

The Jack Brockhoff Child Health & Wellbeing Program



Annual Report 2011



THE UNIVERSITY OF
MELBOURNE

The Jack Brockhoff Child Health & Wellbeing Program. McCaughey Centre: VicHealth Centre
for the Promotion of Mental Health and Community Wellbeing. Melbourne School of Population
Health. The University of Melbourne

THE
JACK BROCKHOFF
FOUNDATION

‘Improving the health and wellbeing of children and families, especially those who are most vulnerable, is our priority’

-Prof Elizabeth Waters



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Dear friends, colleagues and anyone reading about us for the first time,

Improving the lives of children through active engagement, partnerships with families, schools, communities, organisations, systems and policies ensures longer term ownership and sustainability of better health outcomes. How do we know? Well, we've seen it through a long term partnership within the Moreland community of schools. We've seen it in working with family day carers. We've seen it with families who care about their children's teeth, and we continue to see it in the reviews of research evidence that we've done.

Inside this report you'll find information on the Jack Brockhoff Child Health and Wellbeing Program for 2011. Our research team has been working together since 2000, and received the generous Centennial gift from the Jack Brockhoff Foundation in 2008 to celebrate and acknowledge the contribution of Jack Brockhoff to children's health and wellbeing in Victoria. Since receiving this gift, we have been able to be more confident of the longevity of the program and thus we can focus on long term, important health outcomes for children, not merely projects that hopscotch along. So in this report for 2011, you'll read about the staff, the projects, the partnerships, the directions and outcomes, and the contribution to the evidence. Over 45, 000 children and families have been involved in our research studies to date – that's a lot of families that have reviewed the consent statements and agreed to contribute to greater knowledge and awareness of what might work to improve child health. Wherever possible, we register our studies internationally, and ensure they make it into systematic reviews, which can then be published internationally to decision makers and users of information – from kids themselves to Jamie Oliver, Stephanie Alexander, and the Red Cross.

We tweet, facebook, publish on the web, disseminate to stakeholders, hear people's thoughts and publish in the peer reviewed literature. We are even on YouTube. We'd love to hear your thoughts and reflections. Don't hesitate to drop us a line if you have an idea for an important child health issue that would really benefit from our approach, a potential partnership or you are keen to work in this area of child health and wellbeing.

Thank you to our partners, governments, funders, peers, families, communities, children, adolescents and our team.

Congratulations on a great year.

With very best wishes,



PROF ELIZABETH

JACK BROCKHOFF CHAIR OF CHILD PUBLIC HEALTH

DIRECTOR, THE JACK BROCKHOFF CHILD HEALTH & WELLBEING PROGRAM

Director's report

Grant success

successful

- Davis E, Williamson L, Lamontagne T, Harrison L, Sims M, Waters E (University Applicants) and Hazell T, Stafford K (Partners). Mental Health and wellbeing of childcare workers, Research Collaboration Grant, University of Melbourne, 2011-2012, \$19,615.20.
- de Silva-Sanigorski A, Waters E, Calache H. Preventing dental decay in young children from disadvantaged communities. Foundation For Children. \$159,995 (2011-2013).
- Grimshaw J et al, Meetings, Planning and Dissemination Grant – Planning Grants (Fall 2010 Competition). Canadian Institutes of Health Research \$25,000.
- Riggs E, Block K, Waters E, Gibbs L, Price J (Partner). Creatively working with young people to develop innovative solutions, Staff Engagement Project Grant 2011, \$10,000

