be a leader in the management and prevention of Sexually Transmitted Infections (STIs) and its mission is to maximize sexual health through innovation and excellence in public health, education, clinical care and research.
The numbers of consultations by type of service provided onsite are shown in the table below. A new service for men who have sex with men (MSM) was introduced offsite in June at The Centre Clinic in St Kilda and Prahran Clinic to offer free screening to asymptomatic MSM at more locations with more flexible times. A further 389 outreach consultations were carried out offsite at various venues for MSM and street sex workers (SSW).

<table>
<thead>
<tr>
<th>Clinic Type</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Transgender</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Clinic</td>
<td>27,254</td>
<td>15,839</td>
<td>11,341</td>
<td>74</td>
</tr>
<tr>
<td>HIV Clinic</td>
<td>2,148</td>
<td>1,920</td>
<td>224</td>
<td>5</td>
</tr>
<tr>
<td>Counselling</td>
<td>1,177</td>
<td>934</td>
<td>243</td>
<td>0</td>
</tr>
<tr>
<td>Vaccination</td>
<td>992</td>
<td>662</td>
<td>328</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>31,571</td>
<td>19,355</td>
<td>12,136</td>
<td>81</td>
</tr>
<tr>
<td>Individuals</td>
<td>19,097</td>
<td>11,505</td>
<td>7,540</td>
<td>52</td>
</tr>
</tbody>
</table>

**Postgraduate Certificate of Public Health (Sexual Health)**

This course continues to attract students from a variety of professional backgrounds. The PG Certificate has become a valued qualification for both nurses and doctors wanting to specialise in sexual health.

- Semester 1 – Control of Sexually Transmissible Infections 505-431/531.
- Semester 1 – Sexually Transmissible Infections 505-432/532.
- Semester 1 – Clinical Sexual and Reproductive Health for nurses 505-434/534.

This subject is also accredited by the Royal College of Nursing as a pap smear provider course and by DHS, Victorian Government, as a pre and post test HIV and Hep C counselling course for nurses.

- Semester 1 – Adolescent Sexuality and Sexual Health 571-821.

This subject is run collaboratively with the Centre for Adolescent Health, Department of Paediatrics, and University of Melbourne.

- Semester 2 – Sexual & Reproductive Health 505-433/533.
- Semester 2 – Sexual Function and Dysfunction 505-441/541.

Short course series on many different aspects relating to STIs and clinical attachments at MSHC are also offered.

**Undergraduate Teaching**

- Semester 5 – public health control of STIs.
- Semester 8 – clinical aspects of STIs.
- Semesters 6 and 7 – Advanced Medical Science (AMS) – clinical research projects.
- Clinical attachments to Melbourne Sexual Health Centre.

Undergraduate and postgraduate training is also provided at MSHC for medical students from University of Melbourne, overseas elective medical students, GP registrars, infectious diseases trainees, nurses and doctors undertaking coursework in family planning. The research projects of higher degree candidates enrolled through the Melbourne School of Population Health are aimed at enhancing the services and promotion of sexual health offered at MSHC.

**Research**

The Centre has continued to maintain strong research and education activities through the Melbourne School of Population Health.

**Postgraduate Courses**

**Completed:**

- A look at two opposing STI trends in Australia: Increasing HIV and decreasing Trichomonas vaginalis. **John Marrone**, DPH.
- An investigation of interventions aimed at enhancing sexual satisfaction in women. **Richard Hayes**, PhD.
- The use of routine HIV testing data as a basis for planning and evaluating public health interventions. **Rebecca Guy**, PhD.

**Quality assurance project of the diagnostic accuracy of pelvic inflammatory disease.** **Asiye Doxanakis**, MPH.

**Medication Adherence – to determine the proportion of HIV positive treatment naïve patients attending a specialist centre at MSHC who reach a VL<400 in six months, over the period 1999-2007.** **Graeme Campbell**, MPH.


**In progress:**

- Chlamydia incidence and re-infection rates: a longitudinal study of young Australian women. **Jennifer Walker**, PhD.
- The screening and control of Chlamydia. **Jade Bilardi**, PhD.
- The epidemiology of bacterial vaginosis in Australian women, **Kath Fethers**, PhD.
- Comprehensive models of HIV/STI prevention among sex workers and their clients in Papua New Guinea. **Eunice Bruce**, PhD.
- The role of the secondary school nurse in the sexual and reproductive health of young Victorians, **Gillian Robinson**, MPH.
- The risk factors (or protective factors) associated with having sex with a sex worker in Australia vs other countries where sex work is not legal. **Mary Burns**, MPH.

- The risk profile of HIV positive heterosexual men
responses to using this service were reported from 88% of clients in the Annual Client Satisfaction Survey.

