# Melbourne School of Population Health Annual Report 2012

<table>
<thead>
<tr>
<th>MSPH SUMMARY REPORT</th>
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<td>CENTRE FOR MEGA EPIDEMIOLOGY</td>
<td>17</td>
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<td>CENTRE FOR HEALTH AND SOCIETY</td>
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<td>CENTRE FOR WOMEN’S HEALTH, GENDER AND SOCIETY</td>
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<td>McCaughey VicHealth Centre for Community Wellbeing</td>
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<td>CENTRE FOR HEALTH POLICY, PROGRAMS &amp; ECONOMICS</td>
<td>39</td>
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</table>
2012 was another year of growth and further consolidation for the Melbourne School of Population Health (MSPH), and of planning for the inclusion of the Nossal Institute for Global Health in the School from 2013. Here are some highlights:

The Centre for Alcohol Policy Research (CAPR), led by Professor Robin Room, was launched in September. This Centre is unique in the Australian research landscape in that the Centre’s sole focus is to build the evidence base to support alcohol policy.

Professor Philip Clarke joined the School in February from the University of Sydney as the Inaugural Chair in Health Economics, his position strengthening the School’s existing capability in health economics and health policy. Australia Fellow Professor Tony Jorm and his group joined the School from the Faculty’s Centre for Youth Mental Health. Tony’s research focuses on building the community’s capacity for the prevention and early intervention in mental disorders.

The Australian Health Workforce Institute (AHWI) also joined the School, led by Professor Peter Brooks AM, with Professor Lesleyanne Hawthorne and Dr Lucio Naccarella. AHWI was established by the Faculty of Medicine, Dentistry and Health Sciences in 2007, with the aim being to develop and expand Australia’s health workforce via education, training, policy and delivery.

Associate Professor Stuart Kinner, NHMRC Career Development Fellow, joined the Centre for Health Policy, Programs and Economics. Formerly at the Burnet Centre for Medical Research and Public Health, he is a leader in the field of corrections health and public mental health.

There have been numerous staff achievements. Professor Hugh Taylor AC (Director of the Indigenous Eye Health Unit) has been appointed as University of Melbourne Laureate Professor, recognising his outstanding contributions to eye health research and ophthalmology. Professor Taylor was also the recipient of Doctor of Laws from the University.

Community Indicators Victoria (McCaughey Centre) received an Impact Award at the Community Indicators Consortium Impact Summit in Maryland. Dr James McCaw (Vaccine and Immunisation Research Group — VIRGs) was honoured with the Victorian Institute for Political Science’s ‘Young Tall Poppy’ Science Award for his work on mathematical modelling of infectious disease.

Dr Anna Harris (PhD student in the Centre for Health and Society) was awarded the Faculty of Medicine, Dentistry and Health Sciences Dean’s Excellence Award for her PhD thesis titled “International Medical Graduates in the Urban Australian Hospital”.

Michael Livingston (PhD student in the Centre for Health and Society) received a commendation in the 2012 Premiers Award for Health and Medical Research for his outstanding work on the relationship between the density of alcohol outlets and people’s health and social welfare. This work has helped inform Government alcohol policy in Victoria. Simon Crouch (PhD student from the McCaughey Centre) won third prize in the University’s three-minute Thesis Competition for his thesis on “Pride and Prejudice: child health and well-being in same-sex families”. PhD candidate Claire Wilkinson was also a finalist in this competition.
Honorary Professorial Fellows John Matthews and Ian Anderson received the University’s high distinction through the award of Honorary Doctor of Medical Science Degrees. Honorary Associate Professor Martha MacIntyre was elected to the prestigious Academy of Social Sciences in Australia.

The School continued its success in NHMRC grants rounds with four lead and nine non-lead Project Grants, one Partnership Project, one lead and two non-lead Mental Health Targeted Calls for Research grants, three Fellowships and one lead and two non-lead Centres of Research Excellence.

We were also successful with ARC applications with one lead and two non-lead Discovery Projects, one lead and one non-lead Discovery Indigenous Projects, two Discovery Early Career Researcher Awards (DECRA) Projects and one ARC Fellowship. Staff were also successful in securing four University of Melbourne Early Career Researcher Grants.

The numerous grants and awards are detailed further in this Annual Report.

Late in the year the redevelopment of levels four and five of 207 Bouverie Street were completed.

Marilys Guillemin (Associate Professor and Head, Centre for Health and Society) and Shyamali Dharmage (Associate Professor, Centre for MEGA Epidemiology) were promoted to professor.

Our Master of Public Health (MPh) degree enrolments continued to grow strongly, particularly for international students. Further details are given in Director of Teaching and Learning Professor Rob Moodie’s report on page 5. Eleven students completed their Research Higher Degrees in 2012; details of these students and their thesis titles can be found on page 11.

The Research Higher Degree program continues to flourish, with 104 students being enrolled in a PhD in 2012 (up from 92 in 2011). The School welcomed Ms Myra Hoad into the role of Graduate Research Officer within the School’s Academic Programs Office.

The Programs Office and launched a new Graduate Research Policy in November of 2012. This new policy included the initiation of a School-wide Graduate Research Student Office Space Policy.

The level 5 redevelopment at 207 Bouverie Street was completed late in the year.
TEACHING AND LEARNING

The School’s coursework programs consist of Master of Public Health (MPH), Master of Epidemiology (M&Epi), Master of Science (Epidemiology) (MSc(Epi)), Master of Health Social Science (MHSS) and Master of Biostatistics (MBio) certificate and diploma courses.

The School has two major assets in our coursework programs – the staff and the students. Students now consist of three major groups:

- **Career starters** – young graduates, many of whom are from New Generation courses
- **Career changers** – mainly Australian-based students who may be changing from a clinical role into a public health role; and
- **Career enhancers** – mainly overseas students, many of whom have AusAID scholarships, who have a number of years of experience, and who are studying full time.

The MPH has been by far the most sought after Masters degree at the University of Melbourne for AusAID Australia Award Scholarships.

In 2012, the number of new Masters level coursework students reached 175, with a total overall of 379 students (full and part time). This compares to 149 new students in 2011 and 118 new students in 2010. In the seven years since 2005 the number of newly enrolled students has grown at an average of 13% per year. In this period the School has developed a very diverse range of students, and now focuses on collaborative learning approaches and vocational outcomes.

One of the key features of 2012 was the establishment and growth of the **Melbourne Population Health Student Association (MPHSA)**. A number of focus group discussions were held to seek students’ views of the MPH course. This resulted in the establishment of an induction program for new students as well as carrying out, together with the Student Association, a number of careers nights to focus on student employment needs. Feedback via MPHSA, subject feedback and strong student-staff liaison representation is guiding further improvements to teaching methods and course content.

Another major innovation was the introduction of the first Professional Practice Units – in which students are placed with organisations to undertake the capstone component of their MPH. These varied from a nutrition project on the Thai Burma Border, to communicable disease epidemiology in the Victorian Department of Health, health economics in a WHO office in Copenhagen and health program evaluation in rural India (see table below).

Teaching and Learning related sessions have become an integral part of the School Graduate Seminar Program.

ADVANCED WORK PLACEMENTS

Melbourne School of Population Health would like to thank the following Institutions for their support in providing an advanced work placement for the Master of Public Health Professional Practice Unit in 2012.

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<tr>
<th>HOST ORGANISATION</th>
<th>PROJECT AREA / SPECIALISATION(S)</th>
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<tbody>
<tr>
<td>Australian Red Cross</td>
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<td>Indigenous Health</td>
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<td>The Border Consortium (Thailand)</td>
<td>Global Health</td>
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<td>Infectious Disease Epidemiology</td>
</tr>
<tr>
<td>Victorian Department of Health – North and West Metropolitan Region</td>
<td>Health Policy; Health Program Evaluation; Health Economics &amp; Economic Evaluation</td>
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2012 MELBOURNE SCHOOL OF POPULATION HEALTH AWARDS FOR EXCELLENCE

Award for excellence in academic administration

Ms Elizabeth Dent

Ms Dent’s award recognised her service to the School over the last seven years, particularly in the area of refining the Academic Programs administration. This is demonstrated by the lead that she took in the transition to the new student management system (ISIS) in 2010/2011, and more recently by her work with the academic team to refine the Master of Public Health admissions process. These efforts, coupled with her extensive knowledge of the courses offered by the School and her experience and knowledge of the University’s teaching administrative processes, have led Ms Dent to be the source of knowledge for staff within the School with regards to Teaching and Learning administration. This knowledge, coupled with her critical thinking skills, make her an asset to the School.

Ms Maggie Lenaghan

Ms Lenaghan was nominated for the work that she has undertaken from 2008-2012 as the Business and Research Manager for Professor John Hopper’s Australia Fellowship program of work. At the time of nomination, she was managing at least 30 different grants from more than 10 organisations. Ms Lenaghan has developed a flexible approach to grant management that enables her to manage currency exchange risks and competing project schedules. Due to her detailed knowledge of a complex mix of grants from national and international sources, she has developed an outstanding reputation within the University as a research administrator and is often contacted for advice from staff from other departments and from the central service units.

KNOWLEDGE TRANSFER AWARDS

Open award for excellence in knowledge transfer

Dr Andrea Boudville and Dr Mitchell Anjou

Since joining the University three years ago, Dr Boudville and Dr Anjou have developed and promoted The Roadmap to Close the Gap for Vision – a body of work that includes 42 linked recommendations. This study was enabled by them consulting with more than 530 people across a variety of stakeholder groups. The findings and recommendations from this study have been endorsed by the National Aboriginal Community Controlled Health Organisation (NACCHO), the Optometrists Association of Australia (OAAS), the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and Vision 2020 Australia. Their contribution to this field of study has been facilitated by their ability to codify the range of issues that need to be addressed and to develop simple and straightforward recommendations.

Associate Professor Harry Minas

Associate Professor Minas leads the Centre for International Mental Health, focusing on the development of mental health services for multicultural societies and mental health system development in low- and middle-income and post-conflict societies. Some of the successes of this research include: the increasing of the mental health workforce and the availability and accessibility of hospital and community-based mental health services in the Southern Province of Sri Lanka; the extension of the work in the Southern Province to the Eastern and Northern provinces, at the invitation of the president of Sri Lanka and supported by a $941,000 grant from AusAID; and leading the National Taskforce for Mental Health System Development in both Indonesia and Vietnam. Associate Professor Minas is the founder and co-editor of the International Journal of Mental Health Systems. This open access journal has authors from 29 countries, with an increasing number of these being from low- and middle-income countries. He was invited to provide technical assistance as a “key development partner” for the ASEAN Mental Health Taskforce.
**Associate Professor Tony LaMontagne**

Associate Professor LaMontagne’s award acknowledges the strongly participatory approach that he undertakes in conducting his research on developing a knowledge base to optimise mental health outcomes in workers. His strongly applied work aims to build organisational capacity to address poor working conditions and, in turn, improve mental health outcomes in workers. Associate Professor LaMontagne has reported the outcomes of his research in many different forms, but is probably exemplified through his VicHealth project on job stress. This research led to substantial media, policy and practice engagement, as well as six peer-reviewed articles. The report was also the most downloaded report ever published by VicHealth, with 15,000 downloads up until December 2009.

**Head’s award for knowledge transfer excellence by a Research Higher Degree student**

**Dr Rebecca Armstrong**

Dr Armstrong’s PhD focussed on improving access to research evidence, confidence in using and making sense of research evidence and building an organisational culture that supported evidence-informed decision-making within public health departments. Her thesis and subsequent work in this area has contributed to global thinking about the measurement of the impact of knowledge translation strategies on evidence-informed public health decision-making.

**RESEARCH AWARDS**

**Open award for excellence in research achievements**

**Associate Professor Mark Jenkins**

Associate Professor Jenkins’ award recognised his leadership in the field of bowel cancer and Lynch’s syndrome research, especially over the last three years. His achievements include leading successful grant applications for an NHMRC Clinical Centre for Research Excellence, an NHMRC project grant, a National Institutes of Health (USA) project grant, a Victorian Cancer Agency grant and an NHMRC Senior Research Fellowship. He also has investigator roles on other national and international grants and has published more than 70 papers since 2010. Associate Professor Jenkins now leads the Australasian Colorectal Cancer Family Registry and the International Mismatch Repair Consortium, in addition to co-chairing the Colon Cancer Family Registry.

**Career development of new researcher award**

**Dr Rebecca Bentley**

Dr Bentley’s work on housing and health in Australia has been amongst the first to explore how the social and economic aspects of housing impact on people’s health. Her research has been published in both leading public health and housing journals, demonstrating her capacity to bridge disciplines. Dr Bentley currently leads an ARC Linkage Grant and is co-investigator on three more Linkage Grants, an ARC Discovery Grant, a NHMRC Strategic Award and a NHMRC Partnership Grant. Her research has resulted in 19 peer-reviewed publications and one major report, with another four papers in preparation at the time of nomination.

**Head’s award for PhD excellence**

**Dr Jennifer Walker**

Dr Walker’s PhD “The epidemiology of *Chlamydia trachomatis* and *Mycoplasma genitalium* in young women” covered a three-year program of research to further understand the epidemiology of chlamydia and *M. genitalium* and to trial a simple intervention to increase testing rates for chlamydia. The results of the studies provided the first population based prevalence estimates for *M. genitalium* in young Australian women and provided an estimate for the duration of infection for *M. genitalium* and chlamydia. A secondary study demonstrated that a computerised alert in general practice increased the testing rates for chlamydia in young women. This intervention is now being tested by the Australian government in a chlamydia screening pilot. Dr Walker’s PhD has resulted in six peer-reviewed publications with another one in preparation at the time of nomination.
### LEARNING AND TEACHING ENROLMENTS 2007 – 2012

#### RESEARCH HIGHER DEGREE

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#### COURSEWORK

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| MPSocHlth (now Master of Health Social Sciences (MHSS)) merged with MWomensHealth | 35 | 16.45 | 33 | 14.93 | 21 | 6.1 | 11 | 3.9 | 19 | 8.87 | 2 | 0.499 |

#### PGDIP

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| PGDipBio merged with PGCertBio | 31 | 7.5 | 25 | 8.37 | 17 | 4.3 | 2 | 0.23 | 4 | 0.76 | 11 | 3.755 |

| *PGDipWH | 1    | 0.25 | 3    | 1.74 | 1    | 0.5  | -    | -    | -    | -    | -    | -    |

#### PGCERT

| PGCertPubhlth(Sexhlth) | 9    | 2.25 | 17   | 4.5  | 16   | 3.9  | 13   | 3.6  | 15   | 2.87 | 6    | 1.25 |

* Discontinued

### ENROLMENT GROWTH, 2007 – 2012

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## RESEARCH AND RESEARCH TRAINING

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### RESEARCH INCOME

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

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<td>$1,576,031</td>
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<td>C2.4</td>
<td>$2,629,359</td>
<td>$1,906,454</td>
<td>$2,185,728</td>
<td>$2,743,578</td>
<td>$2,580,985</td>
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<td>C2.5</td>
<td>$2,057,336</td>
<td>$1,818,063</td>
<td>$2,151,682</td>
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<td>$1,250,322</td>
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<td>C2.5A</td>
<td>$572,023</td>
<td>$88,391</td>
<td>$34,046</td>
<td>$746,464</td>
<td>$611,888</td>
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<td>C2.5B</td>
<td>$198,779</td>
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<td>C2.5C</td>
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<td>C3</td>
<td>$4,696,274</td>
<td>$4,428,675</td>
<td>$5,610,156</td>
<td>$6,557,217</td>
<td>$6,064,911</td>
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<td>C4</td>
<td>$206,524</td>
<td>$481,781</td>
<td>$482,346</td>
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<td>C4.1</td>
<td>$24,641</td>
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<td>C4.2</td>
<td>$103,730</td>
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<td>C4.3</td>
<td>$334,894</td>
<td>$687,653</td>
<td>$702,609</td>
<td>$323,869</td>
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<td>Total</td>
<td>$15,309,980</td>
<td>$18,739,683</td>
<td>$21,404,326</td>
<td>$25,746,357</td>
<td>$23,837,894</td>
<td>$26,468,404</td>
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</tbody>
</table>

**Melbourne School of Population Health Research Income 2012**

- **Total Australian Government Grants:** $10,907,579
- **Total Australian Competitive Grants:** $11,171,236
- **Total Contracts (Australian and International):** $3,541,003
- **Total CRC:** $848,586

**Research Income 2007-2012**

- **$ MILLION**
  - 2007: $25.0
  - 2008: $20.0
  - 2009: $15.0
  - 2010: $10.0
  - 2011: $5.0
  - 2012: $30.0
SUMMARY REPORT

PHD COMPLETIONS

<table>
<thead>
<tr>
<th>Name</th>
<th>Supervisors</th>
<th>Thesis topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garrett, Cameryn</td>
<td>Kirkman M, Chen MY, Fairley CK, Hocking JS.</td>
<td>Young adults’ views on telemedicine consultations for sexual health in Australia.</td>
</tr>
<tr>
<td>Ahmad, Ahsan</td>
<td>Fisher J, Minas H.</td>
<td>Primary antenatal health care services, maternal health and birth outcomes in rural Pakistan.</td>
</tr>
<tr>
<td>Mihalopoulos, Cathrine</td>
<td>Pirks JE, Carter R, Vos ET.</td>
<td>The cost effectiveness of preventative interventions for mental disorders: Key issues, challenges and a way forward.</td>
</tr>
<tr>
<td>Jamsen, Kris</td>
<td>Simpson JA, Gurrin LC.</td>
<td>Determination and evaluation of optimal designs for population pharmacokinetic and pharmacokinetic-pharmacodynamic studies of anti-malarial drugs.</td>
</tr>
<tr>
<td>Muller, David</td>
<td>Severi G, English D, Giles GG.</td>
<td>Biomarkers of hormone activity and risk of prostate and breast cancers.</td>
</tr>
<tr>
<td>Livingston, Michael</td>
<td>Room R, Dietze P.</td>
<td>The effects of changes in the availability of alcohol on consumption, health and social problems.</td>
</tr>
<tr>
<td>Grant, Genevieve</td>
<td>Studdert DM, Morgan JJ.</td>
<td>Approaches to health and loss in personal injury compensation.</td>
</tr>
<tr>
<td>Ait Ouakrim, Driss</td>
<td>Jenkins M, Boussioutas A, Hopper JL, Lockett TJ.</td>
<td>Colorectal cancer screening in Australia: what is the role of family history?</td>
</tr>
</tbody>
</table>

MASTER OF PHILOSOPHY COMPLETIONS

<table>
<thead>
<tr>
<th>Name</th>
<th>Supervisors</th>
<th>Thesis topic</th>
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</thead>
<tbody>
<tr>
<td>Wium, Christian</td>
<td>Bennett C, Carter R, Scott A.</td>
<td>An economic evaluation of health initiatives funded by private enterprise within a developing economy.</td>
</tr>
</tbody>
</table>