submitted

- Armstrong R, Pettman T, Waters E, de Silva Sanigorski A, Moore L, Dobbins M, Rychetnik L, Moodie M, Anderson L, Harper T, Thomson L and Jones S. Knowledge translation strategies for organisational capacity building in evidence-informed health promotion (KT4HP). \$503,164 Australian Preventive Health Agency, Preventive Health Research Grants Program 2011/12. (Submitted Sep 2011)
- Crouch SR, Waters E. The Australian Study of Child Health in Same Sex Families. Beyond Blue (Submitted June 2011)
- De Silva-Sanigorski A, Moodie M, Morgan M, Waters E & Gold L. Assessing Cost Effectiveness of Oral Health interventions (ACE-Oral Health): Phase 1 (2009). Dental Health Services Victoria. \$50,000 (submitted 2011).
- De Silva-Sanigorski A, Waters E, Calache H, Gussy M. Extending the VicGeneration birth cohort study to improve the health of disadvantaged children.
- Gibbs L, Waters E, Swinburn B, de Silva-Sanigorski A, Magarey A, Green J, Christine A, Kremer P, Pettman T, Gold L, Okely T, Gibbons K, Ashbolt R, Tadic M. Sustainability of fun 'n healthy in Moreland! - school, family and individual level impacts. \$497,394. Australian National Preventive Health Agency. Preventive Health Research Grants Program. 2011/12 Funding Round (submitted Sep 2011)
- Gibbs L, Waters E, Lusher D. Bushfire community expertise: Guiding the research \$126,075. Natural Disaster Resilience Grants Scheme, Office of the Emergency Services Commissioner (submitted May 2011 – under review) – competitive
- Nansen, B, Arnold, M, Wilken R, and Gibbs, M. High-Speed Broadband and Household Media Ecologies. The Australian communications consumer Grants Scheme (ACCAN) Grants Scheme, \$45,000
- Vetere F, Gibbs L, Howard S, Morris M. Wired for Food: Novel IT Support for Culturally Diverse Intergenerational Cooking \$193,313 VicHealth Innovation Grants June 2011 – This was classified as a Category 1 Research Grant



Dr Lisa Gibbs
Associate
Director

Community Partnerships & Health Equity Research

Led by Dr Lisa Gibbs, this team focuses on the development, implementation and evaluation of a range of large, complex community-based child and family health studies. These studies are conducted as strong Uni-versity-community-government partnerships with a focus on community and policy outcomes. The focus of the studies is on increasing health equity and as such address the needs of disadvantaged and cultur-ally diverse communities.



Dr Andrea de Silva-Sanigorski
Associate
Director

Prevention Science & Intervention Research

Led by Dr Andrea de Silva-Sanigorski, this team undertakes rigorous and applied intervention research and evaluations of a wide range of health promotion interventions. The research is focused in the areas of the prevention of childhood obesity and improving child oral health with an emphasis on upstream, system-embedded interventions, sustainability and equity.



Dr Elise Davis
Associate
Director

Promoting children's mental health and wellbeing

Led by Dr Elise Davis, the team has several research projects focusing on the promotion of child mental health, wellbeing and quality of life for those experiencing health inequalities. The research is focused on the design, implementation and evaluation of mental health promotion programs that focus on organisational and system levels changes.



Dr Rebecca Armstrong
Associate
Director

Public Health Evidence & Knowledge Translation

The intention of this work is to support evidence-informed public health decision-making. This incorporates the Cochrane Public Health Group, an international research effort to synthesise research. Led by Dr Rebecca Armstrong, the team also conducts intervention research to explore the effectiveness of knowledge translation and exchange strategies.

Associate Directors

Prof Elizabeth Waters - Director
Jack Brockhoff Chair of Child Public Health

Alana Pirrone
EA to Prof Elizabeth Waters
Media & Communications Officer

Dr Lisa Gibbs - Associate Director
Community Partnerships & Health Equity
Research

TEETH TALES
Elisha Riggs, Christine Armit, Dana Young, Coralie Matthews, Mulugeta Abebe, Andrea de Silva-Sanigorski

BEYOND BUSHFIRES
Karen Block, Dean Lusher, Elyse Snowdon, Sarah Howell-Meurs, Colin MacDougall

FUN 'N HEALTHY IN MORELAND!
Rosie Ashbolt, Alana Pirrone, Christine Armit, Coralie Matthews, Maryanne Tadic, Andrea de Silva-Sanigorski

SCHOOL SUPPORT PROGRAM EVALUATION
Karen Block, Elisha Riggs, Suzanne Cross

ARACY: HEARING CHILDREN'S VOICES
Colin MacDougall, Naomi Priest, Elizabeth Waters, Elise Davis

