MELBOURNE SCHOOL OF POPULATION HEALTH

Annual Report 2009
Faculty of Medicine, Dentistry and Health Sciences
One of the most rewarding aspects of my role is seeing our talented staff responding quickly to real-world challenges. This year has brought several notable opportunities for our Centres and Units to provide timely, pragmatic and, where appropriate, compassionate responses to situations of critical need. In these scenarios, our ability to collaborate closely with the key players – including the communities involved – is just as important as the deep knowledge and expertise we bring.

The 2009 Black Saturday bushfire disaster was one such situation that drew on all of the above. I’m proud of the contributions of our School to the Bushfire Recovery Initiative, which is supporting projects that aid recovery from the 2009 Victorian bushfires and better prepare for future bushfires. The McCaughey Centre’s role in this university-wide program has been to conduct a population health survey designed to assess the impact of the bushfires and the recovery programs on the health and wellbeing of individuals and communities. This has been a productive collaboration between the McCaughey Centre and the Australian Red Cross, Rotary Health, Centrelink and the Department of Health and, of course, the communities stricken by this tragedy.

The School has also played an important advisory role in the Federal Government’s national response to the 2009 influenza pandemic. Our Vaccine and Immunisation Research Group (VIRGo) reacted to the urgency of the H1N1 pandemic by fast-tracking key research projects in order to provide policy makers with the best, most up-to-date advice.

Beyond our shores, I’m also proud of the humanitarian contributions of our Centre for International Mental Health (CIMH), which is setting up a national taskforce to facilitate the development of more effective mental health systems in Vietnam. This desperately needed initiative has been supported by a prestigious Atlantic Philanthropies grant of $US2 million over four years. It is the first time Atlantic Philanthropies has chosen a University of Melbourne project for major funding, and it recognises the Centre’s international standing.

Collaboration also lies at the core of a new partnership between the School and the State Government departments of Human Services and Health, within the North and West Metropolitan Region (NWMR). The School’s contributions include: improving population health planning; addressing workforce needs in children’s and disability services; and social and well-being issues associated with the physical environment and service models of selected public housing sites.

On a more formal note, our status as a Graduate School has been officially recognised in the statutes of the University of Melbourne. Nationally and internationally, however, the School’s status has long been recognised for the research expertise and experience that has been built up over many years within our nine specialised centres for population health research.

The School has a strategic focus on the study of population health, which 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).
Ian Anderson has been appointed as Director of the Murrup Barak Melbourne Institute for Indigenous Development. The Institute will provide a focal point for work occurring across the University in Indigenous studies.

Associate Professor Marilyns Guillemain has been appointed as the Faculty’s new Associate Dean (Equity and Staff Development), succeeding Professor John Mathews, who has become Associate Director of Population Health at the University of Auckland, and undertake a sabbatical with us in the Centre for Molecular, Environmental, Genetic and Analytic Epidemiology (MEGA Epi). Professor John Mathews was appointed the Executive Officer for the Menzies Foundation, succeeding Professor John Coghlan, but continued his active research role in VIRGo and MEGA Epi.

Promotions

Professor Jane Pirkis (CHPPE) Associate Professor Lyle Gurrin (MEGA Epi)

Senior Appointments

Professor Ian Anderson has been appointed as Director of the Murrup Barak Melbourne Institute for Indigenous Development. The Institute will provide a focal point for work occurring across the University in Indigenous studies.

Professor Liz Waters (McCaughey Centre) was appointed to the newly endowed Jack Brockhoff Chair of Child Public Health. A formal launch of this Chair, recognising the wonderful gift from the Jack Brockhoff Foundation, will take place on 23 March 2010, hosted by the Dean. The bushfire tragedy has affected many of us, through the loss of friends and colleagues. Professor Waters played a leading role in the University’s contribution to the community’s rebuilding effort.

Associate Professor Marilyns Guillemain has been appointed as the Faculty’s new Associate Dean (Equity and Staff Development), succeeding Professor Doris Young, who has become Associate Dean (Academic). In addition, Associate Professor Marilyns Guillemain was Acting Head of the Centre for Health and Society for 2009.

Significant Lectures and Presentations

**Miegunyah Public Lecture**

The University attracted internationally respected global health and pandemics scholar Professor Lawrence Gostin, of Georgetown University, to deliver the 2009 Miegunyah Public Lecture at the University of Melbourne on Wednesday, 16 September. His topic was ‘Meeting the Basic Survival Needs of the World’s Least Healthy People: Towards a Framework Convention on Global Health’.

**Melbourne School of Population Health Public Lectures**

The School continued its very active public lecture series throughout 2009, with our many expert speakers covering diverse and diverting topics. These included Dr Nigel Gray on tobacco (Historical blunders, industry malfeasances and, where next); Dr Philomena Horsey on autopsies (A warm swill – the emotional work of autopsies); and Dr Jane Hocking on chlamydia research (Project ACCEPt: Planning a

HIGHLIGHTS

**Start-ups, Renewals, Arrivals, Departures**

Three Indigenous development and health milestones were achieved:

- The Collaborative Research Centre (CRC) for Aboriginal Health was successfully re-bid, bringing in $25.5 million over five years.
- The National Institute for Aboriginal and Torres Strait Islander Health Research Limited was established.
- The Murrup Barak Melbourne Institute for Indigenous Development was launched in November, with Professor lan Anderson as Director.

The Key Centre for Women’s Health in Society changed its name to the Centre for Women’s Health, Gender and Society and celebrated its 21st Anniversary in November 2009.

Internationally, Professor David Studdert and Associate Professor Harry Minas formed part of the University of Melbourne’s Mission to India, Public Health Research Institute of India in September 2009.

At a local level, the partnership with the Department of Human Services (DHS) and Department of Health has progressed to the North Western Metropolitan Health Region.

Professor Alistair Woodward, Head of the School of Population Health at the University of Auckland, undertook a sabbatical with us in the Centre for Molecular, Environmental, Genetic and Analytic Epidemiology (MEGA Epi). Professor John Mathews was appointed the Executive Officer for the Menzies Foundation, succeeding Professor John Coghlan, but continued his active research role in VIRGo and MEGA Epi.

Associate Professor John Fitzgerald has been appointed Executive Manager at VicHealth, (Healthy Eating, Alcohol, Tobacco, UV Exposure and Research), having spent the past three years in the Centre for Health and Society as a VicHealth Senior Research Fellow, and as the Faculty’s Associate Dean (Knowledge Transfer).

**Awards**

Professor Hugh Taylor, Harold Mitchell Chair of Indigenous Eye Health, was awarded the Helen Keller Prize for Vision Research, in recognition of over 30 years’ work in eye health. Professor Taylor is a passionate advocate for Indigenous eye health and committed to eliminating trachoma, a blinding and curable eye disease.

Dr Adrian Lowe (MEGA Epi) received the Dean’s Award for Excellence in a PhD Thesis.

Dr Erminia Colucci (CIMH) was honoured in the LIFE awards, which recognise the outstanding contribution to suicide prevention in Australia. Dr Colucci, Lecturer in the CIMH, received the 2009 Emerging Research LIFE Award, which is awarded to “an organisation, group or individual who are in their early career as a researcher and have been judged to have been producing research of an excellent standard within suicide prevention”.

Rosemary McKenzie and the Centre for Health Policy, Programs and Economics (CHPPE) Mental Health Team won the 2009 Australasian Evaluation Society Award for Excellence in Evaluation for the Best Policy and Systems Evaluation. This was for their six-year evaluation of the Access to Allied Psychological Services (ATAPS) component of the Federal Government’s Better Outcomes in Mental Health Care (BOMHC) program.

**Promotions**

Professor Jane Pirkis (CHPPE) Associate Professor Lyle Gurrin (MEGA Epi)
Senator Bob McMullan (centre) launched the International Observatory on Mental Health Systems in February. The role of the Observatory is to monitor and evaluate mental health system performance in low and middle-income countries. With Senator McMullan at the launch were (from left) Dr John Mahoney and Associate Professor Harry Minas, from the Centre for International Mental Health; Professor James Angus, Dean of the Faculty of Medicine, Dentistry and Health Sciences; and Professor Terry Nolan, Head of the Melbourne School of Population Health.

TEACHING AND LEARNING

The School furthered its curriculum review in 2009. Progress continues with our Teaching and Learning Management Committee, which, with the assistance of Dr George Duke, is working on examining our new degree options and rationalising small enrolment subjects.

Of particular note is the School’s decision to discontinue the Master of Social Health, and to develop a new Master of Health Social Sciences with the first enrolments expected in 2010. Dr James Bradley is the inaugural course coordinator.

The Victorian Consortium for Public Health draws to a close at the end of 2010 and the School, led by Professor Dallas English, has been redeveloping the Master of Public Health in preparation for 2011. The Faculty of Medicine, Dentistry and Health Sciences has been preparing for the MD, a graduate entry medical doctor program which is expected to attract many graduates of the New Generation Bachelor of Biomedicine. Professor David Dunt is a key contributor to the development of this new program, which will be offered for the first time in 2011.

The School’s breadth offerings to undergraduate New Generation students have been successful. Professor Janet McCalman and Dr James Bradley have led the development and teaching of a number of new breadth subjects, including ‘An Ecological History of Humanity’, which has recruited over 400 students, ‘Body, Mind & Medicine: a dissection’ with over 200 students, and ‘Living Longer: a global diagnosis’, with over 200 students.

RESEARCH

The Excellence in Research (ERA) Initiative of the Government, managed by the Australian Research Council (ARC), is being implemented with a slightly less ambitious introduction. The first two clusters (Humanities and Creative Arts, and Physical, Chemical and Earth Sciences) are being treated as trials under a more realistic timeline. Associate Professor Jane Pirkis will be the ERA Cluster leader for Public Health and Health Services.

Research highlights included:

Associate Professor Harry Minas’ success in obtaining a major AusAid grant to establish a Mental Health Observatory in South East Asia. The Honourable Bob McMullan, Parliamentary Secretary for International Development Assistance (responsible for AusAid), launched this initiative at University House in February.

Professor Kit Fairley and colleagues (Sexual Health Unit, Melbourne Sexual Health Centre) was successful in obtaining a National Health and Medical Research Council (NHMRC) Program Grant, and two new NHMRC Career Development...
Awards, one of which went to Dr Jodie McVernon (Senior Research Fellow, Vaccine and Immunisation Research Group (VIRGo)). Dr McVernon has also been appointed Deputy Head of VIRGo, and continues as Program Leader in its Mathematical Modelling Program. The other award went to Dr Jane Hocking (Senior Lecturer, Centre for Women’s Health, Gender and Society (CWHGS)). Dr Hocking had completed her PhD under Professor Kit Fairley, and a postdoctoral period with VIRGo, before taking up her current appointment in the CWHGS.

Caroline Lodge (MEGA Epi) has been awarded NHMRC and Sidney Myer PhD Scholarships to work on childhood asthma with Associate Professor Shyamali Dharmage and colleagues. Dr Karen Block (McCaughey Centre) has won NHMRC and Sidney Myer Scholarships to study ‘Refugee Youth, Social Inclusion and Health’. Another recipient of the Sidney Myer Scholarship is Gemma Carey (CHS) for her project on ‘Grassroots to government: investigating social inclusion, health promotion and the not-for-profit sector’. Dr Adrian Lowe (MEGA Epi) has been awarded an NHMRC post-doctoral training fellowship and started his fellowship in mid-2009 with the Murdoch Children’s Research Institute.

**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.

**Principal Committees**

**Management, Resources and Compliance**

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<td>Professor Terry Nolan</td>
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**Finance and Resources**

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**SPH Managers**

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**Academic**

**Teaching and Learning**

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

1. Postgraduate Population Health Practice: A/Professor Shyamali Dharmage
2. Postgraduate Population Health Science: Professor Dallas English
3. Postgraduate Population Health Social Sciences & Humanities: A/Professor Marilys Guillemin
4. Graduate Health Professional Degrees: Professor David Dunt
5. New Generation Undergraduate Degrees: 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**

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LEARNING AND TEACHING
ENROLMENTS 2004 – 2009

For 2009 there were 348 continuing students within the MSPH postgraduate coursework programs and 109 research higher degree students.

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ENR = Enrolments
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**2009 MELBOURNE SCHOOL OF POPULATION HEALTH AWARDS FOR EXCELLENCE**

**RESEARCH**

**Awards Criteria**
- Impact of research on health outcomes.
- Impact of research on health policy or professional practice.
- Impact of research on knowledge (paradigm shift, opening up of a new approach, major discovery).
- Excellence in conceptualisation, development, execution and/or 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 Hugh Taylor, Professor John Mathews, Professor David Studdert.

**Awards for Research Excellence**

**Doctoral Research**

**Dr Adrian Lowe (Centre for Molecular, Environmental, Genetic and Analytic Epidemiology)**

Dr Lowe’s PhD research, carried out within Associate Professor Dharmage’s unit, has explored the relationship between infant eczema and subsequent asthma. Among his significant findings is that he has shown the potential importance of reverse causation in that mothers of infants with early atopic disease were more likely to breast feed for longer periods. This work has attracted commendation, exemplifying the importance of critical thinking for epidemiological inference. Dr Lowe’s thesis work is innovative and important and he is poised to make many more valuable contributions to the field of allergy research.

**Dr Dominique Cadilhac (Centre for Health Policy, Programs and Economics)**

Dr Cadilhac’s PhD publications attest to her exceptional capacity, originality and productivity. The quality of her work has been well recognised by her supervisors, colleagues and peers. Dr Cadilhac investigated a systematic approach to the assessment of a range blood pressure-lowering interventions to reduce the burden of stroke and better inform resource allocation decisions for public health policy decision-making. This assessment used explicit ‘priority setting’ methods, which consider the cost-effectiveness of interventions (and the use of a stroke specific economic model) and broader issues related to their appropriateness for Australia, in a transparent and tractable way.

**Research Higher Degree Supervision**

**Awards Criteria**
- The extent and range of supervision activities.
- The outcomes for students.
- Support for the development of students as individuals.
• Support for students’ career development.
• A contribution to the development of excellent supervision practices within the Melbourne School of Population Health, the Faculty or the wider University.

**Judges:** Professor Hugh Taylor, Professor John Mathews, Professor David Studdert.

**Awards for Excellence in Research Higher Degree Supervision**

**Professor Christopher Fairley (Sexual Health Unit)**

Professor Fairley has been a highly successful supervisor of 15 doctoral students, including 11 PhD completions for which he was the primary supervisor. Most of his ex-students are now contributing as leaders in public health and sexual health. A model supervisor, Professor Fairley devotes much time to his students and is heavily invested in their success. Through their ongoing high level work, Professor Fairley has made a large and lasting contribution to his field.

**Associate Professor Shyamali Dharmage (Centre for Molecular, Environmental, Genetic and Analytic Epidemiology)**

Associate Professor Dharmage has, within a relatively short time frame, built a highly productive research group and guided five PhD students to very successful completions; she also has six ongoing students. This attests to her vision, her leadership, and her organisational skills.

**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:** Ms Melanie Randall, Dr Richard Frampton, Professor David Studdert.

**Awards for Excellence in Academic Administration**

**Tracey Mayhew (Centre for Health Policy, Programs and Economics)**

As the Centre Manager for the Centre for Health, Policy, Programs and Economics, Tracey has shown exceptional judgment and professionalism. The award particularly recognises Tracey’s innovative cost recovery system and her potential for further career development and leadership. Her contribution to CHPPE and the School over the years has been truly remarkable. A highly skilled administrator, she commands the respect and admiration of all her colleagues.

**Judith Carrigan (Indigenous Eye Health Unit)**

Judy has made an extraordinary contribution to the School through her work with the Indigenous Eye Health Unit.

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**PHD COMPLETIONS**

<table>
<thead>
<tr>
<th>Name</th>
<th>Supervisors</th>
<th>Thesis Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russell, Melissa Anne</td>
<td>Dharmage S, Hill K, Day L</td>
<td>A randomised controlled trial of a multi-factorial falls prevention intervention for older fallers presenting to EDs and other sub-studies</td>
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<td>Burgess, John Anthony</td>
<td>Dharmage S, Byrnes G, Hopper J, Gurrin L</td>
<td>Early life risk factors and the natural history of asthma to middle-age</td>
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<td>Thornton, Lukar Kavanagh A, Bentley R, Subramanian SV, Wyatt R</td>
<td>Individual and environmental influences on fast food intake</td>
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<td>McKay, Heather Jean</td>
<td>Fisher J</td>
<td>Childlessness in Australian Women: By choice?</td>
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<td>Priest, Naomi Claire</td>
<td>Waters E, Davis E</td>
<td>Aboriginal perspectives of health, development and wellbeing in early childhood</td>
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<td>Edgar, Daniel</td>
<td>Langton M, Tehan M</td>
<td>The indigenous right to self-determination and ‘the state’ in the Northern Territory</td>
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<td>Dissanayake, Jayantha</td>
<td>Dharmage S, Gurrin L, Payne W, Sundararajan V</td>
<td>Physical activity patterns and cardiovascular disease risk factors among immigrants in Australia</td>
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<td>Davies, Grant Thomas</td>
<td>Gillam L, Moodie R</td>
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<td>Keegel, Tessa Germaine</td>
<td>LaMontagne A, Dharmage S, Nixon R, Erbas B</td>
<td>Tell me about it: worker participation in occupational health and safety and hazard communication in the workplace</td>
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<td>Lock, Mark John</td>
<td>Thomas D, Anderson I, Pattison P, Snijders T</td>
<td>The participation of Indigenous people in national Indigenous health policy processes</td>
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<td>Horsley, Philomena Anne</td>
<td>Guillenin M, MacGregor D, Gillam L, Mallett S</td>
<td>Sensing the Corpse: a social anatomy of the hospital autopsy</td>
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<td>Begum (was Hai), Sufia Sadat</td>
<td>Keigh L, Hocking J</td>
<td>Sex workers talk about sex work</td>
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<td>Lazarro, Catherine</td>
<td>Minas H, O’Brien A, Allotey P</td>
<td>Words for darkness: East Timorese travel between memory and silence</td>
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### Research Income

**Research Income:**
2009 Higher Education Research Data Collection (HERDC)

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**NHMRC**
$998,608

**ARC**
$427,565

**Other Competitive Grants**
$259,035

**Contract Research/Consultancies**
$2,448,069

**Total CRC**
$702,609

**Total Australian Competitive Grants**
$7,001,892

**Total Australian Government Grants**
$7,934,621

**Total Contracts (Australian and International)**
$5,610,156

**Total Contracts**
$7,001,892

**Total**
$21,249,278
# Grants Commencing 2009

<table>
<thead>
<tr>
<th>Sponsor</th>
<th>Responsible CI</th>
<th>Description</th>
<th>Grants Income</th>
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<tbody>
<tr>
<td><strong>NHMRC Project Grants</strong></td>
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<td><strong>$2,443,450</strong></td>
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<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>
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<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>
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<tr>
<td>A/Prof Paul Dietze, Prof Robin Room, Dr Tanya Chikritzhs, 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>
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<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>What increases the reactivity of airways in middle-age?</td>
<td>$572,975</td>
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<tr>
<td>Dr Mark Jenkins, Prof Graham Mann, Dr Anne Cast, James Dowty</td>
<td>How do your genes affect your risk of melanoma, and what can you do about it?</td>
<td>$145,975</td>
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<tr>
<td>Dr Jane Hocking, Dr David Regan, Dr David Wilson, Dr David Philip, Prof Anthony Smith</td>
<td>Control of sexually transmitted infections in Australia</td>
<td>$539,775</td>
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<td><strong>Other Grants</strong></td>
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<td><strong>$6,384,114</strong></td>
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<tr>
<td>National Breast Cancer Foundation and Australian Government (Peter MacCallum Cancer Centre, 2009-2013)</td>
<td>A/Prof Ian Campbell, Prof John Hopper, Dr 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>
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<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>
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<tr>
<td>Victorian Cancer Agency – Early Career Seed Grant</td>
<td>Dr Anne Cast</td>
<td>Identification and risk prediction of individuals at high risk of melanoma</td>
<td>$49,966 (2008)</td>
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<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>
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<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>
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<tr>
<td>Sponsor</td>
<td>Responsible CI</td>
<td>Description</td>
<td>Grants Income</td>
</tr>
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<td>------------------------</td>
<td>-----------------------------------------------------</td>
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<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>
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<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>
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<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>
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**GRANTS AWARDED 2009**

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<tr>
<th>Sponsor/Partners</th>
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<th>Description</th>
<th>Grants Income</th>
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</thead>
<tbody>
<tr>
<td>ARC Linkage Grants</td>
<td>Dr Elise Davis, Professor Elizabeth Waters, Helen Herrman, Catherine Mihalopoulos &amp; others</td>
<td>An exploratory cluster trial of a sustainable capacity building intervention to promote positive child mental health in Family Day Care.</td>
<td>$157,014 over 3 years</td>
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<td></td>
<td>Dr Lisa Gibbs, Professor Elizabeth Waters &amp; others</td>
<td>Teeth tales: A culturally competent community intervention for child oral health in low SES area of urban Melbourne.</td>
<td>$491,000 over 4 years</td>
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<tr>
<td></td>
<td>Professor Robin Room &amp; others</td>
<td>Understanding and reducing alcohol related harm among young adults in urban settings: Opportunities for intervention.</td>
<td>$240,546 over 3 years</td>
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<td></td>
<td>Professor David Studdert, Professor Jane Pirkis &amp; others</td>
<td>Learning from Preventable Deaths: A prospective evaluation of reforms to Coroners’ recommendation powers in Victoria.</td>
<td>$269,000 over 3 years</td>
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<td></td>
<td>Professor Marcia Langton &amp; others</td>
<td>Poverty in the Midst of Plenty: Economic Empowerment, Wealth Creation and Institutional Reform for Sustainable Indigenous and Local Communities.</td>
<td>$480,000 over 4 years from 2009</td>
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**ARC Discovery Grant**

<table>
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<th>Sponsor</th>
<th>Responsible CI</th>
<th>Description</th>
<th>Grants Income</th>
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<tbody>
<tr>
<td>Associate Professor Marilys Guillemin, Ms Lynn Gillam, Professor Doreen Rosenthal, Dr Paul Stewart</td>
<td>Trust me – I’m a researcher: The role of trust in the human research enterprise.</td>
<td>$284,000 over 3 years</td>
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<tr>
<td>Sponsor</td>
<td>Responsible CI</td>
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<tr>
<td><strong>ARC Future Fellows</strong></td>
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<td></td>
<td>Associate Professor Margaret Kelaher</td>
<td>Agreements as a mechanism for community participation in health policy: Understanding process and evaluating effectiveness.</td>
<td>$788,800 over 5 years</td>
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<td></td>
<td>Dr Rebecca Kippen</td>
<td>Epidemics, mortality and longevity in Tasmania, 1838-1930.</td>
<td>$686,400 over 5 years</td>
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<td></td>
<td>Professor Tony Scott, Melbourne Institute (Adjunct Professor to MSPH)</td>
<td>Incentives and performance in the health care system.</td>
<td>$717,327 over 5 years</td>
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<td><strong>NHMRC Strategic Awards, Urgent Research - H1N1 Influenza 09</strong></td>
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<td></td>
<td>Professor Anne Kavanagh, Associate Professor Tony LaMontagne, Dr Rebecca Bentley and others</td>
<td>H1N1-related Victorian school closures: quarantine compliance and impact of parents’ precarious employment.</td>
<td>$276,974</td>
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<td></td>
<td>Dr James McCaw, Associate Professor Jodie McVernon &amp; others</td>
<td>Determining optimal strategies for use of antiviral agents in the 2009/10 A(H1N1) swi influenza epidemic in Australia.</td>
<td>$75,250</td>
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<td></td>
<td>Professor John Mathews</td>
<td>Models for influenza virulence to explain changes over time &amp; place, including the differences between 1918-19 and 2009.</td>
<td>$80,250</td>
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<td>Professor Terry Nolan, Associate Professor Jodie McVernon &amp; others</td>
<td>Immunity to novel H1N1 influenza prior to and after immunisation with seasonal TIV in children aged 6 months to 9 years.</td>
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<td><strong>NHMRC Program Grant</strong></td>
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<td>Professor Kit Fairley &amp; others</td>
<td>Sexually transmitted infections: Causes, consequences and intervention.</td>
<td>$1,820,000 over 5 years</td>
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<td><strong>NHMRC Enabling Grant</strong></td>
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<td>Professor John Hopper</td>
<td>Australian Twin Registry.</td>
<td>$2.5m over 5 years</td>
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<td><strong>2010 UoM Early Career Researcher Grant</strong></td>
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<td>Dr Jennifer Stone</td>
<td>Making mammographic density a clinically-useful predictor of breast cancer risk.</td>
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<td>Dr Adrian Lowe</td>
<td>A randomised trial to prevent the development of eczema and asthma in children.</td>
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<td>Dr Adrian Lowe</td>
<td>A randomised trial to prevent the development of eczema and asthma in children.</td>
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<td>Dr Kyllie Cripps</td>
<td>Building and supporting community led partnerships initiatives responding to family violence in Indigenous communities in Victoria.</td>
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</table>
# School of Population Health Seminar Series 2009

The School seminar series was well received throughout 2009. It provided opportunities for staff and visitors to showcase their research.

<table>
<thead>
<tr>
<th>Date</th>
<th>Speaker</th>
<th>Presentation</th>
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<tbody>
<tr>
<td>4 March</td>
<td><strong>Dr Rowland Atkinson</strong>, Director, Housing and Community Research Unit, School of Sociology and Social Work, University of Tasmania</td>
<td>Domesticity and the two scripts of public space: the role of autotomy and enclosure.</td>
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<td>4 March</td>
<td><strong>Professor Naoki Watanabe</strong>, Kansai University, and <strong>Associate Professor Peg LeVine</strong>, University of Tasmania, Senior Research Fellow, Monash University</td>
<td>Morita therapy for psychosocial health inside and outside Asia.</td>
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<tr>
<td>30 March</td>
<td><strong>Dr Danielle Thornton</strong>, Visiting Fellow, Key Centre for Women's Health in Society</td>
<td>They shall soon be mothers: working women and ‘race suicide’ in early twentieth century Britain and Australia.</td>
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<td>31 March</td>
<td><strong>Professor Elizabeth Waters</strong>, Jack Brockhoff Chair of Child Public Health, <strong>Rebecca Armstrong</strong>, Senior Research Fellow, and <strong>Jodie Doyle</strong>, Research Fellow, The McCaughey Centre</td>
<td>The Cochrane method: navigating your way through a complex systematic review.</td>
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<td>1 April</td>
<td><strong>Professor Alistair Woodward</strong>, Head of School, School of Population Health, University of Auckland</td>
<td>What does long-term mortality decline tell us about the causes of population health?</td>
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<tr>
<td>6 April</td>
<td><strong>Dr Jane Hocking</strong>, Senior Lecturer, Key Centre for Women’s Health in Society</td>
<td>Project ACCEPt – planning a chlamydia screening pilot in general practice.</td>
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<td>15 April</td>
<td><strong>Professor Graham Giles</strong>, Director, Cancer Epidemiology Centre, Cancer Council Victoria</td>
<td>The art of scientific writing: a grammatical discussion, among friends, of dangling modifiers, split infinitives, predicates.</td>
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<td>20 April</td>
<td><strong>Dr Ruth McNair</strong>, Senior Lecturer, Department of General Practice, University of Melbourne</td>
<td>Women’s minority sexual identity in research and health care: a new model of diversity and disclosure.</td>
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<td>29 April</td>
<td><strong>Professor Ruth Fincher</strong>, Director, Institute for a Resilient Society, Melbourne School of Land and Environment, University of Melbourne</td>
<td>Building the Melbourne Sustainable Society Institute.</td>
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<td>4 May</td>
<td><strong>Philomena Horseley</strong>, PhD candidate, Centre for Health &amp; Society</td>
<td>A warm swill – the emotional work of autopsies.</td>
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<td>13 May</td>
<td><strong>Dr Nigel Gray</strong>, AO, Honorary Senior Associate, Cancer Council Victoria</td>
<td>Tobacco: historical blunders, industry malfeasances and where next.</td>
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<td>18 May</td>
<td><strong>Professor Anne Kavanagh</strong>, Director, Key Centre for Women’s Health in Society</td>
<td>Socio-economic position and CVD risk: do the relationships vary for men and women?</td>
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<td>27 May</td>
<td><strong>Professor Simon Chapman</strong>, Director of Research, Associate Dean Communications, Public Health, School of Public Health, University of Sydney</td>
<td>The Australian Health News Research Collaboration: why news is important in public health?</td>
</tr>
<tr>
<td>9 June</td>
<td><strong>Dr Marion Frere</strong>, Deputy Director, McCaughey Centre, <strong>Associate Professor Tony LaMontagne</strong>, Principal Research Fellow, McCaughey Centre, and <strong>Professor Elizabeth Waters</strong>, Jack Brockhoff Chair of Child Public Health, McCaughey Centre.</td>
<td>Working in interdisciplinary teams.</td>
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<tr>
<td>23 June</td>
<td><strong>Professor John Wiseman</strong>, Director, McCaughey Centre, and <strong>Taegen Edwards</strong>, Research Fellow, McCaughey Centre</td>
<td>Climate change and community wellbeing.</td>
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<tr>
<td>22 July</td>
<td><strong>Professor Trisha Greenhalgh</strong>, Professor of Primary Health Care, University College, London</td>
<td>Narrative based medicine: theoretical considerations and empirical examples of the use of stories in healthcare research.</td>
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<tr>
<td>3 August</td>
<td><strong>Dr Rosemary Mann</strong>, Research Fellow, McCaughey Centre</td>
<td>Disappointed hope: the experiences of non-Indigenous health practitioners in a remote Northern Territory settlement.</td>
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<tr>
<td>Date</td>
<td>Speaker</td>
<td>Presentation</td>
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<tr>
<td>2 Sept</td>
<td>Dr Julie Simpson, Centre for Molecular, Environmental, Genetic &amp; Analytic Epidemiology</td>
<td>Applying complex statistical modelling to treatment of malaria.</td>
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<tr>
<td>16 Sept</td>
<td>Associate Professor Tony LaMontagne and Dr Rebecca Bentley, McCaughhey Centre</td>
<td>Precarious employment and psychosocial stressors at work: relationships with mental health in two samples of working Australians.</td>
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<tr>
<td>20 Sept</td>
<td>Dr Maggie Kirkman, Research Fellow, Key Centre for Women’s Health in Society</td>
<td>Children’s experience of homelessness.</td>
</tr>
<tr>
<td>30 Sept</td>
<td>Professor Ian Anderson, Director, Centre for Health &amp; Society and Onemda VicHealth Koori Health Unit, Research Director, CRC for Aboriginal Health</td>
<td>Australian health system performance and Indigenous health – a critical policy agenda or number mumbo-jumbo?</td>
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<tr>
<td>12 Oct</td>
<td>Professor Eleanor Holroyd, Honorary Professorial Fellow, Key Centre for Women’s Health in Society</td>
<td>One decade of programatic female sex worker studies in southern China: setting research agendas.</td>
</tr>
<tr>
<td>21 Oct</td>
<td>Professor Sharon Straus, Clinical Studies Resource Centre member, Toronto General Research Institute (TGRI)</td>
<td>Lost in knowledge translation: a Canadian perspective.</td>
</tr>
<tr>
<td>26 Oct</td>
<td>Dr Karalyn McDonald, Research Fellow, Australian Research Centre in Sex, Health &amp; Society, La Trobe University</td>
<td>HIV positive women and stigma in Australia.</td>
</tr>
<tr>
<td>9 Nov</td>
<td>Dr Karen Wynter, Research Fellow, Key Centre for Women’s Health in Society</td>
<td>Psychological characteristics of adolescent pregnancy in the context of prenatal genetic screening.</td>
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<tr>
<td>11 Nov</td>
<td>Professor Haydn Walters, Health School of Medicine, University of Tasmania</td>
<td>Can we improve community management of chronic respiratory disease?</td>
</tr>
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<td>25 Nov</td>
<td>Associate Professor David Dunstan, head, Physical Activity &amp; VicHealth Research Fellow, Baker IDI Heart and Diabetes Institute</td>
<td>Sedentary behaviour in the workplace – a health risk?</td>
</tr>
</tbody>
</table>

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SUMMARY REPORT

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SUMMARY REPORT

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SUMMARY REPORT

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The Centre for Molecular, Environmental, Genetic and Analytic 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.