MELBOURNE SCHOOL OF POPULATION HEALTH PUBLIC SEMINARS 2012

<table>
<thead>
<tr>
<th>DATE</th>
<th>SPEAKER</th>
<th>PRESENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 March</td>
<td>Professor James Hanley, Department of Epidemiology and Biostatistics, Faculty of Medicine, McGill University, Québec, Canada.</td>
<td>How big are the mortality reductions produced by cancer screening? Why do so many trials report only 20%?</td>
</tr>
<tr>
<td>21 March</td>
<td>Dr Richard Tutton, Senior Lecturer, Department of Sociology, Lancaster University.</td>
<td>Personalising Medicine: Futures Past and Present.</td>
</tr>
<tr>
<td>4 April</td>
<td>Professor Billie Giles-Corti, Chair, Health Promotion and Director, McCaughney Centre: VicHealth Centre for the Promotion of Mental Health and Community Wellbeing, Melbourne School of Population Health.</td>
<td>Health and the city: Improving public health by planning liveable and sustainable communities.</td>
</tr>
<tr>
<td>18 April</td>
<td>Clinical Associate Professor Jean-Frederic Levesque, Scientific Director, Health Systems Analysis and Evaluation, Institut National de Santé Publique du Québec.</td>
<td>Integrating population health perspectives into governance of healthcare systems: challenges and opportunities.</td>
</tr>
<tr>
<td>2 May</td>
<td>Professor William Herman, Stefan S Fajans/GlaxoSmithKline Professor of Diabetes, Professor of Internal Medicine and Epidemiology, and Director of the Michigan Diabetes Research and Training Center, University of Michigan, USA.</td>
<td>The cost-effectiveness of diabetes prevention.</td>
</tr>
<tr>
<td>16 May</td>
<td>Dr David Hipgrave, Honorary Senior Fellow, Nossal Institute for Global Health (NIGH), The University of Melbourne. (Joint seminar with NIGH.)</td>
<td>China’s health system reform: Current progress, new initiatives and prospects.</td>
</tr>
<tr>
<td>DATE</td>
<td>SPEAKER</td>
<td>PRESENTATION</td>
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<td>------------</td>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>30 May</td>
<td>Associate Professor Marion Saville, Executive Director, Victorian Cytology Service</td>
<td>Optimising cervical screening in the context of HPV vaccination.</td>
</tr>
<tr>
<td>13 June</td>
<td><strong>Professor Rob Moodie</strong>, Professor of Public Health, and <strong>Dr Julie Simpson</strong>, Associate Professor of Biostatistics, Centre for MEGA Epidemiology, Melbourne School of Population Health</td>
<td>Hong Kong, Lund, Melbourne: A tour through biostatistics teaching and MPH courses.</td>
</tr>
<tr>
<td>27 June</td>
<td><strong>Professor Peter Brooks</strong>, <strong>Dr Lucio Naccarella</strong> and <strong>Dr Louise Greenstock</strong>, Australian Health Workforce Institute (AHWI), The University of Melbourne</td>
<td>Health workforce: Is it sustainable? How might AHWI help?</td>
</tr>
<tr>
<td>11 July</td>
<td><strong>Professor Philip Clarke</strong>, Chair in Health Economics, Centre for Health Policy, Programs and Economics, Melbourne School of Population Health</td>
<td>Long-term disability among combat veterans: Cohort study of Australian Vietnam War veterans.</td>
</tr>
<tr>
<td>25 July</td>
<td><strong>Dr Lisa Gibbs</strong>, Associate Director, Community Partnerships &amp; Health Equity Research, Jack Brockhoff Child Health &amp; Wellbeing Program, McCaughey Centre: VicHealth Centre for the Promotion of Mental Health and Community Wellbeing, Melbourne School of Population Health</td>
<td>Beyond bushfires: Community, resilience and recovery.</td>
</tr>
<tr>
<td>3 August,</td>
<td>Professor Alan Lopez, Head, School of Population Health, Professor of Global Health, University of Queensland</td>
<td>Are we making progress in improving global health: outcomes, measurement challenges and implications?</td>
</tr>
<tr>
<td>special seminar</td>
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<td>22 August</td>
<td><strong>Professor Jane Pirkis</strong>, Centre for Health Policy, Programs and Economics, <strong>Professor Dallas English</strong>, Centre for MEGA Epidemiology, <strong>Dr Dianne Currier</strong> and <strong>Dr Marisa Schlichthorst</strong>, Australian Longitudinal Study of Male Health, Melbourne School of Population Health</td>
<td>Hunting and gathering: Finding and following 58,000 males to investigate their health.</td>
</tr>
<tr>
<td>5 September</td>
<td><strong>Professor David Studdert</strong>, <strong>Dr Marie Bismark</strong> and <strong>Dr Matt Spittal</strong>, Centre for Health Policy, Programs and Economics, Melbourne School of Population Health</td>
<td>Problem doctors.</td>
</tr>
<tr>
<td>19 September</td>
<td>Dr Nicholas Thomson, Field Director, Johns Hopkins Bloomberg School of Public Health and Honorary Senior Research Fellow, Nossal Institute for Global Health (NIGH), The University of Melbourne. (Joint seminar with NIGH.)</td>
<td>The intersection of law enforcement and public health: Building partnerships, re-enforcing domestic and global public health.</td>
</tr>
<tr>
<td>3 October</td>
<td>Dr Danuta Skowronski, Epidemiology Lead, Influenza &amp; Emerging Respiratory Pathogens, BC Centre for Disease Control and Clinical Professor, School of Population &amp; Public Health, University of British Columbia, Canada</td>
<td>Influenza: Immuno-epidemiologic insights.</td>
</tr>
<tr>
<td>10 October</td>
<td><strong>Professor Janet McCalman</strong>, <strong>Dr Rebecca Kippen</strong>, <strong>Ms Sandra Silcot</strong> and <strong>Ms Claudine Chionh</strong>, Centre for Health &amp; Society, Melbourne School of Population Health</td>
<td>Founders &amp; survivors: digitisation, text encoding, ancestral data management and crowdsourcing: Innovation in the building of an historical longitudinal database.</td>
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<tr>
<td>17 October</td>
<td>Professor Nick Spencer, Emeritus Professor of Child Health, School of Health and Social Studies, University of Warwick, United Kingdom</td>
<td>Exploring the social circumstances of families with disabled children.</td>
</tr>
<tr>
<td>31 October</td>
<td>Dr Kate Taylor, Visiting Fellow, Nossal Institute for Global Health, The University of Melbourne. (Joint seminar with NIGH.)</td>
<td>Non communicable diseases: One year on from the UN High Level Meeting on NCDs, where are we?</td>
</tr>
<tr>
<td>14 November</td>
<td><strong>Associate Professor Tony LaMontagne</strong>, Chair, Higher Degree Research Committee, <strong>Rebecca Bond</strong>, School Manager, and <strong>Myra Hoad</strong>, Graduate Research Officer</td>
<td>MSPh Graduate Research Strategy &amp; Policy: Current status &amp; future directions.</td>
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<tr>
<td>21 November</td>
<td>MSPh Annual Award Presentation.</td>
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<tr>
<td>28 November</td>
<td><strong>Hosted by</strong> <strong>Professor Rob Moodie</strong>, Professor of Public Health, Melbourne School of Population Health</td>
<td>A master class in teaching: what makes a good teacher.</td>
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<tr>
<td>12 December</td>
<td>MSPh Annual Quiz.</td>
<td></td>
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</tbody>
</table>
Professor Rob Moodie describes the world’s first cigarette plain packaging laws, enacted by the Australian Government on 1 December 2012, as “the icing on the cake” of tobacco control measures.

It took decades of hard work by seasoned health campaigners to assemble the cake’s other ingredients: increasing the cost of tobacco via taxes, public education, smoke free legislation and health system interventions. These have all contributed to tobacco reform in Australia.

Professor Moodie, Professor of Public Health at the Melbourne School of Population Health, University of Melbourne, is supporting efforts to have this multi-pronged model emulated overseas in countries such as India, through the Australia India Institute Tobacco Control Taskforce, and in Thailand, through the South East Asian Tobacco Control Alliance (SEATCA). The international precedents Australia has set have worried ‘Big Tobacco’ companies, which unsuccessfully challenged the Australian Government’s plain packaging laws in the High Court in 2012.

Professor Moodie dates his direct involvement in anti-smoking campaigns back to 1998, when he became head of VicHealth, the Victorian Health Promotion Foundation. In acknowledging the plain packaging milestone, he pays tribute to the much longer-term efforts of colleagues such as Nigel Gray, David Hill, Michelle Scollo, Melanie Wakefield, Simon Chapman and Mike Daube, and the steadfastness of then federal Health Minister Nicola Roxon.

“Plain packaging is very much part of a comprehensive program of tobacco control over 30 years. This approach has been cumulative and progressive and determined;” he says. “Plain packaging is not a silver bullet but a very important feature, both from the view of taking away the last bastion of tobacco advertising and really reducing the potential appeal of smoking to young people, in particular.” In 2011, about 4% of 12-15 year-olds are current smokers, according to the Australian Secondary School Students Alcohol and Drugs Survey.

Plain packaging was one of the recommendations of the National Preventative Health Taskforce in 2009, which was chaired by Professor Moodie. In 2008, through the Council of Australian Governments, the Commonwealth and state and territory governments committed to an agreed target of reducing the national adult smoking rate to 10 per cent by 2018, and to halving the smoking rate among Aboriginal and Torres Strait Islander people within the same period. The plain packaging laws ban the use of corporate logos, colours, brand images or promotional information, while giving prominence to consumer information and graphic health warning images. Research has shown that the new, approved pack designs are as unattractive as possible to consumers.

Professor Moodie applauded the federal government’s adoption of almost all the tobacco measures recommended by the taskforce, including increased taxes and social marketing campaigns. Yet plain packaging grabbed the most media attention. Why? “I think it’s because of the companies’ reaction,” he says. “They created a front organisation called the Alliance of Australian Retailers to run a campaign against the Government, they ran a very nasty ‘nanny state’ campaign against the Government and Health Minister Nicola Roxon and they hired the country’s most expensive QCs to run this case in the High Court.”

Professor Moodie is co-chair of the Australia-India Institute Taskforce on Tobacco Control, which in late 2012, with the support of the Nossal Institute, released its major policy report. It draws on Australia’s experience to map strategies for introducing plain packaging to India.

Perhaps India will become the second nation in the world to achieve this milestone; in early December 2012, an Indian MP introduced a Private Members’ Bill aimed at doing just that. Plain packaging is also gaining support in New Zealand, Ireland, the United Kingdom, Uruguay and Norway. But if India, the second largest producer and consumer of tobacco products in the world, brought in plain packaging, its impact would be enormous – more than one million Indians die every year due to tobacco use.
Melbourne School of Population Health Committee Structure

**ADVISORY & INFORMATION**

- The following Committees provide advice and information to the Head of School:
  - Staff – Student Liaison Committee
  - Convocation
  - School Advisory Group
  - Centre & Unit Advisory Committees
    - Centre for Health and Society
    - Centre for Health Policy, Programs and Economics
    - Centre for International Mental Health
    - Indigenous Eye Health Unit
    - Centre for Women’s Health, Gender and Society
    - Centre for MEGA Epidemiology
    - Australian Health Workforce Institute
  - South of Grattan Street IT Cluster Committee

**EXECUTIVE COMMITTEE**

- Marketing, Advancement & Knowledge Exchange Committee
- Human Ethics Advisory Group
- Research Committee
- Teaching & Learning Committee
- Career Development Committee
- Occupational Health & Safety Environment Committee
- Finance Committee

- Higher Degree by Research Committee
- New Generation Undergraduate Degrees Committee
- School Graduate Programs Committee
- Graduate Health Professional Degrees Committee

* INCORPORATES STRATEGY AND RESOURCES
MANAGEMENT AND GOVERNANCE

Head of School Advisory Group, The Hon John Brumby, Chair.

Student & Staff Liaison Committee, Professor Terry Nolan, Chair.

Staff Convocation, Professor Terry Nolan, Chair.

South of Grattan Street IT (SGSIT) Cluster Committee, Professor Dallas English, Chair, Professor Richard Dowell (Department of Otolaryngology), Deputy Chair, Ms Rebecca Bond, Deputy Chair.

Executive Committee, Professor Terry Nolan, Chair, Professor David Studdert, Deputy Chair.

Finance Committee, Professor Terry Nolan, Chair, Ms Rebecca Bond, Deputy Chair.

Research Committee, Professor Jane Pirkis, Chair.

Teaching and Learning Committee, Professor Rob Moodie, Chair.

Marketing, Advancement and Knowledge Exchange (MAKE) Committee, Ms Rebecca Bond, Chair.

OHSE Committee, Professor Terry Nolan, Co-Chair, Ms Rebecca Bond, Co-Chair.

Human Ethics Advisory Group, Professor David Studdert, Chair.

Higher Degree by Research Committee, Associate Professor Anthony LaMontagne, Chair.

Graduate Programs Committee, Professor Rob Moodie, Chair.

Graduate Health Professional Degrees Committee, Professor Rob Moodie, Chair.
CENTRE FOR MOLECULAR, ENVIRONMENTAL, GENETIC AND ANALYTIC EPIDEMIOLOGY

TEACHING AND LEARNING HIGHLIGHTS
In 2012 the courses and subjects offered through the Centre for MEGA Epidemiology continued to grow in regard to student interest. The Master of Science – Epidemiology saw a fourfold increase in student numbers, from three students in 2011 to 12 students in 2012. Of the subjects taught by Centre staff, 150 students completed Epidemiology, 155 students completed Biostatistics and 74 students completed Linear and Logistic Regression. Our subjects have continued to be well received by students in 2012 as evidenced by Subject Experience Surveys.

RESEARCH HIGHLIGHTS
In 2012, three new National Health and Medical Research Council (NHMRC) Centres of Research Excellence involving investigators from the Centre commenced, including one led by Associate Professor Mark Jenkins on screening for bowel cancer. The other two were in Biostatistics and Respiratory Disease. Centre staff were also awarded several new grants in 2012.

Much of the research in the Centre involves participation in large international consortia. These international collaborations are necessary to identify weak determinants of disease, such as common genetic variants, and for exploring interactions between the environment and genetics. For example, a new international consortium to investigate determinants of iron-overload related disease among people with hereditary haemochromatosis began in 2012. Associate Professor Lyle Gurrin is one of the investigators.

Pilot testing commenced in 2012 for the first wave of data collection for the Australian Longitudinal Study on Male Health (known commonly as Ten to Men). This is an initiative of the Commonwealth Department of Health and Ageing and involves collaborators from across the Melbourne School of Population Health (MSPH).

More than 120 refereed journal articles were published in 2012, including many in leading journals such as Nature Genetics and the Journal of Allergy and Clinical Immunology.

KNOWLEDGE EXCHANGE
Several staff members serve on Boards and Advisory Committees for Public Health Agencies and are frequently called upon by the media for comment on research. Associate Professor Julie Simpson featured in an article in The Age (11 June – ‘New Centre to boost the health of biostatistics’) regarding the new Centre of Research Excellence funded by the NHMRC to increase the critical mass of biostatisticians in Australia.

ADVISORY BOARD
Professor Alistair Woodward (Chair), Head of School, School of Population Health, University of Auckland.
Professor John Lynch, Professor of Public Health, NHMRC Australia Fellow Discipline of Public Health, School of Population Health and Clinical Practice, University of Adelaide.
Professor Julian Peto, Research UK Chair of Epidemiology, London School of Hygiene & Tropical Medicine and the Institute of Cancer Research.
Dr Rosemary Lester, Assistant Director, Communicable Disease Control, Department of Human Services.
Professor Terry Nolan, Head, Melbourne School of Population Health, University of Melbourne.

OUR VISION STATEMENT
Our vision is for improved population health. We will contribute to achieving this vision by excellent teaching, research training and research in epidemiology and biostatistics and by translating our research results into practice.
CROWN PRINCESS MARY NEW PATRON OF AUSTRALIAN TWIN REGISTRY

Her Royal Highness Crown Princess Mary of Denmark has become the international patron of the Australian Twin Registry, based at the University of Melbourne, and the Danish Twin Registry.

Director of the Australian Twin Registry (ATR) and University of Melbourne Professor John Hopper, said he was extremely grateful for the Crown Princess’s patronage and that as a mother of twins she was a fantastic ambassador for twin research. “We are extremely thrilled about the announcement and hope the Crown Princess’s patronage will raise awareness of the importance of twin research on a range of health issues from cancer, to diabetes, epilepsy, heart disease, to osteoporosis and Alzheimer’s disease,” he said.

In a message of support to the two registries, the Crown Princess said she was proud to be the international patron of the Australian and Danish twin registries, long established pioneers in twin medical research and world authorities in the field.

“Twins are special, as I now know as the mother of Vincent and Josephine. What is perhaps less well-known is the special contribution twins of all ages have made to medical and health research through the Australian, Danish and other twin registries across the world.

“Twin registries bring twins and researchers together to undertake vital research that is of benefit to everyone. Twin research has contributed to breakthroughs in the understanding of human development and aging including many serious illnesses such as psychiatric diseases, cancer, heart disease, diabetes and birth defects.

“As a parent of twins, I look forward to contributing to awareness of the unique role that twins and their families can play in health research, and to encouraging other families with twins to support this important work.”

Professor Hopper said that through her patronage, the Crown Princess would also recognise the great contribution of nearly 80,000 volunteer twin members – of all ages, identical and non-identical – across Australia who have registered their interest to participate in twin studies.

“Our vital work could not continue without their support,” he said.

“We are the largest voluntary twin register in the world and our twin researchers have made a significant impact in health research since the registry began in 1981,” he said.

More than 450 twin studies have been supported by the ATR over its history across a broad spectrum of medical conditions.

Professor Hopper also thanked key funding and resource supporters, the Federal Government’s National Health and Medical Research Council, which has provided core funding since the ATR began in 1981, and the University of Melbourne, where the registry is based.
**GRANTS AWARDED 2011 AND COMMENCED IN 2012**

*lead investigator for funds awarded for the University*

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Funding Body</th>
<th>Chief Investigator</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can we make breathing easier while ageing?</td>
<td>National Health and Medical Research Council, Project grant.</td>
<td>Professor Shyamali Dharmage.</td>
<td>$1,865,881 (4 years).</td>
</tr>
<tr>
<td>Optimising treatment regimens for severe malaria.</td>
<td>National Health and Medical Research Council, Project grant.</td>
<td>Associate Professor Julie Simpson.</td>
<td>$211,175 (3 years).</td>
</tr>
<tr>
<td>Modelling the possible effects of low-dose irradiation in young Australians exposed to CT scans.</td>
<td>National Health and Medical Research Council, Project grant.</td>
<td>Professor John Matthews.</td>
<td>$130,878 (2 years).</td>
</tr>
<tr>
<td>Novel genetic and environmental modifiers of the risk of iron overload-related disease in HRE-associated hereditary haemochromatosis in cohort of middle-aged Australians.</td>
<td>National Health and Medical Research Council, Career Development Fellowship.</td>
<td>Associate Professor Lyle Gurrin.</td>
<td>$434,406 (4 years).</td>
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<tr>
<td>Lifetime allergies and chronic breathing disorders: causes, consequences and interventions.</td>
<td>National Health and Medical Research Council, Senior Research Fellowship.</td>
<td>Professor Shyamali Dharmage.</td>
<td>$580,910 (5 years).</td>
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<tr>
<td>Impact of screen on colorectal cancer incidence and mortality for unaffected young people at potentially high-risk due to family history of the disease.</td>
<td>Bowel Cancer Australia.</td>
<td>Associate Professor Mark Jenkins.</td>
<td>$50,000 (1 year).</td>
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<tr>
<td>NHMRC Research Fellowship.</td>
<td>National Health and Medical Research Council Senior Principal Fellowship.</td>
<td>Professor John Hopper.</td>
<td>$844,860 (6 years).</td>
</tr>
<tr>
<td>Project Description</td>
<td>Funding Body</td>
<td>Chief Investigator</td>
<td>Funding</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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<tr>
<td>Complex statistical analyses of genome-wide association studies related to breast and prostate cancers using high performance supercomputing.</td>
<td>National Health and Medical Research Council, Project grant.</td>
<td>Professor John Hopper</td>
<td>$634,435 (3 years)</td>
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<tr>
<td>Comprehensive model for colorectal cancer risk.</td>
<td>National Health and Medical Research Council, Research Fellowship.</td>
<td>Associate Professor Mark Jenkins</td>
<td>$580,910 (5 years)</td>
</tr>
<tr>
<td>Methylation of DNA and colorectal cancer.</td>
<td>National Health and Medical Research Council, Project grant.</td>
<td>Professor Dallas English*</td>
<td>$775,666 (2 years)</td>
</tr>
<tr>
<td>The Victorian Centre for Applied Biostatistics (VCAB): Building core methodological capacity for population health.</td>
<td>National Health and Medical Research Council, CoRE Project grant.</td>
<td>Associate Professor Lyle Gurrin*</td>
<td>$769,298 (5 years)</td>
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<tr>
<td>Understanding and ameliorating the human health effects of exposure to air pollution: from knowledge to policy and public health practice.</td>
<td>National Health and Medical Research Council.</td>
<td>Professor Shyamali Dharmage*</td>
<td>$64,548</td>
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<tr>
<td>Genetic modifiers of iron status in haemochromatosis HRE C282Y homozygotes.</td>
<td>National Institutes of Health, USA.</td>
<td>Associate Professor Lyle Gurrin*</td>
<td>$23,099</td>
</tr>
<tr>
<td>Genes, environment and breast cancer risk: The 15 year follow-up of the Prof-SC.</td>
<td>National Institutes of Health, USA.</td>
<td>Professor John Hopper*</td>
<td>$547,189</td>
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### GRANTS AWARDED IN 2012

<table>
<thead>
<tr>
<th>Title</th>
<th>Funding Body</th>
<th>Chief Investigator</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre of research excellence for reducing the burden of colorectal cancer by optimising screening: evidence of clinical practice.</td>
<td>National Health and Medical Research Council, Centre of Research Excellence.</td>
<td>Associate Professor Mark Jenkins.</td>
<td>$2,483,765 (5 years).</td>
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<tr>
<td>Randomised controlled trial of HPV self-sampling for improving participation in cervical screening the iPAP trial.</td>
<td>National Health and Medical Research Council, Project grant.</td>
<td>Associate Professor Dorota Gertig.</td>
<td>$518,759.</td>
</tr>
<tr>
<td>The epidemiology of food allergy in Australian children.</td>
<td>National Health and Medical Research Council, Early Career Fellowship.</td>
<td>Dr Jennifer Koplin.</td>
<td>$299,564.</td>
</tr>
<tr>
<td>Epidemiology of allergic diseases and the role of early life eczema.</td>
<td>National Health and Medical Research Council, Career Development Fellowship.</td>
<td>Dr Adrian Lowe.</td>
<td>$397,724.</td>
</tr>
<tr>
<td>Determining the role of vitamin D in the development of asthma and allergic diseases in high risk families.</td>
<td>National Health and Medical Research Council, Project grant.</td>
<td>Dr Adrian Lowe.</td>
<td>$342,042.</td>
</tr>
<tr>
<td>Project Description</td>
<td>Funding Body</td>
<td>Chief Investigator</td>
<td>Funding</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Development of a comprehensive model for colorectal cancer risk prediction.</td>
<td>National Institutes of Health, USA.</td>
<td>Associate Professor Mark Jenkins*</td>
<td>$174,300.</td>
</tr>
<tr>
<td>The contribution of outdoor fungi, air pollution and respiratory viruses on child asthma hospitalisations.</td>
<td>National Health and Medical Research Council, Postgraduate Scholarship.</td>
<td>Dr Rachel Tham.</td>
<td>$113,237.</td>
</tr>
<tr>
<td>Screening of breast cancer.</td>
<td>National Health and Medical Research Council Scholarship.</td>
<td>Mr Kevin Nguyen.</td>
<td>$78,437.</td>
</tr>
<tr>
<td>Genetic modifiers of environmental risk factors for the incidence and remission of Asthma from childhood to middle age.</td>
<td>Asthma Australia Scholarship.</td>
<td>Miss Melissa Lau.</td>
<td>$73,959.</td>
</tr>
<tr>
<td>Centre of Research Excellence in paediatric food allergy and food-related immune disorders.</td>
<td>National Health and Medical Research Council, Centre of Research Excellence.</td>
<td>Professor Shyamali Dharmage*</td>
<td>$202,925.</td>
</tr>
</tbody>
</table>
In addition to our achievements in research, teaching and learning and knowledge exchange, the Centre for Health and Society (CHS) was delighted to welcome a number of key staff in 2012. These were:

- Ms Emma Barnard, Academic Associate
- Dr Dominique Martin, Lecturer in Health Ethics
- Mr Warwick Padgham, Leaders in Indigenous Medical Education (LIME) project officer
- Dr Rebecca Ritte, Research Fellow in Epidemiology
- Ms Tara Sklar, Project Co-ordinator for the Public Health Indigenous Leadership in Education (PHILE) Network.