Eunice Bruce was awarded best poster in the category of Social Research for her poster on “HIV risk prevention and safer sex discourse” at the Australasian Sexual Health Conference in Perth in September.

The numbers of the most frequently made diagnoses in consultations are shown in the table below.

<table>
<thead>
<tr>
<th>Diagnoses</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia trachomatis</td>
<td>836</td>
</tr>
<tr>
<td>Neisseria gonorrhoeae</td>
<td>193</td>
</tr>
<tr>
<td>Mycoplasma genitalium</td>
<td>125</td>
</tr>
<tr>
<td>Nongonoccal urethritis</td>
<td>782</td>
</tr>
<tr>
<td>Herpes simplex virus</td>
<td>805</td>
</tr>
<tr>
<td>Syphilis</td>
<td>99</td>
</tr>
<tr>
<td>Bacterial vaginosis</td>
<td>521</td>
</tr>
<tr>
<td>Warts</td>
<td>1522</td>
</tr>
<tr>
<td>Human immunodeficiency virus (new cases)</td>
<td>42</td>
</tr>
<tr>
<td>HIV post exposure prophylaxis</td>
<td>269</td>
</tr>
<tr>
<td>Post coital intervention</td>
<td>74</td>
</tr>
<tr>
<td>Trichomoniasis in women</td>
<td>12</td>
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A new initiative was introduced at MSHC in October to address the rising rates of infectious syphilis among MSM in Victoria. Letters were sent to all medical practitioners in Victoria to inform them of recommendations and resources aimed at reducing the infectious period for syphilis by:

- Increasing screening blood tests for syphilis to three monthly where possible, and in particular for MSM with >10 partners per year.
- Treating MSM who are contacts of syphilis cases immediately.
- Attempting to contact all the sexual partners of syphilis cases.
- Providing information that can be easily accessed about partner notification resources, treatment advice and testing for other sexually transmitted infections.

The “Let Them Know” website was launched in November. This site was developed by MSHC to assist heterosexual clients diagnosed with chlamydial infection about informing their partners that they could also be at risk. As well as general advice, the site includes examples of conversations, emails, text messages and letters that users could apply to notify their partners. Users are able to send emails or SMSs directly from the site, either personally or anonymously. In the future, other STIs will be added to this site, making “Let Them Know” a comprehensive partner notification resource for heterosexuals.

Electronic registration and medical history collection using a computerised questionnaire was developed and instituted at MSHC to increase efficiency and quality of services. Favourable

**Diagnoses**

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2008 Conferences and public presentations

Why are HIV rates in men who have sex with men rising rapidly in Melbourne but not in Sydney – 15th International Union against Sexually Transmitted Infections Asia Pacific Congress, Dubai, February.


HIV prevention among MSM – 24th IUSTI Europe Conference on Sexually Transmitted Infections and HIV/AIDS, Milan, Italy, September.

Conference on Sexually Transmitted Infections and 24th IUSTI Europe – HIV prevention among MSM Forum – The Royal Women’s Hospital Melbourne, August.

Study: How men with non-chlamydial, non-gonococcal urethritis are managed in Australia.


The aim of this study was to ascertain how sexual health physicians in Australia and New Zealand manage men with chlamydia-negative non-gonococcal urethritis (NGU). A cross-section survey was sent out to all members of the Australasian Chapter of Sexual Health Medicine in July 2006. Of 111 surveys that were completed, 73% of sexual health physicians believed that male partners of women who present with chlamydia-negative NGU were at risk of adverse reproductive health outcomes. At least 62% usually initiated some form of partner notification of female partners, but only 19% routinely tested and 65% sometimes tested for pathogens other than Chlamydia trachomatis or Neisseria gonorrhoeae. These included Mycoplasma genitalium, herpes simplex virus, ureaplasma species, Trichomonas vaginalis and adenoviruses.

The authors caution that the risk of damage to relationships by inferring that an STI is present may outweigh the benefits of partner notification in cases where no pathogen is recovered from the male partner, since the risk of upper genital tract infection in women in these circumstances is unknown.

Study: Take the sex out of STI screening! Views of young women on implementing chlamydia screening in General Practice.

Natasha L Pavlin, Rhian Parker, Christopher K Fairley. Jane M Gunn and Jane Hocking. BMC Infectious Diseases 2008; 8:62

The study aimed to find out what the attitudes of young women were to the introduction of chlamydia screening in General Practice (GP) in Australia. In-depth face-to-face interviews were conducted with 24 young women from across Victoria, attending a randomly selected sample of general practices. Young women reported that they would accept age-based screening in general practice, during both sexual health and non-sexual health related consultations. Trust in their GP was a major factor for their acceptance of chlamydia screening. The women felt chlamydia screening should be offered to all young women rather than...
targeted at “high risk women” based on sexual history, and particularly emphasised the importance of normalising and destigmatising chlamydia screening. Women reported that they did not want to be asked to provide a sexual history as part of being asked to have a chlamydia test.