UCAM2 EVALUATION
Karen Block, Elisha Riggs, Dean Lusher, Deb Warr

STEPPING OUT
Bjorn Nansen, Kabita Chakraborty, Colin MacDougall

EVALUATION OF THE STEPHANIE ALEXANDER KITCHEN GARDEN PROGRAM
Karen Block

EVALUATING JAMIE OLIVER MINISTRY OF FOOD
Elizabeth Waters, Lisa Gibbs

CREATIVELY WORKING WITH YOUNG PEOPLE TO DEVELOP INNOVATIVE SOLUTIONS
Karen Block, Elisha Riggs

INTERCULTURAL UNDERSTANDING IN SCHOOLS STUDY
Elizabeth Waters

SCREEN STORIES
Bjorn Nansen, Kabita Chakraborty, Elise Davis, Colin MacDougall

NORTH RICHMOND CHILDREN'S STUDY
Elizabeth Waters, Elisha Riggs, Karen Block, Sarah Howell-Meurs

Dr Andrea de Silva-Sanigorski - Associate Director
Prevention Science & Intervention Research

APHIRST - ORAL HEALTH
Lauren Prosser, Lauren Carpenter, Shaikha Hegde

SPLASH!
Monica Virgo-Milton, Alexandra Hoare, Lauren Carpenter, Michael Smith, Rosie Ashbolt, Rachel Boak, Mark Gussy, Elise O'Callaghan, Tamara Heaney

VICGEN
Elise O'Callaghan, Rosie Ashbolt, Lauren Carpenter, Pam Leong, Mark Gussy, Tamara Heaney, Shaikha Hegde, Tan Nguyen, Andrea Bradley

ORAL HEALTH INTERVENTION PILOT STUDY
Ben Keith, Elise O'Callaghan

BE ACTIVE EAT WELL
Lisa Gibbs

MEASURING CHILDREN'S EATING PATTERNS
Lauren Carpenter, Rachel Boak

HEALTH PROMOTING COMMUNITIES: BEING ACTIVE EATING WELL
Lisa Gibbs

COCHRANE SYSTEMATIC REVIEW
Elise O'Callaghan, Rosie Ashbolt, Lauren Carpenter, Pam Leong, Mark Gussy, Tamara Heaney, Shaikha Hegde, Tan Nguyen, Andrea Bradley

FACTORS INFLUENCING ORAL HEALTH OF DRUG USERS AND THEIR CHILDREN
Ben Keith

DEECD RESEARCH PARTNERSHIP
Peter Kremer

Dr Elise Davis - Associate Director
Promoting Mental Health & Wellbeing

SUPPORTING THE HEALTH & WELLBEING FOR FAMILIES WITH CHILDREN OF REFUGEE BACKGROUND
Elisha Riggs, Lisa Gibbs

MEASURING THE QUALITY OF LIFE OF CHILDREN & ADOLESCENTS WITH CEREBRAL PALSY

DEVELOPING RESOURCE GUIDELINES TO PROMOTE THE MENTAL HEALTH OF PEOPLE LIVING IN LOW INCOME COUNTRIES
Lara Williamson, Rebecca Armstrong

THRIVE: BUILDING THE CAPACITY OF FAMILY DAY CARERS TO PROMOTE CHILDREN'S WELLBEING
Lara Williamson

PROMOTING SOCIAL & EMOTIONAL WELLBEING IN FAMILY DAY CARE
Lara Williamson

AUSTRALIAN STUDY OF CHILDREN OF SAME SEX PARENTS
Simon Crouch

YARNING WITH KOORI KIDS
Naomi Priest, Laura Thompson, Ali Baker

Dr Rebecca Armstrong - Associate Director
Public Health Evidence & Knowledge Translation

COCHRANE PUBLIC HEALTH REVIEW GROUP
Jodie Doyle, Belinda Hall

KT4LG
Tahna Pettman

WHO MAINSTREAMING HEALTH PROMOTION
Belinda Hall, Rebecca Armstrong, Andrea de Silva-Sanigorski

Organisational chart

Community Partnerships & Health Equity Research

-DR LISA GIBBS

PROJECT TEAM: DR ELISHA RIGGS, DR KAREN BLOCK, DR BJORN NANSEN, DR KABITA CHAKROBORTY, DR DEAN LUSHER, DR CHRSTINE ARMIT, ASSOC PROF COLIN MACDOUGALL, ELYSE SNOWDON, SUZANNE CROSS, SARAH HOWELL-MEURS, DANA YOUNG, MARYANNE TADIC, CORALIE MATHEWS, MULUGETA ABEBE, MANDY TRUONG, TAMMY RENDINA, CONNIE KELLETT, GISELA VAN KESSEL, MARION LOK AND BRITT JOHNSON (NOW WORKING FOR THE HEART FOUNDATION)

2011 has been a significant year for the Community Partnerships and Health Equity stream with the commencement of piloting and baseline data collection in 6 different studies. A core feature of these studies is on a partnership approach to research and so the focus has been on developing those partnerships and shared decision-making.