We were also fortunate to have a number of international visitors who enriched the collegial life of the Centre as well as fostering strong relationships with their home institutions. These were:

- Professor Rima Apple, History, and Vilas Life Cycle Professor Emerita, University of Wisconsin
- Dr Peter D’Abbs, Professor of Substance Misuse Studies, Menzies School of Health Research, Darwin
- Dr Per Axelsson, History and Demography, Centre for Sami Studies (CESAM) and co-located with the Centre for Population Studies at the University of Umeå in Sweden.

Further highlights were that Marilyns Guillemin was promoted to Professor, and Shaun Ewen was promoted to Associate Professor.

**RESEARCH HIGHLIGHTS**

Dr Michael Livingston received a commendation for the 2012 Premier’s Award for Health & Medical Research. This is in recognition of Dr Livingston’s research on the relationship between changes in the number of alcohol outlets and the health and social impacts on the community. Martha Macintyre, Honorary Associate Professor at CHS, was elected to the prestigious Academy of the Social Sciences in Australia for her distinguished contributions to the field of medical anthropology.

Building on our excellence in research, in 2012 we were awarded a number of Australian Competitive Grants as well as internal University of Melbourne grants. These included: a National Health and Medical Research Council (NHMRC) grant on Creating Healthy Environments: Integrating and Evaluating Aboriginal Health Promotion in the Goulburn-Murray Region, and Australian Research Council (ARC) project grants on The ethics of altering children; Local Aboriginal community archives: the use of information technology and the National Broadband Network in disaster preparedness and recovery; and Sonic practice in Japan: sound in everyday life. A detailed list of the grants follows later in this report.

Congratulations to Dr Livingston and Dr Kim McLeod on the successful completion of their PhDs.

**TEACHING AND LEARNING HIGHLIGHTS**

The CHS continued its ongoing commitment to high quality teaching and learning. In partnership with the Rural Health Academic Centre in Shepparton, there was ongoing support of a cohort of Aboriginal students from the Goulburn Valley enrolled in the Master of Health Social Sciences. These students have the potential to contribute at a high level to strategies and interventions to ‘close the gap’ in the health inequalities and disadvantages suffered by the Aboriginal population of the Goulburn Valley. The Indigenous Health specialisation in the Master of...
ALCOHOL-RELATED HARM'S 'NOT JUST AN INDIGENOUS PROBLEM'

Dr Richard Chenhall’s years of research into alcohol have convinced him that some Indigenous communities could teach mainstream communities a thing or two about how to address the problems caused by alcohol.

Dr Chenhall is a Senior Lecturer in Medical Anthropology at the Melbourne School of Population Health’s Centre for Health and Society, at the University of Melbourne. One of the few Australian researchers who have examined alcohol management plans (AMPs) in depth, his latest timely contribution is to a paper by the Indigenous Justice Clearinghouse (IJC). The IJC makes research about Indigenous justice available to policymakers.

“Alcohol-related harms are not just an Indigenous problem – alcohol is everyone’s problem and we have a lot to learn from the Indigenous community from their ability to come together and try to enforce change,” he says. Alcohol Management Plans have their genesis in Aboriginal community activism dating back to the 1970s, he says, when communities themselves tackled the devastating harms caused by alcohol. Yet more than 35 years later, the harms from alcohol consumption continue in Indigenous communities.

While there is a greater percentage of Indigenous people who abstain from alcohol compared to non-Indigenous people, the Australian Institute of Health and Welfare reports that a significantly higher proportion of Indigenous people aged between 25 and 44 years drink at high risk, long-term levels compared to non-Indigenous people.

Alcohol management plans are a relatively recent policy approach, first introduced in Northern Queensland in 2002 and subsequently in the Northern Territory in 2005. In broad terms, an AMP involves strategies designed to empower communities in reducing alcohol-related harms, using measures that are appropriate for specific communities. The types of communities (remote versus regional town, for example) and social, political, resourcing and practical factors all influence the development, implementation and effectiveness of AMPs.

AMPs in various forms are spreading to urban centres like the City of Yarra and Darebin Council, in Melbourne, as recognition grows of the damaging impacts of alcohol, including violence, chronic health problems and reduced workplace productivity. The Centre for Health and Society’s Professor Robin Room and colleagues at Turning Point alcohol and drug centre have estimated the annual, national costs of harm to others from drinking to be $20.6 billion.

The IJC’s paper, Alcohol Management Plans and Related Alcohol Reforms, (due to be published in early 2013) was drafted in 2012 amid concerns that the newly elected governments of Queensland and the Northern Territory might ease restrictions on access to alcohol in Aboriginal communities.

“Often AMPs start off with a very broad strategy, including looking at supply issues, such as where and when and how you can buy alcohol, through to looking at demand reduction and harm minimisation,” says Dr Chenhall.

“But when it comes to implementation, often the cheapest thing is to look at just restrictions. And while there is a very good body of evidence to demonstrate that restrictions can reduce alcohol sales and alcohol-related harms, often they can be very contentious within the community itself because people who want to sell or drink alcohol may see it as curbing their freedom and their economic interests.

“The paper found that more work needs to be done on defining what AMPs are and how an effective AMP could and should work in a community,” he says. Vested interests – including consumers, the alcohol industry and the governments that collect taxes from alcohol sales – are powerful voices in these debates. But independent researchers also need to be heard. “We have to return to the fact that alcohol is a drug – just as tobacco is a drug,” Dr Chenhall says. “And it took a long time for people to see that tobacco is dangerous for health.”
Public Health (MPH) program has proved very successful. The units available to students in this specialisation include Indigenous Health & History, Indigenous Health: From Data to Practice, and Indigenous Health Management & Leadership.

**KNOWLEDGE EXCHANGE HIGHLIGHTS**

Professor Robin Room was awarded the prestigious Prime Minister’s award for Excellence in Alcohol and Other Drug Endeavours. For more than 40 years, Professor Room has contributed to alcohol policy through his research and is internationally regarded as one of the top five alcohol researchers in world.

Professor Marcia Langton delivered the 53rd Boyer Lectures, titled *The Quiet Revolution: Indigenous People and the Resources Boom*. This examined the dependency of Aboriginal businesses and not-for-profit corporations on the resources industry and their resultant vulnerability to economic downturns.

**CHS ADVISORY COMMITTEE**

Chair, Professor Terry Nolan, Head of School, Melbourne School of Population Health.

Mr Demos Krouskos, CEO, Centre for Culture, Ethnicity and Health (CEH),

Professor Marian Pitts, Director, Australian Research Centre in Sex, Health and Society, La Trobe University.

Ms Janet Laverick, Director, Primary Health Branch, Rural and Regional Health and Aged Care Services Division, Department of Health/Human Services.

Professor Martin Delatycki, Director, Clinical Genetics, Austin Health, Heidelberg Repatriation Hospital, Director, Bruce Lefroy Centre for Genetic Health Research, MCRi.

Dr. Hugo Gold, Paediatrician/Endocrinologist, Children’s Specialist Centre, Clinical Director of the Children’s Bioethics Centre at the Royal Children’s Hospital.

Professor Ann Capling, nominee from the Faculty of Arts (University of Melbourne), Social and Political Sciences, Director of the Master of International Relations.

Dr Helen MacDonald, nominee from the Faculty of Arts (University of Melbourne), ARC Future Fellow at the Australian Centre in the School of Historical and Philosophical Studies at the University of Melbourne.

Professor Jane Gunn, nominee from MDHS, inaugural Chair of Primary Care Research and Head of the General Practice and Primary Health Care Academic Centre at the University of Melbourne.

**CENTRE FOR HEALTH AND SOCIETY**

**GRANTS AWARDED 2012**

<table>
<thead>
<tr>
<th>Creating Healthy Environments: Integrating and Evaluating Aboriginal Health Promotion in the Goulburn-Murray Region.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding Body:</strong> NHMRC Project grant.</td>
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<tr>
<td><strong>Chief Investigators:</strong> Dr Kevin Rowley, Dr R Reilly, Dr T Riley, Mrs J Doyle, Dr M Cargo, Ms P Atkinson, Ms J Calleja.</td>
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<tr>
<td><strong>Funding:</strong> $626,887</td>
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<tr>
<th>The ethics of altering children.</th>
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<tr>
<td><strong>Funding Body:</strong> ARC Project grant.</td>
</tr>
<tr>
<td><strong>Chief Investigator:</strong> Associate Professor Lynn Gillam.</td>
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<tr>
<td><strong>Description:</strong> Parents sometimes request surgery or drug therapy to change a child’s physical appearance. This project will provide ethical guidelines to doctors and policy makers about ethically appropriate ways to respond to such requests.</td>
</tr>
<tr>
<td><strong>Funding:</strong> $282,000.</td>
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<tr>
<th>Local Aboriginal community archives: the use of information technology and the National Broadband Network in disaster preparedness and recovery.</th>
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<tbody>
<tr>
<td><strong>Funding Body:</strong> ARC Project grant.</td>
</tr>
<tr>
<td><strong>Chief Investigators:</strong> Mr Lyndon Ormond-Parker, Professor Marcia Langton, Associate Professor R Sloggett.</td>
</tr>
<tr>
<td><strong>Description:</strong> This project will redefine the way significant and at-risk audiovisual archival material in Aboriginal communities is preserved, protected and made accessible for future generations via new initiatives such as cloud technology and the National Broadband Network, ensuring intergenerational transmission of vital cultural heritage.</td>
</tr>
<tr>
<td><strong>Funding:</strong> $395,000.</td>
</tr>
</tbody>
</table>
### Sonic practice in Japan: sound in everyday life.

**Funding Body:** ARC Project grant.

**Chief Investigators:** Associate Professor C Stevens, Dr T Kohn, **Dr Richard Chenhall**, Professor T Bestor, Professor S Hosokawa, Asst Professor J Hankins.

**Description:** This anthropological project focuses on ‘sonic practice’—a way of understanding how sound is made significant to people in their everyday life—and its impact on social relations in Japan.

**Funding:** $178,000.

### Alcohol Management Plans (AMPs): Innovation in Research and Evaluation.

**Funding body:** University of Melbourne Research Collaboration grant.

**Chief Investigators:** Professor Marcia Langton, Dr Richard Chenhall, Dr Peter D’Abbs, Professor Robin Room.

**Description:** The aim of this project is to develop a comprehensive literature review on AMPs to enable the research team to identify the reliable studies and data, as well as the gaps, and further to identify:

- The purpose, policy and legal contexts of AMPs in Indigenous communities in each relevant jurisdiction (Qld, NT, WA).
- Indicators for measuring the health and social outcomes of AMPs.
- Measures for more rigorous assessment and evaluation of AMPs across jurisdictions.

**Funding:** $101,114.

### General practitioners, clinical trials and ethical risk: investigating dual roles in clinical research.

**Funding body:** University of Melbourne Research Collaboration grant.

**Chief Investigators:** Professor Marilys Guillemin, Associate Professor Lynn Gillam, Dr Ros McDougall, Dr Dominique Martin.

**Description:** The clinical research community is increasingly looking to involve general practitioners (GPs) as researchers in clinical trials. Clinical research can involve GPs who hold dual roles as researchers and clinicians, and patients who by enrolling in trials, hold dual roles as patients and research participants. These dual roles are fundamental to the success of drug trials, yet present ethical risks. The goal of clinical practice, which is primarily to enhance patient wellbeing, differs from the goal of research, which is to undertake scientifically rigorous study which yields valid and reliable data. This project will examine how the ethical risks posed by these potential role conflicts are understood by GPs and patient-participants.

**Funding:** $20,000.

### Developing a Vanderbilt-Melbourne Social Health Studies Consortium.

**Funding body:** Melbourne – Vanderbilt University Partnership.

**Chief Investigators:** Professor Marilys Guillemin, Professor Jonathan Metzl.

**Funding:** $5000.

### Enabling socially-inclusive and ethical visual methodologies.

**Funding body:** University of Melbourne Interdisciplinary Seed Funding Scheme.

**Chief Investigators:** Professor Marilys Guillemin, Dr S Drew, Dr D Warr, Dr C Howell, Dr J Waycott, Associate Professor S Cox.

**Funding:** $25,000.
It was another successful year for the Centre for Women’s Health, Gender and Society (CWhGS), including being the recipient of a number of awards. Associate Professor Jane Hocking received a highly-competitive National Health and Medical Research Council (NHMRC) Senior Research Fellowship to continue her groundbreaking work on prevention of sexually transmitted infections. Dr Rebecca Bentley received the Melbourne School of Population Health (MSPh) Early Career Award in Excellence for Research achievement for her innovative, interdisciplinary research on housing and health. Dr Jennifer Walker was presented with the MSPh award for PhD Excellence for 2012. Dr Walker’s PhD, The epidemiology of Chlamydia trachomatis and Mycoplasma genitalium in young Australian women, was completed with Associate Professor Hocking as Principal Supervisor.

**RESEARCH HIGHLIGHTS**

We have continued our research across our three major themes: sexual and reproductive health; cancer and preventative health care and gender and health inequalities.

One highlight has been our research with the Royal Women’s Hospital, which includes the following projects:

- Contraceptive options for young women, with a focus on long-acting reversible contraception (LARC), funded by a bequest from Brenda Jean Brown
- Developing an intervention to improve young mother’s access to government benefits including paid parental leave, funded by a NHMRC Partnership Grant with partner organisation VicHealth
- A project initiated by the North Yarra Community Health Service, which seeks improved understanding of the impacts of female genital mutilation/cutting with communities in Carlton, Collingwood and Fitzroy, funded by the Melbourne Social Equity Institute.

**TEACHING AND LEARNING HIGHLIGHTS**

In 2012, the Centre contributed to the second year delivery of the Master of Public Health (MPH). The Centre was responsible for the delivery of a core subject, Surveys and Qualitative Methods, as well as elective subjects for the MPH and core subjects for the Master of Health Social Sciences, including Gender and Health, Social Determinants of Health, Sexual and Reproductive Health, Women and Global Health and Social Analysis in Health. Staff members were involved in guest lecturing throughout the year across the School and Faculty. Additionally, and sadly, we taught the final subject (on the Social Determinants of Health) in the Master of Women’s Health (Japanese) that has been delivered in Japanese in both Japan and Australia since 1992.

**KNOWLEDGE EXCHANGE HIGHLIGHTS**

Staff presented at many national and international conferences; invited presentations included:

- Professor Anne Kavanagh, *Health inequities in Australia*, Our Health, Our Community: Health Consumer Leader’s Workshop, Melbourne.
- Professor Kavanagh and Dr Rebecca Bentley, *Housing and disability: Forgotten issues in public health research and policy*, Population Health Congress (workshop), Adelaide.
EXPLORING THE LIVES OF NEW AGE NANAS

New research about the experiences of Australian grandmothers has yielded surprising results – including tales of unexpected passion and a flood of enthusiasm for the project from grandmothers.

Co-researcher Professor Doreen Rosenthal said, “We had 150 of the 1200 respondents emailing us directly to thank us for researching their stories. I’ve had many years’ experience in research but this was astonishing. It really hit a nerve.”

Until her retirement in 2008, Professor Rosenthal AO was Professor of Women’s Health and Director of what became the Centre for Women’s Health, Gender and Society at the Melbourne School of Population Health, where she is now Professor Emeritus. The project was conducted in collaboration with her long-term research colleague, Professor Susan Moore, of Swinburne University of Technology.

The study is believed to be a world first in applying an evidence-based approach to the experiences of ‘ordinary’ grandmothers. Its methodology included a survey and 24 in-depth interviews. Most of the 1205 survey responses were completed online. The youngest grandmother was 34 and the oldest was 92 with the average age being 63. Most of the grandmothers had two to three grandchildren, with whom they spent an average total of 12 hours per week.

The researchers have distilled their findings into a lively book, *New Age Nanas*, published in 2012, which is enriched by many excerpts from the highly personal interviews.

The research ranged widely across life themes like how becoming a grandmother affected relationships with the grandmother’s own children and her in-laws, and the profound impact of the grandmother’s bond with her grandchild. The latter elicited an outpouring of personal anecdotes about the ‘magical love’ a grandchild ignited, with most grandmothers characterising the relationship as joyous and unexpectedly intense.

Alongside the ‘falling in love’ experience, another unexpected theme was the ‘antidote to ageing’ bonus of being a grandmother. “Women talked about feeling renewed as a person and gaining a younger perspective by seeing the world through their grandchild’s eyes,” Professor Rosenthal said.

Professor Rosenthal said the dramatic changes in women’s roles over the past 40 years was reflected in the non-traditional approach the study participants took to grandmothering, compared to their own grandmothers. “Most of our grandmothers were working and were fitter. They wanted to do things like travel and were out there playing sport or bridge and being involved,” she said. “The world has become so much more complicated and these women were engaged with the world in a way that is quite new.”

The rise of divorce and repartnering had added another layer of complexity, and sometimes tension, to family relationships that the grandmothers were mostly able to negotiate. “Quite a number of our grandmothers are themselves divorced and repartnered and they were dealing with their partner’s kids or grandkids,” she said.

Each of the book’s chapters ended with deft advice under the heading ‘Nana Know-how’, but Professor Rosenthal sees *New Age Nanas* as more than a self-help guide. “I hope this book offers insights to a grandmother who may be troubled about a relationship or her role, and that these shared experiences reassure her that she is not alone.”

*New Age Nanas* is published by Big Sky Publishing. More information about the research project is at: [http://grandresearch.com/](http://grandresearch.com/)
Dr Louise Keogh, Life insurance and genetic test results: a mutation carrier’s fight to achieve full coverage. Familial Aspects of Cancer: Research and Practice Conference, Kingscliff, NSW.


Associate Professor Jane Hocking, Should we worry about chlamydia treatment failure following azithromycin: ‘Oropharyngeal cancer and role of HPV; Should we be screening for anal cancer? Issues to consider; and including members of the ACCEPt team Implications for Chlamydia notifications in Australia; at the International Union Against STI’s World Congress, Melbourne; also The Australian Chlamydia Conference, Brisbane.

CWHGS ADVISORY COMMITTEE
Chair, The Hon Caroline Hogg, former member of the Victorian Legislative Council from 1982 to 1996 and a minister in the governments of The Honourable John Cain and The Honourable Joan Kirner.

Ms Wendy Brooks, National Head of Business Development, The Trust Company.

Ms Mary Bereux, Manager of Policy and Projects, Office of Women’s Policy in the Department of Human Services.

Ms Dale Fisher, CEO, The Royal Women’s Hospital.

Dr Gwendolyn Gray, member of the Ministerial Advisory Council on Women ACT, Convenor of the Australian Women’s Health Network and a long-time member of the Women’s Electoral Lobby.

Dr Robyn Gregory, CEO, Women’s Health West (WHW).

Ms Carmel Guerra, CEO, Centre for Multicultural Youth.

Ms Keran Howe, Executive Director, Women With Disabilities Victoria.

Ms Lynne Jordan, Chief Executive Officer, Family Planning Victoria (FPV).

Professor Anne Kavanagh, Director of the CWHGS.

Dr Adele Murdolo, Executive Director, Multicultural Centre for Women’s Health.

Professor Terry Nolan, Head, Melbourne School of Population Health.

Ms Lyn Walker, Executive Manager, Participation and Equity for Health, VicHealth (Victorian Health Promotion Foundation).

Ms Monica Pfeffer, Director, Strategic Projects, Australia and New Zealand School of Government (ANZSOG).

Ms Pam Williams, Director of Policy Coordination and Projects, Victorian Department of Health.

CENTRE FOR WOMEN’S HEALTH, GENDER AND SOCIETY

Access to paid parental leave and the health of young mothers.
Funding Body: NHMRC Partnership Grant.
Chief Investigators: Professor Anne Kavanagh, Dr Belinda Hewitt, Dr Anthony LaMontagne, Dr Louise Keogh, Professor Fiona Judd, Associate Professor Lyle Gurrin, Dr Rebecca Bentley.
Description: The Governments Paid Parental Leave (PPL) scheme, which aims to improve workforce participation and maternal and infant health, is particularly significant for young mothers who were unlikely to have had access to paid leave previously. An intervention, implemented at the Royal Women’s Hospital in Melbourne, will provide information to young mothers and help them apply for PPL and will be evaluated in terms of its impact on workforce participation and maternal and infant health.
Partners: VicHealth.
Funding: $714,488 (5 years).

Chlamydia treatment failure in Australia: a major cause of concern.
Funding Body: NHMRC Project grant.
Chief Investigators: Associate Professor Jane Hocking, Associate Professor M Chen, Associate Professor S Tabrizi, Dr W Huston, Professor P Timms.
Description: There is increasing concern about the effectiveness of the recommended treatment for genital chlamydia infection (1 gram azithromycin). This cohort study aims to estimate using rigorous criteria, the proportion of Chlamydia trachomatis infected women who fail treatment when treated for chlamydia according to the recommended guidelines.
Funding: $739,482 (3 years).
### Pathways to health and wellbeing through housing: A new causal understanding of relationships, processes and interventions.

**Funding Body:** ARC Discovery project.

**Chief Investigators:** Dr E Baker, Dr Rebecca Bentley, Dr D Pevalin, Professor C Whitehead.

**Partners:** University of Adelaide (Lead).

**Funding:** $48,000 (3 years).

### Emerging from the shadows: The evaluation of intervention strategies to reduce social isolation amongst the aged.

**Funding Body:** ARC Linkage grant.

**Chief Investigators:** Professor A Beer, Professor L Buys, Dr Rebecca Bentley, Professor L Gill, Professor A Tinker.

**Partners:** University of Adelaide (Lead).

**Funding:** $69,142 (3 years).

### Networks, neighbourhoods and newborns: defining household and local area influences on social connectedness, to understand pathways to health.