Study: Clinical significance of questionnaire – elicited or clinically reported anorectal symptoms for rectal Neisseria gonorrhoeae and Chlamydia trachomatis amongst men who have sex with men (MSM). Nichole A Lister, Nadia J Chaves, Chee W Pang, Anthony Smith and Christopher K Fairley. Sexual Health, 2008; 5: 77 - 82

The study investigated the clinical value of whether using a questionnaire or clinically reported anorectal symptoms are reliable indicators of infection with N gonorrhoeae and C trachomatis in MSM. During 2002 and 2003, 366 MSM were enrolled into the study. Of these, 20 were diagnosed with rectal gonorrhoea (5%) and 25 with chlamydia (7%). Overall ‘any’ anorectal symptoms reported in the questionnaire were the same in MSM with and without gonorrhoea (75% v 74%), but anal discharge and anal pain were more common in those with gonorrhoea. There was also no difference in reported symptoms in the questionnaire for those with and without chlamydia detected. Any anal symptoms were reported more often via the questionnaire than during a clinical consultation (75% v 16%; p <0.01), and symptoms reported in a clinical consultation were not associated with gonorrhoea or chlamydial detection. The absence of an association between symptoms and the presence of gonorrhoea or chlamydia infection highlights the importance of annual screening of MSM for sexually transmitted infections independent of symptoms.

Chlamydia screening plan

Screening for chlamydia could become routine health maintenance for young people and help prevent the potentially devastating health impacts of this “silent epidemic”.

This is one of the ultimate aims of a major longitudinal study on chlamydia being conducted as a collaboration between the Melbourne School of Population Health and the Department of General Practice and six other research and health organisations across Australia.

Within MSPH, the project is based in the Sexual Health Unit and run in collaboration with the Key Centre for Women’s Health in Society, under Dr Jane Hocking (pictured), senior lecturer at the Key Centre.

The project is identifying the optimal chlamydia screening interval for a proposed national program that could be funded by the Commonwealth Department of Health and Ageing.

Chlamydia trachomatis is the most commonly notified sexually transmissible infection (STI) in Australia. More than 50,000 infections were notified in 2008. It is asymptomatic in 80% of infected men and women. Once diagnosed, it can be treated with antibiotics. Left untreated, it can cause pelvic inflammatory disease possibly leading to infertility in women.

The project recruited 1100 women between the ages of 16 and 25 through GP practices and sexual health clinics in Victoria, New South Wales and the ACT. Recruitment started in late 2007 and the final results that will be the basis for the recommended screening interval are expected by the end of 2009.

Compared to similar chlamydia studies done overseas, this longitudinal study has had a very high retention rate of 75% over its full 12-month participation period, Dr Hocking says. “As you can imagine, 16 to 25-year-old young people are one of the most mobile of populations, so that is very good,” she says.

The project required participants to post in their self-administered vaginal swabs at intervals over the 12 months. A highly committed research team and the use of novel incentives, including staged payments and thank-you gifts of items such as cosmetic samples, helped to keep participants involved. “We invested a lot of energy in explaining the study to the women when we recruited them,” Dr Hocking says. “The research assistants were well trained and very compassionate.”

The women were tested for chlamydia at the outset; the rate of infection among participants was found to be about 4-5%, which reflected the rate of infection for this age group generally. If not for their participation, the women would probably not have been tested and treated – because they may not have known they had chlamydia.

Dr Hocking says the stigma of chlamydia as a sexually transmitted infection is a barrier to any screening program. The Pap smear screening program had provided a successful model that could work for chlamydia, she says.

Dr Hocking says a successful national chlamydia screening program needs an integrated approach that could include:

- screening both young men and women to “normalise” it as regular health maintenance
- supporting GPs with strategies that would encourage them to do routine chlamydia screening
- education programs for GPs and young people
- an annual ‘call back’ system, similar to the two-year Pap smear reminder.

YEAR’S OVERVIEW
The 2008 year was extraordinarily busy with a number of new projects commenced and important contributions made to Australian Government planning for pandemic influenza. Our collaboration with the Queensland Paediatric Infectious Disease laboratory (QPID) and other virologists at the University of Washington has enabled a major new project funded by an ARC Linkage grant to be carried out to identify potentially important new viruses that cause respiratory illness. This study is nested in the largest ever vaccine trial conducted in Australia, and sponsored by CSL Ltd.