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. Almost all of the Centre’s research is supported by competitive grants from the US National Institutes of Health, the National Health and Medical Research Council (NHMRC) and other nationally competitive grant schemes such as the National Breast Cancer Foundation. The Centre does little contract research. The 2009 highlight of the research grants awarded to the Centre research program was the $1.5m Victorian Breast Cancer Research Consortium grant for a study which aims to provide women with better information about their risk of developing breast cancer and how they might reduce that risk.

The Centre’s contribution to the School’s postgraduate teaching continues to be successful, with increasing numbers of students enrolled in the subjects taught by the Centre staff and many high-quality research projects undertaken by the higher degree research students. Dr Adrian Lowe who completed his PhD in the centre won a 2009 Dean’s award for excellence in doctoral work.

The Centre is fortunate to have outstanding academic and professional staff. During 2009, Dr Lyle Gurrin was promoted to Associate Professor and Dr Katrina Scurrah was promoted to Senior Lecturer. At the end of 2009, Dr Melanie Matheson won a four-year NHMRC Career Development Award. Dr Simpson was appointed as an advisor to the ‘Clinical Pharmacology’ arm of the WorldWide Antimalarial Research Network.

Learning and Teaching

The Centre delivers postgraduate coursework programs in Epidemiology and Biostatistics. 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 from across the Faculty of Medicine, Dentistry and Health Sciences into our core methods subjects.

In February 2009 the MEGA Centre hosted the two-day short course “Statistical Modelling with Missing Data using Multiple Imputation”, presented by Professor James Carpenter from the London School of Hygiene and Tropical Medicine. Professor Carpenter outlined the use of multiple imputation as a method for dealing with incomplete data in statistical analysis while accommodating the uncertainty in results due to imputation. These lectures were complemented by practical computing sessions using the Stata software during which
course participants worked through structured examples. During the final session of the short course, Professor John Carlin facilitated an extended discussion where a few of the course participants presented a summary of their own projects and the challenges they faced with missing data. More than 60 people attended the short course.

We also have individual subject success stories. The introductory statistics subject 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). Our capstone subject, Epidemiology in Practice introduced in 2006, continues to attract excellent student feedback for bringing all the threads of the epidemiology and biostatistics teaching together and effectively demonstrating the applicability of these subjects in practice settings.

During the second half of the year Professor Dallas English led the school-wide committee that successfully developed the new Melbourne School of Population Health Masters of Public Health Degree to be introduced in 2011. A number of centre staff were involved in this process.

RESEARCH PROGRAMS

Asthma, allergy and other respiratory disease
This research program is headed by Associate Professor Shyamali Dharmage. The aim of this program is to identify environmental and genetic risk factors for these diseases, and thereby contribute to the development of interventions.

The Centre, in collaboration with Monash University and University of Tasmania, is conducting a large population-based prospective study of the 1961 birth cohort (proband) enrolled in the 1968 Tasmanian Asthma Study, their parents and siblings. This is currently funded by three NHMRC project grants. In 2009, a new follow-up of the probands was commenced while the current follow-up of the siblings was completed. The Centre, in collaboration with the Murdoch Childrens Research Institute (MCRI), is conducting the 15-year follow-up study of a high risk birth cohort (the Melbourne Atopic Cohort Study: MACS). This is currently funded by a Healthy Start to Life for All Australians NHMRC strategic award. The follow-up continued in 2009 with ~750 participants attending the MACS laboratory in MCR. Over the past eight years, this program has provided training opportunities for a number of research students, and postdoctoral researchers to undertake ground-breaking research at the forefront of airway and allergy disease research. Within this program three PhD theses have already been completed and two PhD students are currently conducting their doctoral research. 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 2009, the research within this program has been published in high impact journals, including six articles in the world’s top allergy and respiratory journals, including an invited review led by Dr John Burgess.

The researchers of this program collaborate with many other research groups. The Centre is part of an international group investigating early-life risk factors for asthma in collaboration with Haraldsplass Hospital, Norway, and the King’s College, London. A collaboration with the Royal Children’s Hospital is investigating food allergies in infants, funded by the NHMRC. The Centre is also part of a NHMRC project investigating the impact of pollen on asthma hospital admissions conducted by the La Trobe University. Another collaborative study of occupational contact dermatitis in collaboration with the Occupational Dermatology Research and Education Centre is underway. Recently the Centre became part of the newly formed Australian Asthma Genetics Consortium led by Queensland Institute of Medical Research.

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 molecular, environmental, genetic and analytic 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-based family studies funded by the National Health and Medical Research Council (NHMRC), VicHealth, the Victorian Breast Cancer Research Consortium (VBCRC), the NSW Cancer Council, Cancer Australia, National Breast Cancer Foundation (NBCF), 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 and have been recruited, many through collaborations with researchers across Australia, New Zealand, the USA and Canada as part of international cancer registries funded by the National Institutes of Health (USA). The blood samples, tumour samples and questionnaires that have been collected on participants will continue to enable research into the genetic and environmental causes of cancer. 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 associated with 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 (MCICS) is conducted by the Cancer Council Victoria and is headed by Professor Graham Giles (honorary professorial fellow). Professor Dallas English and Professor 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 2009, 23 peer-reviewed journal articles that made use of the MCICS 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 Associate Professor Lyle Gurrin, from the Centre for MEGA Epidemiology, and Associate Professor Katie Allen, from the Murdoch Childrens Research Institute. More than 30,000 people in the Melbourne Collaborative Cohort Study (which began in the early 1990s) were genotyped for mutations in the HFE gene, and a random sample of 1438 stratified by HFE-genotype were invited to participate in the “HealthIron” study. Ultimately 1083 participants 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.

In the first half of 2009 we completed our study linking records from the HealthIron database to the Australian Red Cross Blood Service (ARCBS) to obtain details of the blood donation history of HealthIron participants, a project which is funded by the National Health and Medical Research Council. We contacted almost 90% of participants during this phase of the study, and successfully linked data for more than half of these participants to ARCBS records. A comparison of self-reported and record-linked blood donations histories revealed that people tend to overstate the number of donations by a factor of two. The results of this study are being prepared for publication.

During 2009 we examined the association between serum iron indices and genotyped for 476 genetic variants in 44 genes involved in iron metabolism generated from blood samples contributed by 865 HealthIron participants. Statistical analysis revealed a genetic variant in the CYBRD1 gene that was a novel modifier of iron levels specific to HFE C282Y homozygotes (i.e. effectively a gene-gene interaction), associated with a three-fold decrease in iron levels for men, and a five-fold decrease for women and accounting for more than 10% of the population variation in iron levels. The results of this study were published in the British Journal of Haematology. We plan to replicate the results in a large cohort study with colleagues in the United States.

Statistical Methods

ICE FALCON
ICE FALCON refers to “Inference on Causation from Elimination of Familial CONfounding”. It is an approach invented by the Director of the Australian Twin Registry, Professor John Hopper, from the University of Melbourne, who has been awarded a three-year grant by NHMRC to develop and apply the methodology using data from ATN-supported twin and family studies. It holds the promise of making studies involving twins even more value to medical and scientific research.

Finding that an exposure is associated with a disease or condition does not, of itself, prove that the exposure is a cause of the disease. The exposure could be associated with the real cause. This is called “confounding”, and we make inference about causation by trying to eliminate it. In ICE FALCON, we are studying the association between a person’s outcome (for example, a disease) and both their own exposure and the exposure for their twin. If an exposure is causal, and correlated in twin pairs, then a person’s risk of the disease will depend on their twin’s exposure.

For example, if the disease is breast cancer and the exposure is having a mutation in a breast cancer susceptibility gene like BRCA1 or BRCA2, then a woman whose sister has a mutation is at increased risk (because she has a one in two probability of being a carrier as well). However, if one knows the exposure of the woman herself, it becomes irrelevant.
what the sister’s status is for that exposure. That is, we make inference about causation, this time by eliminating familial confounding.

We have found that data from the Victorian Family Heart Study is consistent with body mass index (BMI) having a causal influence on blood pressure, justifying intervention studies to test if reducing body weight decreases blood pressure. We have also found that data on twins and siblings are consistent with a small proportion of hay fever in childhood being caused by having had eczema as an infant. In applying this method to data on mammographic density and bone density we have revealed some interesting and insightful findings.

**Haplotypes and genetic association studies in sibships**

In the search for the genetic origins of disease, data comparisons within families deal naturally with the problem of confounding due to shared factors. Two of the problems encountered when investigating associations between haplotypes (combinations of measured genetic variants) and a continuous trait measured using data from sibships (groups of brothers and sisters) are (i) the need to define within-sibship comparisons for sibships of size greater than two and (ii) the difficulty of resolving the joint distribution of haplotype pairs within sibships in the absence of parental genotypes. We addressed these issues by proposing a method of orthogonal transformation of both outcomes and exposures that allow the decomposition of between- and within-sibship regression effects when there are data on more than two members of a sibship. The proposed method retains the benefits of the between- and within-pair analysis for pairs of siblings and can be implemented in standard software.

We conducted a simulation study which confirmed analysis using all members of a sibship is statistically more powerful than methods based on cross-sectional analysis or using subsets of sib-pairs. These methods were applied to investigate the association between mammographic density (MD), a continuously distributed and heritable risk factor for breast cancer, and SNP haplotypes from the VDR gene using data from a study of 430 twins and sisters. We found evidence of association between MD and a 4-SNP VDR haplotype which has prompted further research on the genetic determinants of MD.

**Population pharmacokinetic-pharmacodynamic modelling of antimalarial drugs**

This year, headed by Dr Julie Simpson, we have developed a prototype for optimal sampling designs for population pharmacokinetic studies of artesunate (the most potent antimalarial available) in adults, children and pregnant women. We have also developed a mechanistic model that describes the change in the parasite load over time in the presence of antimalarial drugs. Using this model, we have simulated data to identify the key factors that could be the cause of the emerging drug resistance to artesunate in Cambodia.

**AUSTRALIAN TWIN REGISTRY (ATR)**

The ATR is an open resource for medical and scientific research currently supported by the National Health and Medical Research Committee (NHMRC). It consists of a national volunteer registry of Australian twin pairs and higher order multiples of all zygosity types and ages who are willing to consider involvement in public health and biomedical research. The ATR was established in 1980 and has over 71,000 registered members, with over 57,500 currently willing to be approached for research purposes.

To date, the ATR has been utilised by 68 researchers to conduct more than 130 studies and produce in excess of 630 publications across a great range of medical and scientific disciplines.

**Funding**

In November 2009 the Australian Twin Registry was awarded a further five years funding through the NHMRC Enabling Grant Scheme (2010-2014). The new Enabling Grant of $500,000 per annum amounts to a 40% increase on our previous five-year grant. The funding renewal was awarded following an extensive review of Round 1 and 2 Enabling Grant Facilities by the NHMRC. The ATR’s successful bid was based on its growth and performance over the previous five years, 2004-2009. In particular, the development and implementation of a clearly defined organisational structure and associated policies; the consistent increase in the number and diversity of studies supported by the Registry; and the increase in ATR-related publications over the past five years.

**Research**

During 2009, the ATR actively recruited for 15 studies. This involved 136 mail-outs, 13,749 mailed approaches and in excess of 4200 hours of telephone follow-up. New studies were on: Syncope and Breath Holding and Emotional Wellbeing. Existing studies adding a new phase were on: Growing Pains, Reading Ability, and Cannabis and Other Illicit Drug Use. Studies being developed during 2009 and scheduled for commencement in 2010 include those on Back Pain, Lifestyle and Heart Disease, Approximate Number Ability and Genetics of Choice.

In 2009 the pilot stage of the ATR’s ‘Mothers and Twin Children’ (match) project was also finalised and opened as a research resource. The match project consists of data and biological samples, ie. socio-demographic data, obstetric history and maternal health data, maternal bloods and cord bloods, from 77 women in 13 different Victorian hospitals.

**COMMUNITY ACTIVITIES**

Several members from the Asthma, Allergy and Other Respiratory Diseases program presented their work in local and international conferences. Associate Professor Shyamali Dharmage was an invited speaker at the Annual Scientific Meeting of the 2009 International Society for Human and Animal Mycology, Tokyo Japan. Dr Melanie Matheson presented her work on atopic march (Matheson MC, Gurrin L, Byrnes G, Adams K, Abramson MJ, ...
New study aims to clarify breast cancer risk

More than 80 per cent of high-risk women who are tested by Australian breast cancer family genetics services do not find out whether or not they carry a faulty gene, despite being tested for the known major genes BRCA1 and BRCA2. And, for those who are found to have inherited a high genetic risk, the only proven preventative strategies are breast or ovarian surgery. Clearly, this is not meeting most patients’ needs, says Professor John Hopper, Director (Research) at the University of Melbourne’s Centre for Molecular, Environmental, Genetic and Analytic (MEGA) Epidemiology.

Thanks to a $1.5 million translation research grant from the Victorian Breast Cancer Research Consortium, Professor Hopper and his team at MEGA are working to change all that. Their new study aims to provide women with greater clarity about their cancer risk and better information about how they might reduce it.

Professor Hopper believes we have the technology to ensure the majority of women tested get definitive results. The grant, over three years, will enable investigation of the pathology of tumours in breast cancer patients.

“We’ve identified some features in the tumours that predict well which early-onset cancers were caused by a woman having a BRCA1 mutation – this really turns around the whole way we look at breast cancer genetics services,” Professor Hopper says. “We’ve done it with colorectal (i.e. bowel) cancer and we’re applying the same paradigm to breast cancer.”

In collaboration with Professor Melissa Southey and colleagues in the Department of Pathology, MEGA will recruit patients through the Victorian Cancer Council, use the Breast Cancer Family Registry, and work with other researchers at the Peter MacCallum Cancer Institute. Staff at MEGA will then conduct the statistical analyses.

The study will focus on women diagnosed with breast cancer before the age of 40. Early-onset breast cancer is more likely to have a genetic basis and also has higher rates of morbidity, Professor Hopper says. And it has not been studied to the same extent as later-onset breast cancer.

The research also aims to clarify what, if any, lifestyle and environmental factors influence breast cancer risk by following up participants who took part in studies 10 or more years ago. Data from other large international studies will also be utilised.

“Our job is to be ahead of the game, to try to get evidence to see what to do next,” says Professor Hopper. “It is now quite clear that family history alone is not a very insightful way of going forward in terms of clinical genetics services for breast cancer.”

The third part of the research will ensure this new information is used in everyday clinical practice, so Victoria’s breast cancer family genetics services can be the best in the world. MEGA will be working with Dr Louise Keogh of the Melbourne School of Population Health’s Centre for Women’s Health, Gender and Society on effective ways to translate the new knowledge into clinical practice.

The grant acknowledges the work the Centre for MEGA Epidemiology has been doing in this area for the past 20 years, Professor Hopper says. “It is recognition of the quality and standard of the work that we have been able to do at the centre – it reflects very well on all the staff here.”
Walters EH, Giles G, Hopper JL, Dharmage SC) at the 2009 European Respiratory Society in Vienna. Rangi Kandane presented her work on adult serum cytokines and asthma (Kandane R, Simpson J, Tang M, Mesaros D, Feathert I, Matheson S, Walters E, Dharmage S, Matheson MC) at the 2009 Thoracic Society of Australia and New Zealand in Darwin. Dr Adrian Lowe spent a week at the University of Umea, Sweden, as a guest researcher, where he gave two seminar presentations on prevention of childhood allergies.

Several staff members presented a poster at the American Society of Human Genetics (ASHG) meeting in Hawaii, October 2009, describing the risk of melanoma for carriers of a CDKN2A mutation in population-based Australian families. This research was from the Australian Melanoma Family Study and was conducted by Jenkins M, Cust AE, Schmidt D, Makalic E, Holland EA, Dowty J, Schmid H, Kefford RF, Giles SG, Armstrong BK, Aitken JF, Mann GJ, and Hopper JL.

Several of the HealthIron investigators travelled to Porto in June 2009 to attend the biennial conference of the International Biometrical Society. Associate Professor Katie Allen was an invited speaker at this meeting, and Associate Professor Lyle Gurrin made several short presentations on HealthIron projects during a series of poster sessions.

For the population pharmacokinetic/pharmacodynamic modelling of antimalarials group, PhD candidate Kris Jamsen gave an invited presentation at the 57th Session of the International Statistics Institute in South Africa in August. At the Malaria in Melbourne conference in October, Kris Jamsen gave an oral presentation and Dr Julie Simpson chaired a session and gave a poster presentation.

In March 2009 the Australian Twin Registry convened as one-day scientific meeting at the Garvan Institute in Darlinghurst, Sydney. The meeting featured prominent speakers from institutions around Australia, highlighting the different ways in which the involvement of twins and various twin methodologies can enhance research projects. Sessions explored the historical context and examples of well-established longitudinal twin research in Australia; the involvement of twins in medical research from birth to old age; new frontier concepts and technologies such as epigenetics and genome wide association studies; and future directions in twin research.

**STAFF HIGHLIGHTS**

Following publication of an article in the *Malaria Journal* [Simpson JA et al. Malaria Journal 2009] that highlighted the importance of using optimal design methods for designing all future antimalarial pharmacokinetic studies, Dr Julie Simpson was invited to chair the ‘Sampling Schemes’ session at a World Health Organisation (WHO) closed meeting titled ‘Assessment of antimalarial drug exposure in clinical trials’. At the WHO meeting the consensus was that determination of ‘sampling schemes’ was an important area of research and Dr Simpson was invited to be an advisor to the ‘Clinical Pharmacology’ arm of the WorldWide Antimalarial Research Network to the ‘Clinical Pharmacology’ arm of the WorldWide Antimalarial Research Network.

**Promotions**
- Dr Lyle Gurrin was promoted to Associate Professor
- Dr Katrina Scurrah was promoted to Senior Lecturer

**Awards**
- Dr Melanie Matheson won a NHMRC Career Development award
- Dr Adrian Lowe won a Dean’s award for excellence in doctoral work.
- MEGA led the SPH awards in 2009. Associate Professor Shyamali Dharmage won a SPH Head’s award for excellence in HDR supervision and Dr Adrian Lowe won a SPH Head’s award for excellence in doctoral work.

Continuing with the Centre’s success with the competitive grants, during 2009 Centre staff was successful in attracting several major grants, including three lead investigator NHMRC project grants, a lead investigator Victorian Asthma Foundation Grant and a lead investigator Victorian Breast Cancer Research Consortium grant. Further more. A number of Centre staff were co-investigators of major competitive grants, including three NHMRC grants and a US Department of Defence grant.

**PUBLICATION HIGHLIGHTS**


Eczema is believed to be a risk factor for childhood asthma and hay-fever, a sequence known as the atopic march. During the last few years our group has been active in exploring the evidence for the atopic march. This led to an invitation to conduct a review of the evidence on the association between eczema and asthma. We concluded that the current evidence suggests preventing children developing eczema might reduce the risk of them developing asthma and highlights the importance of maintaining or restoring skin barrier function. Our conclusions have implications for research, clinical practice and health policy. Early, more aggressive intervention in childhood eczema might reduce the burden of both eczema and asthma.

were adopted across Australia, identification of mutation carriers at high risk of disease would be substantially enhanced.


Circulating hormone concentrations are known risk factors for various cancers. This study provides new evidence about the extent, and likely causes, of familial correlations in postmenopausal female hormone concentrations. We measured serum concentrations of estradiol (E2), testosterone (T), SHBG, prolactin, and IGF-I for 645 Australian female postmenopausal twins and their sisters. We found evidence of strong familial correlations in SHBG, IGF-I, and to a lesser extent T, which are consistent with a genetic etiology. For E2, and to a lesser extent T, we found evidence consistent with substantial nongenetic familial factors. The findings of this study suggest that the pursuit of the genetic components of the substantial familial causes of variation of SHBG and IGF-I is warranted and that, for E2 and T, it might be possible to modify the familial risk of some diseases by making adjustments to environmental elements.


This study focussed on people with one copy of each of the C282Y and H63D mutations in the HFE (haemochromatosis) gene. These so-called “compound heterozygotes” are known from previous studies to be at increased risk of iron overload but their risk of subsequent signs and symptoms of clinical disease was unknown. Our study showed that only one of the 82 men and none of the 95 women participating in the study who are compound heterozygotes had iron overload-related disease, confirming that people with this HFE genotype are at very low risk of disease attributable to iron overload.


This paper argues for systematic testing of all early-onset bowel cancer cases for signs of inherited genetic causes. The authors show, using data from an Australian study, that such testing is an efficient means of identifying their at-risk relatives before they develop bowel and other cancers so they can undergo surveillance to reduce their risk of disease. If such recommendations were adopted across Australia, identification of mutation carriers at high risk of disease would be substantially enhanced.

The key focus of the Centre for Health and Society 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 health and health care, public health practice and health policy.

VISION STATEMENT

The Centre for Health and Society has a vision to be a leading social health research and teaching centre with international reach.

This vision is built on our commitment to:

• Intellectual rigour in academic inquiry.
• Strengthening the nexus between theory and practice.
• Excellence in teaching and learning, and research practice.
• Ensuring quality impact of this practice on health care workforce development, policy development and service delivery.

This vision is underpinned by values of equity, social diversity and community engagement.

Overview

Since its establishment in 1997 the Centre for Health and Society (CHS) has undergone a period of rapid growth. From its establishment with just four staff, CHS now has over 40 staff. As CHS moves into its next phase of development there have been a number of staff changes, including a change in the leadership of CHS.

Professor Ian Anderson stepped down from the position of Director of CHS to take up the position of inaugural Director of the University of Melbourne’s Murrup Barak Institute for Indigenous Development (http://www.murrupbarak.unimelb.edu.au/). The Murrup Barak Institute brings together the work occurring across the University of Melbourne in Indigenous studies. The Institute co-ordinates and supports the development of a broad range of Indigenous programs with the University. It supports Indigenous leadership and participation across all its activities, including the recruitment and retention of Aboriginal and Torres Strait Islander students and staff. Ian continues in his role as the Director of Onemda Vichealth Koori Health Unit within CHS. Associate Professor Marilys Guillemin was Acting Director of CHS in 2009, and took up the position of Director on 1 January 2010.

We have been fortunate to have high calibre staff at CHS since its inception. It was therefore with deep regret that we farewelled a number of our senior staff in 2009 as they entered retirement. Associate Professor Martha Macintyre, an esteemed medical anthropologist specialising on Australia and the Pacific, was one of the first staff to be appointed at CHS. Although Martha has officially retired, she continues to hold an honorary appointment and is an active participant in the Centre’s activities, supervising PhD students and providing valuable mentoring and advice to both staff and students. Martha’s research interests include historical ethnography of the Pacific region; anthropology of gender; immigrant communities in Australia; development studies; and medical anthropology. Martha has led significant research examining the social impact of two gold mining projects in Papua New Guinea and the cultural understandings of injury and risk in the context of socio-economic change. A celebration of Martha’s achievements was held on 3 April, with a number of Martha’s colleagues and past doctoral students, speaking of her achievements. Ann Brothers, curator of the Medical History Museum, also retired in March. Until recently, the Medical History Museum was auspiced by CHS. Ann held the position of curator of the Medical History Museum and was responsible for curating a number of fascinating exhibitions. Like Martha, Ann holds an honorary appointment with CHS and continues to participate in the restructing of the Medical History Museum in the Faculty of Medicine, Dentistry and Health Sciences. We wish both Ann and Martha a happy and productive retirement and look forward to their continued involvement in the collegial life of CHS.
New institute to unite Indigenous activities

Professor Ian Anderson, one of Australia’s leading Indigenous health experts, was appointed Director of the University’s new Murrup Barak Melbourne Institute for Indigenous Development in November.

Murrup Barak was established to coordinate activities taking place across the University in Indigenous learning and teaching, research and knowledge exchange, and strengthen partnerships with Indigenous communities. Professor Anderson was Director of the School of Population Health’s Centre for Health and Society until December 2009, and continues as Director of the Onemda VicHealth Koori Health Unit.

“Knowledge is a key plank to Indigenous development,” Professor Anderson says. “Melbourne Model graduates need to have the know-how to ensure resources and interventions will make a difference to Indigenous communities.”

The University has five formal programs that contribute to Indigenous studies and research: the Centre for Indigenous Education; Onemda; the Wilin Centre for Indigenous Arts & Cultural Development within the faculty of Victorian College of the Arts and Music; Australian Indigenous Studies within the School of Culture and Communication in the Arts faculty; and the Academy of Sport, Health and Education based in Shepparton, a partnership between the Melbourne Graduate School of Education and Rumbalara Football and Netball Club. The new Institute provides the structure to improve coordination between these autonomous areas.

Murrup Barak’s name means “the spirit of Barak” in Woiwurung language and honours the memory of visionary leader William Barak.

Murrup Barak also aims to boost Indigenous staff and student numbers across the University.

Murrup Barak was launched in conjunction with one of its early initiatives, the annual Naarm Oration, on 5 November 2009.

Murrup Barak’s emergence will be followed early in 2010 by the launch of The Lowitja Institute — The National Institute for Aboriginal and Torres Strait Islander Health Research. Evolving from the Cooperative Research Centre for Aboriginal Health, whose six-year funding has ended, the Lowitja Institute will be a permanent national body devoted to Aboriginal and Torres Strait Islander health research. Professor Anderson is the Research Director of both organisations.

Lowitja, named for Patron and respected Indigenous leader Dr Lowitja O’Donoghue, will host the CRC for Aboriginal & Torres Strait Islander Health (CRCATSIH), which in August received its third round of funding totalling $25.5 million over five years. It will provide a more permanent home for CRCATSIH’s pioneering work of improving Indigenous health through research and the development of a professional and effective Indigenous health workforce.

Over the next four years, CRCATSIH’s research agenda will focus on three key areas: ensuring that primary health care and health-related services are able to access and use innovations that will help them provide the best quality care; addressing health through a community and family focus; and tackling the fundamental constraints and challenges that contribute to poor performance in Indigenous health policy and programs.

The Lowitja Institute is committed to Aboriginal and Torres Strait Islander people and organisations being fully involved in the initiation, design and implementation of research undertaken by CRCATSIH and other institute programs to follow.

Murrup Barak is online at www.murrupbarak.unimelb.edu.au/

From 24 February 2010, Lowitja Institute will be online at www.lowitja.org.au
We also farewelled a number of other staff in 2009 as they moved to other appointments. Associate Professor John Fitzgerald was appointed Executive Manager at VicHealth, (Healthy Eating, Alcohol, Tobacco, Ultra-Violet Exposure and Research). John had been a VicHealth Senior Research Fellow in CHS, and was the Faculty’s Associate Dean (Knowledge Transfer). Dr Priscilla Pyett took up the position of Associate Professor at the Monash University Department of Rural and Indigenous Health. Priscilla joined the Onemda VicHealth Koori Health Unit in May 2000 as a NHMRC Public Health Post-Doctoral Research Fellow and in 2004 she was awarded a VicHealth Public Health Research Fellowship for 2004–09. As part of this Fellowship, Priscilla undertook to develop sustainable relationships and ethical practices in Aboriginal health research. Dr Kylbie Cripps has taken up the position of Senior Lecturer in the Indigenous Law Centre at the University of New South Wales. Kylbie previously held the position of Postdoctoral Research Fellow in the Onemda VicHealth Koori Health Unit. We wish them all well in their new positions. In December we also bid farewell to Alison Brooks. Ali joined CHS in 2002 in a Lecturer position to support the then-burgeoning Advanced Medical Science (AMS) program. The AMS program offered undergraduate medical students an opportunity to undertake a one-year research project in a relevant field. Ali co-ordinated the program within the Melbourne School of Population Health, led the development of the qualitative research training subject of the program and was responsible for the successful supervision of a record number of 35 AMS students, as well as eight Masters and five PhD students. In addition, Ali made important contributions to the AMS postgraduate and Higher Degree Research programs. We wish Ali well in her decision to undertake a ‘tree change’ and fulfill other dimensions of her life.

A number of these staff have been at CHS since its early stages and their contributions to building the academic rigour, research strengths and collegial life of the Centre have been paramount. We are very appreciative of what they have brought to CHS and acknowledge their rich contributions.

**LEARNING AND TEACHING**

Our input to the undergraduate teaching within the New Generation degrees has been strong over 2009. Professor Janet McCalman and Dr James Bradley have led the development and teaching of a number of new breadth subjects, including ‘An Ecological History of Humanity’, which has recruited over 400 students, ‘Body, Mind & Medicine: a dissection’ with over 200 students, and ‘Living Longer: a global diagnosis’, with over 300 students. Breadth subjects require true interdisciplinary pedagogy and teaching, and students’ interest in these subjects are indicative of the Centre’s multidisciplinary strengths.

CHS staff have been active contributors to the Faculty’s medical course since 1999. As the medical course moves to a graduate program, CHS staff, together with other colleagues from the School, have contributed to the curriculum development of the new four-year Doctor of Medicine. This innovative program commences in 2011, and CHS staff will lead teaching in the areas of ethics, social sciences, and Indigenous health.

As part of the implementation of the School’s strategic plan, there has been a focus on reviewing and revising the School’s learning and teaching programs. As part of its effort, we decided to discontinue the Master of Social Health, which had been based within CHS, and develop a new School-wide Master of Health Social Sciences. A number of key CHS staff were involved in developing this new Masters program, which brings together the best of the School’s expertise in the social sciences and humanities to the study of health. The Master of Health Social Sciences commences in 2010 and we are delighted to be involved in its teaching; Dr James Bradley is the inaugural course co-ordinator for the course.

**PHD COMPLETIONS**

At CHS we are proud of the high calibre of our PhD students, with many of them holding competitive PhD scholarships. We have had 40 successful PhD completions since the Centre began. Our PhD completion rate remains high, with an additional five PhD student completions in 2009. We congratulate the following students and their supervisors on successful completion.

**2009 PhD completions**

- **Grant, Davies** - The applied ethics of community development in HIV vaccine development
- **Horsley, Philomena** - Microscopy, metaphors, mess: Tales from the hospital mortuary
- **Keegel, Tessa** - Tell me about it: Hazard communication in the workplace
- **Edgar, Daniel** - The Indigenous right to self-determination and ‘the state’ in the Northern Territory
- **Morvan, Arnaud** - Indigenous strategies of communications on the international arts scene and in Australia: The Aboriginal contribution at the Quai Branly

**RESEARCH**

In 2009 CHS continued to build its research productivity in terms of competitive research grants awarded and publication output.

**ARC research grants**

CHS staff were recipients of a number of ARC grants, including:

- ARC Linkage Project, led by Professor Robin Room and Dr Sarah Maclean, and colleagues, on “Understanding and reducing alcohol-related harm among young adults in urban settings: Opportunities for intervention”. This grant included a Postdoctoral fellowship for Dr Sarah Maclean, a PhD alumnus of CHS.
• ARC Discovery Project, led by Associate Professor Marliys Guillemin, Associate Professor Lynn Gillam, Professor Doreen Rosenthal, and Paul Stewart, on “Trust me — I’m a researcher: The role of trust in the human research enterprise”.
• ARC Future Fellowship awarded to Dr Rebecca Kippen. Rebecca is a demographer, recruited from Australian National University, and will join CHS in 2010.