**Funding Body:** Australian Research Council.

**Chief Investigators:** Associate Professor Jodie McVernon, Dr Mouat, Dr Deborah Warr, Dr Rebecca Bentley, Dr James McCaw, Professor P Pattison, Professor Terry Nolan.

**Funding:** $367,771 (3 years).

### GRANTS AWARDED 2012

**A multi-disciplined approach to sexually transmitted infection control and presentation in Australia.**

**Funding Body:** NHMRC Senior Research Fellowship.

**Chief Investigator:** Associate Professor Jane Hocking.

**Description:** Sexually transmitted infection (STI) diagnoses continue to increase dramatically in Australia with over 80,000 new cases of chlamydia in 2012. There are many unanswered questions about STI epidemiology and considerable debate about the most effective way to control transmission. The goal of this fellowship is to build on an existing program and work with strong multidisciplinary collaborations to address major evidence gaps in our understanding of STIs. This fellowship will generate evidence for the prevention and control of STIs through well designed intervention based research.

**Funding:** $652,765 (5 years).

**Pilot study for development of proposal/questionnaire for longitudinal disability study.**

**Funding Body:** Department of Families, Housing, Community Services and Indigenous Affairs; National Disability Research and Development Grant.

**Chief Investigators:** Professor Anne Kavanagh, Professor G Llewellyn, Professor E Emerson, Associate Professor Anthony LaMontagne, Ms Lauren Krajcicki, Dr S Mallet, Dr Rebecca Bentley, Professor Jane Pirkis, Dr Cathy Vaughan, Ms F Dawe, Ms J Hansbro.

**Funding:** $99,419 (1 year).

**What are the causative organisms of bacterial vaginosis?**

**Funding Body:** NHMRC Partnership Grant.

**Chief Investigators:** Associate Professor C Bradshaw, Associate Professor S Tabrizi, Associate Professor Anthony LaMontagne.

**Term:** 2012-2014.

**Live on the line: Building evidence on transport systems, energy, social exclusion, health and well-being.**

**Funding Body:** Carlton Connect Initiatives fund facilitation project.

**Chief Investigators:** Dr Rebecca Bentley, Dr L Glover, Ms Alison Barr.

**Funding:** $20,000 (2012-13).
<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Funding Body</th>
<th>Chief Investigators</th>
<th>Funding</th>
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<tbody>
<tr>
<td>Should Australia introduce a national chlamydia testing program?</td>
<td>Chlamydia is a very common sexually transmissible infection that can lead to infertility in women. About 4% of young adults have it, yet most are unaware they have it. Chlamydia is easy to diagnose and treat, but it is not known whether annual testing can reduce its spread. Over 1 million tests are conducted each year in general practice, costing the government $30 million. This evaluation of a well-established trial of chlamydia testing in young adults will resolve the debate of whether annual testing works and is a good use of money.</td>
<td>NHMRC Partnership Grant</td>
<td>Associate Professor Jane Hocking, Associate Professor M Temple-Smith, Professor R Carter, Professor B Donovan, Dr Dyani Lewis, Associate Professor R Guy, Professor J Kaldor, Professor N Low, Professor C Fairley, Mr J Ward</td>
<td>$922,229 (3 years)</td>
</tr>
<tr>
<td>A population-based record linkage study of the impact of chlamydia infection on reproductive health in Women.</td>
<td>This is a record linkage study that will link Medicare chlamydia testing data, hospitalisation data and chlamydia notification data to investigate relationships between chlamydia diagnosis and subsequent morbidity.</td>
<td>NHMRC Project Grant</td>
<td>Dr B Liu, Professor L Jorm, Professor D Mak, Associate Professor D Preen, Associate Professor Jane Hocking, Associate Professor C Roberts</td>
<td>$249,741 (2013)</td>
</tr>
<tr>
<td>A chlamydia education program for practice nurses and Aboriginal healthcare workers in rural Australia.</td>
<td>This study will develop and evaluate chlamydia education and training programs for practice nurses and Aboriginal healthcare workers that aim to improve the diagnosis and management of genital chlamydia infection in primary care clinics.</td>
<td>Communicable Disease Prevention Service Improvements Grants Fund</td>
<td>Associate Professor Jane Hocking, Dr Dyani Lewis, Associate Professor R Guy, Ms R Lorch, Mr J Ward, Ms B Ford, Ms C Murray, Dr C Bourne, Associate Professor M Temple-Smith, Associate Professor J Tomnay, Dr B Caldwell, Professor CK Fairley</td>
<td>$400,000 (2 years)</td>
</tr>
<tr>
<td>Audit of Disability Research in Australia.</td>
<td></td>
<td>Disability Policy and Research Working Group Grant, Department of Ageing, Disability and Home Care (NSW) Research Grants</td>
<td>Professor G Llewellyn, Professor E Emerson, Professor Anne Kavanagh, Ms R Madden, Dr J Smith-Merry, Professor C Veitch, Mr J Gilroy, Mr M Bleasdale, Dr K Baker, Mr JP Cenzato</td>
<td>$249,741 (2013)</td>
</tr>
<tr>
<td>Engaging communities affected by female genital cutting in inner Melbourne: Building partnerships to increase understanding and inform health services.</td>
<td></td>
<td>Staff Engagement Grant</td>
<td>Dr Cathy Vaughan, Associate Professor J Tobin, Dr Louise Keogh, Dr C Bayly, Ms L Sadler, Ms M Mahmoud</td>
<td>$10,000 (2012)</td>
</tr>
<tr>
<td>Understanding female genital cutting in inner Melbourne: Generating evidence to inform health promotion and clinical practice.</td>
<td></td>
<td>Interdisciplinary Seed Grant from Melbourne Social Equity Institute</td>
<td>Dr Cathy Vaughan, Associate Professor J Tobin, Dr Louise Keogh, Dr C Bayly, Ms L Sadler, Ms M Mahmoud</td>
<td>$30,000 (2013-14)</td>
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</table>
In 2012, the McCaughey Centre grew from strength to strength with a growing number of partnerships with government and non-government organisations, and local, national and international research collaborations. Key highlights included Dr Deborah Warr being awarded an Australian Research Council Future Fellowship, Professor Liz Waters’ presentation at the World Health Assembly in Geneva, Ms Suzanne Mavoa winning the CASA best paper prize for GIS Research UK 2012, Community Indicators Victoria (CIV) receiving the Community Indicators Consortium Impact Award and Dr Belinda Burford’s work with the World Health Organisation advising on the use of evidence to inform maternal and child health guidelines. McCaughey team members also participated in key international events, including the US National Institute of Health’s Training Institute for Dissemination and Implementation Research in Health held in California (Dr Tahna Pettman); and a short course on Health Disparities Research and Minority Populations in Michigan (Dr Naomi Priest). The latter opportunity was well timed, as Dr Priest became leader of the Race-Based Discrimination Program in June.

**Research Highlights**

The Work, Health and Wellbeing team attracted two major new grants funded by beyondblue and a National Health and Medical Research Council (NHMRC) Partnership Grant to commence in 2013. The latter will involve a cluster-randomised trial testing the effectiveness of an integrated job stress and workplace mental health literacy intervention in Victoria Police.

The Race-Based Discrimination team collaborated on a number of grants studying racism, anti-racism and cultural diversity, including ARC Linkage Projects exploring intercultural understanding in primary and secondary schools and the role of museums in anti-racism, an ARC Discovery Project examining bullying, racism and health of Aboriginal youth, and VicHealth projects exploring how young children learn about racial/ethnic attitudes and a state-wide survey of community attitudes towards cultural diversity.

Highlights for the Jack Brockhoff Child Health and Wellbeing Program included work with the Department of Education and Early Childhood Development (DEECD). This unique collaboration between government policy makers and public health and education researchers could transform the lives of many vulnerable Victorian children. Another highlight was the successful joint application for a major DoHA funded project: CO-OPS Mark II. CO-OPS, a national Knowledge Translation and Exchange Platform, links academics, policy and practice professionals to ensure best practice in obesity prevention. The Beyond Bushfires study is a five-year ARC Linkage Project funded research study exploring the medium to long-term impacts of bushfires on mental health, wellbeing and social connections. In 2012, over 1000 participants completed the Beyond Bushfires initial wave of surveys. Detailed analyses, dissemination of findings and interviews and focus groups will be conducted in 2013.

Finally, the Place, Health and Liveability Program continued its partnership with the Department of Health NW Region and the Faculty of Architecture Building and Planning. With funding provided by the Australian Research Infrastructure Network, the team worked on two projects measuring walkability: one which will deliver a map of the level of walkability across Melbourne; and the other an agent-based model which provides a tool that will help practitioners and policy-makers to test scenarios for improving the walkability of low walkable areas. With the success of Dr Deborah...
Communities recovering from bushfires have embraced an ongoing five-year study that is being progressively shaped by their feedback.

More than 1000 people completed an intensive survey of the social impact of the 2009 Victorian bushfires – a response seen as a “huge endorsement” by the researchers from the Jack Brockhoff Child Health and Wellbeing Program at the McCaughey VicHealth Centre for Community Wellbeing.

This five-year, longitudinal research that started in 2010 is a world first in investigating how the devastation of a community through bushfire impacts the recovery of individual residents.

The McCaughey Centre is part of the Melbourne School of Population Health at the University of Melbourne. A $1.3 million ARC Linkage grant is funding the study.

After two years of closely consulting 24 communities, the Beyond Bushfires study team were highly gratified by the response to recruitment and the 99 per cent completion rate of the survey, according to one of the lead researchers, Dr Lisa Gibbs. “I saw it as a huge endorsement. It showed that the research was important to the community.”

Beyond Bushfires aims to fill important gaps in knowledge about disaster recovery, including the links between individual and community wellbeing, the influence of social connections on recovery and resilience and the particular experiences and needs of children and adolescents.

“To my knowledge, everyone completed the survey and we had no complaints about the study, although it covered very sensitive areas, including the loss of loved ones,” she said. “Clearly, the feedback we received from the community in shaping the study had helped us to ensure the questions were relevant to them.”

Obtaining that feedback took enormous commitment from the Beyond Bushfire researchers, who are also collaborating with other universities, government, emergency and local organisations. Electoral rolls, local and regional media outlets, community agencies, on-site town meetings and direct marketing approaches were among the strategies employed to gently alert residents to the study and to seek their input and participation. Privacy laws made it even more challenging to reach residents who had since moved away, but their input was also sought.

“Because we went in and said, ‘we want to do this in partnership with you, we want your thoughts on how we do it and to stay in touch all the way through’, they were really comfortable with the project,” said Dr Gibbs.

Communities felt that it was appropriate that a major university would conduct this type of research, she said, because they felt that valuable knowledge could be drawn from these devastating events.

The survey will be repeated again in 2014 to capture changes in health, wellbeing and social connections. Questions included in this first survey as a result of community feedback included distinctly personal topics: spirituality, attachment to place, and animals.

Dr Gibbs said the study would provide direction about where services need to be provided at different stages of the recovery process, in the wake of a natural disaster. It could also inform life-changing decisions by individuals about their own futures. “The relationships we’re seeing between mental health outcomes and levels of community attachment could also help residents to decide, for example, whether they should stay on or move out,” she said.
Warr’s ARC Future Fellowship, a stream will be added to this program in 2013, focused on place-based social infrastructure and community capacity. In 2012, Dr Warr also commenced work with the Melbourne School of Population Health (MSPH) immunology research group, studying social network structures across contrasting place-based settings.

TEACHING AND LEARNING HIGHLIGHTS
The McCaughey team continued to supervise a wide range of postgraduate research students. Apart from contributing lectures in the Master of Public Health and healthy planning courses offered by the Faculty of Architecture, Building and Planning, the McCaughey team presented or contributed to a number of short courses throughout 2012, including:

• Public Health Short Course – Coordinated by Dr Deborah Warr, with lectures from Professors Billie Giles-Corti and Elizabeth Waters and Associate Professor Tony LaMontagne
• Multi-level modelling – Presented by Professor Gavin Turrell, QUT
• Results Based Accountability 101 Introductory Training and Train the Trainer Short Course with Mark Friedman – Presented by Community Indicators Victoria
• Race, culture, indigeneity and the politics of disadvantage – Presented by Dr Yin Paradies and Dr Emma Kowal.
• Evidence-Informed Public Health Short Course – Presented by Dr Tahna Pettman and Dr Rebecca Armstrong.

KNOWLEDGE EXCHANGE
The McCaughey Centre has a commitment to research translation and the importance of engaging with policy-makers and practitioners. Highlights in 2012 included:

• Relaunch of Community Indicators Victoria (CIV) and the inclusion on new times series data from the 2011 VicHealth Indicator Survey and 2011 Census data, together with 16 new spatial indicators prepared by CIV’s GIS team
• CIV workshops with local and state government and community organisations to facilitate their use of indicators for evidence-based policy and planning
• CIV also developed a new tool for evidence-based health and wellbeing planning for practitioners
• Associate Professor LaMontagne’s participation in the launch of VicHealth’s ‘Creating Healthy Workplaces’ evidence reviews, when he presented on ‘best practice job stress intervention strategies’
• McCaughey team members giving evidence at a number of inquiries, including the Parliament of Victoria’s Inquiries into Workforce Participation by People with Mental Illness and Crime Prevention through Environmental Design; the Parliament of South Australia’s Inquiry into Urban Density; and the Federal Government’s Inquiry into the Social Determinants of Health
• Place, Health and Liveability Team’s involvement in National Heart Foundation workshops (Adelaide, Brisbane, Sydney and Melbourne) on the impact of higher density development on health and wellbeing of residents
• Race-Based Discrimination team’s involvement in a number of invited media interviews regarding incidents of racism on public transport and in public settings; consultation with the Australian Human Rights Commission regarding its Racism. It Stops With Me national anti-racism strategy and with the KidsMatter Early Childhood program to develop evidence informed fact sheets for carers regarding positive attitudes towards cultural diversity.
## Grants Commencing 2012

<table>
<thead>
<tr>
<th>Description</th>
<th>Funding Body</th>
<th>Chief Investigators</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cochrane Public Health Review Group.</td>
<td>NHMRC.</td>
<td>Professor E Waters, Dr R Armstrong.</td>
<td>$97,632</td>
</tr>
<tr>
<td>Description: Increase the quality, quantity and utilisation of systematic</td>
<td></td>
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<tr>
<td>reviews relevant to public health policies.</td>
<td></td>
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</tr>
<tr>
<td>Partnership Funding Agreement: Data Linkage; Birth Cohorts; Early Childhood Services.</td>
<td>Department of Education and Early Childhood Development.</td>
<td>Associate Professor A de Silva-Sanigorski.</td>
<td>$185,993</td>
</tr>
<tr>
<td>Description: A detailed, prospective cohort study of early childhood factors and child outcomes.</td>
<td></td>
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<tr>
<td>The Australian Urban Research Infrastructure Network for the Education Investment Fund (Sub Project): Development and trial of an automated open source walkability tool.</td>
<td>Department of Innovation Industry Science &amp; Research; Education Investment Fund.</td>
<td>Professor B Giles-Corti.</td>
<td>$185,843</td>
</tr>
<tr>
<td>Description: Development and trial of an automated open source walkability tool.</td>
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<tr>
<td>Integrated workplace mental health promotion for the prevention and management of mental illness in the workplace: A controlled experimental intervention study.</td>
<td>beyondblue.</td>
<td>Associate Professor A LaMontagne.</td>
<td>$229,260</td>
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<tr>
<td>Description: Integrated workplace mental health promotion in workplace mental health, with a focus of depression and anxiety.</td>
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<tr>
<td>Suicide in the construction and building industry.</td>
<td>United Super Pty. Ltd.</td>
<td>Dr A Milner.</td>
<td>$11,184</td>
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<tr>
<td>Description: Suicide in the construction and building industry: Investigating the size of the problem.</td>
<td></td>
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<tr>
<td>Children in same sex families: health outcomes and their determinants.</td>
<td>NHMRC.</td>
<td>Professor E Waters, Dr S Crouch.</td>
<td>$82,144</td>
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<tr>
<td>Description: To determine the complete physical, mental and social wellbeing of children with at least one same-sex attracted parent, and identify factors that may be associated with child health outcomes in this setting.</td>
<td></td>
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<tr>
<td>Project Title</td>
<td>Funding Body</td>
<td>Chief Investigators</td>
<td>Description</td>
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<tr>
<td>Latrobe Valley: Our Children, Our Future – Scoping Study.</td>
<td>Berry Street.</td>
<td>Ms K Block.</td>
<td>Building a case for long-term community strengthening project focusing on improving the wellbeing of children in the Latrobe Valley.</td>
</tr>
<tr>
<td>Development of an integrated mental health literacy and job stress intervention.</td>
<td>The Institute of Safety Compensation and Research Recovery (iSCRR).</td>
<td>Associate Professor A LaMontagne.</td>
<td>Development of an integrated mental health literacy and job stress intervention.</td>
</tr>
<tr>
<td>Developing training guidelines for local area coordinators.</td>
<td>Department of Families, Housing, Community Services and Indigenous Affairs.</td>
<td>Dr E Davis, Professor E Waters.</td>
<td>Developing training guidelines for local area coordinators.</td>
</tr>
<tr>
<td>Understanding place-based racism and fostering local interculturalism.</td>
<td>Interdisciplinary Seed Funding Access to public goods’ theme area.</td>
<td>Dr D Warr, Dr N Priest.</td>
<td>Understanding place-based racism and fostering local interculturalism.</td>
</tr>
<tr>
<td>Doing diversity: Intercultural understanding in primary and secondary schools.</td>
<td>ARC Linkage grant.</td>
<td>Dr N Priest.</td>
<td>Doing diversity: Intercultural understanding in primary and secondary schools.</td>
</tr>
<tr>
<td>Using museums to counter racism and increase acceptance of diversity among young people.</td>
<td>ARC Linkage grant.</td>
<td>Dr N Priest.</td>
<td>Using museums to counter racism and increase acceptance of diversity among young people.</td>
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</tbody>
</table>
### OTHER GRANTS AWARDED 2012

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Funding Body</th>
<th>Chief Investigator</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated workplace mental health promotion for the prevention and management of mental illness in the workplace.</td>
<td>NHMRC.</td>
<td>Associate Professor A LaMontagne.</td>
<td>$444,450</td>
</tr>
<tr>
<td>Suicide by occupational skill level in Australia: An ecological study using data from the National Coroners Information System.</td>
<td>University of Melbourne.</td>
<td>Dr A Milner.</td>
<td>$36,945</td>
</tr>
<tr>
<td>Building social infrastructure in settings of locational disadvantage.</td>
<td>Australian Research Council Future Fellowship.</td>
<td>Dr D Warr.</td>
<td>$624,261</td>
</tr>
<tr>
<td>Carlton tripartite partnership evaluation.</td>
<td>University of Melbourne.</td>
<td>Dr D Warr.</td>
<td>$29,000</td>
</tr>
<tr>
<td>Understanding place-based racism and fostering local interculturalism.</td>
<td>University of Melbourne.</td>
<td>Dr D Warr.</td>
<td>$30,000</td>
</tr>
</tbody>
</table>
2012 was another successful year for the Centre for Health Policy, Programs & Economics (ChPPE). We attracted $7,277,467 in centre-specific funding from a variety of sources, and published 74 journal articles, including several in top-tier journals. Our funding increased by 41% from 2011 and our publications increased by 25%.

Professor Philip Clarke and Associate Professor Stuart Kinner arrived and immediately began to make their mark. Professor Clarke was appointed as Professor of Health Economics. He reinvigorated ChPPE’s health economics presence, recruiting Dr Dennis Petrie as a senior research fellow and helping Dr Kim Dalziel secure a McKenzie Fellowship. Associate Professor Kinner expanded ChPPE’s research portfolio to include an emphasis on the physical and mental health of prisoners. Other new staff members included Dr Celia Kemp, Dr Georgina Sutherland, Dr Natalie Carvalho, Dr Angela Nicholas and Ms Camille La Brooy.

A number of our staff and students celebrated personal achievements. Professor David Studdert commenced his ARC Laureate Fellowship. Dr Genevieve Grant was selected for the Work Disability Prevention Strategic Training Program, funded by the Canadian Institutes of Health Research. Dr Marie Bismark won the Graham Rouch Award for her presentation at the Annual General Meeting of the Royal Australian College of Physicians. Several PhD students were awarded their degrees (Dr Genevieve Grant, Dr Derek Cheung and Dr Cathy Mihalopoulos). Mr Tom Lung won a prize for the best poster at the International Society for Pharmacoeconomics and Outcomes Research conference.

**RESEARCH HIGHLIGHTS**

The Primary Care workstream retained a strong focus on the processes of health reform and health equity in Australia. We undertook an evaluation of the provision of after-hours care by Medicare Locals (Ms Rosemary McKenzie, Professor David Dunt) and used innovative sentinel sites methodology adapted from infectious diseases work to examine the impact of the Indigenous Chronic Disease Program (Associate Professor Margaret Kelaher). We also prepared two major reports on the health impacts of racism as part of VicHealth’s Localities Embracing and Accepting Diversity program (Associate Professor Kelaher, Ms Angeline Ferdinand).