RESEARCH
Vaccine Clinical Trials
1) A Phase IV, Randomised, Placebo-Controlled, Study to Evaluate the Efficacy of Trivalent Influenza Vaccine in Adults. This multicentre Australian and New Zealand study aimed to assess the safety of, and efficacy of CSL Limited’s influenza vaccine in the prevention of laboratory-confirmed influenza infection in healthy adults aged between 18 and 65 years in over 7500 healthy adults, of whom 608 were enrolled by VIRGo and followed through the winter influenza season.

2) Safety and Immunogenicity of a Quadrivalent Meningococcal (A, C, Y and W-135) Tetanus Protein Conjugate Vaccine in Toddlers. This study is being conducted to compare the safety and antibody response to differing formulations of a tetravalent conjugate vaccine against meningococcus sero groups A, C, Y and W135 in 12-month old babies.

3) Phase III randomised clinical trial to compare a new combined vaccine against Hib and meningococcal group C disease in toddlers to existing vaccines when given with routine vaccinations, and to examine its long term protection. This new combination vaccine will facilitate infant scheduling to relieve crowding in national immunisation schedules.

Mathematical Modelling
The mathematical modelling group, established as part of an NHMRC Capacity Building Program to build national research capability and to inform policy, has continued to contribute to pandemic preparedness planning in Australia. Australian Government commissioned research undertaken by Dr Jodie McVernon and Dr James McCaw has informed recommendations for antiviral drug distribution in the early phases of pandemic response, contained in the Australian Health Management Plan for Pandemic Influenza, 2008. Our predictions for the future are informed by lessons learned from past outbreaks and pandemics, with ongoing analysis of multiple-wave outbreaks in the 1918–19 pandemic, led by Professor John Mathews. Newer modeling approaches being developed within the group, in collaboration with researchers at the Royal Melbourne Hospital and Australian National University, focus on the importance of non-uniform spread of infection within populations. We have been developing tools to gather data on the contact...
patterns of Australian households relevant to spread of respiratory infection. This new information will allow the development of models that can provide more accurate estimates of the impact of age-targeted interventions, such as vaccination and school closure, to limit infection spread.

**Epidemiologic Research**

Our work on the epidemiology and transmission of acute respiratory virus infections in contemporary Australia continues to expand. As part of an Australia-wide study of vaccine effectiveness, we gathered respiratory swabs from more than 600 otherwise healthy adults presenting with flu-like symptoms during the 2008 influenza season, which have been tested for a panel of known and emerging respiratory viruses by collaborators at the Queensland Paediatric Infectious Diseases Laboratory. In an additional collaboration with the University of Washington, we will be looking for as yet undiscovered viruses in the samples from which no known virus was isolated. This study has been conducted with funding from the Australian Research Council in partnership with vaccine manufacturer CSL Ltd, and from the MCRI and the University of Melbourne. We are continuing to develop study protocols to better understand the epidemiology and transmission of respiratory viruses in households and the wider community.

**COMMUNITY ACTIVITIES**

VIRGo staff contributed to many Australian and State Government immunisation policy activities, including the Department of Health and Ageing Office for Health Protection Scientific Influenza Advisory Group (SIAG), the pandemic Vaccine Advisory Group (VAG), the Australian Technical Advisory Group on Immunisation (ATAGI), and the Victorian Department of Human Services Immunisation Advisory Group. In addition we contributed to a number of NHMRC peer review committees, provided seminars on immunisation policy and research developments to Victorian Maternal and Child Health Nurses and to Immunisation Specialist Nurses.

**KEY ACHIEVEMENTS**

Dr Jodie McVernon was the recipient of the 2008 Graham Roug Award for best trainee presentation, Australasian Faculty of Public Health Medicine.

**Conferences and public presentations**

- Modelling the strategic use of a finite stockpile of antiviral agents during the CONTAIN and SUSTAIN phases of the response to an influenza pandemic. **Dr Jodie McVernon and Dr James McCaw.** Australian Government Chief Medical Officer’s Scientific Influenza Advisory Group, Sydney, June 2008.
- Modeling strategic use of the national antiviral stockpile during the CONTAIN and SUSTAIN phases of an Australian pandemic influenza response. **Dr Jodie McVernon and Dr James McCaw.** 4th Australian Influenza Symposium, John Curtin School for Medical Research, Canberra, October 2008.
- Preparing for the possible: Exploring feasible for the effective use of the National pandemic influenza antiviral agent stockpile. **Dr James McCaw.** AUS-US Collaborative Research Forum, Department of Prime Minister & Cabinet, Canberra, October 2008.