An overview of the year's highlights are included below:

FUN 'N HEALTHY IN MORELAND!

Tuesday 2nd August saw the coming together of principals and teachers alike to celebrate the conclusion of the *fun 'n healthy in Moreland!* study and to launch the school reports. The five year cluster randomized control trial was conducted to develop and evaluate a child health promotion intervention in schools. Overall, the project involved 23 primary schools across the local government area of Moreland, a culturally diverse area of inner urban Melbourne, with pockets of significant socioeconomic disadvantage. The study was a partnership between The Jack Brockhoff Child Health & Wellbeing Program, The University of Melbourne and Merri Community Health Services and funded by the State Government of Victoria.

The results of the study were very promising. The launch of the school reports was a great way to wrap up the project and thank the principals and teachers for their continued involvement in the study over the past 5 years, as well as sharing such positive and inspiring results.

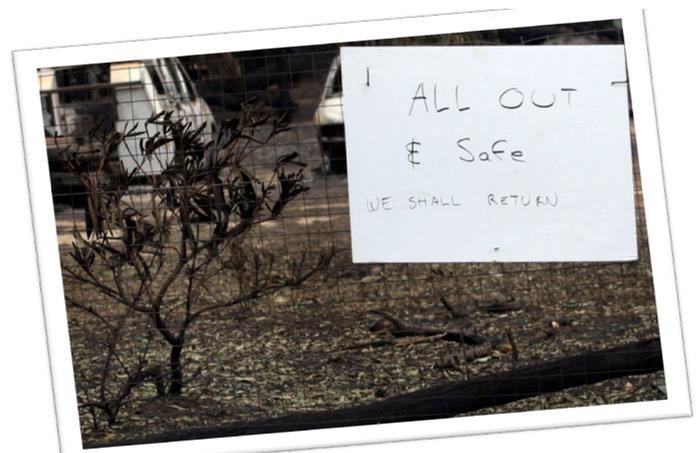


We now aim to conduct a follow up study to determine the ongoing effectiveness and sustainability of community, school, family and individual level impacts of the *fun 'n healthy in Moreland!* child obesity prevention

intervention trial. A funding submission for \$497,394 has been submitted to the Australian National Preventive Health Agency. We are also preparing the final research papers for submission.

BEYOND BUSHFIRES: COMMUNITY RESILIENCE & RECOVERY

This 5-year longitudinal, multi-method study is working to understand how people and communities are getting by after the February 2009 fires and what helps them in the recovery process. The study, funded by the Australian Research Council, focuses on health and wellbeing in rural communities across Victoria. It will aim to capture a range of experiences from residents (adults, youth and children) in communities selected as representative of different



experiences and community characteristics over the past 2 years. Its unique contribution to the evidence base is the focus on medium to long term recovery from bushfires and the interplay between individual and community recovery.

Strong partnerships are being developed with community organizations and leaders from each of the selected communities. Baseline data collection has begun in West Bendigo and Darnum as part of the piloting process. Data collection will continue in each of the remaining communities from February 2012.

Website: www.beyondbushfires.org.au

TEETH TALES

Teeth Tales: Making a Difference is a community-based project led by The University of Melbourne and Merri Community Health Services, in partnership with local cultural organisations, community health, local government services, and Dental Health Services Victoria. The project aims to improve the oral health of refugee and migrant children by addressing the social, cultural and environmental influences of child oral health. Preliminary research for this study (Teeth Tales: understanding the issues) has shown that refugee and migrant children experience significantly worse oral health than the general population. However, oral health programs and services for young children are not reaching refugee and migrant communities. The current intervention will include organisational reviews of cultural competence to enhance the accessibility of local services. We will continue to work with the cultural groups involved in the first stage of Teeth Tales. Families from Iraq, Lebanon and Pakistan with children aged 1-4 years from across the Melbourne metropolitan area will be invited to participate in a free child oral health screening and to complete a parent survey. Families who are local to Moreland services will then be invited to participate in the Moreland intervention which offers community oral health education sessions in a culturally appropriate setting conducted by a trained facilitator from their cultural community. They will also be provided with a free oral health care family pack. These sessions will promote oral health messages within the community and provide links to local dental services. All intervention and comparison participants will be asked to participate again in the child oral health screening and parent survey in a 12-18 month follow up.