The Mental Health workstream undertook a variety of projects in the area of mental health and suicide prevention. Professor Jane Pirkis was commissioned to write the National Mental Health Report. We began several new projects, including one examining service contacts among suicidal individuals (Professor Pirkis), one looking at the role of the media in encouraging help-seeking (Professor Pirkis, Dr Anna Machlin, Dr Kylie King), one profiling frequent callers to Lifeline (Professor Pirkis, Dr Bridget Bassilios), and one evaluating the Mental Health Professionals Online Development NGO pilot (Dr Maria Ftanou, Dr King, Professor Pirkis). We also conducted a project examining the capacity of the mental health workforce to respond to disasters (Mr Lennart Reifels, Professor Pirkis) and continued our ongoing evaluation of the Access to Allied Psychological Services program (Professor Pirkis, Dr Bassilios, Mr Reifels, Dr Nicholas, Dr Machlin, Dr Ftanou, Dr King, Ms Justine Fletcher).

Dr Lisa Brophy and Professor Pirkis continued their successful ongoing collaboration with Mind.

The Law and Public Health group welcomed four new members. Mr Simon Walter began a PhD and Dr Natalie Carvalho began working on a study developing new methods for estimating non-economic losses from injury (with Professor
MEDICARE ANALYSIS SHOWS FAIRNESS IN THE SYSTEM

How fair is Medicare? If “fair” means spending more on people with the greatest medical need regardless of income, then Australia’s Medicare scheme is very fair. This is the overall result from a pioneering analysis by researchers from CHPPE, the Centre for Health Policy Programs and Economics at the University of Melbourne’s School of Population Health, and the George Institute for Global Health in Sydney.

Led by PhD candidate Rachel Knott, the study, which focused on patients aged 55 and over, was published in the Medical Journal of Australia (MJA) in December 2012. It is an Australian first in its approach of combining information from patients and clinicians with administrative information to measure the equity of Medicare funding.

“Medicare has been operating for almost 30 years but this is the first study using actual de-identified Medicare records to analyse where the funding goes – to ask, how is the funding distributed across income groups and does it go to people who have the highest health care need?” she said. “No study so far has considered this question using individual-level Medicare records.”

The results are described in the MJA article, How fair is Medicare? The income-related distribution of Medicare benefits with special focus on chronic care items. The research drew on the AusHEART (Australian Hypertension and Absolute Risk Study). This involved GPs across Australia collecting clinical data from patients aged 55 years and over who presented in 2008 and had consented to have their information linked to Medicare administrative records over 12 months.

“Before taking into account differences in medical need across income groups, we found that lower income groups were receiving much more out-of-hospital funding – about $400 per-person for the year – than higher income groups,” Ms Knott said. “But this is because of their higher level of chronic illness.”

Those in the lowest income quartile were about 2.5 times more likely to report having below-average health compared to respondents in the highest income quartile.

Those in the lowest income quartile were about 2.5 times more likely to report having below-average health compared to respondents in the highest income quartile.

“That $400 figure is quite significant because it’s average out-of-hospital expenditure across all people, including people who may not have used Medicare in that 12-month period,” she said.

Once differences in medical need across income groups were taken into account, the difference in funding received by the highest and lowest income quartiles fell to just $22.90, the research found. This suggested that the overall need-adjusted expenditure was relatively evenly distributed across income groups.

The Chronic Disease Dental Scheme (CDDS) was one of Medicare’s chronic care items for which more was spent on poorer people than richer people. In the case of the CDDS, people in the lower half of the income distribution received on average more than 2.5 times the funding than that received by the highest income group. However, the CDDS was closed from 1 December 2012, following claims from the Health Minister that the scheme may not be equitable. Without commenting on that issue, the MJA article said: “If it is the objective of the government to better target dental services to low-income groups, then it would be important to show that new mechanisms of publicly financing dental care would be more progressive than the CDDS.”

Data linkage could provide the evidence needed to develop funding policies and monitor the implementation of programs to ensure resources flow to Australians with the greatest need, the paper concluded. Having scrutinised Medicare’s fairness, Ms Knott and her research colleagues have since been analysing the Pharmaceutical Benefits Scheme.
Grants Commencing 2012

Studdert and Dr Grant). Dr Kemp and Dr Sutherland both began working on a project with Professor Studdert on examining organisational responses to coronial recommendations in Victoria. Other major projects were: a national study of patient complaints to health complaints commissions (Dr Bismark, Dr Matthew Spittal, Professor Studdert), a study of the health effects of compensation systems (Dr Grant, Associate Professor Meghan O’Donnell, Professor Studdert), a study of the relationship between road traffic infractions and crashes (Mr Walter, Professor Studdert), work on the epidemiology of suicide (Dr Spittal, Professor Studdert), and a study of the governance of health care quality and safety in Victoria (Dr Bismark, Professor Studdert).

When Professor Clarke arrived he boosted the Health Economics workstream by bringing with him a program of health economics research focusing mainly on diabetes and other chronic diseases. In addition to taking this work forward, Professor Clarke collaborated with Professor Studdert and Mr Walter to examine the relative differences between the life expectancy of Olympians and the general population. The resultant article was published in the *BMJ* (British Medical Journal).

**Teaching and Learning Highlights**

Teaching continues to be a major strength of ChPPE. Our principal teaching personnel (Dr Arthur Hsueh, Dr Helen Jordan, Ms Rosemary McKenzie, Professor David Dunt, Mr Steve Crowley and Mr Andrew Dalton) teach 12 subjects in the Master of Public Health (MPH), including those in the health program evaluation, health economics and economic evaluation streams, and health policy and health systems. They also co-ordinate two core subjects: the high-enrolment introductory subject Foundations of Public Health and the capstone subject Public Health in Practice. Total enrolment across all MPH subjects taught and coordinated by ChPPE was 563.

The short course in health program evaluation continues to be very popular with health professionals and government departments, with 109 participants in 2012. ChPPE will respond to the growing demand for short course skill development with the introduction in 2013 of a short course in economic evaluation.

**Knowledge Exchange Highlights**

We pride ourselves on undertaking work that has a real-world impact, and many of our projects attract considerable attention. For example, Professor Philip Clarke participated in the Intergen +10 workshop in Canberra that coincided with the 10th anniversary of the Treasury's first Intergenerational Report. Professor Clarke spoke about the high price of many generic medications in Australia. During the year this topic attracted considerable media interest, including articles in the *Sydney Morning Herald, Australian Financial Review* and *The Australian* and an interview by Norman Swan on the Health Report.

**ChPPE Advisory Board**

- **Professor Deborah Cobb-Clarke**, Director, Melbourne Institute of Applied Economic and Social Research, Faculty of Business and Economics, University of Melbourne.
- **Professor Kathy Eagar**, Director, Australian Health Services Research Institute (AHSRI), University of Wollongong.
- **Dr Michael Montalto**, Director, HHU (Hospital in the Home Unit) Senior Consultant, Epworth Richmond.
- **Mr Mark Booth**, First Assistant Secretary, Primary and Ambulatory Care Division, Department of Health and Ageing.
- **Dr Jon Evans**, Director, Health Strategy, Department of Health, Melbourne.
- **Professor John Daley**, Chief Executive Officer, Grattan Institute, University of Melbourne.
- **Mr John Deeble** (Private Consultant), Gundaroo, NSW.

**Grants Commencing 2012**

* Grants commenced at ChPPE when Chief Investigator joined, though grants had commenced elsewhere prior to 2012

<table>
<thead>
<tr>
<th>Law for the public's health: the impact of medico-legal institutions on public health.</th>
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<tbody>
<tr>
<td><strong>Funding Body:</strong> ARC (Australian Laureate Fellowship).</td>
</tr>
<tr>
<td><strong>Chief Investigator:</strong> Professor David Studdert.</td>
</tr>
<tr>
<td><strong>Description:</strong> Medico-legal agencies, like complaints commissions and coroners, focus on helping families in distress ‘pick up the pieces’. Through a series of partnerships this project will use public health research to help transform their roles.</td>
</tr>
<tr>
<td><strong>Funding:</strong> $3,050,566.</td>
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<table>
<thead>
<tr>
<th>Centre of Research Excellence in Evidence-based Mental Health Planning: Translating evidence into policy and services.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding Body:</strong> NHMRC (Centres of Research Excellence Grant).</td>
</tr>
<tr>
<td><strong>Chief Investigators:</strong> Professor Harvey Whiteford (University of Queensland), Professor Louisa Degenhardt, Professor Gavin Andres (University of New South Wales), <strong>Professor Jane Pirks</strong>, Professor Jane Gunn (General Practice and Primary Health Care, University of Melbourne), Professor Theo Vos, Professor Brian Head, Professor Wayne Hall (University of Queensland), Professor Kathy Eagar (University of Wollongong), Associate Professor Cathrine Mihalopoulos (Deakin University).</td>
</tr>
<tr>
<td><strong>Description:</strong> The Centre will examine the burden caused by mental disorders and how best to reduce this using the full range of prevention and treatment interventions delivered across Australian service settings.</td>
</tr>
<tr>
<td><strong>Funding:</strong> $2,442,370.</td>
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</tbody>
</table>
**Passports to advantage: health and capacity building as a basis for social integration.**

**Funding Body:** NHMRC.

**Chief Investigators:** Associate Professor Stuart Kinner, Professor Nick Lennox, Professor Konrad Jamrozik, Dr Melissa Haswell-Elkins, Professor Gail Williams, Associate Professor Rosa Alati, Professor Fran Boyle, Dr Susan Vlack (University of Queensland), Ms Dianne Taylor.

**Description:** The findings of the study will inform the development of an evidence-based post-release intervention for prisoners in Australia and elsewhere, as well as providing an unprecedented insight into the post-release experiences of prisoners in Queensland.

**Funding:** $1,445,066.52.

**Improving the health of Indigenous and non-Indigenous ex-prisoners: A multi-jurisdictional, mixed-methods study.**

**Funding Body:** NHMRC.

**Chief Investigators:** Associate Professor Stuart Kinner, Professor David Preen (University of Western Australia), Professor Nicholas Lennox (University of Queensland), Professor Tony Butler (University of New South Wales), Professor Robert Power (The Burnet Institute), Ms Coralie Ober, Dr Robert Ware (University of Queensland).

**Description:** This project will identify key health issues for Indigenous and non-Indigenous ex-prisoners and generate evidence-based responses, simultaneously improving health and reducing reoffending among this highly marginalised group.

**Funding:** $835,592.

**Development and validation of a health policy simulation model of type 1 diabetes.**

**Funding Body:** NHMRC.

**Chief Investigators:** Professor Philip Clarke, Professor Andrew Palmer (University of Tasmania), Professor George Milne (University of Western Australia), Dr William Herman (University of Michigan), Professor Andrew Briggs (University of Glasgow), Professor Bjorn Eliasson (Gothenburg University).

**Description:** This study brings together an international multi-disciplinary team of health economists, statisticians, epidemiologists and clinicians to develop and validate a health economic computer simulation model for type 1 diabetes and its complications, co-morbidities and impact on costs as well as quality of life. An important strength of the project is that the team collectively has access to patient level data from landmark long term clinical study i.e. Diabetes Control and Complications Trial (DCCT) and the Epidemiology of Diabetes Interventions and Complications (EDIC) study, as well as from two large diabetes registries in Sweden and Scotland that include significant numbers of people with type 1 diabetes. Outcomes generated by the model will inform health policy decisions regarding allocation of resources for people with type 1 diabetes (e.g. in helping inform cost-effectiveness analysis of new treatments and technologies).

**Funding:** $336,548.

**Monitoring and improving the health of ex-prisoners.**

**Funding Body:** NHMRC.

**Chief Investigator:** Associate Professor Stuart Kinner.

**Description:** This NHMRC Career Development Award focuses on the health of ex-prisoners: a large and growing, highly marginalised and unwell segment of the population. Using data from multiple sources including a randomised control trial and a large record linkage study, the aims of the Award are to (a) determine the prevalence and natural history of key health conditions in this population, (b) identify potential targets and subgroups for intervention, and (c) synthesise evidence from controlled trials of interventions to improve health outcomes in ex-prisoners.

**Funding:** $391,075.
**Economic evaluation of policies to manage type 2 diabetes using evidence from randomised controlled trials.**

<table>
<thead>
<tr>
<th>Funding body:</th>
<th>NHMRC.</th>
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<tbody>
<tr>
<td>Chief Investigator:</td>
<td>Professor Philip Clarke.</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>This NHMRC Career Development Award focuses on a range of studies to develop tools for the evaluation of interventions for the prevention and management of type 2 diabetes using computer simulation models developed using evidence from randomised controlled trials including the UKPDS, FIELD and ADVANCE studies. It also examines how chronic diseases such as diabetes contribute to levels of health inequalities and how the level and standard of care varies across different socio-economic groups.</td>
</tr>
<tr>
<td><strong>Funding:</strong></td>
<td>$428,602.</td>
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**Revised National Mental Health Report 2012.**

<table>
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<tr>
<th>Funding Body:</th>
<th>Department of Health and Ageing.</th>
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<tbody>
<tr>
<td>Chief Investigator:</td>
<td>Professor Jane Pirkis</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>This report will focus on the indicators and actions articulated in the Fourth National Mental Health Plan, while at the same time continuing to report on the system level indicators of mental health resourcing and service delivery that have been described in earlier National Mental Health Reports.</td>
</tr>
<tr>
<td><strong>Funding:</strong></td>
<td>$239,591.</td>
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</table>

**Reducing disparities in diabetes in the United States of America through expanded insurance coverage.**

<table>
<thead>
<tr>
<th>Funding body:</th>
<th>National Institutes of Health (USA).</th>
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</thead>
<tbody>
<tr>
<td>Chief Investigators:</td>
<td>Professor Joshua Salomon (Harvard University), Professor Philip Clarke.</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>This project is in collaboration with researchers from Harvard University and focuses on the health burden of type 2 diabetes among racial and ethnic minorities in the United States. In particular, minority populations are among those most likely to be uninsured or to experience interruptions in healthcare coverage. Lack of insurance is associated with a greater probability of having undiagnosed diabetes, and with poorer quality of care for patients with diagnosed diabetes. Following the recent moves in the United States to implement national healthcare reform the project aims to:</td>
</tr>
<tr>
<td><strong>•</strong></td>
<td>Quantify the potential impact of expanding insurance coverage among diabetic patients, in terms of improvements in key modifiable risk factors (e.g. high blood glucose) associated with major complications of diabetes, by racial and ethnic group</td>
</tr>
<tr>
<td><strong>•</strong></td>
<td>Predict, based on alternative population risk factor distributions reflecting different insurance coverage scenarios, reductions in racial/ethnic disparities in diabetes-related morbidity and mortality attributable to expanded insurance coverage</td>
</tr>
<tr>
<td><strong>•</strong></td>
<td>Evaluate the validity of the model results by comparing predicted and observed outcomes in Massachusetts following the expansion of insurance coverage through the landmark 2006 health reform.</td>
</tr>
<tr>
<td><strong>Funding:</strong></td>
<td>USD$237,184.</td>
</tr>
</tbody>
</table>

**Evaluation of the After Hours Primary Health Care Program.**

<table>
<thead>
<tr>
<th>Funding Body:</th>
<th>Department of Health and Ageing.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Investigators:</td>
<td>Ms Rosemary McKenzie, Professor David Dunt.</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>This multi-arm evaluation project aims to assess both implementation and impact of the After Hours Primary Health Care Program to determine the extent to which the program is meeting its objectives to provide appropriate and accessible after hours primary care services to all Australians, regardless of where they live.</td>
</tr>
<tr>
<td><strong>Funding:</strong></td>
<td>$229,197.</td>
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</tbody>
</table>

**Measuring inequalities in health and health care.**

<table>
<thead>
<tr>
<th>Funding Body:</th>
<th>APA Scholarship and NHMRC Capacity Building grant (allocation for PhD scholarship support).</th>
</tr>
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<tbody>
<tr>
<td>Chief Investigator:</td>
<td>Ms Rachel Knott.</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>This study combines information from patients and clinicians with administrative information to measure the equity of Medicare funding.</td>
</tr>
<tr>
<td><strong>Funding:</strong></td>
<td>$39,728.</td>
</tr>
<tr>
<td>Evaluation of the After Hours GP Helpline (AGPH).</td>
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<tr>
<td>--------------------------------------------------</td>
<td></td>
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<tr>
<td><strong>Funding Body:</strong> National Health Call Centre Network.</td>
<td></td>
</tr>
<tr>
<td><strong>Chief Investigators:</strong> Ms Rosemary McKenzie, Professor David Dunt.</td>
<td></td>
</tr>
<tr>
<td><strong>Description:</strong> This project will evaluate the effectiveness of the AGPH helpline against the goals of the national After Hours Primary Health Care Program and identify opportunities for improvement of the service.</td>
<td></td>
</tr>
<tr>
<td><strong>Funding:</strong> $146,977.</td>
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<table>
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<tr>
<th>The role of new models of governance in improving the quality of health promotion programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding Body:</strong> VicHealth.</td>
</tr>
<tr>
<td><strong>Chief Investigator:</strong> Associate Professor Margaret Kelaher.</td>
</tr>
<tr>
<td><strong>Description:</strong> This project aims to develop a theoretical framework to understand how governance in health promotion is linked to program implementation, quality, effectiveness, knowledge transfer and intervention upscaling.</td>
</tr>
<tr>
<td><strong>Funding:</strong> $133,755.</td>
</tr>
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<tr>
<th>Evaluation of Mental Health Professional Online Development (MHPod) NGO Pilot.</th>
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<tbody>
<tr>
<td><strong>Funding Body:</strong> Department of Health.</td>
</tr>
<tr>
<td><strong>Chief Investigator:</strong> Professor Jane Pirkis.</td>
</tr>
<tr>
<td><strong>Description:</strong> This project will assess whether MHPod can be useful to workers in the NGO mental health sector, and to inform any subsequent national roll out of MHPod to the NGO sector.</td>
</tr>
<tr>
<td><strong>Funding:</strong> $90,000.</td>
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<table>
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<tr>
<th>* Effective strategies for monitoring lipid levels in CVD (cardiovascular disease).</th>
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</thead>
<tbody>
<tr>
<td><strong>Funding body:</strong> National Institute for Health Research (England).</td>
</tr>
<tr>
<td><strong>Chief Investigators:</strong> Dr Rafael Perera (University of Oxford), Professor Philip Clarke.</td>
</tr>
<tr>
<td><strong>Description:</strong> This project is undertaken in collaboration with researchers from Oxford University. Screening and long-term monitoring of cholesterol levels requires interpretation of initial levels and also of sequential levels over time. Lipid guidelines for primary prevention of CVD and CHD (coronary heart disease) recommend a targeting level for lipid level and how to interpret initial measurements; however, do not usually specify how to carry out subsequent monitoring in primary prevention, and guidelines vary in their recommendations.</td>
</tr>
<tr>
<td>The objectives of this project are to:</td>
</tr>
<tr>
<td>• Estimate the incremental gains and costs of different strategies (lipid measurements and intervals) for risk assessment and monitoring of lipid levels in patients at risk of or with cardiovascular disease</td>
</tr>
<tr>
<td>• Develop and populate an economic model of lipid monitoring</td>
</tr>
<tr>
<td>• Explore how the choice of lipid measure impacts on risk assessment of CVD compared with original risk scores</td>
</tr>
<tr>
<td>• Disseminate the impact of our findings on CVD risk assessment.</td>
</tr>
<tr>
<td><strong>Funding:</strong> $70,000.</td>
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<table>
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<tr>
<th>Quantification of the health burden on the Victorian community from environmental noise (Stage 1).</th>
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<tbody>
<tr>
<td><strong>Funding Body:</strong> Environment Protection Authority.</td>
</tr>
<tr>
<td><strong>Chief Investigators:</strong> Dr Geza Benke (Monash University), Professor David Dunt, Professor Dinesh Kumar (Royal Institute of Technology).</td>
</tr>
<tr>
<td><strong>Description:</strong> This project involves a review of the recent literature on the effects of environmental noise on updating the report of the WHO (Europe) on this topic. The project’s longer-term aim is to establish a noise mapping infrastructure in Victoria to support strategies to reduce the effects on environmental noise on the health of Victorians.</td>
</tr>
<tr>
<td><strong>Funding:</strong> $18,000.</td>
</tr>
</tbody>
</table>
**Visiting research fellowship to visit the University of Lund.**

**Funding body**: Swedish council for working life and social research (Forskningsrådet för arbetsliv och socialvetenskap).

**Chief Investigator**: Professor Philip Clarke.

**Description**: Three-year visiting fellowship to facilitate collaboration with Swedish researchers mainly from Lund University on a range of projects including: measurement of contribution of chronic disease to health inequalities; an examination of inequalities in access to dental care; and development of type 1 diabetes health policy simulation model based on data from the Swedish National Diabetes Registry.

**Funding**: $56,000.

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**Building an evidence base for funding evidence-based medicine.**

**Funding body**: NHMRC Project Grant.

**Chief Investigators**: Professor Nicholas Graves, Associate Professor Adrian Barnett (Queensland University of Technology), Professor Philip Clarke.

**Description**: Aims to conduct an experiment involving the assessment of the same research grant application by different assessment panels to test the reliability in the assessment of research grants.

**Funding**: $308,510 (Nil to CHIPPE).

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**OTHER GRANTS AWARDED 2012**

**The application of health economic principles to clinical trial design and evaluation: working exemplars across disease areas including kidney disease and diabetes.**

**Funding Body**: The University of Melbourne McKenzie Postdoctoral Fellowship Program.

**Chief Investigator**: Dr Kim Dalziel.

**Description**: The aims of this fellowship are to develop a range of collaborations with researchers conducting clinical trials in order to facilitate economic evaluation of new therapies; and to undertake methodological research aimed at improving the design of randomised controlled trials (RCTs).

**Funding**: $298,000.

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**Frequent and continuing contacts to Lifeline crisis support services.**

**Funding Body**: Lifeline.

**Chief Investigators**: Professor Jane Pirkis, Professor Jane Gunn (General Practice and Primary Health Care, University of Melbourne).