University of Melbourne McKenzie Fellowship
This newly established and prestigious research fellowship was awarded to Dr Yin Paradies, based in Othenia VicHealth Koori Health Unit and the McCaughey Centre, for his work on the health effects of racism.

Commonwealth Department of Education, Employment and Workplace Relations (DEEWR) awards
Shaun Ewen was awarded an Endeavour Research Fellowship for Indigenous Australians to continue his research on the development and delivery of Indigenous Health content into medical and other health science courses. Angela Clarke was also awarded a DEEWR Indigenous PhD scholarship to complete her PhD on Indigenous knowledge of community development.

Sidney Myer PhD Scholarships
We are very fortunate to have three of the 12 inaugural doctoral Sidney Myer Health Scholarship holders at CHS. Two of our PhD students, Michael Livingston and Anne-Marie Laslett, based at Turning Point Drug and Alcohol Centre, hold full scholarships which are given in partnership with IOR Group Limited to support research that addresses the harmful effects of alcohol in populations and local and regional communities across Australia. The three CHS Sidney Myer PhD scholarship students are:
• Gemma Carey: Grassroots to Government; Investigating Social Inclusion, Health Promotion and the Not-for-profit Sector.
• Michael Livingston: Liberalising Liquor Licensing – Implications for Alcohol Related Harm; Sidney Myer and IOR Group Health Scholarship.
• Anne-Marie Laslett: Alcohol and Child Maltreatment Through the Windows of the Child Protection System and a National Survey; Sidney Myer and IOR Group Health Scholarship.

Other research news
At the Australasian Mortality Data Interest Group meeting in December 2009, Associate Professor Jane Freemantle hosted a workshop regarding the development of an index to assess the preventability of infant and child deaths. The aim of the index is to examine the context in which child deaths occur and consider opportunities for intervention and health system enhancement. The group comprised of representatives in the fields of child health, injury prevention and health service evaluation from Australia and New Zealand. A round table is proposed for July 2010 to further this work.

Dr Giuliana Fuscaldo successfully led a research team from the University of Melbourne, La Trobe University and University of Queensland for a two-year Australian Learning and Teaching Council (ALTC) Grant. The aim of the grant is to develop, evaluate and disseminate a health ethics curriculum that teaches students to identify the impact of ‘culture’ on health values, and provides them with strategies for negotiating culturally based differences in values.

Hans Baer continued his prolific research publications in 2009 with the launch of two books: Global warming and the political ecology of health (Hans Baer & Merryl Singer) and Killer commodities: Public health and the corporate production of harm (Merry Singer & Hans Baer).

COMMUNITY ACTIVITIES
In 2009, the Minister for Arts and Museums of the Northern Territory Government, Alison Anderson, announced the appointment of Professor Marcia Langton as Chair of the Museum and Art Galleries Board of the Northern Territory.

CONFERENCES AND PUBLIC PRESENTATIONS
LIME Connection III 2009 Conference
The third Leaders in Indigenous Medical Education (LIME) biennial conference, LIME Connection III, was held in Melbourne on 3-4 December, with a pre-conference Indigenous Caucus at the Institute of Koorie Education, Deakin University in Geelong, Victoria, on 2 December.

The theme for this year’s conference was ‘Advancing Indigenous Health: Workforce Innovations’. Specifically, the Conference program addressed...
leading practice approaches to integrating Indigenous health into medical education and workplace training and provided an opportunity to discuss and challenge some current practices and discuss emerging tools and techniques to drive continuous improvement in outcomes for Indigenous health as well as the recruitment and retention of Indigenous students. The Connection also hosted the LIMElight Awards, which are given in recognition of the successes occurring in the field. A number of new initiatives were introduced as part of this year’s conference. These included an Indigenous Caucus, Indigenous student and community bursaries, the provision of General Practitioner continuing medical education (CME) points as well as the LIME Honorary Awards to recognise the first cohort of Australian Indigenous doctors. LIME Connection IV will be held in New Zealand in 2011.

Oceania Conference
This year’s Oceania Tobacco Control Conference was held from 7-9 October in Darwin and attracted nearly 300 delegates. The theme of the conference was ‘Reducing inequalities through tobacco control’, which meant that the conference was particularly relevant to those of us working in Indigenous tobacco control. The conference brought together delegates mainly from New Zealand and Australia and it was good to see strong representation from Indigenous peoples from both countries. The conference provided an opportunity for Indigenous programs to showcase their research and/or projects and share their valuable experiences.

The Centre for Excellence in Indigenous Tobacco Control (CEITC), based within CHS, co-convened a one-day workshop at the Oceania Tobacco Control Conference on the day preceding the main conference. This workshop was extremely well attended, with 90 delegates from across Australia and New Zealand. The workshop provided a chance for delegates to discuss emerging issues in Indigenous tobacco control. The workshop started with a welcome to country by Dr Aleeta Fejo, from the Larrakia Nation, followed by dancing from the ‘One Mob – Different Country’ dance troupe. Presentations from Shane Bradbrook on the Framework Convention on Tobacco Control (FCTC) and a CEITC update by Viki Briggs set the scene for the day. Two discussion sessions followed, with the discussion questions broadly focused on:

- Sharing best practice ideas around smoking cessation.
- Sharing best practice ideas around workforce development and sustainability.
- Advocacy.

A report detailing the workshop is available for download via the CEITC website at http://www.ceitc.org.au/indigenous_tobacco_researchers_meeting.

Sharing Our Stories and Building on Our Strengths film and report
In April 2009 Oneemda VicHealth Koori Health Unit launched, to great acclaim, a film and report entitled Sharing Our Stories and Building on Our Strengths, produced in cooperation with Indigenous community organisations. Sharing Our Stories … documents the way in which Oneemda supported Aboriginal Health Workers (AHWs) to present their work at VicHealth’s From Margins to Mainstream. The 5th World Conference on the Promotion of Mental Health and the Prevention of Mental and Behavioural Disorders held in Melbourne in late 2008.
in both urban settings, such as the Maya Living Free Healing Centre and the ‘I’m an Aboriginal Dad’ program, and regional outfits like the Koori Resource and Information Centre in Shepparton. The workshop group also included two Aboriginal mental health workers from the Top End.

The success of this project was further illustrated through film, which was produced by Onemda and the Knowledge Transfer Group at the University of Melbourne’s Faculty of Medicine, Dentistry and Health Sciences. Onemda is hopeful that its successful collaboration with the Aboriginal community on the project could provide other community health organisations with a model for excellence in health promotion translation. The Victorian Health Promotion Foundation, or VicHealth, funded the presentation skills project and subsequent report, while the University of Melbourne and Onemda’s partner organisation, the CRC for Aboriginal Health, contributed personnel, funding and resources to produce the film.

To view the film and download the report visit Onemda’s website at www.onemda.unimelb.edu.au

**KEY ACHIEVEMENTS**

A major achievement for Ian Anderson and the Onemda team was its successful refunding. Onemda was reviewed at the end of 2008 by VicHealth and the Commonwealth Government’s Office of Aboriginal and Torres Strait Islander health (OATSIH). Onemda received a glowing endorsement, followed by increased funding over the next five years.

**STAFF HIGHLIGHTS**

We were delighted to celebrate the promotions of a number of our staff. Angela Clarke and Viki Briggs were promoted to Senior Lecturer, and Rachel Reilly was promoted to Lecturer. These promotions were well deserved and testament to the excellent achievements of Angela, Viki and Rachel. Marilyns Guillemin was appointed Associate Dean (Equity, Staff and Development) in the Faculty of Medicine, Dentistry and Health Sciences.

**PUBLICATION HIGHLIGHTS**

The Centre continued its established record of high numbers of research publications. These comprised peer-reviewed research publications (journal articles, books and book chapters), and major research reports. These publications covered the areas of health ethics, health policy, drug and alcohol, 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/engagement.
OVERVIEW

In 2009 we turned 21, an event that was celebrated with pride for what we have achieved in the last 21 years as well as enthusiasm about what lies ahead. The celebration is featured elsewhere in the annual report, but here I want to acknowledge the contribution of the past Directors of the Centre. The inaugural Director, Professor Lorraine Dennerstein, was part of a group of academics from a range of disciplines including geography, political science, social work, pathology, psychiatry, psychology, economics and philosophy, who had the vision to bid for Federal funding to establish a Key Centre in Women’s Health. When Lorraine resigned, Professor Jill Astbury, a psychologist who has conducted critical work in the field of Intimate Partner Violence, was Acting Director for a couple of years. With the appointment of Professor Lenore Manderson as Director, the Centre boosted its capacity in international health, an important focus for the Centre, which is a World Health Organisation Collaborating Centre in Women’s Health. The immediate past Director was Professor Doreen Rosenthal, who has an international reputation in sexual and reproductive health with a focus on adolescent sexuality. She provided strong leadership and contributed to shaping the careers of many of us still at the Centre. These fine women and the many staff and students who have been part of the Centre since 1989 have established firm foundations for what the Centre represents today.

The Centre continued its success in research, teaching and knowledge exchange, much of which is detailed in the reports to follow. Of particular note is the achievement of Dr Jane Hocking, who received a National Health and Medical Research Council (NHMRC) Career Development Award to continue her work in the field of sexually transmitted infections. Our work in the international field continued to prosper. The Centre received a number of invitations to take part in working groups and to present at WHO initiated meetings. This work was led by Associate Professor Jane Fisher. It is also important to emphasise the contribution of the Centre to a variety of knowledge exchange activities, some of which are perhaps less visible. The Centre has now developed a strong culture around responding to key policy initiatives related to women’s health. This has been led by a range of staff across the Centre. An example was our submission in July to the review of the National Women’s Health policy which was a Centre-wide activity spearheaded by Dr Philomena Horsley.

– Professor Anne Kavanagh

LEARNING AND TEACHING

In February 2009, Dr Louise Keogh took over the coordination of Teaching and Learning in the Centre from Dr Heather Rowe. During her time in this position Dr Rowe was responsible for facilitating a vibrant culture among postgraduate coursework students in women’s health.

Coursework Teaching

In 2009 the Centre collaborated on the development of the new Master of Health Social Sciences

The Centre for Women’s Health, Gender and Society (CWHGS) is an international leader in research, teaching and knowledge exchange about women’s health and gender. Our research and teaching focuses on the ways in which a range of social, economic, cultural, psychological, and biological factors affect health.
program. The Masters is designed to provide social science research training to those who work in, or plan to work in, public health. The curriculum was developed to take advantage of the School’s wide expertise in the social sciences, and to fill a gap in graduate education. The new Masters is scheduled to begin in 2010.

Development of the Master of Health Social Sciences also provided an opportunity to make adjustments to subjects the Centre offers in the Master of Public Health program. In some cases, we were able to merge a subject of the Centre’s with a subject taught by another Centre when similar content was covered in both subjects. For example, Women’s Sexual and Reproductive Health will be taught jointly by Dr Jane Hocking and Dr Hennie Williams (Sexual Health Unit) in 2010.

The Women’s Health stream in the Master of Public Health continues to attract a vibrant, varied group of students who are committed to improving women’s health in different parts of the world. In 2009, five students completed their Research Project in Women’s Health on topics ranging from the consumption of pre-mixed spirits in Australia, to obstetric fistula in Pakistan. Subjects offered in the Master of Public Health in 2009 were: Gender and Health: Critical Perspectives (subject codes 505 - 423, 505 - 523); Research Project Development (505 - 422, 505 - 522); Gender, Violence and Health (505 - 541, 505 - 551); Gender and Health Inequalities 1 (505 - 442, 505 - 542) and 2 (31/07, 07/08, 14/08 and 16/10) (505 - 425, 505 - 525) examined the historical, political, social and cultural settings that affect women’s health. The course covered the impact of various forms of violence on physical and mental health and wellbeing and the barriers to researching, understanding and responding to gender-based violence. Women and Global Health (29/09 – 02/10) (505 - 541, 505 - 551) explored the intersection of gender and violence as well as the importance of other social and contextual factors. The course covered the impact of various forms of violence on physical and mental health and wellbeing and the barriers to researching, understanding and responding to gender-based violence.

Short Courses

Two award subjects were taught concurrently and delivered in block mode short courses.

Gender Violence and Health (29/09 – 02/10) (505 - 541, 505 - 551) explored the intersection of gender and violence as well as the importance of other social and contextual factors. The course covered the impact of various forms of violence on physical and mental health and wellbeing and the barriers to researching, understanding and responding to gender-based violence. Women and Global Health (31/07, 07/08, 14/08 and 16/10) (505 - 425, 505 - 525) examined the historical, political, social and cultural settings that affect women’s health. The course covered the major health issues that affect women: mental health, communicable and non-communicable diseases, sexual and reproductive health, and violence, with an emphasis on the Asia Pacific Region.

PhD Students

Three new PhD students commenced their study at the Centre in 2009:

- Mobina Kashif, Gender and health inequalities in Pakistan.
- Kashif Murtaza, Knowledge, attitudes and practices of Lady Health Workers about breast cancer screening in Pakistan.
- Yao Xu, Exposure to a natural disaster and mental health in China.

Two PhD students both submitted their theses successfully in 2009:

- Lukar Thornton, Individual and environmental influences on fast food intake.
- Heather McKay, Childlessness in Australian Women: By choice?

Also, Sufia Sadat Begum (nee Hai) completed a Master of Women’s Health by Research, Sex workers talk about sex work.

INTERNATIONAL PROGRAMS

The Centre for Women’s Health, Gender and Society (CWHGS) is a World Health Organisation (WHO) Collaborating Centre for Women’s Health and enjoyed a diverse program of international activities in 2009. Firstly, participation in WHO technical meetings, including the Experts Meeting on the Development of a Regional Reproductive Health Strategy and a Regional Framework for Accelerating Progress in Making Pregnancy Safer, Manila, 15-17 April; the Western Pacific Regional Office (WPRO) Collaborating Centres for Reproductive Health and Making Pregnancy Safer, Shanghai, China, 18-20 November 2009 (Associate Professor Jane Fisher was invited Rapporteur for the Meeting); and the Consultation on the Development of a Regional Network of WHO Collaborating Centres and Partners on HIV/AIDS in Manila, December 6-8. Secondly, contribution to other regional technical meetings including the Australian Human Rights Commission and National Population and Family Planning Commission of China Joint Meeting on Human Rights Instruments and Reproductive Health, Anshun Province, China, 25-27 May. We continued to teach...
The Centre for Women’s Health, Gender and Society turned 21 this year. Over two extraordinarily productive decades, the Centre has become an international leader in research, teaching and knowledge exchange about women’s health and gender in their social context.

Its current Director, Professor Anne Kavanagh, is hard pressed to name the most significant of the Centre’s many achievements but points to its contribution to the establishment of the first dedicated mother and baby unit in Australia as one highlight. These units, which focus on perinatal mental health, are commonplace today but were revolutionary when the first unit was set up at the Mercy Women’s Hospital in 1989.

While mothers and babies are where it all starts in the literal sense, the determinants of how women negotiate the world go back well before birth and spread into every realm of life, and it is this broad canvas that absorbs the energies of the Centre.

To better reflect its breadth of focus, the Centre changed its name this year from the Key Centre for Women’s Health in Society to the Centre for Women’s Health, Gender and Society.

“Our research and teaching focuses on the ways in which a range of social, economic, cultural, psychological and biological factors affect health,” says Professor Kavanagh.

“All of our work recognises the importance of gender for health. This means that we are interested in the ways in which health is shaped by women’s and men’s positions in society and the relationships and distribution of social and economic resources between them. Thus, while our research and teaching are centrally concerned with the health of women, we see gender and the societal context in which women live to be critical influences on women’s health.”

Since the Centre opened under the leadership of inaugural director Professor Lorraine Dennerstein, its work has encompassed such diverse subjects as violence against women, menopause, disability and social exclusion, youth homelessness, donor-assisted conception and the influence of neighbourhood environments on lifestyle.

The Centre has conducted work overseas, notably in Vietnam, but also in other countries of the Asia-Pacific region including India, China, Pakistan and Bangladesh.

The 21st anniversary was celebrated on 12 November 2009 and was attended by the Governor-General, Quentin Bryce. Guest speakers were the Honorable Joan Kirner, Victoria’s one and only female Premier, Chyloe Kurdas, the AFL’s Female Football Development Manager, and Professor Dorothy Broom AO, from the National Centre for Epidemiology and Population Health.

Looking at 2010 and beyond, the Centre’s future is characterised by funded projects and emergent plans. “Increasingly,” says Professor Kavanagh, “people understand that gender and gender relations are critical to understanding the health of women, communities and families. Unlike 20 years ago, it now simply makes sense that research, teaching and practice must take better account of the ways power relations between men and women at personal, community and institutional levels play out in health and other arenas.”
implications of genetic testing deter individuals from participating in this preventative practice. In the case of colorectal cancer, the group led by Professor Mark Jenkins, Professor John Hopper from the Centre for MEGA Epidemiology, and others at the Centre for Community Development in Hanoi, aimed to recruit 100,000 women from BreastScreen Victoria in a longitudinal study of breast cancer risk. This study has generated Australia’s first community-based estimates of chlamydia incidence and chlamydia re-infection rates, which are important in determining the optimal interval for chlamydia screening.

Centre staff are involved in research on breast cancer, colorectal cancer and cervical as well as other HPV-related cancers. Professor Anne Kavanagh and Dr Carolyn Nickson continued their epidemiological work on the efficacy of the BreastScreen program, publishing findings showing that screened women with more dense breast tissue tend to have larger tumours at detection, even after adjustment for age, hormone therapy use, family history of breast cancer and mode of detection (screen-detected or interval cancers). Dr Nickson began a new line of investigation in partnership with CSIRO’s Australian e-Health Research Centre for ICT (Information Communication Technologies), BreastScreen Victoria, and researchers from the University of Melbourne’s Department of Computer Science and Software Engineering. The team is devising image processing methods to automatically characterise breast density from mammograms and creating a testing platform to undertake standardised comparisons of automated methods developed by others. Professor Kavanagh continues her involvement as Chief Investigator on the National Breast Cancer Foundation Demonstration project, which aims to recruit 100,000 women from BreastScreen Victoria in a longitudinal study of breast cancer risk. This research is in collaboration with investigators from the Peter MacCallum Cancer Centre, BreastScreen Victoria and the Royal Women’s Hospital, as well as Professor Hopper from the Centre for MEGA Epidemiology.

Dr Louise Keogh, in collaboration with Associate Professor Mark Jenkins, Professor John Hopper and others at the Centre for MEGA Epidemiology, continued research on how individuals at high risk of cancer make decisions about genetic testing and screening. In the case of colorectal cancer, the group published a paper showing that the life insurance implications of genetic testing deter individuals from undergoing genetic testing (see article page 44). In addition, Louise presented the findings of a qualitative study about how women at high but unexplained familial risk of breast cancer perceive their risk at the annual Familial Cancer Conference in New South Wales. In collaboration with Kelly Phillips from the Peter MacCallum Cancer Centre, Louise also published a study of the perception Australian clinicians hold about chemoprevention for women at high familial risk for breast cancer.

Sexual and Reproductive Health

This research theme explores the sexual and reproductive health of young people, sexually transmitted infections and their impact on the lives of young Australian women and men, with a particular focus on chlamydia and human papillomavirus infection, and the development and evaluation of health promotion programs for pregnancy and early parenthood.

Dr Jane Hocking leads a large international and national team on a Commonwealth Department of Health and Ageing project – the Australian Chlamydia Control Effectiveness Pilot (ACCEPt). This world-first project will be conducted as a randomised controlled trial and aims to assess the feasibility, acceptability, effectiveness and cost-effectiveness of an organised program for chlamydia testing in general practice (GP). GP clinics will receive a multifaceted intervention designed to facilitate increased chlamydia testing in general practice. The design of ACCEPt was presented at the Australasian Sexual Health Conference in Brisbane in September 2009. Jane was supported on ACCEPt by Dr Simone Poznanski and Dr Dyani Lewis during 2009.

The Chlamydia Incidence and Re-infection Rates Study (CIRIS) is also headed by Dr Hocking in collaboration with Professor Christopher Fairley in the Sexual Health Unit, and other investigators from the Department of General Practice at the University of Melbourne, University of New South Wales and Australian National University (ANU). This prospective cohort study of young Australian women aged 16 to 25 years aimed to determine the incidence of chlamydia infection and was completed in December 2008. This study has generated Australia’s first community-based estimates of chlamydia incidence and chlamydia re-infection rates, which are important in determining the optimal interval for chlamydia screening.

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. Dr Danielle Newton, a research fellow, coordinates this project and Associate Professor Jane Fisher and Dr Louise Keogh are also investigators on the project.

Mental Health

Centre staff have an active interest in women’s mental health, particularly across the reproductive life span. Our research is informed by a gendered, social model of health and positions women’s mental health in its social, economic, cultural and political contexts. It
promotes an understanding of inequalities in mental health as determined by multiple factors including gender disadvantage, rather than by individual intrinsic characteristics. The program includes research projects investigating factors affecting mental health at the individual level (unplanned pregnancy and abortion, exposure to trauma, social correlates of mental health service usage, and mental illness labelling); at the health service level (assisted reproductive technology, pregnancy advisory services, prenatal genetic screening, caesarean section) and at the community level (reproductive decision-making, workplace discrimination during pregnancy, and 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 (earliest 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, in health care settings and the community, of interventions addressing key modifiable social determinants to improve mental health in diverse groups of women during the childbearing year.

Gender and Health Inequities
This research theme concentrates on how various social determinants of health, including housing, employment, place, disability, sexuality and socio-economic position, influence health with a concentration on the ways in which gender and gender relations intersect with each of this determinants. The research team at the Centre includes Professor Anne Kavanagh, Dr Rebecca Bentley, Dr Lukar Thornton, Ms Alison Barr, Ms Kate Mason and Ms Lauren Knjaizki.

Dr Bentley’s collaborative research with Melbourne Citymission, Hanover Welfare Services and VicHealth seeks to document who is in unstable, unaffordable and unsuitable housing in Australia and understanding the potential impact on people’s mental health. Additionally, Dr Bentley is a member of two research networks on homelessness in Australia; the Flinder’s Homelessness Research Network, funded through the Department of Families, Housing, Community Services and Indigenous Affairs and the Australian Housing and Urban Research Institute Homelessness network. Professor Kavanagh and Dr Bentley collaborate with Associate Professor Tony LaMontagne, from the McCaughey Centre, as well as researchers from Flinders University on a program of work assessing forms of employment and health. The project uses longitudinal data, cross-sectional surveys and individual qualitative interviews.

Significantly, we were successful in obtaining an NHMRC grant issued as a special “Call for Research on H1N1 Influenza 09”. Professor Kavanagh led a team of MIPS researchers in a survey of parents of children asked to go into home quarantine during the H1N1 pandemic. The major aim of this project was to examine whether parental working conditions, particularly whether parents have access to paid leave, influences whether their children comply with quarantine guidelines. The team includes Associate Professor LaMontagne as well as Dr Jodie McVernon (Vaccine and Immunisation Research Group), Dr Rebecca Bentley and Professor David Studdert (Centre for Health Policy Programs and Economics).

We have continued our focus on the importance of local environments on health, including further analyses of the Victorian Lifestyle and Neighbourhood Environments and the Australian Lifestyle and Diabetes study to assess how the built environment influences health behaviours and outcomes. Our work in 2009 focussed on the importance of the food environment, especially the fast food environment, in shaping fast food consumption at home. We also have continued to focus on the walkability of local environments, such as the presence of places to walk to, on walking and risk factors for diabetes and cardiovascular disease.

**COMMUNITY ACTIVITIES**

A highlight of our work in international women’s health includes the contributions of Associate Professor Jane Fisher to Perinatal mental health in resource-constrained settings. In June 2009, Associate Professor Fisher was invited to present to the United Nations Agencies Special Interest Group in Mental Health, in Hanoi, Vietnam. She presented to people from all the United Nations agencies, international bilateral and multilateral non-government organisations and national non-government agencies about the relevance of mental health to initiatives to make pregnancy safer. The presentation was based on her collaborative research program with the Research and Training Centre for Community Development in Hanoi. They have demonstrated that the prevalence of perinatal mental health problems in women in Vietnam, like other resource-constrained countries, is two to three times that observed in high-income settings. Risks include poverty, exposure to family violence, food insecurity and living in an under-resourced rural rather than an urban location.

The Centre produced videos of our research activities highlighting our research on breast density and breast cancer screening; perinatal mental health; genetic testing for cancer; children and homelessness; gender and cardiovascular disease; housing and health and chlamydia. There is also a short piece on the history of the Centre. These videos have received strong positive feedback from our stakeholders and can be accessed on [http://www.cwhgs.unimelb.edu.au/](http://www.cwhgs.unimelb.edu.au/).

Based on her groundbreaking paper “Is uptake of genetic testing for colorectal cancer influenced by knowledge of insurance implications?” published in the Medical Journal of Australia in September 2008, Dr Louise Keogh appeared on the SBS television program *Insight* in an episode called ‘In Your Genes’, about genetic testing. She was also interviewed extensively on radio, including *Life Matters* on Radio National. Among the authors were academics from the Centre for MEGA Epidemiology and CHIPPE.
The report “Does camping count?” Children’s experiences of homelessness was launched by the Minister for Housing, Richard Wynne, at the Richmond Town Hall on 16 October 2008. First author Dr Maggie Kirkman spoke at the launch and did media interviews about children who are homeless with their families. The innovative research was conducted by Dr Kirkman with Dr Deb Keys, of Melbourne Citymission, and Daria Bodzak and Alina Turner.

Dr Jane Hocking presented at numerous government forums to raise awareness about chlamydia control including the Victorian Department of Health; Commonwealth Department of Health and Ageing; Victorian Ministerial Advisory Committee for Blood Borne Viruses and Sexually Transmitted Infections (STIs); and New South Wales Health STI Subcommittee.

Dr Rebecca Bentley and Professor Anne Kavanagh organised the Australian Health Inequities Program policy day, which focused on the significance of housing and employment for health. Attendees included staff from government and non-government organisations; advocacy groups and academics.

**KEY ACHIEVEMENTS**

An event to celebrate the 21st anniversary of The Key Centre for Women’s Health in Society and to formally announce its new name was held on the afternoon of Thursday 12 November. A range of distinguished women spoke, including The Honourable Joan Kirner of Thursday 12 November. A range of distinguished women spoke, including The Honourable Joan Kirner, former Premier of Victoria; Professor Dorothy Broom AO, Professor at the National Centre for Epidemiology and Population Health at the ANU, and Ms Chyloe Kurdas, Australian Football League Female Football Development Manager. Each of the women gave strong, engaging and inspiring speeches that reflected upon the history of achievements in the national and state women’s health and political arenas, the current challenges facing us in the women’s health and related arenas, and the advancements that are being made with initiatives for young women. In addition, a video was launched which captured the history of the centre and profiled research staff and their projects. At the completion of the formal proceedings a cocktail celebration was held, and we were joined by Her Excellency Ms Quentin Bryce AC, Governor-General of Australia.

In collaboration with other Centres in the Melbourne School of Population Health (VIRGo, McCaughey Centre and CHPPE), Professor Anne Kavanagh and Dr Rebecca Bentley were awarded an NHMRC Strategic Award entitled H1N1-related Victorian school closures: Quarantine compliance and the impact of parents’ precarious employment. Professor Kavanagh leads with team, which includes Associate Professor Tony LaMontagne (McCaughey Centre), Dr Jodie McVernon (VIRGo), Dr Rebecca Bentley (CWHGS), and Professor David Studdert (CHPPE).

Dr Jane Hocking was awarded a $4.4 million grant from the Commonwealth Department of Health to lead a program of research that models and evaluates the effectiveness of a chlamydia pilot in general practice.

**STAFF HIGHLIGHTS**

Dr Jane Hocking was awarded an NHMRC Career Development Fellowship to continue her groundbreaking work on sexually transmitted infections.

Supported by an International Agency for Research on Cancer stipend and a Harold Mitchell Travelling Fellowship, Dr Carolyn Nickson visited the International Agency for Research on Cancer (IARC) in Lyon, France, to undertake training and collaborative research activities in microsimulation modelling of breast cancer screening. During that period she also visited researchers in the UK to establish new collaborations on research around mammographic breast density and breast cancer.

Dr Rebecca Bentley was awarded a Harold Mitchell Travelling Fellowship to attend a European Housing conference and to develop collaborations with researchers in the United Kingdom.

Professor Anne Kavanagh was appointed to the Victorian Cancer Agency Consultative Council.

As President of the Australasian Maré Society, Associate Professor Jane Fisher co-convened the Australian Association for Infant Mental Health conference entitled “The Infant, the Family and the Modern World: Intervening to Promote Healthy Relationships” with Associate Professor Campbell Paul. The conference attracted 510 registrants from Australia, New Zealand and countries of the region.

**PUBLICATION HIGHLIGHTS**


We showed that for women who participate in breast cancer screening programs, the average tumour size at detection increases gradually with increasing breast density, even after adjustment for age, hormone therapy use, family history of breast cancer and mode of detection (screen-detected or interval cancers). This paper highlighted that it’s not only women with very high breast density who experience poorer outcomes and that interventions should consider the potential for improvements across the whole spectrum of breast density in the population.

This paper, which reported an investigation of the experience of being an XY female through the analysis of accounts posted on an Androgen Insensitivity Syndrome (AIS) support group website, was rapidly included in the medscape scholarly summary of AIS. The research arose from Cameryn Garrett’s research project towards the degree of Master of Women’s Health, supervised by Dr Maggie Kirkman.

The World Health Organisation and United Nations Population Fund, in collaboration with the Centre published Mental Health Aspects of Women’s Reproductive Health: A Global Review of the Literature, a book addressing the available evidence about ‘the intricate relationship between women’s mental and reproductive health’. Most of the contributing authors, Professor Jill Astbury, Dr Susie Allanson, Dr Mirudla Bandyopadhyay, Associate Professor Jane Fisher, Professor Lenore Manderson, Dr Heather Rowe and Dr Narelle Warren, are current or former members of academic staff of the Centre. The book addressed the psychological aspects of pregnancy, childbirth and the postpartum year; pregnancy loss; gynaecological conditions, menopause, HIV/AIDS, infertility and assisted conception and female genital mutilation. Mental health as a determinant of reproductive morbidity and mortality and the mental health consequences of adverse reproductive events have rarely been considered, especially in the world’s resource-constrained countries. WHO/United Nations Population Fund contributors Meena Cabral de Mello, Takashi Iizutsu, Arletty Pinel and Shreekar Saxena concluded that all reproductive health care providers should be sensitised to the links between mental health and reproductive health and that this book makes a vital contribution to assisting policy makers and practitioners to know that there is no health without mental health. The book has been distributed to every medical school in the world and to all country and regional offices of WHO and UNFPA.


The study included all heterosexual women attending a large urban sexual health clinic for the first time between 2003 and 2007. The study found that chlamydia positivity was 5.9% (95% CI: 5.5%-6.4%). Chlamydia positivity increased each year from 4.2% in 2003 to 6.7% in 2007. The findings from this study suggest that the true prevalence of chlamydia in Australia is rising.


This study investigated the observation that women who conceive with assisted reproductive technology (ART) are more likely to be admitted to residential early parenting services than women who conceive spontaneously. A consecutively recruited cohort of women pregnant after ART were followed through pregnancy and the postpartum period. Compared with community samples of new mothers, there was no difference in symptoms of depression, but a higher proportion reported dysregulated infant behaviour and fewer were breastfeeding exclusively. Greater difficulty conceiving was associated with lower maternal confidence. It is important that the clinical care of the increasing group of women who conceive with ART includes explicit assessment of postpartum psychological functioning and early intervention if difficulties in managing infant behaviour are reported.