Teeth Tales: Making a Difference was piloted in North Richmond to test the feasibility and acceptability of the methods and measures. The pilot demonstrated the trial procedures were predominantly feasible but highlighted challenges in the community context of the pilot site, particularly aligning geographically based health services with extensive cultural networks. This has informed modifications to the intervention framework in readiness for the larger trial which commenced in September 2011 with the review of organisational cultural competence at Merri Community Health Services, Moreland City Council and McCaughey Research Centre. Recruitment, data collection and initiation of the family community education sessions will begin early in 2012.

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STEPPING OUT

The aim of the Stepping Out study is to understand where and how children are able to travel on their own and how this changes as they get older. Speaking to Grade 6 children, parents and teachers we will ask how children move around their local neighbourhoods and how they negotiate with parents the times and places to travel on their own. We will also accompany some children on a routine journey they take on their own. We will revisit the families next year to learn about the changes the shift to secondary school has made in terms of increased independence. This is a multi-country study which will provide opportunities to compare children's independence in Australia with children in France and Scotland initially, with interest from other countries in also becoming involved.



A number of our partner schools from the fun 'n healthy in Moreland! study expressed interest in being involved in Stepping Out because of its relevance to their efforts to encourage families to support increased child independence. Recruitment and baseline data collection began in October 2011.



UCAN2

Ucan2 is an innovative program developed in response to identified challenges posed by current Australian education and employment systems for newly-arrived youth with refugee backgrounds. It is a multi-agency project involving collaboration between the Victorian Foundation for Survivors of Torture (Foundation House), Adult Multicultural Education Services (AMES) and the Centre for Multicultural Youth (CMY). The Ucan2 program provides individual case management, employment-focussed curriculum, psycho-social support, host community connections and part-time employment opportunities to participants who are concurrently undertaking the standard twelve-month English language program offered to newly-arrived migrants. We were responsible for evaluating the experience, impact, effectiveness and cost effectiveness of Ucan2 for individual program participants and for organisational service providers. The overall aim of the evaluation is to build the evidence and knowledge for enhancing social, educational and economic participation for young people from refugee backgrounds.

It was originally planned that the Ucan2 Evaluation would be completed in December 2010. This data collection period did not however, capture some important changes and

additions to the Ucan2 program which were planned and implemented towards the end of this period. In addition, we received feedback during staff interviews suggesting that it would be extremely valuable to include the perspectives of prospective employers concerning ways to facilitate placement of newly-arrived refugee young people in the workplace. The evaluation period was therefore extended for one year to allow: further data collection with Ucan2 participants; data collection with business mentors to explore their experiences and perspectives of their involvement; follow up data from students who have completed Ucan2, including those who have been matched with a business mentor to explore their experience of this process; interviews with representatives from workplaces where Ucan2 students have been placed for work experience and/or have gained employment. Professional development support was also provided for Foundation House staff.

SCHOOL SUPPORT PROGRAM

The School Support Program was developed by Foundation House in response to evidence that there was a need for a whole school approach to supporting refugee background students. The Program recognises the key role schools play in aiding recovery from trauma and promoting mental health and wellbeing for refugee background students and their families. The central aims of the School Support Program are to raise awareness and understanding of the refugee experience and its effect on learning; support schools in their efforts to address the needs of refugee background students; and develop resources, promote good practice and provide specialist support. Central to the delivery of the School Support Program is the Refugee Action Network (RAN) strategy which provides intensive, concentrated support to a number of schools in a regional network. Support from Foundation House to members of the RAN strategy includes reviewing schools' current practice, developing action plans based on a whole school approach, providing extensive professional development and support throughout schools' involvement with the RAN strategy as well as enhancing and promoting collaborative partnerships between schools, local agencies and service providers. We are conducting an evaluation of this program in collaboration with Foundation House and the Department of Education and Early Childhood Development.