**Description**: This project aims to describe and develop the profile of continuing and frequent contacts to Lifeline crisis support services; and to develop a service model that responds to continuing and frequent contact behaviours by reducing inappropriate use of crisis support services, and enabling access to professional (clinical) care.

**Funding**: $189,174.

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**The role of the media in encouraging men to seek help for depression or anxiety.**

**Funding Body**: beyondblue.

**Chief Investigator**: Professor Jane Pirkis.

**Description**: This project will explore the link between constructive or affirming media reports of depression and/or anxiety in men and men’s help-seeking behaviour.

**Funding**: $159,076.
The countries in which the Centre for International Mental Health (CiMh) staff have worked in 2012 included India, Nepal, Indonesia, Vietnam, Sri Lanka, South Africa, Ethiopia, Uganda and Nigeria (and with colleagues from Liberia, Sierra Leone, Ghana and The Gambia).

CiMh underwent its five-year review in September 2012 with very positive outcomes. Associate Professor Harry Minas was awarded the 2012 Melbourne School of Population Health award for Excellence in Knowledge Transfer for his outstanding contribution to mental health system development in Australia and internationally. Dr Ritsuko Kakuma was successful with the University of Melbourne Early Career Researcher Grant to evaluate CiMh’s long-standing International Mental health leadership Program.

Research & Development Highlights

The CiMh research program is focused on applied research into issues of population mental health and relevant health systems. Internationally, we focus on research and development activities that build local research capacity and inform mental health system development in low- and middle-income countries. Within Australia, we focus on the mental health of immigrant and refugee communities. Ultimate end-points pursued in this stream include the development of the evidence base on mental health of immigrant and refugee communities, the quality of mental health services delivered to them, and contribution to Australian (especially Victorian) mental health policy formulation and service reforms.

Active research and development projects in 2012 included the following:

- National Taskforce on Community Mental Health System Development in Vietnam Project (Atlantic Philanthropies; 2010-2014)
- Developing a monitoring and evaluation strategy for the Indonesia Free from Pasung national program (AusAID, 2011-2012)
- A report on Mental Health Research and Evaluation in Multicultural Australia: Developing a Culture of Inclusion, prepared for the National Mental Health Commission as part of CiMh’s work for the Mental Health in Multicultural Australia Program (Commonwealth DoH)
- Strengthening human resources for mental health in Sri Lanka (AusAID; 2012-2016).

Teaching and Learning Highlights

The approach of CiMh in pursuing its vision is encapsulated in the phrase “research, education and engagement for mental health system development”, and is described in some detail in an invited paper (The CiMh Approach to Mental Health System Development) published in the Harvard Review of Psychiatry. The goal of our learning and teaching and research programs is to build capacity and provide evidence for design, delivery and evaluation of mental health service programs that are effective, accessible and equitable, and that protect the rights of people with mental disorders. A central component of this approach is to develop and nurture leadership for mental health system development internationally (particularly in resource-constrained settings) and in Australia (in relation to immigrant and international communities).
The Centre for International Mental Health (CIMH) has continued in 2012 to play a pivotal role in Vietnam's bid to develop a mental health care system that is integrated across government departments.

The Centre’s Director, Associate Professor Harry Minas, is very impressed by the emergence of a forward-looking approach to mental health care in Vietnam. “It’s fantastic to see this enormous shift over the past five years.” The Centre is part of the Melbourne School of Population Health at the University of Melbourne.

A major achievement in the process of community mental health system development in Vietnam has been the establishment of close collaboration between two key ministries: the Ministry of Labour, Invalids, and Social Affairs (MoLISA) and the Ministry of Health (MoH). This will position Vietnam as a regional leader in mental health.

The CIMH has fostered this intra-government partnership through many levels of engagement with Vietnam, over many years, by cultivating relationships based on trust and mutual respect. The Centre’s relationship with Vietnam started in 1994, when Associate Professor Minas was first drawn to the plight of its mentally ill citizens. More than 90 per cent of those with serious mental illnesses had no access to mental health services and their families were often very poor.

Over two decades, the CIMH’s commitment has included raising high-level international awareness, and collaborating in developing policies, training, funding and political support for the design and implementation of Vietnam’s mental health care system. CIMH’s long-term efforts are now delivering substantial results.

In December 2009, CIMH was awarded a five-year, US$2 million grant from Atlantic Philanthropies to establish a National Taskforce on Community Mental Health System Development in Vietnam (2010-2014). Modelled on the Centre’s successful work in Indonesia, the taskforce is being led by the Vietnam Ministry of Health and aims to become the main impetus for mental health system reform and development in Vietnam. A further four-year grant of $500,000 from AusAID supports a substantial training program.

The CIMH’s success in establishing the taskforce has led to further funding from Atlantic Philanthropies to set up the Mental Health Consortium in Vietnam Project (2013-2015). This consortium unites local and international partners to share resources in order to support Vietnam’s MoH and MoLISA in achieving ambitious community mental health system development goals.

Associate Professor Minas says the consortium will provide technical assistance for the implementation of a prime ministerial decision to develop community mental health services, with input from key ministries, including health, social affairs, education and justice. “This integrated approach is very unusual for most low and middle income countries. The prime ministerial commitment comes with substantial government funding to develop the national mental health program. To give a sense of scale, they are intending to train about 10,000 social workers over the next five to 10 years. At the moment there are no social workers,” he says. “At the same time, they are investing in capital infrastructure for mental health service provision.

“The other exciting thing about Vietnam’s approach is that it’s very forward looking. It recognises that medical treatment is essential but not sufficient, and unless the necessary social arrangements are in place what can be achieved will be very limited,” Associate Professor Minas says.
Teaching and learning highlights included:

- University Breadth subject: Human rights and global justice
- Transcultural Psychiatry Elective
- Mental Health System Monitoring and Evaluation Training Program (November 2012)
- International Mental Health Leadership Program, Melbourne (October 2012)
- Advanced Study Institute, Global Mental Health: Bridging the Perspectives of Cultural Psychiatry and Public Health Workshop (July 2012)
- Leadership in Mental Health, Ibadan, Nigeria (May 2012)
- Leadership and Management Training Workshop for RANZP Advanced Psychiatry trainees (March 2012)
- Biostatistics teaching at MPhil program in Public Mental Health, Alan J Flisher Centre for Public Mental Health, University of Cape Town, South Africa (January 2012)
- Six PhD students, three of whom commenced in 2012.

**KNOWLEDGE EXCHANGE HIGHLIGHTS**

As a Centre for training, research and mental health systems development, CIMH is uniquely placed to engage with mental health stakeholders at local/Australia-based, regional and international levels.

In terms of CIMH activities, engagement is an integral component of the Centre’s Values and Mission. As the CIMH Strategic Plan illustrates, Collaboration-Partnerships-Networks are the mechanisms by which leadership is exercised for mental health system strengthening. CIMH actively engages or coordinates a range of international mental health networks. CIMH engagement activities include:

- Establishing and supporting knowledge translation and exchange networks and platforms

CIMH’s engagement activities in 2012 include:

- Key Development Partner for the ASEAN Mental Health Taskforce
- Secretariat of the Movement for Global Mental Health
- Establishing and leading the Youth Refugee Network
- International Journal of Mental Health System (editor-in-chief, Associate Professor Harry Minas)
- International Observatory on Mental Health Systems.

**CIMH ADVISORY BOARD**

- **Mr Paris Aristotle**, Director, Victorian Foundation for Survivors of Torture.
- **The Rev Tim Costello**, Chief Executive Officer, World Vision Australia.
- **Professor Helen Herrman**, Professor of Psychiatry, Orygen Youth Health Research Centre, University of Melbourne.
- **Mr Terry Laidler**, Chair, Victorian Mental Health Reform Council.
- **Dr John Mahoney**, UK National Counterpart to WHO Headquarters, Geneva.
- **Professor Vin Massaro**, Professorial Fellow in the Centre for the Study of Higher Education and Professorial Fellow, LH Martin Institute for Higher Education, Leadership and Management, University of Melbourne.
- **Dr Gerry Naughtin** (Chair), CEO, MiND Australia.
- **Professor Hugh Taylor**, Professor of Indigenous Eye Health, Melbourne School of Population Health, University of Melbourne.

**GRANTS COMMENCING 2012**

**Implementing Decision 1215: Community Mental Health and Social Support Vietnam.**

**Funding Body:** AusAID — Australian Leadership Awards Fellowships.

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

**Description:** The priority issue is the need to strengthen capacity for mental health systems research and training, which is poorly developed in low and middle-income countries in Asia. This is a core objective of the International Observatory on Mental Health Systems. This proposal seeks to bring together leaders of the mental health systems research and education groups from key institutions that have agreed to collaborate in the work of the Observatory to undergo training in the International Mental Health Leadership Program (iMHLP). In iMHLP, the Fellows will receive training in leadership for mental health system development and in mental health systems research methods, establish links with members of the Observatory Secretariat in CIMH and with collaborating centres in other countries, work on developing an agreed research and training agenda, and develop a collaborative research and training program.

**Funding:** $299,750.
### Developing a monitoring and evaluation strategy for the Indonesia Free From Pasung National Program.

**Funding Body:** AusAID – Public Sector Linkage Program.

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

**Description:** To strengthen the capacity of the Ministry of Health of the Government of Indonesia and the University of Indonesia to develop a monitoring and evaluation strategy for a major national health and human rights program.

**Funding:** $220,000.

### Mental Health in Multicultural Australia (MHiMA).

**Funding Body:** University of South Australia.

**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 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.

**Funding:** $299,176.

### OTHER GRANTS AWARDED 2012

#### Evaluation of the International Mental Health Leadership Program.

**Funding Body:** University of Melbourne Early Career Research.

**Chief Investigator:** Dr Ritsuko Kakuma.

**Description:** To evaluate the 2012 International Mental Health Leadership Program (iMHLP) 2012.

**Funding:** $38,991.


**Funding Body:** Vietnam Veterans of America Foundation (Head Agreement – Atlantic Philanthropies).

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

**Description:** To improve community based mental health policies, legislation and human resources capacity by supporting the development of tools to assess program and service systems and the establishment of good practices.

**Funding:** $341,000.
The Sexual health Unit, part of the Melbourne School of Population Health (MSPh) of the University of Melbourne, is situated at the Melbourne Sexual health Centre (MShC). It conducts research aimed at improving the services offered at MShC and the control of sexually transmitted infections. The Unit also provides substantial input into postgraduate sexual health education for health professionals.

One of MShC’s key roles is to promote public health and education. Material is freely available to both the general public and health care providers, particularly general practitioners (GPs). MShC provides support to GPs as well as the public through its web-based services www.mshc.org.au and free-call telephone service where GPs can receive specialist clinical advice directly from a sexual health physician.

The Centre celebrated its 95th Anniversary on 22 June 2012, having opened on 22 June 1917. This celebration coincided with the 20th Anniversary of the current site’s opening.

RESEARCH HIGHLIGHTS

Anal Cancer
A case series of anal cancer involving records and staff from the William Buckland Oncology Centre revealed that anal cancers are often diagnosed when they are quite large. This suggests that there is scope for early detection by some sort of screening program. A pilot study of digital anal examinations offered to 100 HIV-positive men who have sex with men (MSM) demonstrated that these examinations are acceptable and have a low rate of referral of abnormalities that are not found to be cancer. This work is now being extended in a larger ongoing study.

TESTme online/telephone consultation
We tested a service where young people could have doctors’ consultations by telephone and by providing specimens by post (telemedicine service). A free telemedicine service (‘TESTme’) for rural youth offered telephone consultation or video consultation via computer. The Melbourne based service was available to clients under 26 years, living in Victoria at least 150 km from Melbourne. After the phone or video consultation, a home testing chlamydia kit was sent to clients. The service was widely advertised through flyers, SMS, Facebook, regional newspapers and youth magazines. Clients’ views were investigated. All had a telephone consultation. They reported being satisfied with the service; most preferred the telemedicine service to consulting a doctor in person and to video consultation. The TESTme telephone consultation service is now offered at Melbourne Sexual Health Centre at http://www.testme.org.au/ or by calling 1800 739 836 during office hours.

TEACHING AND LEARNING

In collaboration with the MSPh, 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 MSPh are aimed at improving 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 masters degree. These subjects have become increasingly popular, and as a result of this there is now a formal
ELECTRONIC MEDICAL RECORDS PROVE THEIR WORTH

Computers trumped paper records in a recently published evaluation of a customised electronic medical record system (EMR) that was introduced at the Melbourne Sexual Health Centre. The Centre hosts the Sexual Health Unit, which is part of the Melbourne School of Population Health at the University of Melbourne.

The introduction of EMR at the Centre in 2011 increased efficiency by 5%, enabling at least 2000 more consultations per year compared to paper medical records (PMR), according to the evaluation.

Professor Christopher Fairley, the Centre’s director, said this was a conservative estimate because some practices at the clinic had already been electronic. In big picture terms, EMR was supporting the drive for greater efficiency across the health care sector, he said. EMR’s efficiency improved the control of sexually transmitted infections (STIs) because it increased the community’s access to healthcare, he said. “The prevalence of STIs within a community is very strongly predicted by access to health services.”

As an illustration, he cited gonorrhoea rates in heterosexuals, which are about 5 per 100,000 in Melbourne, and about 100 per 100,000 in the United States, which has no universal healthcare system.

Although more than 90% of general practices in Australia have adopted some form of EMR and 60% are paperless, EMR’s impact had not been as thoroughly evaluated as in this study, Evaluation of Electronic Medical Record (EMR) at Large Urban Primary Care Sexual Health Centre, published in the open access journal PLOS ONE.

Synthesising the results of EMR evaluations was difficult because most EMR software programs were purchased ‘off the shelf’. To gain maximum advantage from EMR, Professor Fairley said, if a clinic was large enough, its EMR needed to be custom designed and fully integrated into the entire service.

The Melbourne Sexual Health Centre’s evaluation considered the efficiency of the service, the quality of the care, the views of staff, and the satisfaction of patients during nine-month periods before and after the introduction of EMR.

A key efficiency gain was that EMR allowed the centre to redeploy manual jobs that had previously tied up staff, such as registering patients at reception. Using EMR, patients registered themselves using computer touch-screens. A survey of patients confirmed that they had adapted to the changeover and, importantly, EMR had not harmed their relationship with their doctors. The quality of patient records was maintained and “practitioners overwhelmingly liked it – 89% were satisfied or very satisfied,” he said. “The custom-designed EMR’s advantages extended beyond those covered in the evaluation. For a large clinic, the decision to go electronic is a no brainer:”

Among these other advantages was the capacity for practitioners to easily and privately obtain feedback via quality indicators. “People can print off a report of the completeness of their medical record against pre-agreed criteria and the process for audited quality control is substantially improved,” Professor Fairley said.

“Our EMR system also allows automated provision of behavioural surveillance to government. This gives them a much better idea of what’s happening with sexually transmitted infection rates and behaviours.”
Sexual Health specialisation within the Master of Public Health. The capstone experience for students specialising in sexual health within their MPH can include a research project in sexual health or a Professional Practice Unit (PPU). The research project in sexual health is part of the MPH and continues to be popular with students. Many students who complete a research project in sexual health also succeed in getting a paper published in a peer-reviewed journal from their project. The PPU in sexual health commenced in 2012 and this enabled students to be placed in the MShC for the equivalent of four weeks fulltime and to undertake a public health project within this time. The experience of being based in and working closely with staff from a public health organisation is very valuable for students.

KNOWLEDGE EXCHANGE HIGHLIGHTS

- MShC staff members had 14 abstracts accepted (nine oral presentations and five posters) at the International Union against Sexually Transmitted Infections (IUSTI) World Congress in Melbourne in October 2012. This year it was combined with the Australian Sexual Health Conference.
- The International Union against Sexually Transmitted Infections (IUSTI) is the oldest international organisation in the field (founded in 1923). Its object is the achievement of international cooperation in the control of sexually transmitted diseases, including HIV infection. The Union awarded an IUSTI Silver medal to Professor Christopher Fairley in recognition of his tremendous efforts on the Union’s behalf. IUSTI is especially concerned not only with the medical aspects but also the social and epidemiological aspects of the control of sexually transmitted diseases and HIV/AIDS.

COMPLETED AND IN PROGRESS HIGHER DEGREES

Completed

Virtual visits: Investigating the acceptability of webcam consultations for young adults’ sexual health, Cameryn Garrett, PhD, 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, MMed, University of Melbourne.

Evaluation of GP Assist – online point-of-care drug treatment information and partner notification information for GPs managing patients with a sexually transmitted infection, Jane Howard, MPH, University of Melbourne.

Inconsistencies in antenatal screening practices in Australia: what are practitioners’ attitudes towards, knowledge regarding screening guidelines, sexual history taking, and testing of Chlamydia and HIV in antenatal women? Claire Butselaar, MPH, University of Melbourne.

Professional Practice Units in Sexual Health as part of MPH

Sourcing of internet-based videos for sexuality education in young people that are appropriate for the MSHC website including the development of an evidence-based content list, a video appraisal tool and a video library. Clara Adams, PPU, MPH, University of Melbourne.

Participation in the delivery and fine tuning the content of a health promotion sexuality education programme for young indigenous women and the development of an evaluation tool for the program called Sacred Sistas Project. Kim Sutton, PPU, MPH, University of Melbourne.

In progress

Use of oral garlic (Allium sativum) in recurrent thrush (vulvovaginal candidiasis), Cathy Watson, PhD, University of Melbourne.

Human papilloma virus in men who have sex with men, Huachun Zou, PhD, University of Melbourne.

Sexually transmitted viruses in men having sex with men, Tim Read, PhD, University of Melbourne.

The acceptability and feasibility of increased chlamydia testing in general practice, Anna Yeung, PhD, University of Melbourne.

The aetiology of rectal infections in men who have sex with men, Melanie Bissessor, PhD, University of Melbourne.

Sexually transmitted infections (STIs) in HIV-infected patients in the Australian HIV Observational Database (AHOD), Brian Mulhall, PhD, University of New South Wales.

A trial of annual anal examination to detect early anal cancer in HIV-positive men who have sex with men, Jason Ong, PhD, University of Melbourne.

Is the current treatment of genital chlamydia infection appropriate? Fabian Kong, PhD, University of Melbourne.

Epidemiology of gonorrhoea and its interaction with other major STDs among male patients in South Australia, Bin Li (Mikko), PhD, University of Adelaide.

Sex and giving: The involvement of Australian philanthropic foundations in sexual and reproductive health in Australia. Elizabeth Gill, MPH, University of Melbourne.

International Post Doctoral Research Fellow

Dr Nimal Gamagedara, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka.
**GRANTS COMMENCING 2012**

**What are the causative organisms of bacterial vaginosis?**

**Funding body:** NHMRC.

**Chief Investigators:** Doctor Catriona Bradshaw, Associate Professor Sepehr Tabrizi, Associate Professor Jane Hocking.

**Description:** Bacterial vaginosis (BV), a vaginal infection affecting 10% of Australian women, is an important cause of premature birth, yet its cause is unknown. We are conducting studies to understand the cause of BV in order to improve diagnosis and treatment.

**Funding:** $546,175.

**Anal Cancer Examination study’ (ACE): A trial of annual anal examinations to detect early anal cancer in HIV positive men who have sex with men.**

**Funding body:** Royal Australian College of Physicians.

**Chief Investigator:** Dr Jason Ong.

**Description:** Australasian Chapter of Sexual Health Medicine Research Entry Scholarship.

**Funding:** $30,000.
VACCINE AND IMMUNISATION RESEARCH GROUP

RESEARCH AND ENGAGEMENT

VIRGo was distinguished in 2012 with Dr James McCaw being awarded an Australian Institute of Policy and Science 2012 ‘Young Tall Poppy’ Science Award. In addition, Dr Nicholas Geard was awarded an Australian Research Council (ARC) Discovery Early Career Researcher Award. Dr Kirsten Perrett was awarded a National Health and Medical Research Council (NHMRC) postdoctoral training award, the first year of which will be spent at Stanford University in the United States. Associate Professor Jodie McVernon was appointed to the Commonwealth Government’s Australian Technical Advisory Group on Immunisation (ATAGI), and Professor Terry Nolan was appointed to the World Health Organisation’s Scientific Advisory Group of Experts (SAGE) on immunisation.

Epidemiologic Research

FluMum

FluMum is an NHMRC-funded, multi-centre study with collaborators in Darwin, Brisbane, Sydney, Adelaide and Perth in which we are studying a prospective cohort of over 10,000 mother-infant pairs recruited through maternity units in the six sites over a four-year period commencing in 2012. The primary aim is to determine the effectiveness of in-pregnancy maternal influenza vaccination against laboratory confirmed influenza among infant offspring during their first six months of life.

Meningococcal serosurvey

In collaboration with colleagues from the University of Western Australia and funded by Novartis Vaccine, we collected serum from a cross-sectional sample of 240 children in the Melbourne and Perth metropolitan areas who had received a single catch-up dose of meningococcus C vaccine in 2003/4. Our results suggest that more than half of the current cohort of Australian adolescents may be susceptible to meningococcus serogroup C.

Influenza serosurvey

Associate Professor Jodie McVernon’s leadership of a national influenza serosurvey, in collaboration with the World Health Organisation Centre for Reference and Research on Influenza (WHO CC) and Red Cross Blood Service, provided opportunities for international engagement. This work, presented at an international influenza impact meeting in Munich in 2012, has been included in WHO-led global impact estimates of the 2009 influenza pandemic. It has also led to our involvement in the epidemiological working groups of the Global Consortium to Standardize Influenza Seroepidemiology (CONSiSE), a multinational public health agency and academic initiative.

Vaccine Clinical Trials

We are continuing our NHMRC-funded study of a birth dose of pertussis vaccine with follow-up of the cohort to 18 months of age, when, in a study funded by GSK, we will evaluate the effect of the additional birth dose of pertussis vaccine after a booster dose of DTPa vaccine on the side effect profile and antibody levels.