INVITED CONFERENCE PRESENTATIONS

Centre staff and students presented at many national and international conferences in 2009. Some of the conferences included the Australasian Sexual Health Conference; The Australian Epidemiological Association conference; the Family Cancer: Research and Practice; 3rd Biennial Meeting of the International Society for Gastrointestinal Hereditary Tumours; Fertility Society of Australia Annual Conference; Australian Association for Infant Mental Health / Australasian Marcele Society Conference; Australasian Housing Researchers Conference and The European Network of Housing Researchers conferences.

Some examples of invited conference presentations include:


Associate Professor Jane Fisher. An innovative approach to preventing postnatal depression and anxiety in primiparous mothers. Invited keynote presentation West Australian Perinatal Mental Health Unit Annual Symposium: More than Postnatal Depression, 7 October.

Dr Jane Hocking presented on The Australian Chlamydia Control Effectiveness Pilot (ACCEPt), at the School of Rural Health Conference in Shepparton, Australia, 24 November.

Professor Anne Kavanagh presented at the Annual Division of Health Sciences Research Forum, University of Otago, New Zealand, on Health Inequalities: where does gender fit in? September.

Findings have big impacts for health system

Bowel cancer is the second most common cancer for men and women in Australia. One in 3000 Australians carry a genetic mutation that places them at high risk of developing the disease. For those at genetic high risk, screening for and removal of polyps reduces the risk of cancer by more than half. The prospect of positive health outcomes for individuals with a family history of colon cancer, therefore improves dramatically if they know whether they carry the genetic mutation and can follow it up with regular screening colonoscopies.

But a population-based study this year conducted jointly by the Centre for Women’s Health, Gender and Society, the Centre for MEGA Epidemiology and the Centre for Health Policy, Programs and Economics revealed that the implications of genetic testing on insurance policies dissuades a significant proportion of people from undergoing the tests.

The findings from the study, which was co-led by Dr Louise Keogh of the Centre for Women’s Health, Gender and Society, have dramatic implications across the health spectrum. With Australia’s health costs forecast to escalate in coming decades, early diagnosis and preventive health protocols will become increasingly important in managing the nation’s already overstretched health budget.

While genetic testing does not affect health insurance in Australia, it can affect life, trauma, disability and sickness and accident insurance policies. Insurers may refuse coverage or charge higher premiums.

Dr Keogh, who led the study with Christine van Vliet, of the School of Medical Sciences at the University of New South Wales, says researchers identified 106 people from 25 families in which there were genetic mutations that increase bowel cancer risk. All were offered the chance to learn their individual genetic information at a Family Cancer Clinic.

“When we told participants about the life insurance implications, the number declining genetic testing more than doubled, from 20% to 50%,” Dr Keogh says.

The authors, who also include senior author Associate Professor Mark Jenkins of the Centre for MEGA Epidemiology at Melbourne University, have urged the insurance industry and the Federal Government to ensure people are not deterred from learning about their genetic risk.

Dr Keogh says the study highlights the value of a multi-disciplinary and multi-centre approach. Involving researchers from the University of Melbourne, the University of New South Wales, Cancer Council Victoria, Peter MacCallum Cancer Institute and Royal Melbourne Hospital, this study brought together clinicians, genetic counsellors, scientists, epidemiologists and sociologists, as well as drawing in legal expertise.

The researchers analysed information obtained in the Victorian Colorectal Cancer Study during two periods: from 1999-2003, when participants were not informed of any potential effect of genetic testing conducted during the study on insurance eligibility; and from 2003-2006, when the protocol was changed after researchers became aware that legal duties of disclosure to insurance companies extended to people who learned about their status while taking part in such studies.

The findings were published in the Medical Journal of Australia in September 2009. The authors will be following up their work in 2010 with research exploring in more detail how people decide whether to undergo genetic testing for colorectal cancer.
**OVERVIEW**

The McCaughey Centre’s aim is to build knowledge about the social, economic and environmental foundations of community wellbeing and mental health. A defining feature of the Centre’s work is a commitment to working respectfully and collaboratively with partners and colleagues to strengthen health equity and reduce 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.
- Improving child health and wellbeing.
- Addressing the impact of climate change on community wellbeing.
- Developing and using community wellbeing indicators.
- Improving understanding of knowledge translation and exchange.

The Centre hosts a number of major research, policy and knowledge exchange initiatives, including Community Indicators Victoria, the Cochrane Collaboration Public Health Review Group and the Jack Brockhoff Ovoid Health and Wellbeing Program.

**RESEARCH**

In 2009 McCaughey Centre staff produced 32 peer reviewed publications, 18 non-peer reviewed publications, three book chapters and 21 research and policy reports. Centre staff also successfully applied for 25 new research projects with a total value of over $5 million. A range of examples of project achievements and impacts are included below.

The chart on page 3 provides an overview of the range of funding sources supporting Centre research in 2009.

**TEACHING AND WORKFORCE DEVELOPMENT**

Ten PhD students are currently directly enrolled through the McCaughey Centre with staff responsible for the co-supervision of over 30 Research Higher Degree students across Melbourne and other universities. During 2009, Centre PhD candidate Tessa Keegel successfully submitted her PhD thesis titled ‘Tell Me About It: Worker Participation in Occupational Health and Safety and Hazard Communication in the Workplace’.

McCaughey Centre staff have given 30 guest lectures in University of Melbourne postgraduate course work subjects as well as contributing to the supervision of numerous postgraduate course work theses. Staff have also contributed to the redesign and redevelopment of the MSPH Masters of Public Health program and will be contributing to future teaching in this course.
During 2009 Centre staff were responsible for developing and running short courses on the following topics:

- Race, Culture, Indignity and the Politics of Public Health
- Cochrane Collaboration: Research Synthesis for Policy and Practice
- Climate Change and Community Wellbeing
- The development and use of Community Wellbeing Indicators
- Evidence reviews of population health research and policy options
- Knowledge Transfer strategies

Centre staff are leading work by the MSPH to develop a new short course program for the Department of Health on ‘Population Health Approaches and Strategies’.

**KNOWLEDGE TRANSFORMATION AND EXCHANGE**

In 2009 Centre staff were responsible for 95 invited public lectures and conference presentations. The McCaughey Centre Seminar Series presented 15 seminars.

Centre staff are members of over 15 Advisory Committees and Boards and have also played key roles in organising a number of major national and international conferences.

**Program Area Achievements**

**Freedom from violence**

**Safety and Accountability in Families: Evidence and Research (SAFER)**

This five-year ARC Linkage project (2007-2012) on learnings from Victorian Family Violence reforms is being undertaken in partnership with the Department of Social Work and the School of Social and Political Sciences at Melbourne University and the Department of Social Work, Monash University. It is funded by an ARC Linkage Grant and Industry Partners are the Departments of Planning and Community Development, Human Services, Justice and Victoria Police. In 2009, SAFER reported findings on a major stream of governance research on whole of government policy making and integrated service delivery in family violence. This work is the basis of a statewide survey to be rolled out in 2010.

**Family Violence: Actioning Interdisciplinary Research (FAIR)**

The FAIR initiative draws together research and evaluation capacity from across the University of Melbourne to prevent and respond to family violence. In 2009 FAIR hosted three roundtables over the course of the year including New Voices in Family Violence Research, which brought together a range of policy, practice and research leaders in the fields of family violence and health. The key aim of this forum was to support students and early career researchers in the area of family and domestic violence to develop their understanding of the policy and community context of their work, and of the issues involved in transferring and exchanging knowledge in this field to improve outcomes for women, children and communities.

**Social Inclusion and Family Violence**

This program of research examines the premise that increased social and economic participation as means to both prevent violence and respond to violence after it has occurred. In July 2009 leaders in the fields of social inclusion and family violence gathered at the University of Melbourne to attend a National Roundtable on Family Violence and Social Inclusion. Naomi Eisenstadt, Director of the Social Exclusion Unit in the United Kingdom, chaired the event, and she was joined by key presenters Libby Lloyd, Chair of the National Council to Reduce Violence against Women and Children, and Patricia Faulkner, Chair of the Australian Social Inclusion Board Secretariat. The event was attended by representatives across government and non-government organisations, peak bodies, and other academics with expertise in family violence and social inclusion.

**Freedom from discrimination**

**A framework to address ethnic and race-based discrimination and support diversity**

In partnership with VicHealth, the McCaughey Centre (through the work of Dr Yin Paradies, Mr Loga Chandrakumar and Dr Marion Freer) developed *Building Our Strengths: A Framework to Reduce Race-based Discrimination and Support Diversity in Victoria*. Drawing on evidence of the varied and complex causes of discrimination, the Framework provides themes and settings for action, as well as suggesting a number of actions that can reduce race-based discrimination and support diversity. The Framework is intended for broad usage across government, corporate, non-government and community sectors. The report was launched by the Victorian Deputy Premier, Rob Hulls, in December 2009, and a presentation was given to the Social Development Committee of the Victorian Cabinet in February 2010.

**The economic costs of racism in Australia**

There is increasing recognition that 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 and the Centre for Health Policy, Programs and Economics. A scoping study was funded by the Social Justice Initiative, with an ARC Linkage Project Grant submitted in November 2009.

**Localities Embracing and Accepting Diversity (LEAD)**

Dr Yin Paradies also has a significant role in the VicHealth-funded *Localities Embracing and Accepting Diversity (LEAD)* program, on which he acts as both a scientific advisor on implementation and a key member of the evaluation team. LEAD is a multi-million dollar place-based intervention to reduce race-based discrimination and support diversity utilising multiple and reinforcing strategies across diverse settings at the individual, organisational and community levels.
Understanding the impact of racism on indigenous child health
This VicHealth-funded project began in 2009 to examine the impacts of racism on Indigenous children and youth, impacts that are poorly understood. The project focuses on understanding the association between racism and Indigenous child health through analysing a range of existing data. Dr Naomi Priest and Dr Yin Paradies are undertaking this research in conjunction with the Department of Families, Housing, Community Services and Indigenous Affairs, the Monash School of Health Research and the Victorian Aboriginal Health Service.

Social inclusion and connectedness
Building the capacity of family day carers to promote the mental health of children living in low socioeconomic areas
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 Care settings to promote children’s positive mental health, in partnership with VicHealth, Family Day Care Australia and Windermere Family Day Care.

Evaluation of UCan2
Ucan2 is a multi-agency project, involving collaboration between the Victorian Foundation for Survivors of Torture, Adult Multicultural Education Services (AMES) and the Centre for Multicultural Youth (CMY). The Ucan2 program aims to provide additional employment, and 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 also will 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.

Screen Stories and Community Connections
This VicHealth-funded project is being conducted in partnership with the Alannah and Madeline Foundation(AMF), VicUrban and the Department of Information Systems, University of Melbourne. The aim of this project is to increase understanding through qualitative research methods in domestic and community settings of the ways new media technologies and current forms of wireless and ‘broadband’ provisioning are being used by families in different geographical settings (urban fringe; inner city) and different socioeconomic circumstances. This will allow for identification of environmental and behavioural factors influencing access to, use of, and experience of technology; and for identification of youth, family and intergenerational issues relating to technology and social inclusion/exclusion. The outcomes of the project are expected to inform the AMF cybersafety campaign to include the community context and to develop broader principles and outcomes for digital wellbeing, participation and literacy of young people and their families. Further, it will contribute to VicUrban’s design and construction of the Cardinia Road residential and business precinct being developed, which is situated on the urban fringe of Melbourne’s South East growth corridor.

Development of a quality of life questionnaire for adolescents with cerebral palsy
Dr Elise Davis, Dr Melanie Davern and team developed a quality of life questionnaire for adolescents with cerebral palsy. This is the first questionnaire that focuses on measuring quality of life, as described by adolescents with cerebral palsy. This questionnaire is essential for understanding the major issues that impact on quality of life, as well as for evaluating the effectiveness of interventions. The child version of the questionnaire already has been translated into 10 different languages and is being used extensively nationally and internationally. The adolescent version of the questionnaire has just been released, and there is already significant interest in it. Dr Davis and her team have developed a website at http://www.cpqol.org.au/ to host and make publicly accessible their ‘Quality of life questionnaires for children and adolescents with cerebral palsy’. Funding was provided by the Jack Brockhoff Foundation, William Buckland Foundation and Foundation for Children.

McCAUGHEY FUNDING SOURCES 2009

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<thead>
<tr>
<th>Category</th>
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<td>SEMINARS, $30,378</td>
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<tr>
<td>CONSULTING, $144,727</td>
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<tr>
<td>PHILANTHROPIC, $1,120,000</td>
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<td>22%</td>
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Building the capacity of families of children with a disability for self-directed planning, funding and support (2009–2010)
The first few years of life for a family with a child who has developmental delay or disability can be challenging. It is essential in these early years, that families get support to learn about and access the services, resources and information available to them. Dr Davis, Lara Williamson and India Bohanna worked in partnership with the Department of Health to build the capacity of families of children with a disability by working with families and service providers to develop an information guide for self-directed planning, funding and support.

Neighbourhood Renewal Community Surveys
Dr Deb Warr and Dr Rosemary Mann are the...
Findings to date include a 2009 publication showing the mediating role of resiliency & social capital on physical & mental health & the 2006-2011 Precarious Employment project in collaboration with Flinders University. Associate Professor Tony LaMontagne (McCaughey Centre), Professor Anne Kavanagh and Dr Rebecca Pederson, Professor Ian Anderson and Professor John Wiseman continue to work on an NHMRC-funded Capacity Building Grant entitled ‘Linking economic participation and security’. The project is evaluating Phase II of VicHealth’s Building Bridges initiative. The initiative aims to promote mental health and wellbeing by supporting opportunities for positive contact and cooperative interaction between immigrant and refugee groups and others in the community. It is anticipated that these opportunities will contribute to reducing racial discrimination. Five community-based projects have been funded and the evaluation uses a mixed methods approach to capture program impacts at individual, organisational and community levels.

Promoting social inclusion at playgroup: exploring the value of playgroups for families from refugee and migrant backgrounds (Dr Deborah Warr and Dr Rosemary Mann)

In collaboration with Broadmeadows Communities for Children, Dr Deb Warr and Dr Rosemary Mann have commenced a study to explore the processes through which families from migrant and refugee backgrounds with young children 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 and 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.

Economic participation and security

Cross-Centre Collaborative Research on Precarious Employment (2006-2011)

Associate Professor Tony LaMontagne (McCaughey Centre), Professor Anne Kavanagh and Dr Rebecca Bentley (Centre for Women’s Health, Gender and Society) continue to work on an NHMRC-funded project in collaboration with Flinders University. The project is entitled ‘Changing patterns of work: impacts on physical & mental health & the mediating role of resiliency & social capital’. Findings to date include a 2009 publication showing that women in casual or contract jobs were 10 times more likely to experience unwanted sexual advances at work compared to women in more secure permanent full-time positions. On-going analyses include long-term trends in psychosocial working conditions, and the influence of changes in psychosocial working conditions on mental health (using data from the Household Income & Labour Dynamics in Australia (HILDA) survey).

McCaughey Centre Research in National Preventative Health Taskforce reports

McCaughey Centre work and health research featured in the 2009 National Preventative Health Taskforce reports. At the September 2009 report launch, Health Minister Nicola Roxon described workplaces as “the new frontier for prevention”. Indeed, the workplace is a main setting in the 2009 COAG preventive health implementation agenda, in the 2009 National Health and Hospital Reform Commission Report, and in a number of state and territory government initiatives:

- McCaughey Centre research featured in the workplace aspects of the Taskforce Reports. Recognised findings include links between working conditions and health behaviours, working conditions as preventable determinants of common chronic diseases, and most importantly recommendations in “prevention frameworks” of the need for and promise of new workplace health promotion approaches that integratively target working conditions and health behaviours. These recommendations were based in substantial part on the work of Associate Professor Tony LaMontagne and McCaughey Centre, national, and international collaborators.

- The American Heart Association published a ‘Policy Statement on Worksite Wellness Programs for Cardiovascular Disease Prevention’ in the same month, again drawing on McCaughey Centre research and echoing the messages in the (Australian) Preventative Health Taskforce Reports. Five research publications from the work of Associate Professor LaMontagne and collaborators from 2002-2008 were cited in the Policy in support of psychosocial and other working conditions as substantial preventable contributors to health behavioural patterns and chronic disease burdens among working adults, the need to address working conditions in worksite wellness programs, the need to prioritise lower status workers who have the worst health behavioural profiles and the worst working conditions, and the particular promise of integrating intervention on health behaviours (traditionally the sole focus of worksite wellness programs) and occupational health & safety.

Capacity-building in workplace health

Associate Professor Tony LaMontagne is one of four Chief Investigators on a substantial ($1.6 million) NHMRC Capacity Building Grant entitled ‘Linking research policy and health services to build a better evidence base for workplace public health’ (2009-2013). The grant is based at the Monash Centre for Occupational & Environmental Health,
led by Professor Malcolm Sim, and also includes a University of WA collaborator, Associate Professor Lin Frisitch. The grant provides salaries for PhD students, post-doctoral researchers, and early career researchers in workplace health broadly conceived (OH&S, health promotion, physiotherapy, other disciplines), with a CI-led active mentoring program. Dr Tessa Keegel was slated as one of the Fellows, but has since successfully funded herself with an NHMRC post-doctoral Fellowship. A new full-time Research Fellow position is scheduled to start in late May to work with Associate Professor LaMontagne, 50% funded by this Capacity Building grant and 50% on other NHMRC projects. In addition, to building capacity in workplace health generally through this effort, we are also building the Economic Participation and Security team at the McCaughey Centre.

**Climate Change and Community Wellbeing**

**Liveable and Just**
The Liveable and Just project, funded by Sustainability Victoria and commissioned by the Victorian Local Governance Association, was designed to improve local government understanding of the social impacts of climate change. As a result of the project, a toolkit was developed and launched in March 2010. The toolkit consists of four booklets:

- Addressing the social and equity impacts of climate change: The case for local government action.
- Reducing vulnerability: Strategies for local government to identify and reduce vulnerability to climate change.
- Engaging communities: Tips for effective and inclusive climate change community engagement.
- Building resilience: Ideas for local government to strengthen community resilience to climate change.

**The Value of Distributed Systems: Local solutions to energy, water and food challenges**

This project undertaken in collaboration with Professor Chris Ryan and Che Biggs from the Victorian Eco-Innovation Lab has involved a comprehensive review of the social as well as ecological value of localised networks and responses to energy, water and food security challenges. The project has led to the publication of several major reports, as well as a symposium on localised social and environmental strategies.

**Child Health and Wellbeing**

**Influence of ethnicity over socioeconomic position on childhood overweight and obesity**

Fun ‘n’ Healthy in Moreland is a five-year school and community-based intervention study that tackles health promotion and obesity prevention in 23 primary schools in a culturally diverse, inner urban area of Melbourne, Australia. It was conducted in partnership with Merri Community Health Services and funded by the Victorian Government as part of the Go for Your Life campaign. The intervention strategies were 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 were 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.

**Collaboration of Community-Based Obesity Prevention Sites (COOPS)**
The COOPS Collaboration is an initiative being led by a collaborative group from the World Health Organisation, University of Sydney and University of Melbourne, with the support of the Australian Government 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; and share the knowledge gained with other communities.

**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, which has been funded by the NHMRC and Dental Health Services Victoria, involves 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.

**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, namely 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.

**Teeth Tales**

Teeth Tales is a University–community partnership between the McCaughey Centre, Moreland Community Health Service, Arabic 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 phase of the study was funded by Telstra and Dental Health Services and resulted in the development of a community-based intervention framework to promote equity in child oral health. This intervention framework was awarded ARC funding in 2009 and will be implemented and evaluated over the period 2010-2013.

Evaluation of the Stephanie Alexander Kitchen Garden project
The aim of the Stephanie Alexander Kitchen Garden 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. An evaluation of the program was jointly conducted by the McCaughey Centre and Deakin University and completed in 2009. It showed that in the first two years of the program there were clear changes in child attitudes, knowledge, skills and confidence in relation to cooking and gardening. In particular there was strong evidence of increased child willingness to try new foods.

Building the capacity of family day carers to promote the mental health of children living in low socioeconomic areas (2010-2012)
An ARC Linkage project grant was awarded to Dr Elise Davis and team to design, implement and test the appropriateness, acceptability, feasibility, cost and effectiveness of an intervention that builds the capacity of Family Day Care settings to promote children’s positive mental health, in partnership with VicHealth, Family Day Care Australia and Windermere Family Day Care.

Bushfire Research Program
The Jack Brockhoff Child Health and Wellbeing Program, McCaughey Centre, University of Melbourne, is engaged in a program of research studies addressing community health and wellbeing in the context of bushfires. These studies are being conducted with academic colleagues in partnership with community, emergency and government agencies to ensure the relevance of the approach and the findings and immediate translation into targeted outcomes. This program of research provides a means for a coordinated response to bushfires, capitalising on the resources and expertise of all stakeholders.

Analysis of Community Fireguard Group members’ experiences of the 2009 Victorian bushfires
Gibbs L, MacDougall C, Clark R, Kulkens M, Rhodes A, Niall E, Clode D. This study was conducted for, and in partnership with, the Country Fire Authority to gain insight into Community Fireguard (CFG) group members’ experiences and perceptions of the CFG program, particularly in the context of the post-fire period following the Black Saturday fires in Victoria on 7 February. The CFG program encourages neighbourhood groups to form in bushfire risk areas and provides training to the groups to assist them to become prepared in relation to property defence or safe departure from the area in the event of fire. To conduct the study, focus group discussions were held with 47 members of seven CFG groups in fire-affected areas. The research participants told of many ways in which their CFG groups assisted them to prepare for the bushfires physically and psychologically. As a result, participants said that they had increased their chances of protection from fire, and as a consequence, their chances of survival. For these groups, the CFG program achieved its objectives. The research was also helpful in identifying the focus of future program improvements.

An additional aspect of the above research was the spontaneous introduction of photographs to the discussion by participants. The research team conducted follow-up interviews with these participants to explore the meaning and role of photography. Photographs helped participants to explain the experience of the bushfires to others, to support their own recovery, to act as a record of the event, and to appreciate the beauty and visual images of the fire.

Bushfire Recovery – Hearing Children’s Voices
Gibbs L, MacDougall C, Priest N, Waters E, Clode D, Clark R, Davis E
Recognition of the right of children to report on their own experiences and their recovery needs has led to consideration of how they could be engaged in post-bushfire research. However, the vulnerability of children, particularly following a highly traumatic disaster experience, means that their participation cannot be assumed. In this study we consulted internationally with child health and trauma researchers regarding the role of children as participants in disaster research. This work, funded by the Australian Research Alliance for Children and Youth, informed the development of an appropriate and ethical approach to researching and understanding children’s post-disaster recovery needs through collaboration with child research and trauma experts.
A five-year study of individual and community recovery needs in bushfire affected communities is being conducted (pending confirmation of funding). This is being developed and conducted in partnership with six PCPs in bushfire affected communities:

- Outer East Health and Community Support Alliance.
- Bendigo Loddon Primary Care Partnership.
- Lower Hume Primary Care Partnership.
- Central West Gippsland Primary Care Partnership.
- Banyule Nillumbik Primary Care Alliance.
- Central Hume Primary Care Partnership.

The other partners to this study are Australian Red Cross, Australian Rotary Health, Victorian Department of Health, Centrelink, Australian Centre for Posttraumatic Mental Health, University of Melbourne, University of New South Wales and Flinders University.

This research program aims to profile the trajectories of individual and social response to the Victorian 2009 bushfires using multiple methodologies and involving multiple community partners. It will survey affected and unaffected communities to map the predictors and outcomes of mental health and social functioning in children, adolescents and adults. Conducting the research over five years and focussing on social networks will provide new insights into the interplay between individual and community factors and their influence on recovery from natural disaster over time. The research findings will thereby expand understanding of long-term disaster recovery needs for individuals and communities.

A key feature of the Bushfire Program of research is the partnership approach. The connection between the research partners and the research participants is considered a valued and ongoing relationship in which there are likely to be shared interests and which will be maintained through ongoing communication and feedback.
implementation processes and sustainability factors. This project 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.

**Knowledge translation strategies for obesity prevention**

Knowledge Translation for Obesity Prevention (KTOP) is an innovative research partnership project that aims to assess the effectiveness of knowledge translation strategies in Victorian local governments for obesity prevention. 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 also were 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, began in 2009.

Informed by the initial study components, the trial is evaluating the effectiveness of a number of strategies that are intended to increase the use of research evidence in local government public health decisions.

**Community Indicators Victoria**

Key achievements of the Community Indicators Victoria (CIV) team included the following:

- Ongoing provision of multi-domain community wellbeing data. Data was made available at a local government areas (LGA) level for all 79 LGAs. Data was accessible via the mapping and report creation functions of the CIV website.
- Continued expansion of the CIV user base. In 2009, hits on the CIV website more than doubled from 100,000 to 232,000. Registered members also doubled over the 12 months to 1750.
- The development and delivery of consultancy services. A range of consultancy project were delivered including:
  - VEAC: Application of CIV community wellbeing framework to understanding the contribution public land makes to Melbourne’s liveability.
  - Boroondara City Council: Evaluation of Council’s community wellbeing indicators framework and recommended changes.
  - Sydney City Council: Developing and using community indicators.
- Workforce development. It was a privilege for the CIV team to work with the OECD World Project on Measuring the Progress of Societies and their partners to co-deliver two short courses in Melbourne and to deliver content in the OECD short courses held in Asia Pacific and Australia (Canberra).
- Capacity building program. One highlight was the leadership role taken by the CIV team to develop and facilitate a national workshop on the development and use of local community wellbeing indicators at the Australian Community Indicators Summit.

- Strong support of registered CIV members. An online survey of registered members revealed that the primary way that CIV resources are being utilised is to support planning and policy development. Most people surveyed agreed that CIV indicators and online data were ‘extremely to generally useful’.

**CONFERENCES AND PUBLIC PRESENTATIONS**

McCaughey Centre staff attended a range of local and international conferences throughout 2009, 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 are included below.

**January**

Professional development for Services Innovation staff at Foundation House. **Warr D. Riggs E** and **Block K**.


‘Community Indicators Victoria: Consolidating a state-wide platform of community wellbeing indicators’, Presentation to the Darebin City Council. **West S**.

‘Community Indicators Victoria: A tool for community engagement, policy and planning’, presentation to the Darebin City Council. **West S**.

‘Community Indicators Victoria: A tool for community engagement, policy and planning’, presentation to the City of Sydney. **West S**.

‘Developing and using community indicators: Lessons Community Indicators Victoria’, presentation to the Local Government Planners Network, NSW. **West S**.

**February**


Presentation of research findings to the Neighbourhood Renewal Managers meeting. **Warr D.**
MCCAUGHEY CENTRE SEMINAR SERIES

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 2009 seminar series are included below:

- **4 March**, ‘Domesticity and the two scripts of public space: The role of autotomy and enclosure’, Dr Rowland Atkinson, Associate Professor and Director of the Housing and Community Research Unit, School of Sociology, University of Tasmania.

- **10 March**, ‘Music, Wellbeing and Adolescents’, Dr Katrina McFerran, Senior Lecturer – Music Therapy, Faculty of Music, University of Melbourne.

- **31 March**, ‘The Cochrane method: navigating your way through a complex systematic review’, Professor Elizabeth Waters, Jack Brockhoff Chair of Child Public Health, McCaughey Centre.

- **28 April**, ‘Philanthropy: perspectives, reflections and signposts for the future’ – joint presentation, ‘Glass Pockets’, Elizabeth Cham, Research Fellow In Philanthropy, the University of Melbourne, and ‘Philanthropic Relationships’, Wendy Brooks, Director, Advancement and Communications, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne.

- **12 May**, ‘Citizens’ Juries and socially inclusive decision-making: potentials and pitfalls’, Dr Annie Bolitho, Executive Officer, Melbourne Sustainable Societies Institute, University of Melbourne.

- **26 May**, Working without commitments: precarious employment and health, Professor Wayne Lewchuk, Labour Studies Program, Department Of Economics, McMaster University, Canada.

- **9 June**, ‘Working in interdisciplinary teams’, Dr Marion Frere, Deputy Director, McCaughey Centre, Associate Professor Tony LaMontagne, Principal Research Fellow, McCaughey Centre, Professor Elizabeth Waters, Jack Brockhoff Chair of Child Public Health, Health, McCaughey Centre.

- **23 June**, ‘Climate change, health and wellbeing’, Professor John Wiseman, Director, the McCaughey Centre, and Taegen Edwards, Research Fellow, The McCaughey Centre.

- **30 July**, ‘Community University Partnerships in Practice: CUPP at Brighton, UK’, Professor Angie Hart, Professor of Child, Family and Community Health, University Of Brighton.

- **25 August**, ‘Science, magic, skills and the art of success with NHMRC and ARC’ Professor Elizabeth Waters, Jack Brockhoff Chair of Child Public Health, the McCaughey Centre, Professor Anthony Scott, Professorial Fellow, School of Population Health, University of Melbourne, Professor John Matthews, Professorial Fellow, School of Population Health, University of Melbourne, Dr Tania Bezzobob, Manager Research Development, Melbourne Research Office, Professor Janet McCalman, Centre for Health and Society, University of Melbourne.

- **22 September**, ‘The developmental systems framework for preventative practice in disadvantaged communities: Moving from small scale demonstrations to large scale practice’, Professor Ross Homel AO, Professor of Criminology and Criminal Justice, Director, Griffith Institute for Social and Behavioural Research, Griffith University.

- **6 October**, ‘Coming forward: the underreporting of violence against gay, bisexual and transgender Victorians’, William Leonard, Research Fellow, Australian Research Centre in Sex, Health and Society, La Trobe University, and Associate Professor Anne Mitchell, Director, Griffith Institute for Social and Behavioural Research, Griffith University.

- **27 October**, Growing Community: the social impacts of the Stephanie Alexander Kitchen Garden Program, Karen Block, Research Fellow, the McCaughey Centre.

- **24 November**, ‘Understanding and responding to place-based disadvantage: insights from the Victorian Neighbourhood Renewal strategy’, Dr Deborah Warr, Research Fellow, the McCaughey Centre.

- **17 December**, PhD confirmation seminar: Refugee Youth, Social Inclusion and Health, Karen Block, PhD candidate, the McCaughey Centre.

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/mccaughey-centre/
‘Occupational light vehicle use: DHS risk and protective factors’, 7th National OHS Regulatory Research Colloquium, Australian National University, Canberra. Stuckey R, LaMontagne AD, Sim MR and Glass D.

‘Are precariously employed workers less likely to participate in occupational health & safety?’, 7th National OHS Regulatory Research Colloquium, Australian National University, Canberra. Keegel TG, Dharman S, Erbas B, Nixon R and LaMontagne AD.

‘Shaping the regulatory space: The context for action on stress’, 7th National OHS Regulatory Research Colloquium, Australian National University, Canberra. Blessett V, Shaw A and LaMontagne AD.

‘Climate change, community wellbeing and social justice: Implications for community sector action’, presentation to Communities in a Changing Climate: Social and Equity Impacts of Climate Change and the Community Sector, conference co-hosted by the McCaughey Centre and VCOSs, Melbourne. Wiseman J.

March

Addressing racism in Australia, Deakin University and the Department of Human Services 3rd Annual Peter Quall Oration, Geelong. Paradies Y.

Racism and Indigenous health, VACCHO/VAHS Public Health seminar, Melbourne. Paradies Y.

Understanding and preventing systemic racism in Victoria, presented to senior executive staff of the Department of Human Services, Melbourne. Paradies Y.