This evaluation is nearing completion with provision of the final report scheduled for December 2011.

MINISTRY OF FOOD

Jamie Oliver's Ministry of Food (JMoF) Program consists of 10 weekly cooking classes, where participants are taught recipes from 50 standard "Jamie Oliver" recipes which have been adapted to the Australian context from an original UK program. The program is currently operating in Ipswich, Queensland. The aim of JMoF is to provide an engaging



community focused programme that teaches basic cooking skills and good nutrition to non-cooks as a vehicle to individual health benefit, regardless of demographic characteristics such as age, gender or ethnicity .

We are contributing to an evaluation of the program being led by Deakin University and commissioned by The Good Foundation (TGF). The evaluation aims to answer two research questions:

- Does the program increase participants' knowledge, skills, attitudes and confidence to cook healthy meals?
- Does the program result in broader positive outcomes for participants in terms of a healthier diet, more affordable healthy meals, improved self-esteem and social connectedness?

Pictured above: Jamie Oliver and Stephanie Alexander at Collingwood College on an earlier visit to Australia when he visited the Stephanie Alexander Kitchen Garden project.

The evaluation plan, methods and measures have been developed. Baseline data collection will begin end 2011.

Finally we are also finalising publication of a range of academic papers arising from recent studies including: Evaluation of the Stephanie Alexander Kitchen Garden Program; Screen Stories and Community Connections; Hearing Children's Voices post-bushfires; and Analysis of the CFA Community Fireguard Program.

Promoting Children's Mental Health & Wellbeing

-DR ELISE DAVIS

PROJECT TEAM: LARA WILLIAMSON, DR ELISHA RIGGS;
DANA YOUNG, CHRISTINA TING

The Promoting Children's Mental Health & Wellbeing team has had a successful year. Associate Director and team leader Elise Davis returned to work in August 2011 on a part time basis after enjoying 12 months on maternity leave.

The team has progressed several of our key projects, including those with family day care educators and families from refugee backgrounds. With Elise's return the team is now ramping up efforts to explore new projects in the area of mental health promotion in low income countries, health status of children in out of home care, and mental health of child carers in low day care settings. A summary of highlights are below.

THRIVE: PROMOTING CHILDREN'S SOCIAL AND EMOTIONAL WELLBEING – NEW PROGRAM!

Thrive aims to build the capacity of family day care educators to promote children's social and emotional wellbeing. Following qualitative interviews and focus groups with educators and managers, it became clear that there was a need to provide more support and education around supporting children's social and emotional wellbeing. Throughout 2011, we developed the Thrive program and designed the evaluation. The team will follow our sample of educators for 12 months to determine whether the program increases their knowledge, skills and confidence in promoting children's social and emotional wellbeing.

SUPPORTING FAMILIES FROM REFUGEE BACKGROUNDS ACCESS MATERNAL AND CHILD HEALTH SERVICES- STUDY COMPLETED!

Dr Elisha Riggs and team, in partnership with Foundation House has recently completed a qualitative study examining the use of maternal and child health services by families from refugee backgrounds. This project, which brought together key stakeholders from DHS and DEECD, has generated several policy, practice and research recommendations. The findings demonstrated that while many

families were accessing maternal and child health and there were many successful models to support their attendance, they were facing several key barriers, including lack of transport and difficulties surrounding English.

INTERNATIONAL FAMILY DAY CARE NETWORK- NEW PAPER!

Elise coordinates the International Family Day Care Research Network. Representatives from 10 countries came together recently to write a paper on the similarities and differences in family day care internationally, to not only assist with interpreting international research but also to share learnings. This paper has recently been submitted to the Australasian Journal of Early Childhood.

MENTAL HEALTH OF CHILD CARERS – NEW FUNDING AND STUDY!

The team, along with the Hunter Institute for Mental Health in New South Wales recently received funding from the University of Melbourne, to conduct a qualitative study to explore the mental health of child carers, with a view to develop a mental health promotion program to address system issues.