In collaboration with other centres, we conducted a study of a novel Sanofi Pasteur quadrivalent inactivated influenza vaccine (QiV) in over 2000 individuals aged nine to 60 years. The addition of an additional influenza B virus antigen to the standard trivalent (two A-strains and one B-strain) vaccine is postulated to provide better overall protection because of difficulty in predicting future circulation of B-strains.

Analysis and publication of results from our recent studies of adjuvanted influenza vaccine (a multi-centre study of over 6000 children and adolescents), and of ‘bird flu’ H5N1-adjuvanted influenza vaccine in infants and young children are in progress.
SCHOOL HEAD APPOINTED TO EXPERT ADVISORY GROUP ON IMMUNISATION

Job brief: to advise the World Health Organisation (WHO) on efforts to eradicate all vaccine-preventable diseases, across all age groups, in every country. Must be a team player.

In simplified terms, this describes the challenge Professor Terry Nolan has assumed by accepting his appointment to SAGE, the Strategic Advisory Group of Experts. Professor Nolan is the Head of the Melbourne School of Population Health at the University of Melbourne. SAGE is the principal advisor on vaccines and immunisation to WHO.

WHO describes SAGE’s 15 members as “acknowledged experts with an outstanding record of achievement in their own field and an understanding of immunisation issues.” Eminent immunologist and former Australian of the Year, Sir Gus Nossal AC, is a former chair of SAGE. Professor Nolan said: “It is a distinction and a significant honour to be a representative on SAGE.” Professor Nolan has been an advisor to WHO for many years; this included evaluating pandemic influenza vaccines in clinical trials each year from 2006-2011, and on the quality of care for very sick infants in hospitals in the developing world.

How does SAGE approach this web of complex issues, spanning the globe? “SAGE has special working groups chaired by SAGE experts, to consider everything from access to safe vaccines, pandemic preparedness, delivery programs, global policy and strategy development, and more,” he said. Professor Nolan, whose three-year appointment started in November 2012, is currently chairing a working group on the non-specific effects of vaccines on child health and mortality.

SAGE meets formally twice year in Geneva, and is joined by more than 140 delegates from a ‘who’s who’ of organisations that support international immunisation efforts. They include relevant WHO bodies; ‘civil society’ groups, such as the Gates Foundation and GAVI (Global Alliance for Vaccines and Immunisation); representatives from governments and other health organisations; major regulatory agencies, like the United States’ Food and Drug Administration; non government organisations such as Medecins Sans Frontieres; and United Nations agencies, such as its refugee committee (UNHRC). SAGE’s regional office representatives also report on their activities at the Geneva gatherings.

“It’s a big undertaking, and at these meetings SAGE focuses on issues of global relevance for vaccines that are important now and into the future,” Professor Nolan said. “For example, SAGE is a major contributor to the Polio Eradication and Endgame Strategic Plan, which aims to finally eradicate polio from the globe by 2018, as was achieved with smallpox in the 1970s.”

The global epidemic of whooping cough (pertussis), issues involving the supply of vaccines to low and middle income countries, and vaccine hesitancy (the reluctance of people to be vaccinated) are typical of the issues discussed at SAGE’s meetings, and studied in depth by its working groups. “SAGE then formulates its advice which is disseminated to over 200 countries and this assists regions with their planning for immunisation.”

SAGE has no mandate to enforce immunisation programs. “SAGE’s role is to monitor the successful delivery of immunisation programs to target populations in countries around the world and, more importantly, to monitor the effect of vaccines on controlling the disease for which those children are being immunised,” Professor Nolan said.
Mathematical Modelling

Influenza

The modeling group continues its translational program on influenza, with collaborations spanning from basic science to direct policy contribution. We continue to work with investigators on Professor Peter Doherty’s influenza program grant, and colleagues at the World Health Organisation Collaborating Centre for Reference and Research on Influenza, to better understand the interaction between virus and host, and transmission of infection between hosts. With collaborators at the Australian Government Department of Health and Ageing, we have been influential in shaping the overall policy context to consider ‘proportionate’ responses to future pandemic events, along with optimal use of vaccines and antiviral agents, thus contributing to present revisions of the Australian Health Management Plan for Pandemic Influenza.

Malaria

Dr James McCaw has extended the group’s interests to the study of malaria, establishing a collaboration with biostatisticians within the School and biomedical scientists at the Bio21 Institute. Fusing novel in vitro methods for the measurement of antimalarial activity with statistical and mathematical analyses, the team has established quantitative techniques for the monitoring and assessment of resistance and identified evidence gaps in the translation from the in vitro to in vivo domain. Ongoing research will focus on the development of new pharmacokinetic-pharmacodynamic models of antimalarial activity that reflect our evolving understanding of the biological action of antimalarial agents, and translation of these findings to the epidemiological domain in the form of evaluation of current drug regimens.

Social determinants of infection transmission

Our ARC-funded work examining the influence of household and neighbourhood level social and environmental factors on social connectedness received an additional boost through success in obtaining a subcontract with the Australian Urban Research Infrastructure Network (AURIN). The AURIN platform is a major national e-research infrastructural capability that enables us to link with a wide range of national datasets describing urban populations and environments. Our project will embed new functions to describe, characterize and visualize social networks in geographical context within the AURIN portal.

GRANTS COMMENCING IN 2012

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<tr>
<th>Safety and Immunogenicity of a Quadrivalent Influenza Vaccine.</th>
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<tr>
<td><strong>Funding Body:</strong> Sanofi Pasteur.</td>
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<td><strong>Chief Investigator:</strong> Professor Terry Nolan.</td>
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<td><strong>Funding:</strong> $382,000.</td>
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<th>Birthdose Pertussis Booster study.</th>
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<tr>
<td><strong>Funding Body:</strong> GSK.</td>
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<td><strong>Chief Investigator:</strong> Professor Terry Nolan.</td>
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<td><strong>Funding:</strong> $88,000.</td>
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<tr>
<th>The FluMum study: Does getting the flu vaccine in pregnancy help prevent flu in babies?</th>
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<tr>
<td><strong>Funding Body:</strong> NHMRC.</td>
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<tr>
<td><strong>Chief Investigator:</strong> Associate Professor Ross Andrews (Menzies Institute), Professor Terry Nolan, and others.</td>
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<tr>
<td><strong>Funding:</strong> $2.48 million over 5 years.</td>
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<tr>
<th>Antibody persistence in Australian teenagers after a single dose of meningococcal C conjugate vaccine in early childhood.</th>
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<tr>
<td><strong>Funding Body:</strong> Novartis Vaccines.</td>
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<tr>
<td><strong>Chief Investigator:</strong> Associate Professor Jodie McVernon.</td>
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<td><strong>Funding:</strong> $300,000 over 1 year.</td>
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<th>Networks, neighbourhoods and newborns: defining household and local area influences on social connectedness, to understand pathways to health.</th>
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<tr>
<td><strong>Funding Body:</strong> Australian Research Council-Linkage Project.</td>
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<tr>
<td><strong>Linkage Partners:</strong> Victorian Health Promotion Foundation, Department of Health, Uniting Care Sunshine and Broadmeadows, City of Bundoora.</td>
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<tr>
<td><strong>Chief Investigator:</strong> Associate Professor Jodie McVernon.</td>
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<td><strong>Funding:</strong> $259,000 over 3 years.</td>
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<td>Characterising networks in geographical and social ‘space’ – integrating tools for network analysis.</td>
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<tr>
<td><strong>Funding Body:</strong> Australian Urban Research Infrastructure Network (AURIN) – Call for Demonstrator Projects for Incorporation into the AURIN e-Infrastructure.</td>
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<tr>
<td><strong>Chief Investigator:</strong> Associate Professor Jodie McVernon.</td>
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<tr>
<td><strong>Funding:</strong> $138,201 over 1 year.</td>
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<th>Networks, neighbourhoods and newborns: defining household and local area influences on connectedness, to understand pathways to health.</th>
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<tr>
<td><strong>Funding Body:</strong> Murdoch Childrens Research Institute - Infection, Immunity &amp; Environment Theme Grants.</td>
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<tr>
<td><strong>Chief Investigator:</strong> Associate Professor Jodie McVernon.</td>
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<td><strong>Funding:</strong> $20,000 over 1 year.</td>
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<th>Simulating social networks to understand how neighbourhood factors influence health.</th>
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<tr>
<td><strong>Funding Body:</strong> Australian Research Council-Discovery Early Career Researcher Award.</td>
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<tr>
<td><strong>Chief Investigator:</strong> Dr Nicholas Geard.</td>
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<td><strong>Funding:</strong> $368,802 over 4 years.</td>
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<th>Footprint recognition to support childhood vaccination.</th>
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<tr>
<td><strong>Funding Body:</strong> Bill and Melinda Gates Foundation Grand Challenges Explorations Round 7: Create low-cost cell phone-based solutions for improved uptake and coverage of childhood vaccinations.</td>
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<tr>
<td><strong>Chief Investigator:</strong> Dr Stephen Davis (Associate Professor Jodie McVernon co-CI).</td>
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<td><strong>Funding:</strong> US$100,000 over 1 year.</td>
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<th>Development of options on how to define the concept of pandemic for Australian Purposes.</th>
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<td><strong>Funding Body:</strong> Department of Health and Ageing.</td>
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<tr>
<td><strong>Chief Investigators:</strong> Associate Professor Jodie McVernon, Dr James McCaw.</td>
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<td><strong>Funding:</strong> $45,323 over 1 year.</td>
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<th>Mathematical modeling of antivirals for a public health response to an influenza pandemic.</th>
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<td><strong>Funding body:</strong> Office of Health Protection, Australian Government Department of Health and Ageing (Competitive tender).</td>
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<tr>
<td><strong>Chief Investigators:</strong> Associate Professor Jodie McVernon, Dr James McCaw.</td>
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<td><strong>Funding:</strong> $99,220 over 1 year.</td>
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<th>Evidence and advice on candidate pandemic influenza vaccines in response to an influenza epidemic.</th>
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<tr>
<td><strong>Funding body:</strong> Office of Health Protection, Australian Government Department of Health and Ageing (Competitive tender).</td>
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<tr>
<td><strong>Chief Investigator:</strong> Associate Professor Jodie McVernon.</td>
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<tr>
<td><strong>Funding:</strong> $39,600 over 1 year.</td>
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The Indigenous Eye Health Unit (IEHU) was founded in January 2008, its goal being to “Close the Gap” for Vision.

The work to date has identified the problem, looked at the services, their availability and barriers to access, and developed policy recommendations to address the issues and improve access to eye care for Indigenous Australians across the country.

In summary, the Unit’s research has developed:

- A comprehensive assessment of the state of eye health across the Indigenous population of Australia and a clear prioritisation of appropriate and specific interventions
- Accessible, affordable, appropriate and sustainable solutions to overcome the current eye health inequalities
- A program to eliminate trachoma in Australia
- A suite of policy recommendations developed with and endorsed by the Aboriginal health sector and eye health sector to reduce the prevalence of vision loss in Indigenous Australians.

RESEARCH HIGHLIGHTS

The Roadmap to Close the Gap for Vision comprises 42 interlocking recommendations to eliminate unnecessary vision loss for Indigenous Australians. These are designed as a comprehensive and inclusive package that emphasises the need for accountability and oversight.

Full implementation of the Roadmap’s recommendations is estimated to cost $70 million over five years, half of which will revolve around better co-ordination of services. To this end, continued advocacy and extensive consultations have been undertaken in 2012 to promote and facilitate the full implementation of the Roadmap’s recommendations and to assure the sustainable provision of eye care.

The Roadmap to Close the Gap for Vision was launched by the Hon Warren Snowdon MP, Minister for Indigenous Health, and Mr Justin Mohamed, Chair of the National Aboriginal Community Controlled Health Organisation, on 23 February 2012 in Adelaide. The IEHU has submitted over 20 papers for publication in 2012 and presented at nine conferences on the Roadmap.

The Roadmap has redefined the steps in health care provision and identified the health system structures required to support Indigenous eye care. In another exciting development, the Roadmap has been taken by the Commonwealth as the example to be used for the assessment of collaboration between the new Medicare Locals and the Hospital Networks. In addition, the Victorian Department of Health, Office of Aboriginal and Torres Strait Islander Health (OATSIH) and the Aboriginal community controlled sector under the auspices of the Victorian Advisory Council on Koori Health (VACKH) Eye Health Sub Committee has approved an Aboriginal Eye Health Strategy for Victoria based on the Roadmap and instigated implementation of the Roadmap’s recommendations in initially three health regions in Victoria. These include the South East Metro region, Loddon Mallee region and the Barwon South West region.

A 2012 Annual Update on the Implementation of the Roadmap to Close the Gap for Vision was launched by Mr Mick Gooda, Aboriginal
IEHU CASE STUDY GETS AN ‘A’ RATING FOR INNOVATION DIVIDEND

The Indigenous Eye Health Unit’s outstanding contributions have been recognised with an ‘A’ rating in a national assessment of the ‘innovation dividend’ of university research.

The Indigenous Eye Health Unit (IEHU) is part of the Melbourne School of Population Health at the University of Melbourne. The IEHU’s 2008 National Indigenous Eye Health Survey and its overall program since the unit started that year formed the basis of a case study submitted to the Excellence in Innovation for Australia Research Impact Trial.

Led by Melbourne University Laureate Professor Hugh Taylor AC, the IEHU supports trachoma elimination and conducts research and policy development by exploring barriers and enablers for Indigenous people accessing eye health services. Its work on screening techniques and proactive health initiatives in areas with endemic trachoma has led to dramatic improvements, including a progressive decrease in trachoma cases in Western Australia and the Northern Territory between 2008 and 2011. The significant improvements have continued in 2012, when there was a 40% reduction in trachoma cases in Western Australia.

Professor Taylor says he is “absolutely delighted” with the ‘A’ rating the IEHU received from the trial’s assessors in late 2012; this designated that the unit’s work had “outstanding impacts in terms of reach and significance.” Its submission was rated among the top 20 of 162 submissions from 12 Australian universities participating in the trial. The 12 universities were from Australia’s top Group of Eight (Go8) and the Australian Technology Network (ATN).

“We like to think we’re doing a good job and we’re working hard and that we are making progress, but to have other people look at it and believe that we’re doing so as well is just terrific,” he says.

The IEHU’s National Indigenous Eye Health Survey canvassed 30 sites across Australia to provide the critically needed evidence base for developing Indigenous eye health policy. “The survey showed that Aboriginal people had six times as much blindness and three times as much vision loss as mainstream Australians. Almost all of this was unnecessary and about one third of the people had never had an eye examination,” Professor Taylor says.

The survey results formed the basis of an extensive range of intensive programs that have been developed in consultation with Indigenous communities. They have included:

- Assessing current services
- Identifying barriers to providing eye care
- Developing and costing effective solutions
- Creating the successful ‘clean faces, strong eyes’ community education programs
- Developing a roadmap of 42 recommendations for closing the gap on Indigenous eye health.

Professor Taylor applauds the national assessment trial’s innovative approach of using case studies as opposed to traditional measurements, such as academic citations, to gauge the external relevance and impact of research.

“What we really need to do is to transform some of our research findings into practical applications that change people’s health or life or vision,” he says.

“I’m very strongly of the notion that you need to look at that ongoing community benefit from the research.”

“I’m not saying one shouldn’t do pure research but so many of our researchers will say, ‘Well I’ve published the paper, that’s the end of my job’ and expect everybody to pick up that great finding and do something with it – but that’s not the way it is. You need to keep pushing to ensure those important research findings actually get translated and used by the community.”

Among Professor Taylor’s challenges for 2013 is to generate ongoing funding for the IEHU. “All our work over the last five years has been totally funded by private donations and some funding from the University,” he says. “Our generous supporters have included Harold Mitchell and the Potter Foundation but now we’re trying to get funding for our little unit itself so we can keep doing our work.”
Trachoma

The IEHU continues to support the trachoma elimination programs in the Northern Territory and other states through the provision of technical expertise in health promotion, social marketing and program evaluation. A significant improvement in trachoma elimination in the NT has been observed in 2012 due to antibiotic coverage and social marketing efforts, the latter focusing on the use of Milpa the Goanna (Milpa translates as eye in the Walpiri language), together with trachoma facial cleanliness community service announcements and highlighting Melbourne Football Club player Aaron Davey. In 2012, the Federal Government also assisted with the reprinting of the Trachoma Story Kit resources developed by the IEHU, making them available for the price of shipping alone. Another highlight was the collaboration with CAAMA Radio in Alice Springs to record a series of six radio features for the Women’s Health Program, with interviews of 15 well known Indigenous female role models including Evonne Goolagong AO MBE and Cathy Freeman discussing trachoma elimination for women, families and communities.

As with the Roadmap, advocacy continued throughout the year as an important part of our remit to brief State and Territory ministers, senior health bureaucrats, NGOs and local community-controlled health organisations on our research and policy recommendations to close the gap for vision.

Two aspects of evaluation of the Trachoma Story Kit resources were published in 2012:


KNOWLEDGE EXCHANGE HIGHLIGHTS

To date, more than 1000 copies of The Roadmap to Close the Gap for Vision have been distributed and meetings conducted in all jurisdictions ranging from Commonwealth to community-controlled organisations.

As mentioned earlier, accountability and oversight are essential to this process, with monitoring and evaluation reporting to a national oversight body seen as a key method to provide the necessary checks and balances to ensure adequate provision of quality eye care and monitor progress. In line with this, an informal group of key stakeholders, comprising the presidents and CEOs of Vision 2020 Australia, Optometrists Association of Australia (OAA), Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and National Aboriginal Community Controlled Health Organisation (NACCHO), has been established as an oversight body for Indigenous eye health.

In addition, consultations are underway with the National Health Performance Authority to progress national and jurisdictional monitoring of health parameters, which include indicators for Indigenous eye health as recommended in the Roadmap. This is a necessary tool for oversight and monitoring and one that is essential for a sustainable program.

IEHU ADVISORY BOARD

Professor Terry Nolan, Chair, Head, MSPH.
Mr Peter Anastasiou, businessman and philanthropist.
Professor Glenn Bowes, Associate Dean – External Relations, Medicine, Dentistry and Health Sciences, University of Melbourne.
Mr Trevor Buzzacott, Community Development Officer with the Department of Family and Community Services, South Australia.
Ms Stephanie Copus-Campbell, Executive Director, Harold Mitchell Foundation.
Professor John Funder AO, Harold Mitchell Foundation Board Member. Professor Funder was Director of the Baker IDI Heart and Diabetes Institute in Melbourne until 2001 and is now a Senior Fellow at Prince Henry’s Institute.
Mrs Janet Hirst, CEO of The Ian Potter Foundation and The George Alexander Foundation.
Professor the Hon Barry Jones AO FAAA FAHA FTSE FACE, former Minister for Science in the Hawke Government from 1983-1990. He was appointed a Vice-Chancellor’s Fellow at the University of Melbourne in 2005.
Ms Jilpia Nappaljari Jones AM, a registered nurse who worked with Professor Taylor and the late Professor Fred Hollows on the National Trachoma Eye Health Program in the 1970s and 1980s.
Associate Professor David Middleton, the CEO and proprietor of Mount Mary Vineyard, Lilydale.
Professor Hugh R Taylor AC, Director of Indigenous Eye Health Unit (IEHU), MSPH, University of Melbourne.
Dr Mark Wentington, Public Health Medical Officer at the National Aboriginal Community Controlled Health Organisation, a past president and founder of the Australian Indigenous Doctors Association, and was a member of the National Health and Medical Research Council – National Health Committee for the last three triennia.
Associate Professor Michael Wooldridge, Chairman of Neurosciences Australia, Healthsource Australia and the Oral Health CRC, and an Associate Professor at the University of Melbourne. Former Minister for Health and Family Services, and Health and Aged Care.

The IEHU would like to acknowledge Professor Ian Anderson and Mr Reg Richardson AM, who resigned from the IEHU Advisory Board in 2012, for their contribution to the Board and support for closing the gap for vision.
ACKNOWLEDGEMENTS
The Indigenous Eye Health Unit gratefully acknowledges the support received from:

- The Harold Mitchell Foundation
- Mr Greg Poche AO
- Associate Professor David Middleton
- Mr Rob Bowen
- Mr Noel Andresen
- The Fred Hollows Foundation

- The Ian Potter Foundation
- Mr Peter Anastasiou
- Dr Vera Bowen
- Dr Mark & Alla Medownick
- Anonymous donor

AWARDS
Professor Taylor was presented with the following awards in 2012:

- Inaugural 2011 Canadian National Institute for the Blind Chanchlani Global Vision Research Award, in recognition of Professor Taylor’s work and advocacy for Indigenous health, the elimination of trachoma and the socio economic implications of vision loss
- 2012 American Ophthalmological Society Howe Medal in recognition of Professor Taylor’s significant contributions to teaching and research in ophthalmology, with particular regard to his work on trachoma and onchocerciasis
- The University of Melbourne Doctor of Laws Honoris Causa
- 2012 Research Australia Lifetime Achievement Award
- Royal Australian and New Zealand College of Ophthalmologists College Medal, in recognition of Professor Taylor’s service to the College and/or furtherance of its aims that is distinguished, meritorious and selfless.