Paradies Y.

‘When flora, fauna and Shakespeare codify stigma: The discrediting of public housing and its implications for the neighbourhood’, Housing and Theory Symposium, State Library, Melbourne. Warr D.


‘Current research, career path, and feedback on mentoring process for AHIP NHMRC Capacity Building Grant’, Australian Health Inequities Program Annual Retreat, Melbourne Business School, Mt Eliza, Victoria. LaMontagne AD.

‘Climate change vulnerability and resilience: Conceptual measurement and strategic challenges’, presentation to OECD conference, Measuring the Progress of Societies: Key Issues for the Asia and Pacific Region, Kyoto. Wiseman J.

‘Community engagement and climate change: Benefits, challenges and strategies’, presentation to Climate Change: Global Risks, Challenges and Decisions, Copenhagen. Wiseman J.

April

Racism and youth health, Indigenous Adolescent Health Meeting: Research Now and Into the Future. Priest N and Paradies Y.

‘What’s wrong with being poor? Tracing the sources of neighbourhood stigma’, British Sociological Association Annual Conference, Cardiff. Warr D.

‘Precarious employment and psychosocial stressors at work: Relationships with mental health in two samples of working Australians’, Menzies Research Institute seminar, University of Tasmania, Hobart. LaMontagne AD.

‘Tackling complex population-level public health Cochrane reviews – Partnerships to develop appropriate methods, set priorities and produce exemplar reviews’, 12th World Congress on Public Health, Istanbul, Turkey. Waters E, Doyle J and Armstrong R.


May

‘Why job quality matters: Precarious employment, working conditions, and mental health’, Victorian Department of Human Services, Social Policy Executive, Melbourne. LaMontagne AD and Charlesworth S.

Family violence reform in Victoria: Early outcomes from focus groups with regional family violence coordinators and committee chairs, Victorian Government Family Violence Roundtable, Melbourne. Frere M.

June


‘Time trends in job control in a sample of working Victorians: 2001–2004’, 8th Industrial and Organisational Psychology Conference (IOP), Sydney. LaMontagne AD and Bentley R.

Involving children and young people in research to promote their health and wellbeing, Vice Chancellor’s Steering Committee on Children’s Rights, Participation and Citizenships, University of Melbourne. Priest N, Paradies Y, Gibbs L, Davis E, Rigs E, Block K and Waters E.

The impacts of racism, Roundtable on Research on Racism Towards Indigenous Australians, Perth. Paradies Y.

‘Socio-demographic factors and psychosocial stressors at work: Relationships with mental health in a Victorian sample’, beyondblue seminar, Melbourne. LaMontagne AD and D’Souza R.

‘Working in interdisciplinary teams’, McCaughey Centre seminar, Melbourne. Frere M, Waters E, LaMontagne AD.
Multicultural stories shape Teeth Tales

The ways in which different cultural groups care for their teeth is the subject of Teeth Tales, a new study by the McCaughey Centre at the Melbourne School of Population Health.

The Centre was awarded an Australian Research Council grant of $491,000, together with a further $400,000 from Merri Community Health Services in Moreland, as well as cash and in-kind support from study partners, to enable a community-wide intervention and evaluation of child oral health amongst refugee and migrant groups.

This funding means the University, in partnership with community groups, can develop more culturally appropriate ways of delivering oral health care and improve child oral health. Merri Community Health Services, Arabic Welfare, Victorian Arabic Social Services, Pakistan Association Australia Melbourne, Moreland City Council and Dental Health Services Victoria are all part of the Teeth Tales program.

“‘There are different ways of practising oral health, the ‘one size fits all’ model isn’t going to address the issue. We need to be culturally sensitive in the way these services are delivered,’” says study manager, Dr Lisa Gibbs, Senior Research Fellow at the McCaughey Centre.

The initial exploratory research for this program, conducted by Research Fellow Elisha Riggs, began with the discovery that the oral health practices and beliefs of various refugee and migrant groups were not well known and many had difficulty accessing oral health care, Dr Gibbs says. For example, some migrants avoid toothpaste due to concerns that it doesn’t meet halal requirements; while other newly arrived migrants may not be aware tap water in Australia is safe to drink.

These factors can mean their children do not access fluoride needed for oral health.

Some families from Muslim communities traditionally use a “miswak” chewing stick to keep their teeth clean, and this also ties in with religious and cultural beliefs. It is important that dental professionals know about these alternative methods, she says.

“It’s not about saying you shouldn’t be doing this, it is about understanding the different cultural practices and appreciating them, so that they become part of discussions about oral health care.”

The University will work with the study partners to develop the pilot program. They will conduct a child oral health screening and parent questionnaire for around 1000 children under five and review the oral health services being offered through councils and community health centres in Moreland and a comparable local government area to provide support in achieving cultural competence. Child oral health education is usually run through kindergartens and preschools but many refugee and migrant groups don’t use these services, Dr Gibbs says. Instead, the Teeth Tales team will work with peer educators within various cultural community groups. They will also organise group dental clinic visits, as an introduction to the service.

“It’s not just dental services; there are broader issues around parenting support and parenting practices that can impact on oral health,” she says. After four years, it is hoped this new model will expand to other community groups across Victoria.

“It’s a great example of the work we are doing in partnership with community groups, to achieve improved equity, health and wellbeing of the community.”
Involving children and young people in research to promote their health and wellbeing. Vice Chancellor’s Steering Committee on Children’s Rights, Participation and Citizenship, University of Melbourne. Priest N, Paradies Y, Gibbs L, Davis E, Riggs E, Block K and Waters E.

July


‘Workplace stress in Victoria: Developing a systems approach’, Keynote speaker at SOS—Stop Occupational Stress conference, Australian Nursing Federation, Melbourne. LaMontagne AD.

‘Bushfire Recovery Initiative: Health, wellbeing and communities’, at Bushfire Research After February 7: What can we expect and what’s needed, RMIT University. Waters E.

‘Fear, hope and transformation: Engaging communities in responding to the challenges of climate change’, presentation to Changing Climate, Changing Communities, conference co-hosted by International Association for Public Participation (IAP2) and the McCaughey Centre, Melbourne. Wiseman J.

‘Developing and using local community indicators: Lessons from Victoria’, Presentation to the OECD Short Course, Canberra. West S.

‘Developing and using local community indicators: Lessons from Victoria’, Presentation and workshop at National Community Indicators Summit, Brisbane. West S and Cox D.


August

‘Workplace stress in Victoria: Developing a systems approach’, Crises in Organisations and Development Conference, Deakin University Faculty of Business & Law, Melbourne. LaMontagne AD.

‘Psychosocial working conditions and mental health: Assessing the problem and developing policy and practice responses’, University of Adelaide, School of Population Health. LaMontagne AD.

‘Assessment of research impact: An Australian case study – Workplace stress in Victoria: Developing a systems approach’, University of Adelaide, School of Population Health. LaMontagne AD.

Racism as a determinant of health, Master of Psychiatry Program (Transcultural Mental Health Selective), University of Melbourne. Klocker N and Paradies Y.

Conceptualising and measuring racism, Murdoch Childrens Research Institute Seminar Series, Melbourne. Paradies Y.

Psychosocial working conditions and mental health: Assessing the problem and developing policy and practice responses, University of Adelaide, School of Population Health. LaMontagne AD.

Assessment of research impact: An Australian case study – Workplace stress in Victoria: Developing a systems approach, University of Adelaide, School of Population Health. LaMontagne AD.


‘Exposures to workplace psychosocial stressors and relationships with mental health in an Australian sample’, Australasian Epidemiological Association (AEA) 18th Annual Scientific Meeting, Dunedin, New Zealand. LaMontagne AD, D’Souza R.


‘Are precarious employed workers less likely to participate in occupational health and safety?’, Australasian Epidemiological Association (AEA) 18th Annual Scientific Meeting, Dunedin, New Zealand. Koegel T, Erbas B, Dharmage S, LaMontagne AD.

‘Combined exposures to workplace psychosocial stressors: Relationships with mental health in a sample of NZ cleaners and clerical workers’, Australasian Epidemiological Association (AEA) 18th Annual Scientific Meeting, Dunedin, New Zealand. Lilley R, LaMontagne AD.


September


Addressing racism as a determinant of health, presented at the Public Health Association of Australian Annual Conference, Canberra, ACT. Paradies Y and Klocker N.

Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria. Museum Victoria, Melbourne. Paradies Y.
Addressing racism in Australia, Guest Lecture in Health Promotion Course, University of Melbourne, Melbourne. **Paradies Y.**

Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria, Social Justice Initiative Seminar Series, Melbourne. **Paradies Y.**

‘Measuring the quality of life of children and adolescents with cerebral palsy’, Workshop presented at the American Academy of Cerebral Palsy and Developmental Medicine, Arizona, USA. **Davis E and Narayanan U.**

‘Got it? Got it Good! Working with communities to improve health and well-being in poor neighbourhoods’, Public Health Association Australian Annual Conference, Canberra. **Warr D.**

‘Hearing children’s voices beyond the adult influence’, 9th European Sociological Association Conference, Lisbon. **LaMontagne AD.**

‘Understanding and addressing racism against Indigenous Australians, Change Course, Oxfam Australia, Melbourne. **Paradies Y.**

Defining Racism and Cultural Competence, Workshop on systemic racism and cultural competence, Department of Human Services Positioning Aboriginal Services for the Future Joint Agency Working Group, Melbourne. **Paradies Y.**

Applying social inclusion and the politics of recognition: On Indigeneity, racism, poverty and health in Australia. Guest lecture in social inclusion and the politics of recognition, University of Melbourne. **Paradies Y.**

Building a Model for Addressing Systemic Racism, workshop on systemic racism and cultural competence, Department of Human Services Positioning Aboriginal Services for the Future Joint Agency Working Group, Melbourne. **Paradies Y.**

‘Occupational cancers: Current status and future directions’, WorkSafe Week OH&S Representatives Conference, Melbourne. **Keegel T** and **LaMontagne AD.**

‘Integrated approaches to occupational health and safety & health promotion’, The Workplace as a Setting for Chronic Disease and Obesity Prevention: Improving Uptake of Successful Programs workshop, Australian and New Zealand Obesity Society Annual Scientific Meeting, Melbourne. **Ferdinand A, Paradies Y, Keegel T** and **LaMontagne AD.**

November

Building on our strengths: A framework to reduce race-based discrimination and support diversity in Victoria, presented at the International Conference on Migration, Citizenship and Intercultural Relations, Melbourne. **Paradies Y, Klocker N, Webster K** and **Turnbull D.**

Building bridges for social inclusion in multi-cultural societies, presented at the International Conference on Migration, Citizenship and Intercultural Relations, Melbourne. **Ferdinand A, Warr D, Kelaher M** and **Paradies Y.**

‘Conducting socially inclusive research’, Researchers for Asylum Seekers: Interdisciplinary Postgraduate Conference, University of Melbourne. **Block K.**

‘Conducting socially inclusive research: Reflections on working with refugee youth’, International Conference on Migration, Citizenship and Intercultural Relations, Deakin University. **Block K.**

‘Building bridges for social inclusion in multi-cultural societies’, Migration, Citizenship and Intercultural Relations Conference, Deakin University. **Warr D** and **Ferdinand A.**

Interviewed for ‘Housing for millions’ episode of Radio National’s Background Briefing program. **Warr D.**

Active or passive parental consent? Implications for the participation of children and young people

October


‘Fear, hope and action: Pathways to a safe climate future’, Wettenhall Foundation Lecture, Melbourne. Wiseman J.

December

‘Having a voice … but is anyone listening? Living in stigmatised neighbourhoods in Australian cities’, Australian Anthropology Society Annual Conference Sydney. Mann R.

The journey after ASSETS, Aboriginal Summer School for Excellence in Technology and Science, Adelaide. Paradies Y.

‘Community forums: Presentation to the community of Craigieburn and Roxburgh Park, research findings’. Robson B.

‘Integrating occupational health and workplace health promotion: Promise & practice’, kNOw Cancer in the Workplace, Canberra. LaMontagne AD.

CENTRE HIGHLIGHTS

In 2009, Dr Deborah Warr and Dr Rose Mann were once again involved in working with communities in Broadmeadows, East Reservoir and Heidelberg West to undertake their biannual community surveys that collect a range of local data to inform Neighbourhood Renewal projects and activities. Broadmeadows conducted their third round of community surveys, while East Reservoir and Heidelberg West conducted second rounds of surveys. To conduct the surveys, university-based partners work collaboratively with local peer-interviewers who are provided with research training to equip them for the tasks of administering face-to-face surveys. The data that are collected are used to appraise the progress of renewal projects, identify key issues and inform local action plans. The information is collated into comprehensive reports and given to neighbourhood action groups comprising of resident and local service provider representatives.

In addition to the value of the surveys for the Neighbourhood Renewal sites, the involvement of McCaughey centre researchers in the Neighbourhood Renewal community surveys has contributed to building improved understanding of relationships between health and neighbourhood. Along with colleagues in the CHPPE, Dr Warr has published five academic papers that analyse data from the community surveys. Dr Warr and Dr Mann undertook a study to examine the benefits and challenges of using participatory research methods for conducting research with disadvantaged and marginalised populations. In 2009 a community report of findings from this research was published by the Centre, ‘Something to take notice: exploring the value and challenges of peer-interviewing as a participatory research method, and an academic paper is in press. Relationships that have been fostered through involvement in the community survey process has also contributed to the development of community-initiated research projects exploring community-based efforts to address circumstances of disadvantage among households and promote social inclusion.

PUBLICATION HIGHLIGHTS

In 2009 the McCaughey Centre produced two book chapters, 27 refereed journal articles, and one refereed conference paper for inclusion in the annual Commonwealth Department of Education, Science and Training (DEEWR) publications count. In addition, the Centre produced six non-refereed journal articles, four major reference works, one non-refereed conference paper and six major reports or working papers throughout 2009. A number of publication highlights are included below, and a full list of publications can be located in the main publications section of this report:


Drawing on evidence of the varied and complex causes of discrimination, the Framework provides themes and settings for action, as well as suggesting a number of actions that can reduce race-based discrimination and support diversity. The Framework aims to support the development of evidence-informed policy, programs and practice, and to assist in the identification of priorities for anti-racism initiatives by non-government and government actors. The Framework is intended for broad usage across government, corporate, non-government and community sectors. The report was launched by the Victorian Deputy Premier in December 2009, and an invited presentation was given to the Social Development Committee of the Victorian Cabinet in February 2010.

Waters E, Davis E, Ronen G, Rosenbaum P, Livingston M, Saigal S. Quality of life instruments for children and adolescents with neurodisabilities: how to choose the appropriate instrument.

There are many misconceptions about what constitutes ‘quality of life’ (QoL). It is often difficult for researchers and clinicians to determine which instruments will best match their purpose. The aim of the current paper is to describe QoL instruments for children and adolescents with neurodisabilities against criteria that we think are important when choosing or developing QoL instrument.

QoL instruments for children and adolescents with neurodisabilities were reviewed and described based on their purpose, conceptual focus, origin of domains and items, opportunity for self report, clarity (lack of ambiguity), potential threat to self-esteem, cognitive or emotional burden, number of items and time to complete, and psychometric properties.
Several generic and condition-specific instruments were identified for administration to children and adolescents with neurodisabilities – cerebral palsy, epilepsy and spina bifida, and hydrocephalus. Many have parent-proxy and self-report versions and adequate reliability and validity. However, they were often developed with minimal involvement from families, focus on functioning rather than well-being, and have items that may produce emotional upset.

As well as ensuring that a QoL instrument has sound psychometric properties, researchers and clinicians should understand how an instrument’s theoretical focus will have influenced domains, items, and scoring.


The paper represents a research outcome as well as a knowledge translation and exchange effort. It is based on continuing collaboration between Associate Professor LaMontagne and Professor Glorian Sorensen’s group at the Harvard School of Public Health. The Small Business Exposure Index was developed as a combined needs assessment and intervention effectiveness evaluation tool for measuring organisations’ efforts to prevent exposures to hazardous substances in the workplace. The paper presents the rationale and development of the instrument, as well as a reliability study and baseline distributions of the measure from 149 manufacturing processes in 25 Boston-area small businesses participating in the Healthy Directions/Small Business cancer prevention intervention trial. Publication in an open access electronic journal enabled co-publication of the instrument itself as well as guidance for its administration, thus allowing open sharing of the instrument for use or adaptation by policy-makers and practitioners as well as researchers.


This paper, based on a Victorian working population survey and co-authored with Canadian collaborators, found that women in casual or contract jobs were 10 times more likely to experience unwanted sexual advances at work compared to women in more secure permanent full-time positions. It attracted significant media coverage and community interest, including a presentation to the Sex Discrimination Commissioner’s Office, Australian Human Rights Commission in Sydney (29 June 2009).


The completion of the evaluation of the Stephanie Alexander Kitchen Garden Program was marked by the delivery of a final report to the Stephanie Alexander Foundation and the participating schools. Evaluation of the primary school-based program was led by Dr Lisa Gibbs and a team of Deakin University investigators, and conducted by McCaughey Centre researchers Dr Karen Block and Britt Johnson. The evaluation showed that in the first two years of the program there were clear changes in child attitudes, knowledge, skills and confidence in relation to cooking and gardening. In particular there was strong evidence of increased child willingness to try new foods. The findings were immediately used by the Foundation to assist them with their program reviews and improvements as part of the national extension of the program. They will also make a significant contribution to the limited evidence base about the impact and outcomes of school-based cooking and gardening programs.
The Centre for Health Policy, Programs and Economics (CHPPE) 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.
Ms Justine Fletcher, Dr Kylie King and I won the Australasian Evaluation Society’s 2009 Award for Excellence in Evaluation for our previously mentioned evaluation of the ATAPS initiative. One of our PhD students, Ms Kristen Moeller-Saxone, was the recipient of an Australian Society for Psychiatric Research Grant-In-Aid Award and a Schizophrenia Fellowship of NSW Research Trust Fund Bursary. Two other PhD students, Ms Sonja Hood and Mr Kiu-siang Tay-Teo, submitted their theses.

Ms Rosemary McKenzie facilitated a Strategic Planning Day in June, and there was great enthusiasm for continuing to strengthen the directions of the Centre. Everyone contributed to a productive discussion about the future directions of the Centre, and there were a number of great suggestions for ways of strengthening the centre’s role. In particular, a number of the emerging researchers on our staff had some excellent ideas about mentoring and mutual support. I’m proud of what the Centre has achieved in 2009, would like to thank all Centre staff for their unceasing commitment, and look forward to reaching even greater heights in 2010.

**LEARNING AND TEACHING**

Demand for health program evaluation and health economics training remained strong in 2009, reflected in high enrolments for our MPH, higher degree and short course offerings. Interest in these subjects 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. Flexible modes of teaching has enabled part time and off-campus students to have a rewarding learning experience. The adoption of the University-wide Learning Management System (LMS) in most of our subjects has further enhanced learning flexibility for students.

**Master of Public Health**

The MPH continues to be the flagship-teaching program in CHPPE. The consortium subject, Health Economics and Program Evaluation (505-100), attracts a large number of students from the four Victorian MPH Consortium member universities: Deakin University, La Trobe University, Monash University and the University of Melbourne.
Dr Arthur Hsueh and Ms Rosemary McKenzie coordinated the subject with Professor David Dunt, Ms Thoeinie Tacticos, and Dr Lucio Naccarella (Australian Health Workforce Institute) providing additional lectures. A large team of staff expert in health economics and health program evaluation joined the coordinators and lecturers in the delivery of tutorials to the 127 students enrolled in the subject. Thanks to Ms Shelby Williamson, Ms Kristen Moeller-Saxone and Mr Peter Feldman for their assistance in health program evaluation tutoring and to Mr Steve Crowley, Mr Kui-siang Tay-Teo, Dr Katherine Öng and Ms Chiara Mariano for their assistance with health economics tutoring. Thanks too, to Dr Cathy Seigan for her leadership of the subject before commencing maternity leave early in 2009.

As in previous years, MPH students had access to the following suite of health economics/economic evaluation subjects:

- **Health Economics (505-908): Dr Arthur Hsueh (Subject Coordinator).**
- **Economic Evaluation 1 (505-907): Dr Arthur Hsueh / Mr Steve Crowley (Subject Coordinator).**
- **Economic Evaluation 2 (505-907): Mr Steve Crowley (Subject Coordinator).**
- **Research Project in Health Economics (505-906): Dr Arthur Hsueh (Subject Coordinator).**

In health program evaluation, the following subjects were available, in both distance mode and on-campus:

- **Health Program Evaluation 1 (505-509): Ms Rosemary McKenzie (Subject Coordinator).**
- **Health Program Evaluation 2 (505-904): Professor David Dunt and Ms Rosemary McKenzie (Subject Coordinators).**
- **Methods for Evaluating Health Services 1 (505-511): Associate Professor Margaret Kelaher (Subject coordinator).**
- **Research Project in Health Program Evaluation (505-905): Ms Rosemary McKenzie (Subject Coordinator).**

The MPH specialisations offered by CHPPE in either Health Economics/Economic Evaluation or Health Program Evaluation continue to be among the most popular specialisations in the Melbourne School of Population Health. Students complete their specialisation with a two-semester Research Project. In 2009, five 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:

**Daria Bodzak**, supervisors Ms Rosemary McKenzie and Ms Helen McNeill. Evaluating the effectiveness and utility of the Hepatitis C Infoline in Victoria, Australia.

**Danielle Green**, supervisors Ms Rosemary McKenzie and Dr David Thomas (Menzies School of Health Research). Exploring the initiation of smoking among indigenous youth.

**Melanie Louise Heyward**, supervisor Dr Arthur Hsueh. The effects of Australia’s International Medical Graduate (IMG) policy in meeting current and future demand for medical workforce.


**Chee Lim Liew**, supervisor Dr Arthur Hsueh. From the hospital’s perspective, is an Extra-Corporeal Membrane Oxygenation (ECMO) program more cost-effective compared to traditional standard mechanical ventilation approaches (in the absence of ECMO technology) for patients with severe acute respiratory failure? A retrospective case-control analysis in relation to the Alfred Hospital’s experience.

**Susan Binh Luu**, supervisor Associate Professor Bridget Hsu-Hage. Evaluation of readiness to implement web-based antimicrobial stewardship program: Guidance DSM™ at participating Victorian public hospitals.


**Susan Michele Merritt**, supervisors Dr Lucio Naccarella and Ms Rosemary McKenzie. How are incentives to encourage multidisciplinary primary health care teams being experienced by health professionals within community child health teams in Victoria?

**Katherine Gray Monson**, supervisors Associate Professor Bridget Hsu-Hage and Professor Jane Pirks. The development of protocol for evaluating consumer participation at the local level, at Orygen Youth Health.

**Gaye Elizabeth Moore**, supervisor Associate Professor Margaret Kelaher. Prospective validation of a predictive model that identifies homeless people who are at risk of re-presentation to the emergency department.

**Belinda Ann Rice**, supervisor Associate Professor Margaret Kelaher. Evaluation approach to the Positive Education Program.

**Emily Jean Roberts**, supervisor Professor David Dunt. The development of an evaluation framework for the bilingual staff at the Women’s Program.
Daniel Mark Schiftan, supervisors Ms Rosemary McKenzie and Professor Peter Colman. A RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) evaluation of the implementation of the Melbourne Health Intravenous Insulin Infusion Policy.


Alison Smith, supervisors Ms Rosemary McKenzie and Professor David Dunt. Strengthening the child participation building block of Child Friendly Cities: A literature review.


(Bella) Hwee Ngan Tan, supervisor Dr Bridget Bassilios. Evaluation of the Living Well Program (The Melbourne Clinic).

Mary Tsouvalakis, supervisor Mr Andrew Dalton. The economics of medical malpractice in Australia in private practice. To examine the economic impact of recent reforms in medical malpractice.

Allison Margaret Yates, supervisors Professor David Dunt and Dr John Furler. Implementation of a nurse-led telephone coaching program for people with poorly controlled type 2 diabetes in general practice: A case study evaluation.

Higher Degree Students

There were 19 PhD students enrolled in 2009. Both Ms Sonja Hood and Mr Kiu-siang Tay-Teo submitted their theses during 2009 for examination.

• Kiu-siang Tay-Teo, supervisor Professor Jane Pirkis. Co-Supervisors Professor Robert Carter, Associate Professor Chris Doran and Professor Wayne Hall. Priority setting for prevention of cannabis use in Australia.

• Sonja Gail Hood, supervisor Professor David Dunt. Co-Supervisors Professor Jane Pirkis and Dr Susan Phillips. From evidence to practice: Improving the pharmacological management of heart failure.

Short Courses

The short course in Health Program Evaluation is coordinated and delivered by Ms Helen Jordan, a lecturer at the CHPPE. The course typically runs for three days, but shorter courses (one- and two-day) were also offered and delivered. The three-day course was delivered in the Centre in April, July and November of 2009, and in Brisbane in August (for Old Health) and December (for South East Primary HealthCare Network). Seven two-day courses were run in SA (for SA Department of Health) and one in Melbourne for the Royal District Nursing Service. In addition, a one-day course was run in Canberra for ACT Health. A total of 195 health professionals working in government, health services, health promotion, and the tertiary sector participated. Participants included health professionals from Sri Lanka, Malaysia and Manila.

The courses provide an opportunity for practical, workplace oriented learning about health program evaluation, with a particular emphasis on program evaluation planning and program logic development. The courses also provide the opportunity for health practitioners who share an interest in health program evaluation to network and undertake group work on their own work-based programs.

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 $42 million in funding from key granting bodies such as the National Health and Medical Research Council (NHMRC), 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. During 2009 the CHPPE received $4.1 million in research funding.

Since 2007, the CHPPE has focused its research around four work streams: Health Economics, Law and Public Health, Mental Health and Primary Care. Details of new and existing research activities are set out below under the four work streams, including major grants awarded.

CHPPE 2009 Research Income

- NHMRC $999,068
- ARC $425,565
- OTHER COMPETITIVE GRANTS $259,035
- CONTRACT RESEARCH/CONSULTANCIES $2,448,089
HEALTH ECONOMICS
The Health Economics Work Stream includes general health economics with a particular focus on economic evaluation. In 2009, the research focused on economic evaluation. This work stream was responsible for the economic evaluation component for two major projects that continued from 2008:

- “The impact of Chlamydia on the health and health care system of Victorians – an analysis of available data”, funded by Department of Human Services and;
- “Increasing community pharmacy involvement in the prevention of cardiovascular disease”, funded by the Pharmacy Guild of Australia.

Other 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.”

LAW & PUBLIC HEALTH
In 2009, the Law & Public Health Work Stream:

- Secured ARC funding for a research partnership with the Coroners Court of Victoria. The project will examine responses to coroners public health and safety recommendations. Further details are below.
- Launched studies examining:
  - Why some coronial cases proceed to inquest while others do not.
  - Disciplinary actions against Australian doctors.
  - Disputes over informed consent.
  - Ethics review of multi-centre Indigenous health research.
  - Violence in Indigenous communities.
  - Legal aspects of Open Disclosure.
  - The impact of vehicle emissions laws on suicide rates in Australia.
  - The legality of denying overseas medical students internship positions.
  - The experiences of whistleblowers who expose health care fraud.
  - The national costs of medical malpractice litigation in the United States.

In December, Dr Matthew Spittal joined the group as a Senior Research Fellow. Previously, Matthew was an analyst at the Cancer Council.

Learning from Preventable Deaths: A prospective evaluation of reforms to Coroners’ recommendation powers in Victoria

**Funding Body:** ARC.

**Chief Investigators:** Professor David Studdert, Professor Jane E Pirkis, Professor Graham Sewell (Department of Management and Marketing, University of Melbourne).

**Partner Organisation:** Department of Justice, Office of the State Coroner.

**Description:** Coroners in Australia investigate nearly 13,000 deaths each year and have a unique vantage point on health and safety risks. The public as a whole will benefit from information that helps translate those insights into system changes that work to prevent injuries and accidents from occurring. This project is designed to produce such information. It will also serve stakeholders at several other levels. By illuminating circumstances in which coroners recommendations produce positive change, project findings will help coroners shape and disseminate their prevention messages for maximum effect. Also, for states interested in modifying or boosting coroners’ recommendation powers, our findings will help guide reforms.

**Funding:** $363,296

Existing research activities carried over from previous years include:

- “When informed consent goes poorly: A descriptive study of health care complaints and medical negligence claims.”
- “Drug companies, their patenting strategies and high-cost pharmaceuticals: an empirical investigation.”
- “Legal implications of open disclosure in Australia.”
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 2009. Ms Shelby Williamson and Professor Jane Pirkis completed an evaluation of the Old Government Suicide Prevention Strategy, and a study of an intervention designed to reduce depression and suicide among older Australians. Mr Andrew Dare and Professor Jane Pirkis finalised a cross-national study of media awards for responsible reporting of suicide, in conjunction with colleagues from Belgium and Denmark. Mr Andrew Dare also completed a scoping study examining online mental health content. Ms Justine Fletcher, Dr Kylie King and Professor Jane Pirkis completed an evaluation of the new Medicare Benefits Schedule psychologist item numbers.

A number of previously funded projects continued throughout the year. Professor Jane Pirkis continued to conduct a program of work concerned with suicide prevention through her National Health and Medical Research Council Senior Research Fellowship, and maintained her involvement with the Australian Mental Health Outcomes and Classification Network. Ms Justine Fletcher, Dr Bridget Bassilos, Dr Fay Kohn, Dr Kylie King and Professor 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. Mr Andrew Dare and Professor Jane Pirkis continued to collaborate with colleagues from Sydney and Canberra to develop the Australian Health News Research Collaboration.

2009 also saw the commencement of several new projects. Professor Jane Pirkis, Ms Justine Fletcher, Dr Bridget Bassilos and Dr Fay Kohn were successful in securing funding for an evaluation of the Better Access initiative, and Ms Shelby Williamson and Dr Maria Flanou have done an excellent job of running this project. Ms Justine Fletcher and Dr Kylie King took the lead on a tender to evaluate the Mental Health Professionals Network, were successful in winning it, and have ably conducted the project. Dr Susan Day and Professor Jane Pirkis received funding to evaluate a pilot project which is providing online professional development to mental health workers. Further details of these activities are provided below:

**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:** Professor Jane Pirkis, Ms Meredith Harris (University of Queensland), Professor Lyn Littlefield (Australian Psychological Society), Ms Cathy Mihalopoulos (Deakin University), Associate Professor Grant Blashki (Department of General Practice, University of Melbourne), Professor Philip Burgess (University of Queensland), Mr Tim Coombs (NSW Institute of Psychiatry), Ms Justine Fletcher, Dr Bridget Bassilos, Dr Fay Kohn, Professor Anthony Scott (Melbourne Institute of Applied Economic and Social Research), Ms 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
**Independent Evaluation of the Mental Health Professionals’ Network**

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

**Chief Investigators:** Professor Jane Pirkis, Ms Justine Fletcher, Dr Kylie King, Associate Professor Grant Blashki, Dr Fay Kohn.

**Description:** The Mental Health Professionals’ Network is fostering a collaborative clinical approach to the provision of mental health care through a range of strategies. The evaluation is employing a range of different qualitative and quantitative techniques to explore the processes and impacts of the Mental Health Professionals’ Network.

**Funding:** $441,670

**Evaluation of Mental Health Professional Online Development (MHPOD) Pilot**

**Funding Body:** Victorian Department of Health.

**Chief Investigators:** Dr Susan Day, Professor Jane Pirkis.

**Description:** The aim of the Mental Health Professional Online Development (MHPOD) project is to develop and implement an innovative web-based professional education tool primarily for staff from a range of disciplines in public mental health services. The evaluation is employing a multi-faceted approach to explore the experiences of mental health professionals with MHPOD.