**PUBLICATION HIGHLIGHTS**


This study demonstrated excellent immune responses to the nasal spray influenza vaccine when co-administered with MMR and chickenpox (varicella) vaccines in one-year old children. This new live attenuated influenza vaccine when licensed in Australia will offer considerable benefits to childhood immunisation delivery because of its painless and simple administration. This paper was highlighted as one of the year’s notable contributions at the major infectious disease ICAAC meeting in the US in 2008.


We showed in this study for the first time that parents could be trained to obtain nose/throat swabs from their own small children and then mail them to our laboratory for virus detection by PCR (DNA testing). This simple and reliable technique makes large-scale population studies, including cohort studies, feasible by removing the need for expensive and time-consuming follow-up by trained research nurses.


This study demonstrated surprisingly robust immune responses to H5N1 influenza virus (bird flu virus and pandemic candidate) that were surprisingly more vigorous than demonstrated in adults. We were the first in the world to identify this phenomenon. In addition, we were the first to show in this study that prior vaccination with seasonal influenza vaccine blunted the H5N1 responses. The mechanism for this paradoxic phenomenon is the subject of ongoing study.

This NHMRC-funded project explored ways of using a two-drug national antiviral stockpile cleverly to delay the emergence of drug resistance, or minimize its impact, during the response to pandemic influenza. The optimal strategy identified was to use one drug for treatment of cases, and the other for prevention of infection in close contacts. By successfully delaying the ability of new resistant strains to spread through the population, drugs continued to provide benefit over many months, potentially ‘buying time’ for vaccine to be rolled out to the population. This work was cited in New Scientist in May 2009, alongside a complementary publication co-authored by researchers in Harvard and Hong Kong Universities.

Evaluating interventions in stopping spread of disease

If ever Dr Jodie McVernon needed an example of the nexus between children and the transfer of disease among populations her own experience was a classic.

The first winter her eldest daughter was in childcare, they were all going to die, she jokes. But in all seriousness the rapid transfer of illness was all the evidence she needed to support her view of the mixing bed of children and illness and reinforced her interest in the role of children in disease transfer, in particular the disease of influenza.

The Program Leader in Mathematical Modelling with VIRGo, Dr McVernon’s focus is on how flu is transmitted through the population. “I’m particularly interested in the role of children and how we might target measures at children in terms of policy response,” she says. Should they be targeted at household level? At school level? For example, are face masks effective in either of these settings? Is school closure an effective response? The technique of mathematical modelling is a way of synthesising all the evidence-based research and coming up with the likely relative benefits of various measures in terms of a policy response.

Dr McVernon trained as a paediatrician in Melbourne before moving to Oxford with her English husband, where she became involved in surveillance of invasive Haemophilus influenzae type b (Hib) infections. This interest gave rise to her PhD thesis, which investigated an observed rise in infections due to this potentially vaccine-preventable disease among fully immunised children in Britain. Returning to Melbourne in 2004, she took up an NHMRC post-doctoral training fellowship with VIRGo.


This publication summarised a report commissioned by the World Health Organisation Strategic Advisory Group of Experts (WHO SAGES). Experts in immunisation from Australia, the United Kingdom and United States were invited to comment on lessons learned from population implementation of conjugate vaccines against the three pathogens responsible for the majority of bacterial meningitis worldwide. This working paper has been critical in shaping national immunisation strategies in developed countries and will guide WHO’s recommendations for implementation of conjugate vaccines in the developing world.
INDIGENOUS EYE HEALTH UNIT
ANNUAL REPORT 2008

OVERVIEW

Establishment of the Indigenous Eye Health Unit with the support of the Harold Mitchell Foundation and the University

Unlike many illnesses and disabilities, most poor eye health is preventable or treatable. Although Australian Aboriginal people are reported to have the world’s best vision, paradoxically as a group they have rates of blindness and vision loss reported to be 10 times higher than mainstream. The last comprehensive data on the state of Indigenous eye health were collected 30 years ago. Much of the poor eye health is due to inappropriate or inadequate health service delivery.

Australia is the only developed country to still have trachoma, and in many outback areas Aboriginal communities have rates of trachoma as high as anywhere in the world. This blinding, infectious disease disappeared from mainstream Australia 100 years ago but a concerted program to address trachoma in Australia is still to be implemented.

With these considerations in mind, the Indigenous Eye Health Unit was established at the beginning of 2008 within the Melbourne School of Population Health and under the leadership of Professor Hugh R Taylor AC, the Inaugural Harold Mitchell Chair of Indigenous Eye Health.

The Unit started in January 2008, with an official launch of the Harold Mitchell Chair of Indigenous Eye Health on 22 February, which is supported with funds from the Harold Mitchell Foundation that are matched by the University. A major five-year grant to support this work was received from the Ian Potter Foundation.