PRESENTATIONS
Lectures and presentations by Professor Taylor in 2012 included:

- Trachoma Information Session, Child & Family Health Service, SA Health, Adelaide, 23 February. Trachoma, elimination or control
- 27th Asia Pacific Academy of Ophthalmology Congress, Busan, Korea, 13 April. Chair: Residency training program global viewpoint
- Yale School of Medicine, Department of Ophthalmology and Visual Sciences, 7 June. 2012 Herbst Lecturer: Global causes of blindness
- Connecticut Society Eye Physicians (CSEP) 2012 Annual Scientific Education Program, 8 June. CSEP Physicians Program: Vision 2020 and what I should do in my own practice; CSEP Ophthalmic Technicians Program: Clinical challenges in glaucoma
- Royal Darwin Hospital, 23 July. Grand Rounds lecture: Trachoma: why is it still present in Australia?
- John Curtin School of Medical Research, Canberra, 27 July. Lecture: Aboriginal eye health and trachoma; what do we have to do to Close the Gap for Vision
- Centre for Disease Control Conference 2012, Darwin, 4 September. Trachoma – the international perspective
- 2012 NTD NGDO Network Meeting, Sydney, 5 September. NTDs in Australia and the Pacific – eliminating trachoma from the last remaining developed country with it – Australia
- International Coalition for Trachoma Control, Sydney, 7 September. Trachoma advocacy tools in Australia
- Beijing Tongren Eye Centre 10th Anniversary Symposium, Beijing, 22 September. Understanding trachoma and how to eliminate it
- The University of Melbourne, 1 October. Lecture: Sight Unseen
- The University of Melbourne, 1 October. MEDS 90001 Foundation of Biomedical Science Lecture: The burden of disease in Indigenous context
- The Rural Health Education Foundation, Sydney, 9 October. Panelist, satellite broadcast: Eye health – the current view
- Office of Aboriginal and Torres Strait Islander Health, Department of Health and Ageing, 11 October. Lecture: Trachoma
- The University of Melbourne, 12 October. Sight Unseen lecture: Fusion Session
- Australian Chlamydia Conference, Brisbane, 21 November. The elimination of trachoma: what lessons can we learn?
- 44th Annual Scientific Congress of the Royal Australian and New Zealand College of Ophthalmologists, Melbourne, 27 November. Chair: Closing the Gap for Vision.
2012 was a year of transition for the Australian Health Workforce Institute (AHWI) as we joined the Melbourne School of Population Health (MSPh) from our previous home with the Faculty of Medicine, Dentistry and Health Sciences (FMDhS). It was also a year when negotiations commenced to have Professor Gary Freed – who had previously spent six months on sabbatical with AHWI (July 2011 to January 2012) – assume the role of Director of AHWI from July 2013, when Professor Peter Brooks steps down. AHWI also welcomed Professor Lesleyanne Hawthorne and her international health workforce team, adding very significantly to the capacity of the group. Flows of health workers across the globe are and will continue to be a very important research and policy issue for governments, and Professor Hawthorne is the preeminent Australian researcher in this field.

**RESEARCH HIGHLIGHTS**
- Health Workforce Australia (HWA) projects – ‘Carers in the Health Workforce’ and ‘Clinical Placements in Rural and Remote Environments’ (Professor Peter Brooks, Dr Louise Greenstock and Ms Louise Freijser) and ‘Level of Reliance on Migrant Health Workers’ (Professor Lesleyanne Hawthorne).
- Continuing NHMRC Post Doctoral Training Fellowship for Dr Lucio Naccarella.
- Analysis of International Medical Students in Australia – Professor Lesleyanne Hawthorne.
- Evaluation of Medicare Locals (collaborations with General Practice Victoria (GPV)) – Dr Lucio Naccarella.
- Establishing the AHNI Network – eight universities in Australia and New Zealand and Health Workforce New Zealand to build health workforce research capacity.
- 26 publications in peer reviewed journals as well as a number of major reports for government and other agencies (primarily on health worker migration – Professor Lesleyanne Hawthorne).

**TEACHING AND LEARNING HIGHLIGHTS**
- Supervision of six PhD students and one Masters student (Professor Peter Brooks, Professor Lesleyanne Hawthorne, Dr Lucio Naccarella).
- Evaluation of population short courses run for the Department of Health (Dr Lucio Naccarella, Dr Louise Greenstock).
- Membership Faculty/University Committees on interprofessional learning (Professor Peter Brooks, Dr Louise Greenstock). University of Melbourne and MSPh Research and Higher Degree Committees, MAKE Committee (Professor Lesleyanne Hawthorne).

**KNOWLEDGE EXCHANGE HIGHLIGHTS**
- Partnership with GPV, which has led to a series of research interactions with Medicare Locals.
- Evaluation of primary health reforms for the New Zealand Government (Dr Lucio Naccarella, Dr Louise Greenstock).
- AHNI has hosted a series of workshops with international visitors including:
  * Professor Jody Gittell (Australian Primary Health Care Research Institute International Visiting Fellow) on Transforming Relationships for High Performance: A Relational Model of Organisational Change

**OUR VISION STATEMENT**
The Australian Health Workforce Institute (AHNI) aims to be at the forefront of Australian health workforce research for four main strategic areas and thus has a significant role in shaping future Australian health workforce policy and practice. The four areas are:
- Education – to educate the Australian public/health consumers on taking care of themselves.
- Policy – to provide evidence-based research to help decision makers to make informed decisions in managing and planning the Australian health workforce.
- Training – to provide evidence-based research to inform the training of current and future health workers.
- Delivery – to provide evidence-based research to improve the efficiency and effectiveness of health delivery services.

AHNI’s mission is to conduct research that will help deliver Australia a flexible and engaged health workforce by 2020.
INSTITUTE’S CHALLENGE IS HEALTHCARE SYSTEM’S REFORM

Professor Peter Brooks’ team at the Australian Health Workforce Institute is tackling a big challenge – helping to transform Australia’s healthcare system by researching better ways to support preventative health. Professor Brooks is the director of the Institute, which joined the Melbourne School of Population Health (MSPH) in August 2012.

Come the much-needed revolution, Australia’s healthcare system would no longer be structured around the current fee-for-service delivery, he predicts. This model financially benefits procedural specialists, among others, and reinforces professional silos, to the detriment of patients, taxpayers and the healthcare workforce, he says. Instead, healthcare workers would become adept at working interprofessionally in teams, and preventative healthcare would get a much larger proportion of healthcare funding. Importantly, patients would receive more primary healthcare in their homes rather than in hospitals. All of these reforms would demand a more flexible healthcare workforce.

Of course, Professor Brooks is realistic about the Institute’s part in this revolution. “Our role is to be an independent group that can stand up and be counted and ask the difficult questions – that’s what universities are about,” he says. “Our research team is very effective and very interested in new models of care, how we get teams to work together, how we fund healthcare and how we use new technologies to make the health workforce more productive.” The Institute’s research is developing the evidence base to support these reforms, working across four key areas: education, training, policy and delivery.

One of the Institute’s agendas is to start a conversation in the community about rapidly rising costs of healthcare and how much of it is borne by individuals, a topic he sees as the “elephant in the room.” He cites a recent paper from the Australian Institute of Health and Welfare which found that, as a share of overall health spending, Australians’ out of pocket expense is 18.2% – significantly higher than the median of 15% for developed countries.

The Australian Health Workforce Institute initially reported to the Dean of the University of Melbourne’s Faculty of Medicine, Dentistry and Health Sciences. Professor Brooks anticipates that the move into the MSPH will bring more interaction with policy making and policy makers and strengthen the Institute’s capacity to take on entrenched vested interests. He points to the specialist Colleges and the Australian Medical Association as benefitting from the status quo under the current fee for service model.

Professor Brooks has a track record of leading reform within the healthcare workforce. As Executive Dean of the Faculty of Health Sciences at the University of Queensland, he oversaw the development of faculty-wide interprofessional learning, a new School of Nursing with nurse practitioner and midwifery streams, and a physician assistant program. The latter took 10 years to gain national recognition with the release in February 2012 of the Physician Assistants report by Health Workforce Australia (HWA), the Federal Government body that started in January 2010, charged with supporting the development of a sustainable healthcare workforce. He commends the HWA’s early work but with reservations. “They’ve done some good things in terms of modelling but they haven’t taken some tough decisions that need to be made about health funding,” he says. “We look to them to provide leadership in this area.”
* Richard Barker (Health 2030 – How to avoid a medical meltdown).

- Staff have presented at a number of national and international meetings including:
  * Centre for Workforce Intelligence (UK)
  * Inspire (Annual HWA Symposium)
  * Cancer Care Conference
  * Primary Health Care Conference
  * Public Health Association
  * Health 2020 Thought Leaders.

- Dr Lucio Naccarella sits on the NHMRC Postdoctoral Reference Group.
- Professor Lesleyanne Hawthorne acts as an advisor to the Canadian, US, UK and Australian governments in the area of mutual recognition and credentialing.
- Regular commentators on health workforce/health reform issues through the media and, in particular, The Conversation.
- Professor Peter Brooks sits on the Board of Simulation Australia, is a part-time Executive Director of Research at Northern Hospital and is also engaged in facilitating research/learning partnerships with AHWI, MSPH and Northern Hospital.

AHWI was also reviewed by an external group during the year, which made useful suggestions on future partnerships and funding.

**AHWI ADVISORY BOARD**

- **Chair: Mr Pat Grier**, Non-executive Director of Ramsay Health Care.
- **Professor James Angus**, Dean, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne.
- **Professor Terry Nolan**, Head, Melbourne School of Population Health.
- **Professor Des Gorman**, Head, School of Medicine, University of Auckland.
- **Dr Andrew Way**, CEO, Alfred Health.
- **Ms Katherine McGrath**, Health Consultant.
- **Professor Phillip Davies**, Faculty of Health Sciences, University of Queensland.

**GRANTS COMMENCING IN 2012**

**Addressing Workforce Challenges for Youth Mental Health Reform.**

**Funding Body:** Orygen Mental Health.

**Chief Investigator:** Professor Peter Brooks.

**Description:** Investigating the supply and demand of Australian youth mental health workers.

**Funding:** $5000.

**APHCRI International Visiting Fellowship for Dr Jody Hoffer Gittell.**

**Funding Body:** Australian Primary Health Care Research Institute.

**Chief Investigator:** Dr Lucio Naccarella.

**Description:** To provide intellectual capital from an international perspective on APHCRI’s leadership in primary health care research.

**Funding:** $39,952.

**NSW Health Workforce Productivity Review, back to back subcontract.**

**Funding Body:** Ernst & Young.

**Chief Investigator:** Professor Peter Brooks.

**Description:** To provide specialist healthcare advisory services in relation to the New South Wales Health Workforce Productivity Review.

**Funding:** $10,000.

**AusSett Partnership.**

**Funding Body:** Monash University.

**Chief Investigator:** Professor Peter Brooks.

**Description:** To develop a National training program for Simulation trainers for Health Workforce Australia (National training program for simulator trainers).

**Funding:** $2400.
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Funding Body</th>
<th>Chief Investigator</th>
<th>Description</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>A framework for effective clinical placements in a rural and remote primary care settings.</td>
<td>Health Workforce Australia (HWA).</td>
<td>Professor Peter Brooks.</td>
<td>The project focuses on developing a model of practice for effective clinical placements in rural and remote primary care/general practice, mental health and aged care and other environments for health professionals in the primary disciplines – medicine, allied health, nursing, and dentistry. Many of the clinical learning opportunities identified are likely to lend themselves to inter-professional training.</td>
<td>$396,000</td>
</tr>
<tr>
<td>Optimising client outcomes via leadership patterns to support boundary spanners.</td>
<td>Department of Human Services.</td>
<td>Dr Lucio Naccarella.</td>
<td>To explore what leadership styles and patterns can create supportive authorising environments for relevant North West Metropolitan Region staff to work as boundary spanners.</td>
<td>$28,080</td>
</tr>
<tr>
<td>The role of carers and volunteers in the Australian health workforce</td>
<td>Health Workforce Australia (HWA).</td>
<td>Professor Peter Brooks.</td>
<td>To develop awareness for HWA of the important role that carers play in delivering care. There are a number of deliverables with this project, including a literature review of carer workforce and carer training internationally and in Australia, and a review of the care training packages available in Australia and on-line.</td>
<td>$223,300</td>
</tr>
<tr>
<td>Support and evaluation model for implementing a population health approach.</td>
<td>Department of Health, Victoria.</td>
<td>Dr Lucio Naccarella.</td>
<td>To evaluate the 2012 MSPh Population Health Short Course.</td>
<td>$41,850</td>
</tr>
<tr>
<td>Audit of stroke discharge summaries.</td>
<td>General Practice Victoria.</td>
<td>Dr Lucio Naccarella.</td>
<td>To construct a stroke/transient ischemic attack audit and action plan in five major public hospitals.</td>
<td>$30,495</td>
</tr>
<tr>
<td>What makes the Cancer Survivorship Post-Treatment Care (CSPTC) Workforce Models of Care work, for whom and in what circumstances?</td>
<td>General Practice Victoria.</td>
<td>Dr Lucio Naccarella.</td>
<td>To define and evaluate the CSPTC Workforce Models of Care.</td>
<td>$34,573</td>
</tr>
</tbody>
</table>
### Nursing in general practice: A framework to support advanced nursing in general practice.

**Funding Body:** Monash University.

**Chief Investigator:** Dr Lucio Naccarella.

**Description:** Literature review of nursing in general practice.

**Funding:** $4000.

### Evaluation of Lacrosse Victoria’s strategies: What makes the Lacrosse Victoria strategies work (or not work), for whom, and in what circumstances?

**Funding Body:** Lacrosse Victoria Inc.

**Chief Investigator:** Dr Lucio Naccarella.

**Description:** An evaluation of what Lacrosse Victoria (LV) strategies work for whom and in what circumstances. The evaluation will also seek to explore how to build the capacity of LV to use evaluative evidence to increase the participation and membership of women and girls in Victoria.

**Funding:** $9880.

### What makes the After Hours Program work (or not work), for whom, and in what circumstances?

**Funding Body:** Inner North West Melbourne Medicare Local.

**Chief Investigator:** Dr Lucio Naccarella.

**Description:** To inform the development of an agreed upon evaluation framework.

**Funding:** $72,507.

### What makes the AMLA Nursing in General Practice Initiatives work (or not work), for whom, and in what circumstances?

**Funding Body:** Australian Medicare Local Alliance.

**Chief Investigator:** Dr Lucio Naccarella.

**Description:** Evaluation of Australian Medicare Local Alliance (AMLA) Nursing in General Practice Initiatives – Nurses in Medicare Locals and Nursing Leadership Workshop series.

**Funding:** $43,992.

### What makes the Health Literacy Development Course work (or not work?), for whom in what circumstances?

**Funding Body:** North Richmond Community Health Centre.

**Chief Investigator:** Dr Lucio Naccarella.

**Description:** Assist the Centre for Culture, Ethnicity and Health (CEH) Health Literacy Development Course participants to monitor and evaluate the adoption and implementation of health literacy at both a client and an organisation level.

**Funding:** $36,465.

### Title: What makes General Practitioner Pharmacotherapy Training Programs work, for whom and in what circumstances?

**Funding Body:** General Practice Victoria.

**Chief Investigator:** Dr Lucio Naccarella.

**Description:** To develop an agreed upon evaluation plan comprised of two stages: 1) Development/Refinement of Program Logic; and 2) Development of an Evaluation Plan/Matrix.

**Funding:** $8204.
The Population Mental Health Group (PMHG) joined the Melbourne School of Population Health (MSPH) in July 2012 after transferring from the Centre for Youth Mental Health.

RESEARCH HIGHLIGHTS
Trials were carried out on MoodMemos, an internet-based intervention for prevention of depression in people with sub-threshold symptoms. MoodMemos sends brief email messages to persuade people at risk to engage in self-help behaviours that are believed to improve mood.

An study was begun to evaluate teen Mental Health First Aid. This is a short training course for high school students in Years 10-12 that teaches them how to support a friend who is developing a mental health problem or in a crisis situation. The PMHG was also successful in winning a large National Health and Medical Research Council (NHMRC) grant for the First Aid Training of Parents of Teenagers (TPOT) study. This study aims to train parents of young adolescents in early recognition and intervention to support an adolescent child who develops a mental health problem. The study will follow the adolescents through to adulthood to assess the long-term impact on help-seeking and on mental health.

TEACHING AND LEARNING HIGHLIGHTS
Six new PhD students started under the supervision of PMHG staff in 2012. These students are undertaking their research in the areas of:

- The characteristics of help-giving to those experiencing mental health problems
- Mental health first aid in workplaces
- What adolescents can do to prevent mental health problems
- The impact of psychological distress and socio-economic disadvantage on tertiary student educational outcomes
- On-line help-seeking by people who are suicidal, and
- The mental health of injecting drug users in India.

KNOWLEDGE EXCHANGE HIGHLIGHTS
A number of new community interventions were launched, including the RETURNTOWORK website (www.returntowork.net.au), which helps employees return to work after being off due to a mental health problem, and the Parenting Strategies website (www.parentingstrategies.net), which assists parents to prevent alcohol misuse in their adolescent children.

COLLABORATIONS
A collaboration was begun with Mental Health First Aid Australia, Financial Counselling Australia and a number of financial institutions to develop expert consensus guidelines on how to handle debt problems in people with mental illnesses.

A collaboration is underway with Mental Health First Aid Australia to develop guidelines on how a member of the community can best support an Aboriginal or Torres Strait Islander adolescent with a mental health problem or in a mental health crisis. The guidelines are being developed using the Delphi expert consensus method with Aboriginal and Torres Strait Islander clinicians and will be used to enhance Mental Health First Aid training for adults to assist adolescents.
Parents wanting to protect their children’s health look for expert guidelines. With skin cancer prevention, the message is clear: it’s all about ‘slip, slop, slap’. But what about preventing mental health problems – where are those parental guidelines?

The Parenting Strategies website project, led by the Population Mental Health Group, is meeting this need. The group is part of the Melbourne School of Population Health at the University of Melbourne. The project is a collaboration between the University of Melbourne and Turning Point Alcohol and Drug Centre.

The first phase of the Parenting Strategies website was launched in 2011 to offer evidence-based guidelines and learning modules to support parents in dealing with adolescent alcohol use. The aim is to prevent alcohol misuse by providing parents with strategies for dealing with the issue of alcohol use by their teens and their teens’ peers. In 2012, the research team developed robust new guidelines to help parents protect their children from depression and anxiety. As with the teen alcohol website, the researchers will provide the guidelines in a user-friendly format on the Parenting Strategies website. Later, the guidelines will be the basis for developing comprehensive education modules that parents can tailor to their needs, working through the issues that may apply to their own family situations.

The Parenting Strategies project’s lead researcher is psychologist Dr Marie Yap. She said the anxiety and depression guidelines went through a stringent vetting process. “A unique feature of these guidelines was our two-step methodology. In Step 1, we did a huge literature search and systematically reviewed all the research evidence on what parenting factors influence depression and anxiety in young people,” she said. “In Step 2, we looked up recommendations that have to been made to parents about what they can do to prevent depression and anxiety problems in their teens, from a broad range of sources including websites and parenting books.”

The researchers distilled the recommendations to parents contained in this broad range of sources and then asked a panel of 23 international experts in parenting and young people’s mental health to rate the recommendations, according to their importance for preventing depression and anxiety disorders in teens. Only recommendations that achieved at least 90 per cent consensus approval were included in the final guidelines.

While it would be years before the success of the teen alcohol website in preventing teenage alcohol misuse could be fully evaluated, parents who had used it have been very positive, Dr Yap said. More than 20,000 users visited the website over two years and about 400 parents have received personalised feedback about their parenting around this tricky issue. “We have asked parents to do an evaluation survey two months later but this is not a long enough time span . . . We really need to follow up the children into adulthood and that takes years and a lot of funding.”

However, the project team will apply the “huge learning curve” from Preventing Adolescent Alcohol Misuse – their first website and first online intervention program – to improve the presentation and approach of the anxiety and depression website.

“In June 2013, once the depression and anxiety guidelines are launched, we will survey the real users who download them to find out their demographics and whether they found them helpful. We will also ask them whether they believe a web-based program using guidelines or a face-to-face program is better or a combination of both. This will ensure their feedback improves our program.”
## GRANTS COMMENCING 2012

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Funding Body</th>
<th>Chief Investigators</th>
<th>Funding Amount and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting to prevent childhood depression and anxiety.</td>
<td>beyondblue.</td>
<td>Dr Marie Yap</td>
<td>$40,000 (term 1 year)</td>
</tr>
<tr>
<td>Emerging mental disorders in young people: Using clinical staging for prediction, prevention and early intervention.</td>
<td>NHMRC Program grant.</td>
<td>Professor Anthony Jorm, Patrick McGorry, Alison Yung, Christos Pantelis, Ian Hickie.</td>
<td>$411,782 (remaining 2 years remaining – 4 years total)</td>
</tr>
<tr>
<td>Building community capacity to prevent and intervene early with mental disorders.</td>
<td>NHMRC Australia Fellowship.</td>
<td>Professor Anthony Jorm</td>
<td>$1,200,000 remaining ($4,000,000 total) (2 years remaining – 5 years total)</td>
</tr>
<tr>
<td>Implementing best-practice guidelines for return to work after an episode of anxiety or depression.</td>
<td>beyondblue.</td>
<td>Dr Nicola Reavley, Professor Anthony Jorm, Eoin Killackey</td>
<td>$104,565 (1 year)</td>
</tr>
</tbody>
</table>

## OTHER GRANTS AWARDED 2012

<table>
<thead>
<tr>
<th>Project Description</th>
<th>Funding Body</th>
<th>Chief Investigators</th>
<th>Funding Amount and Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>An evaluation of teen Mental Health First Aid: a program to train adolescents to better support their peers.</td>
<td>beyondblue.</td>
<td>Dr Laura Hart, Professor Anthony Jorm</td>
<td>$99,749 (1 year)</td>
</tr>
<tr>
<td>Mental Health first aid training for parents of teenagers.</td>
<td>NHMRC Mental Health Targeted Call for Research.</td>
<td>Professor Anthony Jorm, Claire Kelly, Betty Kitchener, Laura Hart, Nicola Reavley, Marie Yap, Stefan Cvetkovski</td>
<td>$1,638,775 (5 years)</td>
</tr>
</tbody>
</table>
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