**Funding:** $56,650

**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.”
- “Evaluation of the Old Government Suicide Prevention Strategy.”
- “An evaluation of the new MBS 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.”
- “Online Media Monitoring Project.”
- “Evaluation of a tailored Quitline call back service in Victoria, Australia, for smokers with depression history.”

**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. The previous year 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 was further developed in 2009 with a project that identified interventions to improve the identification of Aboriginal and Torres Strait Islander people in general practice and a project that evaluated a family-centred smoking control program to reduce respiratory illness in Indigenous infants.

In 2009 the Primary Care Work Stream continued to consolidate activities in the national evaluation of 17 projects funded under the Australian Government’s Dementia Initiative. The final 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 evaluation of a number of indigenous health projects was another major area of activity with major input from Associate Professor Margaret Kelaher and Dr Cathy Segan. Two projects were depression-related while Professor David Dunt and others reviewed the activities of beyondblue for the period 2005-10.

Drs Nayana de Alwis and Suranganie Wijesundara, both Visiting Fellows from Sri Lanka, undertook projects during 2009, both in association with VICINNIS, the Victorian Hospital Acquired Infection Surveillance System. Dr Kapila Jayatame, also from Sri Lanka, was involved in reviewing community partnership initiatives in child health.
The Primary Care Work stream attracted funding for the following new projects:

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Funding Body</th>
<th>Chief Investigators</th>
<th>Description</th>
<th>Funding</th>
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<tr>
<td>LEAD (Localities Embracing &amp; Accepting Diversity) Evaluation Support</td>
<td>VicHealth</td>
<td>Associate Professor Margaret Kelaher, Dr Yin Paradies</td>
<td>This evaluation aims to assess the strengths and limitations of a place-based approach to reducing discrimination and promoting diversity; improve knowledge around the primary prevention of discrimination and the promotion of diversity; provide ongoing input and guidance for the implementation of the LEAD program; and explore the relationship between anxiety, depression and discrimination.</td>
<td>$639,754</td>
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<tr>
<td>Cancer Screening Literature Review for the Victorian Cytology Service</td>
<td>Victorian Cytology Service</td>
<td>Dr Susan Day</td>
<td>This project involves a literature review to inform thinking, knowledge and approaches to engaging individuals, groups and communities to participate in organised programs, including population based screening programs.</td>
<td>$55,852</td>
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<tr>
<td>2009 Fitzroy and Collingwood Neighbourhood Renewal Surveys</td>
<td>Department of Human Services</td>
<td>Ms Theonie Tacticos</td>
<td>Neighbourhood Renewal is a government initiative to reduce place-based disadvantage. Community surveys are conducted about every two years by resident peer interviewers to identify community strengths and key problems as perceived by local residents. Theonie provided research training, guided by the research process, analysed the data and provided briefings to residents and local agencies regarding the survey results.</td>
<td>$53,600</td>
</tr>
<tr>
<td>Independent evaluation of beyondblue: the national depression initiative for the period of 2005-2010</td>
<td>beyondblue: the national depression initiative</td>
<td>Professor David Dunt</td>
<td>This evaluation included an assessment of the performance of, and the activity of beyondblue during the period 2005-2010 and was conducted in relation to the beyondblue Strategic Framework for Action for the period 2005-2010 and the beyondblue Evaluation Framework 2005-2010.</td>
<td>$47,125</td>
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<td>Evaluation of the Bilingual Staff at the Women’s Project</td>
<td>Royal Women’s Hospital</td>
<td>Professor David Dunt</td>
<td>This project involves the development of an evaluation framework and evaluation of the ‘Bilingual Staff at the Women’s Project’. The evaluation will explore outcomes for a range of stakeholders, including patients who use bilingual communication, interpreters, bilingual staff, managers, and the community.</td>
<td>$20,000</td>
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</tbody>
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Increasing vaccination among healthcare workers – review of strategies and a study of selected Victorian hospitals

**Funding Body:** Ministry of Health, Sri Lanka.

**Chief Investigators:** Dr Nayana de Alwis, Professor David Dunt, Ms Noleen Bennett, Dr Ann Bull.

**Description:** Literature review and survey of planning activities.

**Funding:** $19,980

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Child Health Partnerships: a critical review of program characteristics, outcomes and their relationship

**Funding Body:** Ministry of Health, Sri Lanka.

**Chief Investigators:** Professor David Dunt, Associate Professor Margaret Kelaher.

**Description:** Literature review.

**Funding:** $19,980

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Existing research activities carried over from previous years included:

- “A study of a family-centred smoking control program to reduce respiratory illness in Indigenous infants.”
- “Improving the Identification of Aboriginal and Torres Strait Islander people in General Practice.”
- “Culturally appropriate diabetes care in mainstream general practice for urban Aboriginal and Torres Strait Islander people.”
- “Mapping use of eye health services by Indigenous people.”
- “Management of depression in patients with chronic obstructive pulmonary disease.”
- “Evaluation of the ‘Go for your life’ Being Active and Eating Well Indigenous Community demonstration Initiative.”
- “Evaluation of Western Hospital Admission Risk Program Chronic Disease Management (HARP CDM).”
- “Development of a quality assurance framework for the Alzheimer’s Australia Victoria Counselling Services.”
- “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.”
- “VicHealth Research Practice Leader Grant – Ethnic and Race Based Discrimination.”
- “Evaluation of the 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 2009 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.

Details of community activities are below:

Committee Memberships

Professor David Dunt
- Member, Defence Health Advisory Committee.
- Member, ADF Mental Health and Well-being Prevalence Advisory Committee.

Ms Rosemary McKenzie
- Member of the Evaluation Working Group of the National Prescribing Service Ltd.
- Member of the Hepatitis C Victoria Take Control Project Advisory Group.

Professor Jane Pirkis
- Australian Representative, International Association for Suicide Prevention.
- Chair, Suicide and the Media Task Force, International Association for Suicide Prevention.
- Member, Research Committee, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne.
- Cluster 8 Leader, Excellence in Research for Australia (ERA), University of Melbourne.

Dr Cathy Segan

Professor David Studdert
- Board Member, Trinity College, University of Melbourne.
- Chair, Steering Committee, Primary Care Research Unit.
- Member of Judging Committee for the Alice S Hersh New Investigator Award, Academy Health.
- Member of University of Melbourne’s delegation to India.
- Member of Committee reviewing Faculty of MOHS’s International programs.

Member of Editorial Boards, Referee and Assessor Services for Journals and Grant Applications

Grant Bodies

Associate Professor Margaret Kelaher
- Member, Public Health Grant Review Panel, National Health and Medical Research Council Project Grants.

Professor Jane Pirkis
- Member, Evaluation Committee, Australian Rotary Health.
- Reviewer, Health Research Board, Ireland.
- Reviewer, Swiss National Science Foundation, Switzerland.
- Reviewer, American Foundation for Suicide Prevention, United States.

Professor David Studdert
- Member, Grant Review Panel, National Health and Medical Research Council Project Grants.

Journals

Mr Andrew Dalton
- Reviewer, Medical Journal of Australia.

Dr Colleen Doyle
- Reviewer (Book), Australian Journal on Ageing.

Professor David Dunt
- Associate Editor, Family Practice.

Dr Arthur Hsueh
- Associate Editor, Journal of BMC Health Service Research.

Mr Helen Jordan
- Reviewer, Journal of Human Lactation.

Associate Professor Margaret Kelaher
- Member Editorial Board, Health Policy.
- Member Editorial Board, BMC Health Services.

Dr Fay Kohn

Professor Jane Pirkis
- Member, Editorial Board, Crisis.
- Member, Editorial Board, International Journal of Mental Health Systems.
- Reviewer, Australian and New Zealand Journal of Psychiatry.
- Reviewer, Crisis.
- Reviewer, Social Science and Medicine.
- Reviewer, BMC Psychiatry.
- Reviewer, Journal of Abnormal Psychology.
- Reviewer, Medical Journal of Australia.
- Reviewer, Social Psychiatry and Psychiatric Epidemiology.
- Reviewer, Australian Psychologist.
- Reviewer, Australian Journal of Psychology.

Professor David Studdert
- Reviewer, Milbank Quarterly.
The Centre for Health Policy, Programs and Economics’ (CHPPE) six-year evaluation of a federal mental health initiative has been recognised with an Australasian award for excellence.

CHPPE evaluated the access to the allied psychological services (ATAPS) component of the Federal Government’s Better Outcomes in Mental Health Care program. Their work gained an Australasian Evaluation Society 2009 Award for Excellence in Evaluation for the Best Policy and Systems Evaluation.

“It is a great program that has increased access to mental health care for people who might otherwise not be able to receive it – for financial reasons or because they live in rural areas and may not be able to access these services,” says Professor Jane Pirkis, Director of the Centre.

The Centre’s evaluation team looked at the divisions of general practice across Australia, which are funded under the federal program to enable General Practitioners to refer patients to allied health professionals for mental health care.

“We were fortunate in that we were able to be on board more or less at the same time as the program was implemented [in 2002], so we’ve been able to evaluate the program as it’s gone along,” Professor Pirkis says.

The team took a multifaceted approach: they developed a data set to help the divisions record information about patients receiving care through the program, the sessions of care they are receiving and the outcomes. “It is difficult to get that sort of data in the community sector. We worked quite hard to show the divisions and the providers within the divisions that the information can be useful for them, for local planning.” The CHPPE team also interviewed stakeholders and produced case studies of the different models particular divisions used.

The evaluation found that outcomes were largely positive for patients and the divisions were using models that best suited their local circumstances.

Professor Pirkis, who was this year promoted to Director of the Centre, says CHPPE has made important contributions to recent improvements in the Australian mental health care system. “There was recognition that there was a real gap: only a small proportion of people with fairly common mental health problems like depression and anxiety were receiving care for those problems and when they were, they were generally only receiving care from their GP. GPs seemed to be a good avenue for people to go a bit further if they needed to and see a specialist mental health provider.”

The award is recognition of the work of the Centre. “We are very methodologically rigorous but at the same time we are pragmatic and we realise that evaluations in the real world have all sorts of complexities that a perfectly designed randomised control doesn’t have. We are quite proud of our approach.”

Having a mix of both clinical and research expertise in the CHPPE team is a strength, Professor Pirkis says. “We’re in unique position of having people who really understand what it is like to be out there as a practitioner.”
• Reviewer, Medical Care.
• Reviewer, Medica Journal of Australia.
• Reviewer, Pediatrics.
• Reviewer, Journal of Empirical Legal Studies.
• Reviewer, Asian Law Journal.
• Reviewer, BMC Health Services Research.
• Reviewer, American Journal of Managed Care.

Other

Dr Bridget Bassilios
• Co-supervision of Valeria Zoteyeva, Masters of Health Psychology student on placement.

Ms Angeline Ferdinand
• Volunteer work for the Asylum Seeker Resource Centre (ASRC) – casework, researcher.
• Tutoring Introduction to Epidemiology for Monash University.
• Tutoring Social and Cultural Perspectives in Public Health for La Trobe University.

CONFERENCES AND PUBLIC PRESENTATIONS

International Conferences


International Seminar Presentations


National Conferences


Workshop Presentations


Doyle, C. (2009). Community care for people with dementia. La Trobe University workshop, La Trobe University City Campus, 29 October.

Poster Presentations


Seminar Presentations


Doyle, C. (2009). Community care for people with dementia. Australian Institute of Primary Care seminar series, La Trobe University, Bundoora, 12 May.


prevalence disorders who may have had difficulty consistent, with the majority being women with high consumers being referred to the projects is now very significant numbers of consumers. The profile of substantial numbers of general practitioners and projects have continued, since 2001, to attract Psychologists and General Practitioners through the complementary Better Access to Psychiatrists, Australia. Despite the more recent introduction of projects have established themselves over time as the projects. Findings indicate that the ATAPS provider-, consumer- and session-level data on purpose designed minimum dataset that collects Care program are examined using a web-based, component of the Better Outcomes in Mental Health The progressive achievements over time of the Australian Journal of Primary Health. G & Burgess P. 2009. Australian primary mental Fletcher J, Pirkis J, Bassilios B, Kohn F, Blashki beginning at page 105. please refer to the full school Publications Report, below. For details of all 2009 CHPPE publications of 2009 peer reviewed journal articles are provided chapters, reports and conference papers including 27 peer reviewed journal articles in 2009. A selection of 2009 peer reviewed journal articles are provided below. For details of all 2009 CHPPE publications please refer to the full school Publications Report, beginning at page 105.


The progressive achievements over time of the Access to Allied Psychological Services (ATAPS) component of the Better Outcomes in Mental Health Care program are examined using a web-based, purpose designed minimum dataset that collects provider-, consumer- and session-level data on the projects. Findings indicate that the ATAPS projects have established themselves over time as a cornerstone of mental health service provision in Australia. Despite the more recent introduction of the complementary Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule program, the ATAPS projects have continued, since 2001, to attract substantial numbers of general practitioners and allied health professionals and deliver services to significant numbers of consumers. The profile of consumers being referred to the projects is now very consistent, with the majority being women with high prevalence disorders who may have had difficulty accessing mental health care in the past. The nature of sessions being delivered through the projects has also reached a point of consistency, with the majority being individual-level, cognitive behavioural therapy-based sessions of around one hour in length. The only variation in session delivery is related to the charging of a co-payment. There is good evidence that the projects are achieving positive outcomes for consumers.

Mello, M., Studdert, D., & Brennan, T. 2009. Shifting Terrain in the Regulation of Off-Label Promotion of Pharmaceuticals. New England Journal of Medicine. 360 (15) : 1557-1566. Extract: In regulating the promotion of unapproved, or off-label, uses of approved drugs, the Food and Drug Administration (FDA) has sought to strike a balance between supporting the ability of physicians to prescribe according to their best clinical judgment and preventing drug manufacturers from inappropriately driving prescribing practices. The agency has long maintained the general position that although physicians may freely prescribe drugs for off-label uses, drug manufacturers may not promote such uses. However, the FDA’s specific regulatory strategy has varied over time, particularly regarding the extent to which manufacturers may disseminate information about off-label uses.

Ong, KS., Kelaher, M., Anderson, I., Carter, R. 2009. A cost-based equity weight for use in the economic evaluation of primary health care interventions: case study of the Australian Indigenous population. International Journal for Equity in Health. 8 : 34. Background: Efficiency and equity are both important policy objectives in resource allocation. The discipline of health economics has traditionally focused on maximising efficiency, however addressing inequities in health also requires consideration. Methods to incorporate equity within economic evaluation techniques range from qualitative judgements to quantitative outcomes-based equity weights. Yet, due to definitional uncertainties and other inherent limitations, no method has been universally adopted to date. This paper proposes an alternative cost-based equity weight for use in the economic evaluation of interventions delivered from primary health care services. Methods: Equity is defined in terms of ‘access’ to health services, with the vertical equity objective to achieve ‘equitable access for unequal need’. Using the Australian Indigenous population as an illustrative case study, the magnitude of the equity weight is constructed using the ratio of the costs of providing specific interventions via Indigenous primary health care services compared with the costs of the same interventions delivered via mainstream services. Applying this weight to the costs of subsequent interventions deflates the costs of provision via Indigenous health services, and thus makes comparisons with mainstream
more equitable when applied during economic evaluation.

Results: Based on achieving ‘equitable access’, existing measures of health inequity are suitable for establishing ‘need’, however the magnitude of health inequity is not necessarily proportional to the magnitude of resources required to redress it. Rather, equitable access may be better measured using appropriate methods of health service delivery for the target group. ‘Equity of access’ also suggests a focus on the processes of providing equitable health care rather than on outcomes, and therefore supports application of equity weights to the cost side rather than the outcomes side of the economic equation.

Conclusion: Cost-based weights have the potential to provide a pragmatic method of equity weight construction which is both understandable to policy makers and sensitive to the needs of target groups. It could improve the evidence base for resource allocation decisions, and be generalised to other disadvantaged groups who share similar concepts of equity. Development of this decision-making tool represents a potentially important avenue for further health economics research.


Aims: To evaluate changes in Australian news media reporting of suicide between 2000/01 and 2006/07 against recommendations in the resource Reporting Suicide and Mental Illness.

Methods: Newspaper, television, and radio items on suicide were retrieved over two 12-month periods pre- and postintroduction of Reporting Suicide and Mental Illness. Identifying and descriptive information were extracted for each item. Quality ratings were made for a stratified random sample of items, using criteria from the precursor to Reporting Suicide and Mental Illness. Results and Conclusions. There was almost a two-fold increase in reporting of suicide during the study period, with 4813 and 8363 items retrieved in 2000/01 and 2006/07, respectively. The nature of media reporting showed some variability, with an increased emphasis on items about individuals’ experiences and a reduced emphasis on policy and program initiatives. Most strikingly, there was significant improvement on almost all individual dimensions of quality and overall quality. These findings are positive, although there are still clearly some opportunities for improving the way in which the media report and portray suicide. In order to improve standards, continued support should be provided for the dissemination and evaluation of Reporting Suicide and Mental Illness.


Background: This review presents an overview of the published literature on the effectiveness of continuing professional education (CPE), which includes continuing medical education (CME) of different health care professionals in healthcare settings, for improving patient management and patient outcomes. This review summarises key articles published on the subject, including those relating to dementia care.

Methods: A literature search was carried out using the National Library of Medicine’s PubMed database, Cochrane database and Eric databases. Results: Studies on CPE generally provide conflicting evidence on their effectiveness in bringing about a change in professional practices and healthcare outcomes. However interactive, multifaceted interventions, and interventions with repeated inputs appear more effective in bringing about positive changes than traditional non-interactive techniques. There are relatively few studies specifically concerning CPE and dementia care.

Conclusion: This review shows that CPE in dementia care needs to be targeted carefully. Much can be learnt from examining education approaches in the wider professional and medical education literature.

**STAFF**

The CHPPE comprises 29 full time and part time staff, consisting of 25 Academic and three professional staff. The Centre also has eight honorary staff members.

Six new staff joined the Centre in 2009.

- **Dr Maria Ftanou**, **Dr Kylie King** and **Dr Reem Ramadan**. Marie, Kylie and Reem joined the Mental Health work stream and are involved in evaluating national programs which provide mental health services to consumers via various programs funded by the Australian Government.

- **Dr Andrew Gogos** and **Dr Matthew Spittal**. Both Andrew and Matt joined the Law & Public Health group. Andrew is primarily involved in reviewing case files for the ARC funded project ‘When Informed Consent Goes Poorly: A Descriptive Study of Health Care Complaints and Medical Negligence Claims’, while Matthew, a quantitative analyst, works across a number of projects within the group.

- **Ms Amy Parry**. Amy joined the Primary Care work stream and is involved in the CRCAH funded project ‘Improving the identification of Aboriginal and Torres Strait Islander people in general practice’.

Please refer to the School Report for a full list of staff.
OVERVIEW

2009 was a challenging year for the Centre for International Mental Health (CIMH). However, despite a number of difficulties, CIMH programs have continued to develop and flourish. Progress was made in the attention given to transcultural mental health by the Department of Health, with the prospect that this would be an area of priority in the newly released 10-year Victorian mental health strategy. The move of Dr Prem Chopra from CIMH to a key position in the Victorian Transcultural Psychiatry Unit (VTPU) has considerably strengthened VTPU capacity in service development, training and research. CIMH training programs have continued and have given rise to other international leadership programs (in India and Indonesia) derived from the Centre’s well-established International Mental Health Leadership Program, with discussions concerning the development of further programs in Vietnam, Nigeria, the United Kingdom, the Philippines and Taiwan. Continuing support from AusAID and other funding sources has seen a number of the Centre’s international programs consolidated and expanded. The Centre’s human rights work in Indonesia has been rewarded by the establishment of a government human rights program in Aceh. Dr Erminia Colucci’s excellent work in suicide prevention has been acknowledged by Suicide Prevention Australia. The launch of the International Observatory on Mental Health Systems by the Hon Bob McMullan, Parliamentary Secretary for International Development Assistance, has marked a notable commitment to mental health as part of Australia’s development program. The establishment of collaborative arrangements in developing the work program of the Observatory with 10 key academic departments in India, Indonesia, Malaysia, Pakistan, the Philippines and Vietnam has demonstrated the immediate relevance of the Observatory program and the approach to mental health system capacity building in our region. Acknowledgement of the value and importance of the Centre’s mental health system development work by the governments of Indonesia, Sri Lanka and Vietnam gave further impetus to the continuing development of the Centre’s programs in those countries. Notification in December 2009 of the success of the CIMH proposal to Atlantic Philanthropies for the funding of a National Taskforce for Community Mental Health System Development in Vietnam finished the year on a high note and established a firm platform for 2010.

CIMH ADVISORY BOARD

The Centre Advisory Board met on two occasions in 2009. The members of the Board are:

Dr John Mahoney (Chair), UK National Counterpart to WHO Headquarters, Geneva.
Mr Paris Aristote, Director, Victorian Foundation for Survivors of Torture.
The Rev Tim Costello, Chief Executive Officer, World Vision Australia.
CIMH SEMINAR PROGRAM 2009

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<td>23 January</td>
<td>Dr Tadashi Takeshima (Director, Centre for Suicide Prevention, National Institute of Mental Health, Tokyo, Japan)</td>
<td>Suicide prevention in Japan.</td>
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<td>4 March</td>
<td>Professor Naoki Watanabe (Professor of International Studies at Kansai University, Japan, and Associate Professor Peg Levine (University of Tasmania and Monash University)</td>
<td>Introduction to Morita Therapy and its application for mental health development programs.</td>
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<td>15 May</td>
<td>Dr Erminia Colucci (University of Melbourne) and Mic Eales (Southern Cross University)</td>
<td>Imagination. Inspiration. Improvisation. A Visual Arts Enquiry into Understanding Suicide.</td>
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<td>15 May</td>
<td>Dr Erminia Colucci (University of Melbourne) and Mic Eales (Southern Cross University)</td>
<td>Workshop: Surviving Suicide. The Art of Introspection.</td>
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<td>19 June</td>
<td>Associate Professor Harry Minas (Director, CIMH, University of Melbourne)</td>
<td>Making Mental Health A Global Priority.</td>
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<td>17 July</td>
<td>Associate Professor Jong-Ik Park (Kangwon National University, Korea)</td>
<td>The mental health system in Korea: Challenges and opportunities for reform.</td>
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<td>21 August</td>
<td>Associate professor Harry Minas (Director, CIMH, University of Melbourne)</td>
<td>An Update on the International Observatory on Mental Health Systems.</td>
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<td>16 October</td>
<td>Dr Prem Chopra (Consultant Psychiatrist, Victorian Transcultural Psychiatry Unit and Honorary Fellow at CIMH, University of Melbourne)</td>
<td>International Perspectives on Psychiatric Rehabilitation.</td>
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Australian Mental Health Leadership program Completion Seminar, held 11 December

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<td>Dr Sophia J Adams</td>
<td>Beyond the event horizon: Pilot project experiences setting up a neuro-oncology consultation liaison service.</td>
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<td>Dr Agnew Alexander</td>
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<td>John Dermanakis</td>
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<td>Sean Duffy</td>
<td>Leadership and development framework – beyond competencies.</td>
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<td>Dr Manjula O'Connor</td>
<td>Assessment of the need for domestic violence service for the Melbourne Indian community.</td>
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<td>Dr Melissa O'Shea</td>
<td>A smooth ride: Surfing the youth health system at headspace Barwon.</td>
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<td>Joanne Switzerloot</td>
<td>Recipe for mental health reform ... Add a punch of political activism.</td>
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<tr>
<td>Dr Kathryn Turner</td>
<td>Setting up early psychosis services in the Gold Coast District.</td>
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The International Mental Health Leadership Program: iMHLP 2009

The International Mental Health Leadership program was established, in collaboration with the Department of Social Medicine, Harvard Medical School, in 2001. The 2009 program was devoted to the specific purpose of strengthening leadership capacity of key members of the newly established Indonesian Mental Health Association, an organisation that was formed with the assistance of the CIMH-initiated National Taskforce on Mental Health System Development in Indonesia.

The first four weeks of a six-week program consisted of teaching in the following domains:

- Seminar 1: International Mental Health Policy Development.
- Seminar 2: Mental Health Workforce Development.
- Seminar 3: Mental Health Advocacy and Human Rights.
- Seminar 4: Mental Health System Design.

During weeks five and six the Australian Leadership Award Fellowships Program (ALAF) fellows undertook a series of discussions and site visits to Australian NGOs that provide psychiatric rehabilitation and disability support services.

Strengthening the leadership capacity of the first mental health Disabled People’s Organisation (DPO) in Indonesia (the Indonesian Mental Health Association (IMHA)) and its capacity to engage in effective advocacy, consumer and carer support and community education programs was achieved by enabling key people from IMHA to undertake a well-established and highly regarded mental health leadership training program and by facilitating the development of collaborative links between IMHA and key Victorian NGOs that provide psychiatric rehabilitation and disability support services. The activity was fully in accord with the guiding principles and the intended core and enabling outcomes of the Disability for All strategy – a stronger, better informed and more confident mental health DPO would be better placed to influence the development of more effective mental health services and support systems for people with mental illness and their families.

The program successfully met its objectives on both components. The Indonesian Mental Health Association (during the iMHLP) developed its strategic planning. Participants strengthened their knowledge and skills on mental health policy development and mental health system design, as well as establishing networking with several mental health related organisations and people-to-people networks. Members of the IMHA developed a better understanding of the support available for mental health issues, particularly with regard to the carer and consumer movement. Another great success was the establishment of stronger collaboration between IMHA and MIND (Australian-based mental health organisation), which was followed up by a visit from a MIND representative to Jakarta, Indonesia, immediately after the training, to conduct needs assessment for the future collaboration.

Strengthening leadership capacity of the Indonesian Mental Health Association, a newly established DPO in Indonesia

Funding Body: AusAID (ALAF).
Coordinator: Associate Professor Harry Minas.

Description: The purpose of the program was to strengthen the leadership capacity of the first mental health Disabled People’s Organisation in Indonesia (the Indonesian Mental Health Association (IMHAI)) and to strengthen the capacity of IMHA to engage in effective advocacy, consumer and carer support and community education programs.

Funding: $149,208

The Australian Mental Health Leadership Program

The Australian Mental Health Leadership Program (ausMHLP), established in 2005 and offered annually, is a collaborative program of the Centre for International Mental Health (Associate Professor Harry Minas), Queensland Centre for Mental Health Research, University of Queensland (Professor Harvey Whiteford), The Brain and Mind Research Institute, University of Sydney (Professor Ian Hickie), the University of the Sunshine Coast (Professor John Mendoza) and Barwon Health Victoria (Professor Tom Callaly). The program is designed for mental health professionals working in the Australian mental health system who are committed to making a contribution to mental health reform in Australia at an organisational, system or policy level. The course is available to graduates in medicine, allied health professions, nursing, science or social science, who have relevant professional work experience and a commitment to mental health systems development. Managers, clinical leaders and academics at all levels are encouraged to apply. Four three-day workshops were held in 2009, two in Melbourne (mental health leadership and management, team building and change management), one in Sydney (mental health system reform) and one on the Sunshine Coast (mental health policy). The participants in the program carry out a project as part of the program. These projects were presented at the end of program Completion Seminar in Melbourne in December 2009.
Leadership and Management Training Workshop for Royal Australian and New Zealand College of Psychiatrists (RANZCP) Advanced Psychiatry Trainees
This two-day training workshop for psychiatry trainees was commenced in 2009. The training program is organised around the key reform priorities of the Victorian Mental Health Reform Strategy: Because Mental Health Matters. The program enables senior trainees to fulfill College requirements for the leadership and management component of their training, and is accredited by the relevant College training committees.

The program covered:
- **Introduction to Leadership and Management**
- **Mental Health Promotion and Early Intervention**
  Reform area 1: Promoting mental health and wellbeing – preventing mental health problems by addressing risk and protective factors.
  Reform area 2: Early in life – helping children, adolescents and young people and their families.
- **Integrated Mental Health Care**
  Reform area 3: Pathways to care – streamlining service access and emergency responses.
  Reform area 4: Specialist care – meeting the needs of adults and older people with moderate to severe mental illness.
  Reform area 5: Support in the community – building the foundations for recovery and participation in community life.
- **Addressing the Needs of Vulnerable Groups**
  Reform area 6: Reducing inequalities – responding better to vulnerable people.
- **Quality Improvement**
  Reform area 7: Workforce and innovation – improving capacity, skills, leadership and knowledge.
- **Service Planning and Clinical Governance**
  Reform area 8: Partnerships and accountability – strengthening planning, governance and shared responsibilities for outcomes.

Leadership for Mental Health System Development in Indonesia
The Leadership for Mental Health System Development in Indonesia program, developed as one of the components of the National Taskforce program as a two-week version of the International Mental Health Leadership Program specifically for Indonesia, was offered in Jakarta for the first time in March 2009. The course is taught in Bahasa Indonesia. The key developers were two young Indonesian psychiatrists, both graduates of iMHLP, Dr Natalingrum Soediro and Dr Hervita Diatri. A curriculum and training manual is now available for future years in which the program will be offered. There were 30 participants from many parts of Indonesia and from a wide range of disciplines relevant to mental health system development. During the program participants designed and, during the remainder of the year, completed 11 mental health system development projects.

The Leadership for Mental Health System Development in Indonesia program attracted wide support from international organisations.
New grant will support Vietnam’s mental health system

In Vietnam, as in many other low- and middle-income countries, more than 90% of people with serious mental illnesses have no access to treatment. In many cases, their families struggle to care for them or they live in total destitution, says Associate Professor Harry Minas, Director of the Centre for International Mental Health at the Melbourne School of Population Health.

The Centre specialises in mental health systems development in Australia and internationally. Globally, they focus on low- and middle-income countries and post-conflict and post-disaster settings, and have worked in many countries, including Kosovo, Bosnia, Cambodia, East Timor, Sri Lanka and Indonesia.

Their efforts have been recognised with a prestigious Atlantic Philanthropies grant of $US2 million over four years to support their work in Vietnam. This grant has been supported by a further $500,000 from the Australian Government’s AusAID program. Atlantic Philanthropies is a private US charity which awards funding on an invitation-only basis. This is the first time Atlantic Philanthropies has chosen a University of Melbourne project for major funding, reflecting the reputation of the Centre for International Mental Health on the world stage.

The funding allows the Centre to set up a national taskforce to facilitate the development of more effective mental health systems in Vietnam. “In a youthful, post-conflict country experiencing rapid social, economic and cultural change, mental health is a major issue,” Associate Professor Minas says.

“The challenge of providing even the most basic mental health care for people with the most severe mental illnesses is very substantial … this is a great opportunity.”

The taskforce will bring together the key partners, including government ministries, hospitals and academic institutions to work on an agreed development program.

New legislation, workforce training to address the shortage of mental health workers from all disciplines, the design of community mental health services to better respond to the needs of the population, and mental health advocacy groups are just some of the areas the taskforce will work on.

“Our role is to provide the conceptual framework, technical support and advice. Our colleagues in Vietnam will be doing the important work,” Associate Professor Minas says.

“One of the key roles for us is changing the way government and service organisations think about mental health.” The Centre’s International Mental Health Leadership Program, based in Melbourne, was established in collaboration with Harvard Medical School in 2001. The new grant enables this program to be extended. It will be run in Vietnam – and in Vietnamese – for a larger group of people. These graduates go on to work in hospitals, universities and NGOs and, increasingly, in community-based mental health services.

“They will help to build the leadership capability that is required for this sort of change.”