RESEARCH

National Indigenous Eye Health Survey

During the year, teams successfully completed examinations in 30 randomly selected sites across the country, ranging from Tasmania to the Torres Strait, and from the Gold Coast to the Pilbara. In all, 1188 adults and 1694 children were examined, with an overall examination rate of 78%. This is outstandingly successful, particularly when one considers the logistical and other difficulties involved in this work. Results should become available over the next three to six months. This work received substantial support from the Royal Australian and New Zealand College of Ophthalmologists Eye Foundation and from the Vision Cooperative Research Centre. It required the input of many people, including people from the Centre for Eye Research Australia (CERA) and the International Centre for Eyecare Education, as well as close collaboration with ophthalmologists, optometrists and the Aboriginal Medical Services in the areas in which it visited.

This survey will provide the first national data on Indigenous eye health since the National Trachoma and Eye Health Program of the 1970s that Professor Taylor worked on with the late Professor Fred Hollows. These new data will establish the current prevalence and causes of vision loss and the utilisation of eye care services. They will also

The Indigenous Eye Health Unit was established at the beginning of 2008. It undertakes high quality research and policy development in Indigenous eye health. This will provide an evidence base to assess the needs in Indigenous eye health and prioritise specific intervention strategies.
provide information on the impact of vision loss on individual people.

**Health Service Utilisation**

Associate Professor Margaret Kelaher is working with Medicare and hospital data to look at the reported use of ophthalmic and optometric services by Indigenous people. There are quite a number of steps required to get access to these data, but good progress is being made, and this analysis should be completed by the middle of the year.

It should give a good estimation of the current utilisation of eye care services to be compared with the need for these services as identified by the survey.

**Funding for Eye Services**

There is a patchwork of funding mechanisms for eye services provided in remote areas across Australia. For example, in Western Australia seven different funding methods are used in their six regions. Drs Angus Turner (supported in part by a Fellowship from the Cybec Foundation) and Will Mulholland (a partner of McKinsey & Company who is donating his time) are undertaking a review of the different funding mechanisms operating to fund visiting eye services. This will include a number of site visits and structured interviews with ophthalmologists and other key people.

This important work should give us a good idea of the various funding options currently in use as well as an assessment of those which work well and which arrangements are less satisfactory.

**History of Indigenous Eye Health Policy**

The Unit is very fortunate to have Dr Graham Henderson and Ms Jilpia Jones from the Australian Institute of Aboriginal and Torres Strait Islander Studies working with Professor Ian Anderson on an historical review of the development of the policy in eye health programs. They will look particularly at the key barriers and drivers that led to the formation and implementation of the current policies.

This work will let us understand how things came to be the way they are and what we need to do to develop new policy to fix them.

**Indigenous Eye Evidence Mapping**

Associate Professor Russell Gruen and Dr Peter Bragge (supported in part by a Cybec Foundation Fellowship) are working on a comprehensive review of the research literature of eye care for Indigenous peoples to develop “evidence maps” (Global evidence mapping) to inform the development of eye health services. They are essentially collecting data on the world’s best practice in these areas, and defining what is known and identifying the gaps and research questions that need to be addressed. The initial work will focus on the control of trachoma and on the screening for diabetic retinopathy.

This cutting edge form of evidence-based medicine that has been expanded to cover health care delivery will help inform the best practice policies we hope to use as we develop new interventions.

**A Study of the Ethical Review Process**

During the National Survey of 30 communities, something like 42 different ethical and community clearances were required. Professor David Studdert, with an interest in both law and public health, is reviewing the documentation of this process to identify ways in which such application processes could be streamlined.

**National Trachoma Surveillance and Reporting Unit**

Under a contract with the Commonwealth, Professor Jill Keeffe at CERA and Professor Taylor have run this Unit based at CERA for the last three years. It collects the annual screening data from the public health and school nurses in the Northern Territory, South Australia and Western Australia, and prepares a report for the Commonwealth. The data for 2007 show that trachoma screening was
still only conducted in half the communities at risk, but even so trachoma is still very common in many communities. Further, less than half the children found with trachoma were actually treated, a terrible statistic.

A proposal was submitted to the Prime Minister in August, and we applaud the recent announcement of significant Commonwealth funding to eliminate blinding trachoma over the next four years.

The Future
For this coming year, much work is still required to be done to complete the current projects. This information platform will then provide the basis for various policy options to be evaluated and the economic benefits and costs of these various alternatives to be assessed. With this will be developed a well thought out and costed proposal for the Government to establish ongoing, sustainable eye care services for Indigenous people to close the vision gap.