MENTAL HEALTH PROMOTION IN LOW INCOME COUNTRIES- NEW REVIEW

VicHealth has recently funded our team and Professor Helen Herrman from ORYGEN Youth Health to conduct a review of systematic reviews in mental health promotion. We will be using this review to develop a resource package for mental health promotion in low income countries.



Prevention Science & Intervention Research

-DR ANDREA DE SILVA-SANIGORSKI

PROJECT TEAM: LAUREN CARPENTER, MONICA VIRGO-MILTON, PAM LEONG, ELISE O'CALLAGHAN, TAMARA HEANEY, ALEXANDRIA HOARE, DR SHALIKA HEGDE, DR LAUREN PROSSER, ADINA HEILBRUNN, RHYDWYN MCGUIRE, ROSIE ASHBOLT, DR BEN KEITH, RACHEL BOAK, DR TAN NGUYEN, DR ANDREA BRADLEY AND DR PETER KREMER.

Over the previous 12 months this research stream has continued to undertake two main areas of research- 1) collecting primary data on a broad range of factors related to child health, oral health and development during the very first years of life, and 2) the co-creation of knowledge with service providers and policy makers.

Although there have been many highlights this year, below is an update on the progress of some of the larger projects under this research stream

VICGEN-PROJECT EXTENDED

Overview of the project: vicGen is a 5-year prospective birth cohort of 500 child-parent dyads funded by NHMRC and DHSV. Recruitment commenced in 2008 with participants recruited from north-western Victoria. Data is collected at child ages 1, 6, 12 and 18 months.

A total of 466 participants were enrolled in the study and completed baseline data collection. We have now completed over 1,500 study visits, with data collected at child aged 4 weeks (baseline), 6 months, 12 months and 18 months. The project team have worked tirelessly to retain the cohort during this time and we have a very low attrition rate from the study. We have also received some funding from the DEECD to extend data collection until children reach school entry, and to expand the scope of the cohort to include child development and learning outcomes. Over 80% of the

families already in vicGen have told us they would like to also take part in the extended study.

SPLASH!

Splash! is a 5-year ARC funded prospective birth cohort of 500 child-parent dyads, recruited from south-western Victoria, which commenced in December 2009. Data is collected annually for children aged 1-4 years.

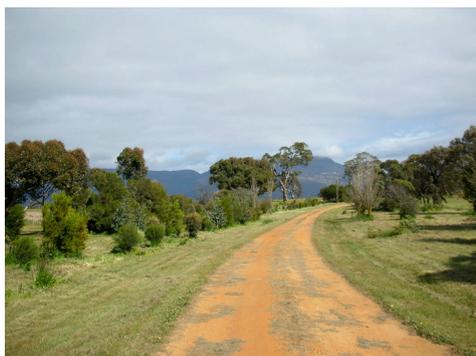
More than 400 participants have enrolled in the study, with over 1,000 study visits conducted to date at baseline (antenatal), and child age 6 and 12 months.

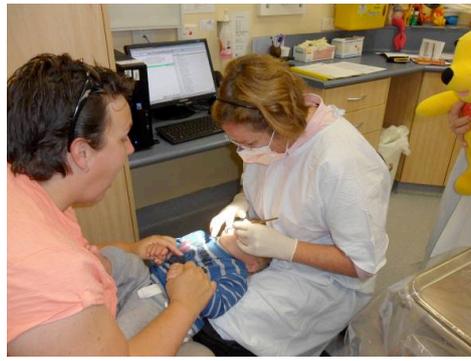
We have also conducted about 40 in-depth interviews with participants to explore the specific factors that influence their choices and behaviours related to diet and oral health.

DEECD-NEW PROJECT

In 2011 the three schools/institutes from the University of Melbourne – the Melbourne Graduate School of Education (MGSE), the Melbourne Institute of Applied Economic and Social Research (MIAESR), and Melbourne School of Population Health (MSPH) – formalized partnerships with the Department of Education and Early Childhood Development (DEECD). The purpose of these research and evaluation partnerships is to build long term relationships between the Department and the different schools/institutes to achieve better health and education outcomes for children in Victoria. The partnership is initially for three years and has three primary areas of activity:

1. Data linkage and in-depth analysis of existing data
2. Generating new evidence through innovative research;
3. Strengthening the use of evidence in decision and policy making.