In four years’ time, Associate Professor Minas hopes to see signs of improvement in the care of the mentally ill in Vietnam. “We hope to be able to demonstrate what can be done and the value of treating people in the community, so they can get back to being valued and productive members of their families and communities.”
Mental Health Leadership in Goa
This course has been designed to equip participants in the methods to develop and scale up interventions for people with mental disorders in communities, based on a population model (i.e. to achieve maximum coverage in an administrative unit such as a district). The course is designed to build capacity to meet the goals of the Movement for Global Mental Health (www.globalmentalhealth.org) and the 2007 Lancet series on global mental health. In the second program in 2009 the more than 30 participants comprised of mental health professionals, general physicians, policy makers, representatives of funding agencies, humanitarian agency workers, NGO staff, epidemiologists, anthropologists and members of the user community. Apart from countries in South Asia such as India, Nepal, Bangladesh and Sri Lanka, participants have come from Vietnam, Afghanistan, Germany, Canada, South Africa, UK, USA, Japan, Brazil and Peru.

University Breadth subjects
The Centre for International Mental Health contributes to teaching in two University Breadth Subjects:
- Human Rights and Global Justice
- Catastrophes, Cultures and the Angry Earth

RESEARCH AND MENTAL HEALTH SYSTEM DEVELOPMENT
The research and mental health system development programs of the Centre are very closely linked. It is usual that funding received by the Centre is primary for mental health system development but frequently with a research/evaluation component.

Active projects in 2009 include the following:

Impact of the community mental health system strengthening project in Aceh, Indonesia
Chief Investigators: Associate professor Harry Minas, Suryo Dharmono, Albert Maramis, Hervita Diatri.
Description: This project will investigate the impact of a community mental health system strengthening program in Bireuen District, Aceh, Indonesia (with particular attention to human resources for health and demand side factors) and the relationship between mental illness, disability and poverty.
Funding: $276,916

Development of Suicide First Aid Guidelines for India, Philippines and Japan
Chief Investigators: Dr Erminia Colucci, Associate Professor Harry Minas, Claire Kelly, Anthony Jorm.
Description: This project produced 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 were produced for three countries (Japan, Philippines and India) using expert consensus (i.e. Delphi method). These three countries were 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. The guidelines were made freely available at the Mental Health First Aid website (http://www.mhfa.com.au/Guidelines.shtml) and submitted for publications in an open-access journal.
Funding: Nil.

Mental health research and policy for young people of refugee background
Funding Body: Victorian Foundation for Survivors of Torture.
Chief Investigators: Dr Erminia Colucci, Associate Professor Harry Minas, Jo Szwarc, Carmel Guerra, Georgia Paxton.
Description: This interdisciplinary research project is a collaboration between CIMH, the Victorian Foundation for Survivors of Torture (Foundation House), the Centre for Multicultural Youth and the Royal Children’s Hospital. The project has three components and will be completed in 2010:
1. The application of expert consensus methods to develop a mental health of refugee youth research agenda.
2. A study of experienced practitioners’ views.
Specific Objectives:

- Identify the key mental health activities in Puskesmas in Indonesia.
- Calculate/estimate the annual costs per patient required for provision of a mental health program in the Puskesmas.
- Identify the sources of funding for mental health programs in the Puskesmas.

Cost Analysis Of Mental Health Care in Primary Care Community Health Centre (Puskesmas) In Indonesia

Funding Body: DIKTI Indonesia.

Chief Investigators: Hasbullah Thabrany, Associate Professor Harry Minas.

Description: General Objective: Calculate/estimate the costs necessary for mental health care in primary care centres (Puskesmas) in Indonesia.

Specific Objectives:

- Identify the key mental health activities in Puskesmas in Indonesia.
- Calculate/estimate the annual costs per patient required for provision of a mental health program in the Puskesmas.
- Identify the sources of funding for mental health programs in the Puskesmas.

Funding: IDR 199,850,000 ($25,000)

COMMUNITY ACTIVITIES

Asylum seekers and refugees

The Centre’s long-standing commitment to protecting the mental health and human rights of asylum seekers and refugees was pursued in several ways.

Associate Professor Harry Minas continued to serve on the Immigration Detention Advisory Group, re-constituted, with a substantially broader focus, as the Council on Immigration Services and Status Resolution (CISSR), and as Chair of the Detention Health Advisory Group (DeHAG) since the establishment of the Group in 2006. CISSR continued to provide advice to the Minister for Immigration and Citizenship on all aspects of detention and community programs for asylum seekers, particularly boat arrivals. DeHAG, which advises the Secretary of the Department of Immigration and Citizenship, continued to develop and implement approaches to improved provision of health services to asylum seekers. The achievements of DeHAG include:

- Establishment of the Infectious Diseases Sub-Group.
- Establishment of the Mental Health Sub-Group.
- Development of the Detention Health Framework, which significantly reformed working practices within the detention environment.
- Development of the Royal Australian College of General Practitioners (RACGP) Health Standards for use in Immigration Detention Centres to ensure higher quality health services for people in immigration detention.
- Working towards the development of a Detention Health Data Set to inform improvement and better targeting of health services.

Mental health system development in Indonesia

In 2008, with funding support from AusAID and the Christian Blind Mission (CBM), the National Taskforce for Mental Health System Development in Indonesia was established. Funding details are below:

National Taskforce for Community Mental Health Development in Indonesia

Funding Body: AusAID: Public Sector Linkages program.

Chief Investigator: Associate Professor Harry Minas.

Description: The aim of the activity is to strengthen the capacity of the Indonesian Ministry of Health to plan, implement, manage and evaluate mental health systems at provincial and district levels, and to develop effective and equitable community-focused mental health services. The activity will establish a National Taskforce on Mental Health System Development. Four Taskforce working groups will receive training, mentoring and technical support and will produce proposals on key mental health system elements: [WG1] mental health legislation, policy and financing; [WG2] community mental health workforce; [WG3] integrated hospital and community-focused mental health services; and [WG4] ethics, human rights and advocacy. Local solutions will be developed for long standing problems in mental health system performance. The Activity Concept fills a clear need in Indonesia as identified by the lead counterpart organisation, the Ministry of Health.

Funding: $243,000 (2008-2009)

Mental health system development in the Province of Aceh

The Centre’s work in the Province of Aceh, which commenced in 2005, continued throughout 2009. Aceh now has a functioning, community-focused mental health system. CIMH continues to provide technical support to the Provincial Health Office and to the Bireuen District Health Office. The “Aceh model” of community mental health system development and service provision has been endorsed by the Ministry of Health of the government of Indonesia as a model for development in other provinces. Several conferences and workshops have been held in Aceh, with Associate Professor Harry Minas as keynote speaker, for the purpose of giving other provinces an opportunity to learn from what has been achieved in Aceh over the previous five years.

Mental Health for the South project in the Southern province of Sri Lanka

This project was carried out in collaboration with World Vision Australia (WVA) and World Health Organisation (WHO) Sri Lanka.
The success of the project was such that the Secretary (Health) of the Ministry of Healthcare and Nutrition of the Government of Sri Lanka wrote in January 2009 to Mr Tim Costello (CEO World Vision Australia) and Associate Professor Harry Minas on behalf of the President of Sri Lanka seeking assistance from WVA and CIMH to expand the project in the devastated north of the country. Part of the letter read:

“This Excellency the President is aware of the excellent progress made in developing mental health services in Hambantota and Matara in the Southern Province, where 35,880 patients have now received treatment. The priority now will be to improve services in Galle. The World Health Organisation (WHO) has been able to fund a team to work with our Ministry of Health to develop services in the Southern Province. This has been made possible by the generous donation from World Vision, Australia (WVA) and with the advice of the Centre for International Mental Health (CIMH) at the University of Melbourne ...

I suggest that WVA, CIMH, the Sri Lankan College of Psychiatrists and WHO work with our Ministry of Health to draw up plans to respond to the needs of Sri Lankans who experience mental health problems/mental illness and particularly those affected by war … His Excellency has also said he would like to meet you (or your representative) if that is possible when you are next in the Country.”

— Dr Athula Kahandaliyanage, Secretary (Health), Ministry of Healthcare and Nutrition, Sri Lanka

**Mental health system development in Vietnam**

**Reform of the system of social protection centres for people with severe chronic mental illness**

At the invitation of the Ministry of Labour, Invalids and Social Affairs (MOLISA) of the Government of Vietnam, through WHO Vietnam, Associate Professor Harry Minas carried out a consultancy to examine the system of social protection centres for people with severe chronic mental illness and to make recommendations concerning the reform of this system. The report presented to the Vice-Minister responsible for social protection on 17 July 2009 contained 12 recommendations, all of which were accepted by MOLISA, and a timeline for a program of work. MOLISA has engaged the Research and Training Centre for Community Development, Hanoi, to begin work on a number of the recommendations, and began to plan a visit to Melbourne by a senior MOLISA delegation led by the Vice Minister to occur in 2010.

**Establishment of a National Taskforce for Community Mental Health System Development in Vietnam**

CIMH has been working consistently in Vietnam since 1994. In December 2009 CIMH was awarded a four-year, US$2 million grant to establish a Vietnam Mental Health Taskforce. Modelled on the Centre’s successful work in Indonesia, the Taskforce will be led by the Ministry of Health and will become the main impetus for mental health system reform and development in Vietnam. Among the areas of focus for the Taskforce will be policy development and mental health system financing, community-focused mental health service design, human resources for mental health, the mental health of children and youth, and advocacy and human rights of people with mental illness. As well as the Ministry of Health, it is anticipated that other parts of government, particularly the Ministry of Labour, Invalids and Social Affairs and the Ministry of Education, will be key partners in the work of the Taskforce, as will university departments, civil society organisations and other key stakeholders.

**National Taskforce On Community Mental Health System Development for Vietnam**

**Funding Body**: Atlantic Philanthropies. (2010-2013)

**Chief Investigator**: Associate Professor Harry Minas.

**Description**: The goal of the project is to develop community mental health services in Vietnam by strengthening the capacity of the Ministry of Health, in cooperation with key stakeholders; including other relevant ministries (such as MOLISA, and Ministries of Finance and Education), to plan, design, and deliver effective, accessible and affordable community mental health and social protection services to the population of Vietnam. The project will enable the establishment of the National Taskforce on Mental Health System Development; strengthen human resources by provision of the necessary international standard training; establish arrangements for provision of guidance and mentoring and linkage (both national and international); support research and policy development; and support the design and conduct of policy and practice-relevant pilot projects.

**Funding**: US$2 million

**Human rights**

The work of the Centre in Australia and internationally is driven by a commitment to protection of the human rights of people with mental illness, rights that are frequently and widely neglected and abused. A practical expression of this commitment has been the work of the Centre in the province of Acuit, Indonesia. The publication in 2008 of a paper on human rights abuses in Indonesia (Associate Professor H Minas, Dr H Diatri, Pasung: Physical restraint and confinement of the mentally ill in the community. International Journal of Mental Health Systems 2008, 2:8) resulted in a substantial increase in interest in and attention to this particular form of human rights abuse. In January 2009 a poster presented by Dr Hervita Diatri at the 4th International Stigma Conference at the Institute of Psychiatry, King’s College, London (Dr Hervita Diatri, Associate Professor Harry Minas, Pasung. A consequence of insufficient mental health services in Indonesia) won joint first prize for the best poster with an accompanying poster on the same issue by one of our students and collaborators, a lawyer from Atmajaya Catholic University, Jakarta (Eddie Immanuel Doloksantri, Pasung in Indonesia: Are there special regulations or laws which are concerned with this issue?).
In March 2009, the Government of Aceh announced that a program would be initiated that would aim to eradicate the practice of confinement and restraint of people with mental illness by the end of 2010:

"The commitment was made by the Aceh Deputy Governor, Muhammad Nazar, during a meeting with (Associate) Prof. Harry Minas, the Director of Centre for International Mental Health (CIMH), University Melbourne, Australia, on Tuesday 10 March 2009… In Aceh Mental Hospital, a special ward for mentally ill released from pasung is being built. In order to follow up this plan, Associate Prof Harry Minas is appointed as Province Government Technical Advisor…" – Aceh daily Serambi, 11 March 2009

International Journal of Mental Health Systems (IJMHS)

Associate Professor Harry Minas is founder and Editor-in-Chief of IJMHS, which was established in 2007. International Journal of Mental Health Systems is an open access, online journal that publishes papers on all aspects of mental health system development. Advances in understanding of, and treatments for, mental illness frequently do not benefit those who most need them because of poorly developed mental health systems. Internationally, there is increasing attention to mental health legislation and policy, mental health system financing and governance, mental health service design implementation and evaluation, human resource development, effective mental health systems research transfer, and the human rights of people with mental illness. International Journal of Mental Health Systems will be a home for the latest mental health system research, policy and debates, as well as for articles with educational intent that will build capacity for mental health system research and development.

IJMHS has continued to establish a reputation as a high quality peer-reviewed journal that has a unique focus on mental health system development. In 2007 IJMHS published seven papers, 16 in 2008 and 28 papers in 2009. Authors of papers published in IJMHS came from 29 countries: Australia, Belgium, Benin, Brazil, Canada, Congo, Denmark, France, Germany, India, Indonesia, Iran, Italy, Japan, Malaysia, New Zealand, Nigeria, Norway, Pakistan, Sri Lanka, Sultanate of Oman, Sweden, Switzerland, Taiwan, Tanzania, Uganda, UK, USA and Vietnam. In 2008 Biomed Central, the publishers of IJMHS, submitted the Journal to Thompson-Reuters for calculation of an impact factor.

Editorial and Review

Associate Professor Harry Minas

Member of Editorial Board of:
- Transcultural Psychiatry (Sage Publications).
- Esculapio: Journal of the Services Institute of Medical Sciences, Lahore, Pakistan.
- International Journal of Culture and Mental Health (Taylor and Francis, London).

Reviewer for the following peer-reviewed journals:
- American Journal of Psychiatry.
- Anthropology and Medicine.
- Australia and New Zealand Health Policy.
- Australasian Psychiatry.
- Australian and New Zealand Journal of Psychiatry.
- BMC International Human Rights.
- Clinical Infectious Diseases.
- Health Policy.
- Journal of Affective Disorders.
- Journal of Ethnicity and Health.
- The Lancet.
- Medical Journal of Australia.
- Monash Bioethics Review.
- Social Psychiatry and Psychiatric Epidemiology.
- Social Science and Medicine.
- Transcultural Psychiatry.
Committee Memberships

Associate Professor Harry Minas

- Member of the Faculty Advisory Committee.
- Member of the MSPH Executive.
- Member of the Ministerial Council on Immigration Services and Status Resolution.
- Chair of the Detention Health Advisory Group, advising the Secretary of the Department of Immigration and Citizenship.
- Member of the International Initiative on Mental Health Leadership Cincinnati Group.
- Member of the Executive, World Association for Cultural Psychiatry.
- Member of the Executive, World Association for Psychosocial Rehabilitation.
- Chair, Section of Social and Cultural Psychiatry, Royal Australian and New Zealand College of Psychiatrists.
- Member of a number of DHS advisory groups (e.g. the Suicide Prevention External Advisory Group).

CONFERENCES AND PUBLIC PRESENTATIONS 2009


* Harry Minas. Leadership for mental health system development in low-income countries. International Initiative for Mental Health Leadership Network Meeting, Brisbane, 4-5 March.

* Harry Minas. The role of universities in mental health system change. National Mental Health Meeting, Ministry of Health, Bekasi, West Java, 18-20 May.

* Harry Minas. The International Observatory on Mental Health Systems. University of the Philippines Roundtable, Manila, 9-12 June.


Erminia Colucci and Mic Eales. Arts and suicide: A short documentary on a suicide survivor’s artwork. International Association for Suicide Prevention, Montevideo, Uruguay, September.

Erminia Colucci. Cultural attitudes, religious/spiritual beliefs and suicide among young Indians. (Poster) International Association for Suicide Prevention, Montevideo, Uruguay, September.

Alessandro Buffoli and Erminia Colucci. Suicide prevention: the Italian homosexuals’ point of view. International Association for Suicide Prevention, Montevideo, Uruguay, September.


Alessandro Buffoli and Erminia Colucci. Suicide prevention: the point of view of Italian gays, lesbians and bisexuals. (Poster) World Association of Cultural Psychiatry, Norcia, Italy, September.

Alessandro Buffoli and Erminia Colucci. Self-harm and suicidal behaviour among adult Italian lesbians, gays and bisexuals. World Association of Cultural Psychiatry, Norcia, Italy, September.

Erminia Colucci. Suicide in different cultures. World Suicide Prevention Day, Rome, September.

* Harry Minas. Challenges in mental health. Global health challenges in India: A Public Health Roundtable co-hosted by the Public Health Foundation of India and the University of Melbourne. New Delhi, 14 September.


* Harry Minas. Leadership for mental health system development. 41st Asia Pacific Academic Consortium for Public Health. Taipei, 3-6 December.

* Invited paper. ** Keynote paper.
Establishment of the International Observatory on Mental Health Systems

IOMHS was launched at the University of Melbourne on 6 February by the Hon Bob McMullan, Parliamentary Secretary for International Development Assistance. The International Observatory on Mental Health Systems will be a mental health research and development network that will monitor and evaluate mental health system performance in low and middle-income countries. In order to do this work successfully, the Observatory relies on the establishment of robust partnerships between policymakers, service implementers, academics, practitioners, bilateral and multilateral development agencies, local and international NGOs and funding agencies. Key goals will be to strengthen capability for monitoring and evaluation in low and middle-income countries, develop the necessary methods and feasible indicators for this purpose, and to focus attention at sub-national – provincial and district – levels, where scaling-up activities mostly occur, as well as on national level data collections.

Since being launched in early 2009, the key Observatory collaborators, Mental Health Systems Research and Development Groups, have been established in India, Indonesia, Malaysia, Pakistan, Philippines, Taiwan and Vietnam. Discussions are continuing concerning the establishment of groups in Central and South Eastern Europe and Africa. The first Regional Conference of the Observatory will be held in Taipei in 2010.

“Several countries in Asia and the Pacific are seeking to build up their capacity in mental health. The research you do will be critical in helping them improve their mental health services. I am a firm believer in the need for good evidence-based policy and programs … there is scope to support mental health initiatives:

- Where they relate to improving quality of life, integration and social inclusion.
- Through funding for research.
- Through NGO community partnership agreements and flexible funding grant schemes.
- By supporting seminars and conferences.
- Through capacity building activities and training in advocacy to raise awareness and seek better life opportunities and access to services.
- And by encouraging academic and civil society organisations to contribute to Australia’s leadership on disability inclusive development.

The aid program already supports several mental health activities in our region. In Indonesia we have worked with the Centre for International Mental Health to set up a taskforce to develop a national mental health system.”

– Hon. Bob McMullan, at the launch of IOMHS in February.

Suicide Prevention Australia 2009 LIFE Award: Emerging Research Category

Erminia Colucci was the 2009 recipient of the Emerging Research Award from Suicide Prevention Australia. The LIFE Awards, held annually in conjunction with International World Suicide Prevention Day, recognise the outstanding contribution to suicide prevention in Australia. See http://suicidepreventionaust.org/Awards.aspx

Since 2007, Dr Colucci has been a Research Fellow at the CIMH in the MSPH at the University of Melbourne. Prior to this, she received training in suicidology research at the Australian Institute for Suicide Research and Prevention at Griffith University, and worked in Padua, Italy, as a clinical psychologist.

Dr Colucci’s research has been instrumental to improved understandings of suicide and suicide prevention across different cultures. Most notably, her work has made a significant contribution to understandings of what is an otherwise relatively neglected area of research – the ethnocultural aspects of suicide in young people.

Dr Colucci’s previous PhD research, ‘The cultural meaning of suicide: A comparison between Australian, Indian and Italian students’, was awarded the 2005 Dr Helen Row-Zonta Memorial Prize. Her findings have been presented at various national and international conferences, and have been published in numerous academic journals and publications.

In June 2009, she was invited by the UN to hold a technical workshop on youth mental health and self-harm at the UNICEF Adolescent Development and Participation meeting. Dr Colucci also provides seminars on youth suicide for the University of Padua in Italy, and is a guest researcher at the Kansai University of International Studies in Japan, where she was also a guest lecturer in 2008-2009.

She continues to collaborate with international academics on the development of suicide prevention programs and Suicide First Aid guidelines, as well as improved services for Indian women living in
Dr Colucci's current exploratory work promises to also offer additional and valuable insights into the relationship of spirituality to suicidal behaviour, with particular attention to the effects of spiritual treatments on mental health and suicide prevention in Haridwar, India. Dr Colucci is also engaged in the study of appropriate research methods in conceptual research and, in particular, the study of arts-based methods such as photo and video documentary.

**Publication Highlights**

**Associate Professor Harry Minas.** International Observatory on Mental Health Systems: a mental health research and development network. *International Journal of Mental Health Systems* 2009, 3:2

Background: While the mental health situation for most people in low and middle-income countries is unsatisfactory, there is a renewed commitment to focus attention on the mental health of populations and on the scaling up of mental health services that have the capacity to respond to mental health service needs. There is general agreement that scaling up activities must be evidence-based and that the effectiveness of such activities must be evaluated. If these requirements are to be realised it will be essential to strengthen capacity in countries to conduct rigorous monitoring and evaluation of system development projects and to demonstrate sustained benefit to populations.

The Observatory: The IOMHS will build capacity to measure and to track mental health system performance in participating countries at national and sub-national (provincial and district) levels. The work of IOMHS will depend on the establishment of robust partnerships among the key stakeholder groups. The Observatory 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.

Summary: IOMHS will be a mental health research and development network that will monitor and evaluate mental health system performance in low and middle-income countries.

**Associate Professor Harry Minas.** International Observatory on Mental Health Systems: structure and operation. *International Journal of Mental Health Systems* 2009, 3:8

Introduction: Sustained cooperative action is required to improve the mental health of populations, particularly in low and middle-income countries where meagre mental health investment and insufficient human and other resources result in poorly performing mental health systems.

The Observatory: The IOMHS is a mental health systems research, education and development network that will contribute to the development of high quality mental health systems in low and middle-income countries. The work of the Observatory will be done by mental health systems research, education and development groups that are located in and managed by collaborating organisations. These groups will be supported by the IOMHS Secretariat, the International IOMHS Steering Group and a Technical Reference Group.

Summary: The IOMHS is: 1) the mental health systems research, education and development groups; 2) the IOMHS Steering Group; 3) the IOMHS Technical Reference Group; and 4) the IOMHS Secretariat. The work of the Observatory will depend on free and open collaboration, sharing of knowledge and skills, and governance arrangements that are inclusive and that put the needs and interests of people with mental illness and their families at the centre of decision-making. We welcome contact from individuals and institutions that wish to contribute to achieving the goals of the Observatory.

I Irmansyah, YA Prasetyo and H Minas. Human rights of persons with mental illness in Indonesia: more than legislation is needed. *International Journal of Mental Health Systems* 2009, 3:14

Background: Although attention to human rights in Indonesia has been improving over the past decade, the human rights situation of persons with mental disorder is still far from satisfactory. The purpose of this paper is to examine the legal framework for protection of human rights of persons with mental illness and the extent to which Indonesia’s international obligations concerning the right to health are being met.

Methods: We examined the Indonesian constitution, Indonesian laws relevant to the right to health, the structure and operation of the National Human Rights Commission, and what is known about violations of the human rights of persons with mental illness from research and the media.

Results: The focus of the Indonesian Constitution on human rights pre-dated the Universal Declaration. Indonesia has ratified relevant international covenants and domestic law provides an adequate legal framework for human rights protections. However, human rights abuses persist, are widespread, and go essentially unremarked and unchallenged. The National Human Rights Commission has only recently become engaged in the issue of protection of the rights of persons with mental illness.

Conclusion: More than legislation is needed to protect the human rights of persons with mental illness. Improving the human rights situation for persons with mental illness in Indonesia will require action by governments at national, provincial and district levels, substantial increases in the level of investment in mental health services, coordinated action by mental health professionals and consumer and carer organisations, and a central role for the National Human Rights Commission in protecting the rights of persons with mental illness.
SHU

SEXUAL HEALTH UNIT
ANNUAL REPORT 2009

OVERVIEW
High quality care has been provided to 20,835 individual clients who registered with the Centre in 2009 with a total of 33,696 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 (GPs)) in diagnosing and treating STIs. MSHC provides wide reaching support to GPs through various means such as extensive web page and 1800 telephone number directly to a sexual health physician. The MSHC website www.mshc.org.au is comprised of information divided into three major sections:

- General Public.
- Health Professionals.
- Research and Education.

There are also interactive online services provided:

For the general public:
- www.checkyourrisk.org.au (Check your Risk) to check risk of exposure to an STI.
- www.healthmap.org.au (Health Map) for HIV positive people to find out what tests are needed and 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, provides facts and a “to do” list for medical care.
- www.letthemknow.org.au (Let Them Know) to assist heterosexuals diagnosed with chlamydial infections in 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.
- www.testme.org.au (Test Me) provides STI testing through telephone or webcam consultations for rural Victorians living at least 150kms from Melbourne. The TESTme nurse holds a 1800 number for potential clients to call, the caller is then triaged over the telephone to find out if they are eligible for the service. If the caller is eligible, an appointment will be offered and the consultation can take place by telephone or webcam.

For general practitioners:
- www.mshc.org.au/GPassist (GP Assist) provides a mechanism to improve partner notification through providing the www.mshc.org.au/GPassist web address on laboratory reports of positive results of common STIs. Accessible information about the treatment of 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 provide the Victorian community with a highly trained workforce that improves the quality of sexual health services outside the Centre. Many of 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.

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 Master of Public Health. This enables students to pursue research projects in Sexual Health as part of their MPH programme.

Postgraduate Certificate of Public Health (Sexual Health)
This course continues to attract students from a variety of professional backgrounds. This PG Certificate has become a valued qualification for nurses, doctors, other health professionals and public health practitioners wanting to specialise in sexual health. Many of the subjects can be taken by distance education and so enable rural practitioners and practitioners from interstate to undertake the qualifications.

- Semester 1 – Control of Sexually Transmissible Infections 505-531.
- Semester 1 – Sexually Transmissible Infections 505-432/532.

Short courses in Sexual Health
The Centre delivers a variety of short courses covering different aspects of STIs. In addition, clinical attachments at MSHC are also offered, with many health professionals attending from within Victoria, from interstate and also from overseas to gain relevant sexual health experience.

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 graduate training is also provided at MSHC for medical students from University of Melbourne, overseas elective medical students, GP registrars, infectious diseases trainees, and 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.

### SERVICES AND CONSULTATIONS
The numbers of consultations by type of service provided onsite are shown in the table below. A further 389 outreach consultations were carried out offsite at various venues for men-who-have-sex-with-men (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>28,995</td>
<td>16,891</td>
<td>11,975</td>
<td>129</td>
</tr>
<tr>
<td>HIV Clinic</td>
<td>2513</td>
<td>2262</td>
<td>247</td>
<td>5</td>
</tr>
<tr>
<td>Counselling</td>
<td>1401</td>
<td>1186</td>
<td>214</td>
<td>0</td>
</tr>
<tr>
<td>Vaccination</td>
<td>787</td>
<td>510</td>
<td>276</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>33,696</td>
<td>20,849</td>
<td>12,712</td>
<td>135</td>
</tr>
<tr>
<td>Individuals</td>
<td>20,835</td>
<td>12,707</td>
<td>8050</td>
<td>78</td>
</tr>
</tbody>
</table>

- Semester 1 – Clinical Sexual and Reproductive Health for Nurses 505-434/534.
- 505-434/534 Clinical Sexual and Reproductive Health for Nurses is accredited by Royal College of Nursing as a pap smear provider course and by the Department of Health (DoH), Victorian Government, as a pre and post test HIV and Hep C counselling course for nurses. It is becoming increasingly popular and is over-subscribed with a waiting list. It is unique in enabling nurses to pursue graduate qualifications as well as professional development accreditation at the same time in the field of sexual health. Often nurses who are doing the subject as a professional development course are introduced to graduate education and public health for the first time and many decide to pursue further qualifications in this area.

- Semester 1 – Adolescent Sexuality and Sexual Health 571-821.
- 571-821 Adolescent Sexuality and Sexual Health is run collaboratively with the Centre for Adolescent Health, Department of Paediatrics, and University of Melbourne.

- Semester 2 – Sexual Function and Dysfunction-505-441/541.

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

Postgraduate Courses
Completed:
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, University of Melbourne.

The role of the secondary school nurse in the sexual and reproductive health of young Victorians, Gillian Robinson, MPH, University of Melbourne.
The risk profile of HIV positive heterosexual men attending MSHC, Matiu Bush, MPH, University of Melbourne.

In progress:
Chlamydia incidence and reinfection rates: a longitudinal study of young Australian women, Jennifer Walker, PhD, University of Melbourne.
The screening and control of chlamydia, Jade Bilardi, PhD, University of Melbourne.
The epidemiology of bacterial vaginosis in Australian women, Kath Fethers, PhD, University of Melbourne.
Comprehensive models of HIV/STI prevention among sex workers and their clients in Papua New Guinea, Eunice Bruce, PhD, University of Melbourne.
Virtual Visits: Investigating the acceptability of Webcam Consultations for young adults’ sexual health, Cameryn Garrett, PhD, University of Melbourne.
Use of oral garlic (Allium sativum) in recurrent thrush (vulvovaginal candidiasis), C Watson, PhD, University of Melbourne.
Human papilloma virus in men who have sex with men, Huachun Zou, PhD, University of Melbourne.
Evaluation of Enhancing STI Control of homosexually active men in primary care (ESTIHM), Anthony Snow, MPH, University of Melbourne.
To investigate the delay in returning for HIV test results at MSHC, Daniel Sankar, MPH, University of Melbourne.

“Choices Women Make” – Contraception and sexual health practices in women of reproductive age in the primary care setting in Victoria, Australia, Jason Ong, MPH, University of Melbourne.
Use of computerised medical records data to determine the feasibility of testing for chlamydia without patients seeing a practitioner, Anna Yeung, MPH, University of Melbourne.
Outcomes of cultural literacy training workshop around sexual minorities for primary healthcare workers in rural and regional Victoria, Kimberley Ivory, MPH, University of Melbourne.
Frequent screening for syphilis as part of HIV monitoring increases the detection of early, asymptomatic syphilis among HIV positive homosexual men, Melanie Bissessor, MPH, University of Melbourne.

Advanced Medical Students
Completed:
Optimal detection of Neisseria gonorrhoeae, Mohamed Razali, AMS.
In progress:
HIV testing of men who have sex with men attending a sexual health service, Teedzani Petlo, AMS.
The efficacy of azithromycin, 1g as current first line therapy for Mycoplasma genitalium infection, Yit Li Min, AMS.

International Postdoctoral Research Fellows
Determining the rates of STIs among MSHC attendees, Dr Anil Samaranayake, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka.

COMMUNITY
MIDSUMMA Carnival day and Chill Out Festival
These events provide an excellent opportunity for MSHC to connect with the gay and lesbian community. The rates of syphilis in men who have sex with men (MSM) have been rising since 2004 and do not appear to be tapering down. As a result of this, MSHC staff in attendance at these events offered a 15-minute rapid syphilis test (RST) using blood collected by finger prick. Anyone who tested positive to the RST was encouraged to have a confirmatory blood test, and a blood sample was collected on the spot. Clients who tested positive were given an appointment for follow up in the clinic the next working day. This was the first time that testing was offered at these community events.
In addition, recipients of the RST were asked about their preferences for HIV testing in a clinic setting, and 64% indicated a preference for rapid oral HIV testing with 18% preferring conventional blood testing. Melbourne MSM expressed testing more frequently if rapid oral HIV tests were available for clinic use (74%) or home use (61%) in Australia.