Community activities
During the year, Professor Taylor continued to be active in the wider community as a member of a number of advisory committees and boards, including the ARC Centre of Excellence in Vision Science, Bionic Vision Australia, Centre of Clinical Research Excellence in Clinical Science in Diabetes, Vision 2020 Australia, and the Vision CRC. Internationally, he is the Vice President of the International Agency for the Prevention of Blindness (IAPB), having served for eight years as Regional Chair for IAPB in the Western Pacific and Vision 2020, a Board Member of the International Council of Ophthalmology (ICO), Chairman of the ICO Advocacy Committee and a member of the WHO Global Alliance against Trachoma.

He also reviewed publications for a variety of refereed journals including Acta Ophthalmologica, Archives of Ophthalmology, Future Medicine, Investigative Ophthalmology and Visual Science, The Lancet, Ophthalmic Epidemiology, PLoS Neglected Tropical Diseases.

Grant applications were assessed for the BUPA Foundation, the Health Research Council of New Zealand, International Agency for the Prevention of Blindness and the National Health and Medical Research Council.

KEY ACHIEVEMENTS
- Appointment as Vice President of the International Agency for the Prevention of Blindness.
- Doyne Memorial Lecture, 99th Oxford Ophthalmological Congress.
- Hollows Lecture, 40th Annual Scientific Congress, Royal Australian and New Zealand College of Ophthalmologists.
- Aboriginal Eye Health, Rotary Club of Cranbourne, Melbourne, 18 February.
- Update on Trachoma, Communicable Diseases Network Australia, Canberra, 17 March.
- Vision Screening, Primary School Health Forum, Department of Human Services, Melbourne, 18 April.
- Introduction, Avoidable Blindness Initiative Planning Workshop, Melbourne, 8-9 May.
- Trachoma Control Measures in Australia and Options for Improvement, Trachoma Clinical Roundtable, Department of Health & Ageing, Sydney, 27 May.
- New Role in Indigenous Eye Health, Rotary Club of Melbourne, 23 July.
- Closing the Gap in Indigenous Eye Health, Melbourne School of Population Health, The University of Melbourne, 2 September.
- Aboriginal Blindness, Christian Blind Mission, Melbourne, 4 September.
- Sight Unseen – When Things Go Wrong, Department of Optometry & Vision Sciences, The University of Melbourne, 10 October.
- The National Indigenous Eye Health Survey; The Fred Hollows Lecture – Trachoma, Making It History, 40th Annual Scientific Congress, Royal Australian and New Zealand College of Ophthalmologists, Melbourne, 22-26 November.
- Trachoma and Indigenous Eye Health, National Orthoptic Association of Australia, Melbourne, 24 November.
- Indigenous Eye Health, 40 Year Medical Reunion Dinner, The University of Melbourne, 29 November.

International
- Global Blindness Prevention Activities and Current Prevention of Blindness Activities in China, He Eye Hospital, Shenyang, China, 7 April.
- Advocacy; Obituary – Professor Gerard Crock; The Cost Utility of Eye Care and the International Council of Ophthalmology (ICO) Advocacy Program; System-based Practice. Practice-based Learning and Improvement; Advocacy Programs of ICO – What can they offer your society?; Portfolio: System Based
Practice; Making an Economic Argument for Vision Services; Sir John Wilson Lecture – Trachoma, Is It History?; The Way to Eliminate Trachoma is to Improve Hygiene, World Ophthalmology Congress, Hong Kong, 28 June-2 July.

- The Impact of Vision Loss, What We Can Do About It; Addressing the Disequity: Indigenous Eye Health, Launch of the New Zealand National Eye Centre, Auckland, New Zealand, 29 July.

**PUBLICATION HIGHLIGHTS**

*Trachoma: A Blinding Scourge from the Bronze Age to the Twenty-first Century; Centre for Eye Research Australia*, Melbourne 2008.

This book outlines the evolution of the disease, from the origins of the bacterium *Chlamydia trachomatis* in the Jurassic Period to the WHO’s SAFE intervention strategy for addressing and eliminating this blinding disease in the new millennium. Despite impressive advances, this book reminds us that trachoma still occurs in the Indigenous population of Australia.


The report collates data collected by regional public health offices and presents the official, national statistics for trachoma in Australia. Trachoma occurs in many outback communities and in many, half the children are reported to be affected.


Survey first step in closing the gap on vision loss

According to the currently available data, Aboriginal Australians have rates of blindness and vision loss at least 10 times higher than the mainstream population. But those statistics were collected 30 years ago – hence the urgency of a survey recently completed by the Melbourne School of Population Health’s new Indigenous Eye Health Unit.