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

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia trachomatis</td>
<td>1052</td>
</tr>
<tr>
<td>Neisseria gonorrhoeae</td>
<td>279</td>
</tr>
<tr>
<td>Mycoplasma genitalium</td>
<td>128</td>
</tr>
<tr>
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<td>Trichomoniasis in women</td>
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KEY ACHIEVEMENTS
- Melbourne Sexual Health Centre was the winner of the Minister’s Award for Outstanding Achievement by a Team, 2009 Victorian Public Healthcare Awards.
- Professor Christopher Fairley received the Melbourne School of Population Health
Huachun Zhou was awarded two scholarships.

Tim Read was awarded an Australian

Melbourne Sexual Health Centre staff

members had 14 abstracts accepted for

presentation at the Sexual Health Conference, Brisbane, 2009.

The Australasian Chapter of Sexual Health

Medicine annual update in sexual health was held in Melbourne in May 2009. The feedback received was outstanding. Of the 12 speakers, nine were from Melbourne Sexual Health Centre.

Jennifer Walker won the prize for the best epidemiology presentation on the methodology of the chlamydia incidence and reinfection rates study (CIRIS) at the Victorian Branch postgraduate student workshop of the Australasian Epidemiology Association.

Tim Read was awarded an Australian Postgraduate Scholarship to undertake his PhD. This will commence in 2010 with a study of HPV oral infection in MSM and a randomised trial of the use of the rapid oral HIV testing in MSM attending MSHC.

Huachun Zhou was awarded two scholarships from Melbourne University from 2009 until 2012 (Melbourne International Fee Remission Scholarship and Melbourne International Research Scholarship).

2009 Conferences and public presentations


2. Cervical Cancer Not Yet Beaten – And At What Cost? – (Genital warts – what has happened to prevalence post vaccine?). Asia Oceania research Organisation on Genital Infections & Neoplasia (AOGIN) Meeting, The Royal Women’s Hospital, Melbourne, Australia, July.

3. Screening for STIs in commercial sex-workers – attitudes and efficacy. Austin Health Infectious Diseases Meeting 2009, Melbourne, Australia, October.

4. Quality and Quantity in STI Services. 11th IUSTI World Congress, Cape Town, South Africa, November.

PUBLICATION HIGHLIGHTS

Study: Mycoplasma genitalium in men who have sex with men at male-only saunas.


A cross-sectional study of 521 men who have sex with men (MSM) attending six male-only saunas in Melbourne was conducted between October 2001 and September 2002 to determine the prevalence and clinical associations of Mycoplasma genitalium in urethral, rectal and pharyngeal specimens. Stored urine and rectal and pharyngeal swabs were tested for M genitalium by real-time polymerase chain reaction. A high prevalence (13%) of sexually transmitted infections (STIs) was found in MSM. M genitalium (2%) was less common than Chlamydia trachomatis (8%), and Neisseria gonorrhoeae (5%). M genitalium was most likely to be detected as an asymptomatic rectal (2%) or urethral infection (0.6%), but was absent from the pharynx. In comparison, C trachomatis was more common in the rectum (6%) than urethra (2%), and was uncommon in the pharynx (0.6%). Urethral infection with N gonorrhoeae (0.2%) was rare, but was as common in the pharynx (3%) as the rectum (2%). No significant demographic or behavioural associations with M genitalium were identified. M genitalium was less common than C trachomatis and N gonorrhoeae in MSM attending male-only saunas and was most often detected as an asymptomatic rectal or a urethral infection but was absent from the pharynx. To inform STI screening strategies in MSM, more data is needed to understand how common M genitalium infection is in urethral and non-urethral sites in MSM, and how it contributes to clinical symptoms.

Study: Innovative resources could help improve partner notification for chlamydia in primary care.


A postal survey of randomly selected general practitioners (GPs) was carried out to examine partner notification practices for chlamydia and to identify innovative resources that could improve partner notification for chlamydia in primary care. Of 521 eligible GPs, 234 (45%) returned a completed questionnaire. 95% felt that it was their role to discuss partner notification with patients diagnosed with chlamydia; however, only 45% (105/232) were sure how best to assist their patients with this. Considerable variation was shown in the way partner notification was undertaken, including how far back in time GPs recommended contacting partners. GPs considered a wide range of possible resources useful, including a website designed to assist GPs (80%), printed information packs for patients (85%), a website designed to assist GPs (80%), and referral...
Sexually transmitted infections are important causes of serious illness and death in Australia and overseas, with high or rising rates of treatable or preventable diseases in many populations around the world.

Those particularly affected in Australia include some of our most vulnerable groups: young people, Aboriginal and Torres Strait Islander communities and homosexual men.

This year the Melbourne School of Population Health (MSPH) received a $1.8 million program grant from the National Health and Medical Research Council (NHMRC) for its part in a study targeting these cohorts. The study, ‘Sexually Transmitted Infections: causes, consequences and intervention’, will enable researchers to discover new information about how to prevent and manage these distressing and costly infections.

The $9 million study is a collaborative investigation with the University of New South Wales and Department of Obstetrics and Gynecology at Women’s Hospital. Professor Christopher Fairley, Professor of Sexual Health and Director of the Melbourne Sexual Health Centre (MSHC) in MSPH, is a chief investigator in the study.

Professor Fairley is an acknowledged leader in the field of sexual health. He says that viral STIs, which include the human papillomavirus, herpes viruses and HIV, are endemic in Australia and establish persistent, incurable infections, and curable STIs, such as chlamydia, gonorrhoea, syphilis and trichomoniasis, and are on the increase in some population groups. Notifications of chlamydia, for example, have risen 400% over the past 10 years. All of these infections can lead to severe consequences.

Although much is known about the development, transmission, progression and clinical management of STIs, it has been challenging to translate this knowledge into interventions that are effective at a population level. The aim of the research team is to provide large-scale, longitudinal research that can be translated directly into medical and public health control measures.

One of the groundbreaking aims embedded in the study is a broad-ranging, prospective epidemiological investigation of the site-specific incidence of sexually transmitted and other genital pathogens in young women beginning sexual activity: this represents a world first. This element of the study will be led by Dr Catriona Bradshaw, Postdoctoral Research Fellow, and will draw on research already under way through the MSHC.

The NHMRC grant builds on a number of achievements notched up by MSHC this year. The Centre was the 2009 winner of the Victorian Public Healthcare Award Minister’s Award for Outstanding Achievement by a Team, and Professor Fairley received the MSPH 2009 Award for Excellence in Research Higher Degree Supervision for Outstanding Supervisor.

In addition to these awards, the MSHC conducted an analysis this year of the incidence of genital warts after the implementation of the national HPV vaccination program for young women. The Centre’s analysis found a rapid decline in presentations among women under 28 after the program was put in place in 2007.

The findings provide strong evidence for the effectiveness of the vaccine at the population level, an outcome which will also feed into the ‘Sexually Transmitted Infections: causes, consequences and intervention’ study.
to these websites via positive laboratory results (85%). 43% currently undertake patient delivered partner therapy for chlamydia. GPs reported a need for greater guidance and resources to assist with partner notification for chlamydia. Practice software with mechanisms that automatically direct GPs to resources utilizing the internet when chlamydia is diagnosed have wide appeal and potential to improve the effectiveness of partner notification for chlamydia.

**Study:** What men who have sex with men think about the human papillomavirus vaccine.


This study aimed to ascertain the attitudes of men who have sex with men (MSM) to the human papillomavirus (HPV) vaccine and to determine the age at which MSM would be willing to ask for the HPV vaccine in relation to their age of sexual debut. Of 205 MSM attending the Melbourne Sexual Health Centre between December 2007 and January 2008, 200 completed the study questionnaire. Only 30% were aware that there was a vaccine available for protection against infection with certain HPV types. When informed of the increased risk of anal cancer among MSM, 47% of MSM indicated that they would be willing to pay $A450 for the vaccine course. A total of 93% indicated that they would be willing to disclose that they were MSM to a health professional in order to obtain the vaccine for free, but not until a median age of 20 years: 2 years after the median age of sexual debut (18 years) and after a median of 15 sexual partners. If the HPV vaccine is targeted to MSM, the challenge will be for MSM to be vaccinated before they acquire HPV infection.

**Study:** The experience of providing young people attending general practice with an online risk assessment tool to assess their own sexual health risk


The aim of this study was to measure the effect of offering an online sexual health assessment tool, *Youth Check Your Risk* (YCYR), on chlamydia testing rates among young people attending general practices. General practitioners at three practices in Melbourne referred patients aged 16 to 24 years to YCYR at www.checkyourrisk.org.au for use post consultation from March to October 2007. The proportion of young people tested for chlamydia before and during the implementation of the tool was compared. The intervention did not result in any significant increases in 16 to 24-year-old males (2.7% to 3.0%) or females (6.3% to 6.4%) tested for chlamydia. A small increase in the proportion of 16 to 19-year-old females tested was seen (4.1% to 7.2%). The major reasons for low referral rates reported by practitioners included lack of time, discomfort with raising the issue of testing, and difficulty in remembering to refer patients.
OVERVIEW
This year the Federal Government’s reliance on the Vaccine and Immunisation Research Group’s (VIRGo’s) advice regarding the management of the H1N1 pandemic reinforced the relevance of our research. This work was funded by four National Health and Medical Research Council (NHMRC) Strategic Awards for urgent research, requiring us to expedite key projects without compromising their integrity. VIRGo also led the way in clinical trials for the new H1N1 vaccine, Panvax, and was the first in the world to publish data demonstrating the effectiveness of the new vaccine in children. In a highly pressured year, our staff have continued to deliver outstanding results and we have welcomed four new members to our team.

RESEARCH
H1N1 vaccine projects
1) Immunity to novel H1N1 influenza prior to and after immunisation with seasonal Trivalent Influenza Vaccine (TIV) in children aged 6 months to 9 years.

This project addressed the need to gather evidence regarding the susceptibility of Australian children to this novel virus.

This open-label study aimed to recruit 40 influenza vaccine-naïve children between 6 months and 10 years of age in order to:

(i) Measure existing immunity against novel human swine-like H1N1 influenza viruses at baseline.

(ii) Seek evidence of cross-protective antibody responses to novel human swine-like H1N1 influenza following receipt of two doses of the 2009 seasonal TIV, which contains a different H1N1 antigen.

(iii) Supplement the WHO Collaborating Centre for Reference and Research on Influenza’s existing adult serum collections with vaccine-naïve sera to aid development of assays against the novel strain.

Outcomes and significance
The project helped to define children as a priority group for H1N1 immunisation, along with others considered at high-risk of disease complications. The research results were incorporated into models of infection being used as decision support tools by the Office of Health Protection. The outcomes had potential to lead to new recommendations regarding the use of seasonal influenza vaccine in this age group, should cross-protection be observed.

2) Models for influenza virulence to explain changes over time and place, including the differences between 1918-19 and 2009.

This project aimed to:

(i) Build models to explain differences in the apparent virulence of influenza viruses.

(ii) Assess the likely effects, on virulence, of factors such as prior immunity, vaccination, population size and mixing, mutation and re-assortment.

(iii) Fit these models to data from influenza outbreaks so as to explain the differences in
local characteristics of the pandemic virus. This project provided the necessary evidence base to make informed policy decisions during the 2009

Outcomes and significance

This project is ongoing. It is anticipated that the results will strengthen the evidence that public health interventions can limit the evolution of the H1N1 virus towards higher virulence and mortality.

3) Determining the appropriate distribution strategies for antiviral agents in the 2009/10 human swine-like H1N1 influenza epidemic in Australia.

This research project advised government on the optimal way to distribute antivirals in the event of a pandemic. It took the existing model frameworks of antiviral agent distribution as developed by the CI team and:

(i) Accounted for the real-world capacity constraints within the health services sector that would limit the rate of distribution of antiviral agents near the peak of the epidemic.
(ii) Made recommendations regarding targeting of resources to build capacity for future pandemic preparedness.
(iii) Re-parameterised the model based on real-time data of the evolving epidemic within Australia.

Outcomes and significance

This project provided the necessary evidence base to make informed policy decisions during the 2009 human swine-like H1N1 outbreak, accounting for the local characteristics of the pandemic virus.

Staff appointments

Peter Howard, Senior Research Fellow.
Dora Pearce, Research Fellow.
Kirsty Bolton, Research Fellow.
Rob Moss, Research Fellow.

Key achievements

Grants and contracts

NHMRC Career Development Award Level 1: McVernon J. Using mathematical models to inform the design and analysis of epidemiologic studies. Funding: $370,000, Jan 2009-Dec 2012.


NHMRC Urgent H1N1 Influenza Grants: The role of Neuraminidase inhibitor treatment and prophylaxis in reducing disease severity and spread of A(H1N1) swine origin virus, CIs Hurt AC, Middleton D, Barr I, McCaw JM, McVernon J, Kelso A. Funding: $252,812, 2009.


Murdoch Childrens Research Institute TIE Theme Grant: First do no harm – exploring possible implications of Australian pandemic policy for future influenza virus circulation and impact, McVernon J, McCaw JM. Mathews JD, Bolton KJ. Funding: $45,000, 2009-2010.


VIRGo’s advice crucial in flu pandemic

The 2009 influenza pandemic made for an exhausting but highly productive year for the Vaccination and Immunisation Research Group (VIRGo).

VIRGo, in partnership with the Murdoch Childrens Research Institute, had a key role in advising the Federal Government on ways to deal with the H1N1 pandemic, says the head of the Melbourne School of Population Health and VIRGo, Professor Terry Nolan. Important research projects were fast-tracked in order to provide policy makers with the best, most up-to-date advice.

“We have been deeply involved in both providing the research findings and then in the policy development and advice to government around vaccines and other public health measures for the response to the pandemic. The data we provided was crucial in the development of policy and particularly with the rollout of the pandemic vaccine.”

Four influenza-related research projects received urgent research funding from the National Health and Medical Research Council. VIRGo’s deputy head, Dr Jodie McVernon, was involved in all four. Her work with Professor Nolan investigated whether children had baseline immunity to H1N1 influenza and if immunisation with the existing seasonal vaccine provided protection.

“Children are a vulnerable group and they are also more likely to spread infections to other people,” she says. The confirmation that they did not have immunity helped to define children as a priority group for H1N1 immunisation, along with others considered at high-risk of disease complications.

A second project, with VIRGo’s Dr James McCaw, advised government on the optimal way to distribute the antivirals in the event of a pandemic. “Our advice was to give out as much of the drug as possible early on,” Dr McVernon says. “This extension to earlier work helped identify bottlenecks in delivery in order to assist future planning... it is about making the whole thing work more effectively.”

Another project, led by Professor John Mathews of VIRGo, investigated the influenza epidemic of 1918-19, to better understand why certain countries and age groups experienced very different disease and death rates with this virus, and considered the relevance of these findings to observed trends in 2009. Work on this project is ongoing.

The fourth research project looked at H1N1-related school closures and the impact of access to leave on quarantine compliance. VIRGo worked with

Professor Terry Nolan: data provided was crucial in the development of policy.

Professor Anne Kavanagh, director of the School’s Centre for Women’s Health, Gender and Society. Casualisation of the workforce means increasing numbers of working parents are not entitled to paid leave and may find it difficult to care for their quarantined, school-age children, Professor Kavanagh says. In other countries, this issue led to government compensation schemes for carers.

All four projects are about making the government’s influenza policies as effective as possible, Dr McVernon says. VIRGo’s work in clinical trials, population epidemiology and mathematical modelling aims to be practical, providing policy-makers with “a bridge between the theoretical side and real-world delivery issues so they can work out how to do things in a way that works most effectively”.

The end of 2009 was equally busy, with VIRGo leading the clinical trials for the new H1N1 vaccine, Panvax. The results were published in the leading international medical journal, Journal of the American Medical Association (JAMA), and VIRGo was the first in the world to publish data of the effectiveness of the new vaccine in children.

“The vaccine was shown to be likely to be highly effective in terms of protection and safety, but we don’t know the impact on the population yet,” says Professor Nolan. “We expect there will be a substantial benefit during the second wave of the epidemic.”

**AWARDS AND HONOURS**


Jodie McVernon: 2009 Graham Rouch Award (Vic Branch of the Australian Faculty of Public Health Medicine).

James McCaw: inaugural 2009 Aileen Plant Memorial Prize in Infectious Diseases Epidemiology, Public Health Association of Australia.

Kirsty Bolton: McKenzie Fellowship.

**CONFERENCES AND PUBLIC PRESENTATIONS, 2009**

J McVernon, invited speaker presentations:

National

The role of modelling in pandemics: Estimating transmission trends and predicting intervention impact. 5th Australian Influenza Symposium, 24-25 September, Bio21, Melbourne.

International

Global eradication of infectious diseases: Can ‘not very much’ undermine the goal of ‘none at all’? James Martin 21st Century School, University of Oxford, 26 November.


**PUBLICATION HIGHLIGHTS**


**Government Reports:**


The Indigenous Eye Health Unit was established in early 2008. The Unit undertakes high quality research and policy development in Indigenous eye health to provide an evidence base to assess the needs in Indigenous eye health and prioritise specific intervention strategies.

**OVERVIEW**

In 2008, the Indigenous Eye Health Unit embarked on the Indigenous Eye Health Program, a five-year program to address the gross disparities in eye health between Indigenous Australians and the mainstream population. The key expected outcomes are:

- A comprehensive assessment of the state of eye health across the Indigenous population of Australia and a clear prioritisation of appropriate and specific intervention strategies.
- Accessible, affordable, appropriate and sustainable solutions developed and implemented to overcome the current eye health inequalities.
- The elimination of trachoma in Australia.
- A major reduction in the prevalence of vision loss.
- A body of research work to lead changes in Australia’s health policy, bringing improved eye health and vision to Indigenous Australians.

In 2009 good progress was made and the findings of this work have laid the foundation for our ongoing activities. In addition, after strong representation over many years and a proposal submitted to the Rudd Government, the Prime Minister announced in February 2009 funding of $16 million for a national program to eliminate trachoma.

**NATIONAL SURVEY OF INDIGENOUS EYE HEALTH**

The survey data were analysed and written up during 2009. A full report with all the data and detailed methods was prepared, along with a summary of the findings and a number of scientific publications. The summary of the report was launched by Her Excellency, Ms Quentin Bryce AC, Governor General of the Commonwealth of Australia, in Melbourne at the Koori Heritage Trust on 28 September 2009. The event was well attended and there was considerable national media interest in the findings.

This survey provides the first national data on Indigenous eye health since the National Trachoma and Eye Health Program of the 1970s and defines the prevalence and causes of vision loss and the utilisation of eye care services.

The key findings are:

**Children**

- Indigenous children in remote areas have better vision than their mainstream peers.
- Overall, low vision occurs in 1.4% of Indigenous children (age standardised).
- Vision loss in Indigenous children is five times less common than in mainstream children.

**Adults**

- Blindness rates in Indigenous adults (1.9%) are 6.2 times the rate in mainstream.
- Low vision occurs in Indigenous adults (9.4%) at 2.8 times the rate of mainstream.
- Major causes of blindness in Indigenous adults are cataract (32%), optic atrophy (14%), refractive error (14%), diabetic eye disease (9%) and trachoma (9%).
Overall, 94% of vision loss is preventable or treatable, but 35% of Indigenous adults have never had an eye examination.

**Refractive Error**
- Half of vision loss in both adults and children is due to Refractive Error.
- 39% of adults cannot see normal print.
- Services to provide distance and reading glasses are needed in every Indigenous community.

**Cataract**
- Overall, 3.1% of Indigenous adults suffer vision loss from cataract.
- Blinding cataract is 12 times more common in Indigenous adults.
- Only 65% of those needing cataract surgery have been operated on.

**Diabetes**
- Diabetic eye disease is the equal third cause of blindness.
- For Indigenous people with diabetes:
  - 36% have diabetic eye disease.
  - Only 20% have had a recent eye examination.
  - Only 37% have received the laser surgery they need.

**Trachoma**
- Trachoma still occurs in people across Australia and still causes blindness.
- 60% of very remote communities have endemic trachoma (defined as a prevalence of active trachoma in 5-9 year olds greater than 5%, the highest was 28%).
- Overall trachoma affects 7% of children (5-15 years) in very remote regions.
- Adults with scarring and in-turned eyelashes from trachoma were found across Australia.

The summary report is available via the Indigenous Eye Health Unit website at www.iehu.edu.au

Prior to the launch, Professor Taylor and Research Fellow Ms Emma Stanford travelled to each State and Territory to brief the health minister, the head of the health department and the local community controlled health organisation about the findings of the survey and the next steps for the work of the Indigenous Eye Health Unit.

These briefings were well received and there has been ongoing communication and meetings since then.

**IDENTIFICATION OF BARRIERS TO EYE CARE DELIVERY**

**Health Service Utilisation**

Associate Professor Margaret Kelaher is finalising a report examining the equity of access to eye health services at a community level by examining the relationship between the percentages of Indigenous people living in an area, socioeconomic status and remoteness with the utilisation and access to ophthalmic and optometric services and the professionals that provide them.

The results show that despite a number of government initiatives to improve Indigenous peoples access to eye health services there remain significant inequities in access.

A full report will be published including all the data, and a summary of this information will be included in the Indigenous Eye Health Service Report, which will be launched in May 2010.

**History of Indigenous Eye Health Policy**

Mr Graham Henderson and Ms Jilpia Jones from AIATSIS are working with Professor Ian Anderson to prepare a historical review of the development of the policy in eye health programs. They will look at the drivers and key barriers that led to the formation and implementation of the current policies. They are undertaking a literature review and conducting interviews with key people who have been involved in the sector over a number of years. 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.

**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, examining screening for diabetic retinopathy and the control of trachoma. A summary of the findings will be included in the Indigenous Eye Health Service Report to be launched in May 2010.

**Funding for Eye Services**

There is a patchwork of funding mechanisms for eye services provided in remote areas across Australia. Dr Angus Turner (supported in part by a Fellowship from the Cybec Foundation) and Dr Will Mulholland (a partner of McKinsey & Company who donated his time) have undertaken a review of the different funding mechanisms operating to fund visiting eye services. This included a number of site visits and structured interviews with ophthalmologists and other key people. A full report has been printed and the learnings from this research are contributing to the policy work as they illustrate the importance of the role of good coordination. A summary of this work is part of the Indigenous Eye Health Service Report.

**DEVELOPMENT OF INTERVENTION STRATEGIES & POLICY RECOMMENDATIONS**

This work has commenced and will progress in 2010. This will be supported by several new positions (supported by the Greg Poche Foundation). These new Poche Fellows will examine the barriers experienced by Indigenous Australians in accessing eye care and the health economics aspect of the policy development.

**Specific Disease Programs**

**Elimination of Trachoma in the Katherine Region**

Following our work over the last several years with Katherine West Health Board, we are working with them on a trachoma control program. We were
Persistence pays for indigenous eye health

The “dogged persistence and advocacy” of the Indigenous Eye Health Unit has been an important factor in the Federal Government committing $58.3 million over four years to improve eye health services for Indigenous Australians, says the Unit’s head, Professor Hugh Taylor.

“We have been lobbying government on this issue for some time, so we were delighted when the Prime Minister announced the funding, in a report to Parliament on the anniversary of Sorry Day. It was a tremendous step forward.”

In 2008, the Unit conducted the first comprehensive national survey of Indigenous eye health in 30 years, in collaboration with the Centre for Eye Research Australia and the Vision CRC. Teams examined adults and children at 30 randomly selected rural, urban and remote sites across the country, with nearly 80% completing full examinations. The National Indigenous Eye Health Survey was released in September 2009. It was a complex undertaking, Professor Taylor says, and the results were sobering.

“Aboriginal and Torres Strait Islander kids have much better vision than mainstream kids – they are five times less likely to have poor vision. But by the time they are adults, they have six times the rate of blindness of the rest of the population. And 94% of that blindness is either preventable or treatable. It is totally unnecessary.”

Another important finding was the prevalence of trachoma among the Indigenous population, Professor Taylor says. The Government has earmarked $16 million of the new funding for the elimination of this blinding, infectious – and preventable – disease. Australia is the only developed country in the world to still have trachoma or “sandy blight”, which disappeared from mainstream Australia 100 years ago. Two-thirds of remote Aboriginal communities have endemic trachoma, he says.

“We found that even in areas where trachoma was thought to have disappeared, there were still pockets.” Due to a lack of awareness of the disease, adults who presented with scarring and in-turned eyelashes (the result of trachoma infection in childhood) often were not being correctly diagnosed. The Unit is now helping guide the development of the first concerted federal trachoma program.

The survey also revealed that one-third of Aboriginal Australians had never had an eye exam, regardless of whether they lived in remote, rural or urban areas. There are barriers to accessing these eye health services, even when they are readily available, Professor Taylor says.

The Unit is conducting a comprehensive analysis of the current services. The resulting report, including identifying and finding ways to overcome these barriers, will be launched in 2010. It will recommend changes to government policy in order to better deliver eye services for indigenous people across Australia. The goal of the unit is to “Close the Gap for Vision”.

Improving eye health is fundamental, Professor Taylor says. “Vision is a critically important sense and the loss of vision is a very significant disability. Yet vision loss is so often treatable or preventable.”

He believes the Unit’s findings on better ways to deliver eye health services will also provide an excellent, relevant model for other health services, such as chronic diseases.
delighted to receive funding from Christian Blind Mission (CBM) and several private donors. This work provides a demonstration opportunity to develop materials for trachoma control in Katherine West and for the national program. We are preparing a suite of materials for regional trachoma control programs and health promotion and education tools to support the screening, treatment and community awareness raising on the importance of keeping kids’ faces clean to reduce the spread of trachoma infection.

As mentioned earlier, in February 2009 the Prime Minister, Mr Kevin Rudd, announced funding of $16 million to eliminate blinding trachoma. This announcement followed lobbying over many years and a proposal presented to the Prime Minister in August 2008.

This program has commenced and proposals have been developed by the various jurisdictions, which are under review by the Department of Health and Ageing. The Unit continues to provide technical support and advice for these activities.

**PUBLICAATION HIGHLIGHTS**


**Taylor HR.** Elimination of blinding trachoma revolves around children. *Lancer* 2009; 373:1061-1063

**Taylor HR.** Professor Gerard Crock AO. *Br J Ophthalmol* 2009; 93:133-134


**Taylor HR.** Misleading titles cause confusion. *Arch Ophthalmol* 2009; 127: 225

**Taylor HR.** Trichiasis: out of mind, out of sight. *Aust J. Rural Health* 2009; 17:171


Wright HR, Keeffe JE, **Taylor HR.** Trachoma, cataracts and uncorrected refractive error are still important contributors to visual morbidity in two remote indigenous communities of the Northern Territory, *Aust* *Clin Experiment Ophthalmol* 2009; 37:550-557

Mathew AA, Turner A, **Taylor HR.** Strategies to control trachoma. *Drugs* 2009; 69:953-970


Turner, Mulholland W, **Taylor HR.** Outreach Eye Services in Australia. 2009 Indigenous Eye Health Unit, Melbourne. ISBN 9780734041425
# RESEARCH PRESENTATIONS 2009

<table>
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<th>Title of paper</th>
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<td>Closing the Gap on Aboriginal Eye Health</td>
<td>2009 South Pacific Educators in Vision Impairment National Conference</td>
<td>Adelaide</td>
<td>8 January</td>
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<td>Indigenous Eye Health</td>
<td>Research Directorate, Southern Health, Monash Medical Centre</td>
<td>Melbourne</td>
<td>25 February</td>
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<td>HRH Prince Abdulaziz bin Ahmed Ahmed Al Saud Award for Prevention of Blindness – Main prevention of Blindness Lecture</td>
<td>22nd Annual Scientific Meeting of the Ophthalmologic Society</td>
<td>Riyadh, Saudi Arabia</td>
<td>14 March</td>
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<td>Managing corneal problems in developing countries</td>
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<td>Trachoma – is it history?</td>
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<td>Public health approach to diabetic retinopathy</td>
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<td>Declaration on Trachoma and Trichiasis Surgery Report of Advocacy Committee</td>
<td>International Council of Ophthalmology Meeting</td>
<td>Bahrain</td>
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<td>Trachoma control strategies</td>
<td>AHCSA Strategic Planning Workshop for Trachoma Control in South Australia</td>
<td>Adelaide</td>
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<td>Annual keynote presentation: Washington to Ouagadougou – who deserves to see?</td>
<td>ARVO Annual Meeting</td>
<td>Fort Lauderdale, USA</td>
<td>3-7 May</td>
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<td>De Ocampo lecture: Who deserves to see? The role of ophthalmologists in Vision 2020</td>
<td>Asia Pacific Academy of Ophthalmology</td>
<td>Bali</td>
<td>16-19 May</td>
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<td>Bionic Eyes, seeing the future</td>
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<td>How to tackle corneal problems in developing countries</td>
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<td>Advocacy in ophthalmology</td>
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<td>Trachoma</td>
<td>VACCHO</td>
<td>Melbourne</td>
<td>27 May</td>
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<td>Who deserves to see? Vision 2020 the Right to Sight</td>
<td>Edward S. Harkness Eye Institute, Columbia University</td>
<td>New York, USA</td>
<td>4 June</td>
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<td>Stuart I. Brown Lecture: Vision 2020, who deserves to see?</td>
<td>University of California</td>
<td>San Diego USA</td>
<td>6 June</td>
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<td>Seeing the Whole Picture: Sight Unseen, When Things Go Wrong</td>
<td>University of Melbourne</td>
<td>Melbourne</td>
<td>5 October</td>
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<td>Medical economic evaluation of social costs associated with visual disturbance – methodology and advanced research in Australia</td>
<td>63rd Congress Clinical Ophthalmology of Japan</td>
<td>Fukuoka, Japan</td>
<td>9-12 October</td>
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<td>The Right to Sight: how disparities in eye health around the world are being addressed</td>
<td>American Academy of Ophthalmology</td>
<td>San Francisco, USA</td>
<td>24-27 October</td>
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<td>National Indigenous Eye Health Survey – methodology, results, recommendation</td>
<td>RANZCO Congress</td>
<td>Brisbane</td>
<td>14-18 November</td>
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<td>Workforce and efficiency analysis</td>
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<td>Vision 2020, Who Deserves to See? The Role of Ophthalmologists Trachoma in Aboriginal and Torres Strait Islander People Visual Impairment in Aboriginal and Torres Strait Islander People</td>
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## SEMINAR PRESENTATION 2009

<table>
<thead>
<tr>
<th>Title of paper</th>
<th>Location</th>
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<tr>
<td>Trachoma</td>
<td>Centre for Eye Research Australia, Melbourne</td>
<td>13 March</td>
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</tbody>
</table>
A5 - TEXTBOOKS

B1 - RESEARCH BOOK CHAPTERS


Kelly H, Grant K, Williams S & Smith D. 2009. H1N1 swine origin influenza infection in the United States and Europe in 2009 may be similar to H1N1 seasonal influenza infection in two Australian states in 2007 and 2008. Influenza and Other Respiratory Viruses. 3: 183-188.


Willis K, Green J, Daly J, Williamson L & Bandopadhyay M.
C3 - JOURNAL ARTICLES UNREFEREED LETTERS OR NOTES


C5 - OTHER REFEREED CONTRIBUTION TO REFEREED JOURNALS


D4 - MAJOR REFERENCE WORKS

F1 - FULL WRITTEN PAPERS REFEREED


F2 - FULL WRITTEN PAPERS UNREFEREED

G4 - MAJOR REPORTS AND WORKING PAPERS


Edmonds FM & Clarke M. 2009. ‘Sort of like Reading a Map’ A community report on the survival of south-east Australian Aboriginal art since 1834. Darwin, Australia: Cooperative Research Centre for Aboriginal Health.


GS - MINOR REPORTS AND WORKING PAPERS


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