Throughout much of 2008, the National Indigenous Eye Health Survey visited 30 indigenous communities. From Tasmania to the Torres Strait, from the Gold Coast to the Pilbara, the survey teams examined 1217 adults and 1673 children, negotiating bumpy geographical, logistical and political terrain along the way.

The survey is one of the impressive early achievements of the new Unit, which was launched in January 2008 under the leadership of Professor Hugh Taylor, the inaugural appointee to the Harold Mitchell Chair of Indigenous Eye Health. Its major funding comes from the Harold Mitchell Foundation, the Ian Potter Foundation, the University and private sponsors. The survey also received funding from the RANZCO Eye Foundation and the Vision CRC.

The new Unit is providing an evidence base to assess needs and prioritise intervention strategies for Aboriginal eye health and vision loss, across basic eye services, cataract surgery, diabetic eye disease and trachoma. Of these four, Professor Taylor is confident that trachoma – a treatable infectious disease that can lead to blindness – is the most readily resolved and for relatively little additional funding. “I estimate that it would cost $25 million over five years. That equates to about 20 cents per Australian – it’s peanuts,” he says. “Even countries like Ghana, Morocco, Oman and Iran have eliminated trachoma over the past five to 10 years.” (In February 2009 the Rudd Government committed to do just this by allocating $58.3 million over four years to fighting chronic eye diseases, including trachoma.)

The Indigenous Eye Health Unit is taking Professor Taylor’s professional journey full circle; his involvement with indigenous eye health started in 1976 when he worked in remote Aboriginal communities alongside crusading eye surgeon Fred Hollows. Since then, Professor Taylor’s involvement with Aboriginal eye health has been intermittent, he says. It is now the core focus for the founder and former managing director of the Centre for Eye Research Australia (CERA), and former Professor of Ophthalmology and Head of Department at The University of Melbourne. And, typically, he has set a high target: “My goal is to try to close the gap for vision loss for Indigenous people.”

He will take the same approach that he developed while successfully convincing governments to adopt the National Eye Health Framework. That 15-year campaign was won by building an economic case for funding a structured, public health approach to vision and vision loss. This time his schedule is more condensed; he aims to ‘close the gap’ within five years.

The new unit’s other projects include:

- Health Service Utilisation – working with data from Medicare to look at the reported use of ophthalmic and optometric services by Indigenous people
- Funding for Eye Services – reviewing the ‘patchwork’ of funding mechanisms for eye services in remote areas
- A historical review of Indigenous Eye Health Policy

Professor Taylor’s new book reveals the previously untold story of trachoma. The book (pictured), Trachoma: A Blinding Scourge from the Bronze Age to the Twenty-First Century, was launched in February and has been highly acclaimed.
A1 - Authored Research Books


A6 - Authored Books Other

B1 - Research Book Chapters


B2 - Book Chapters Other


C - JOURNAL ARTICLES


Chin L.Y. & Amir L. 2008, ‘Survey of patient satisfaction with the breastfeeding education and support services of the Royal Women’s Hospital, Melbourne’, BMC Health Services Research. 8: 83.


Duncan R., Gillam L., Savulescu J., Williamson R., Rogers J. & Delatycki M. 2008, "You’re one of us now": young people describe their experience of predictive genetic testing for Huntington Disease (HD) and Familial Adenomatous Polyposis (FAP), American Journal of Medical Genetics. 148C: 47-55.


Grovès J., Newton D., Chen M., Bradshaw C.S. & Fairley C. 2008. ‘Sex workers working within a legalized industry: their side of the story’, Sexually Transmitted Infections. 84: 393-394.


Hayes R., Dennerstein L. & Bennett C. 2008. What is the “true” prevalence of female sexual dysfunctions and does the way we assess these conditions have an impact? Journal of Sexual Medicine. 5: 777-783.


psychometric properties of the Sinhala version of EORTC QLQ-BR23. Quality of Life Research. 17: 927-932.


**C2 - JOURNAL ARTICLES UNREFEREED**


**C3 - JOURNAL ARTICLES UNREFEREED**

**LETTERS OR NOTES**


D4 - MAJOR REFERENCE WORKS


F1 - FULL WRITTEN PAPERS REFEREEED

Wellington, New Zealand: Massey University School of People, Environment & Planning.


F2 - FULL WRITTEN PAPERS UNREFEREED

G - REPORTS AND WORKING PAPERS
G4 - MAJOR REPORTS AND WORKING PAPERS
Anderson I. 2008. The knowledge economy and Aboriginal health development: Dean’s Lecture, Faculty of Medicine, Dentistry and Health Sciences, 13 May 2008. Report. Melbourne, Australia: Onemda VicHealth Koori Health Unit.


**G5 - MINOR REPORTS AND WORKING PAPERS**