Current stage of project: The MSPH-DEECD partnership officially started in July 2011. Three priority projects with strong policy relevance have now been identified through which to begin these activities:

1. Establishing an integrated data platform for monitoring and assessing child health, wellbeing, development and learning
2. A detailed, prospective cohort study of early childhood factors and child outcomes
3. Early childhood services which shape primary school educational outcomes

We are undertaking a large number of activities related to capacity building, knowledge translation, intervention development and evaluation in partnership with DHSV. These activities also involve the wider public oral health sector, involving agencies spread across Victoria, and also working closely with the Department of Health. In September we had an APHIRST network membership of 104, with membership comprising professionals from research, clinical practice, teaching faculties, community development, policy, and health promotion.

The activities of APHIRST include website, newsletters, evidence summaries and seminars for professional development.

APHIRST

Overview of the project: The Australian Population Health Improvement Research Strategy for Oral Health (APHIRST-Oral Health) was established in 2010 through the collaborative efforts of Dental Health Services Victoria (DHSV) and The Jack Brockhoff Child Health and Wellbeing Program. This initiative builds on current activity and momentum in Australia to improve population oral health, undertaking research and translation research activities related to the underlying social, economic, environmental and political factors with relate to oral and general health. We utilise two main strategies to undertake this research:

1. Embedding the research team within DHSV to co-develop research and enable formal and informal knowledge transfer and exchanges, and
2. The development and dissemination of high quality, relevant and timely knowledge and evidence translation resources and capacity building activities, engaging with a diverse group of stakeholders to promote evidence based decision-making and research in oral health promotion.

Current stage of the project: The APHIRST team is located both at DHSV and also the University. Now, 18 months since initiating this partnership, the APHIRST team at DHSV has grown from 1.7EFT to 4.7EFT through increased investment by DHSV and an increased utilisation of the APHIRST research and evaluation capabilities within the organisation.



Public Health Evidence & Knowledge Translation

-DR REBECCA ARMSTRONG

PROJECT TEAM: JODIE DOYLE, DR BELINDA HALL, DR TAHNA PETTMAN, DR ANDREA DE SILVA-SANIGORSKI

The Public Health Evidence and Knowledge Translation (PHEKT) Research Team works across the “evidence spectrum”; producing evidence syntheses, leading methodological developments in evidence syntheses, and conducting primary research and capacity-building evidence use and generation.

EVIDENCE SYNTHESIS – PRODUCTION AND METHODS DEVELOPMENT

Developing evidence resources to support evidence-informed decision-making around issues relevant to Local Government and other community agencies

Earlier this year, three summaries of research evidence were produced, developed through consultation with local government agencies across Australia, including:

1. Tackling food security at the local government level
2. Changing the built environment to support physical activity
3. Interventions to prevent obesity in early years settings

A series of tools were also developed to support the use of this and other research evidence, to support individuals to access, transfer and apply research evidence, and work within the gaps where research evidence is limited. To download resources, visit www.mccaugheycentre.unimelb.edu.au/research/brockhoff or www.co-ops.net.au/Pages/Public/2011_Evidence_Summaries.aspx

COCHRANE SYSTEMATIC REVIEWS OF THE EFFECTIVENESS OF INTERVENTIONS ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH

The Cochrane Public Health Group (CPHG) is the editorial home to 34 Cochrane Reviews at various stages of development including:

- Welfare to work interventions and their effects on the health and wellbeing of lone parents and their children
- Built environment interventions for physical activity in adults and children

- Interventions to improve water quality and supply, sanitation and hygiene practices, and their effects on the nutritional status of children
- Community-based interventions for enhancing access to or consumption of fruit and vegetables (or both) among five to 18-year olds
- Interventions addressing gender disparities in family food distribution for improving child nutrition
- Fortification of rice with vitamins and minerals for improved maternal and child nutrition and health outcomes
- Later school start times for supporting the education, health and well-being of high school students
- Community-based interventions for the prevention of violence in school-aged children
- Interventions for promoting reintegration and reducing harmful behaviour and lifestyles in street children and young people
- Ecological interventions: effects on children and youth behaviors and health
- Oral health promotion interventions for improving child oral health
- Nutritional labeling to promote healthier food purchasing and consumption
- Community level interventions to improve food security in developed countries

DEVELOPING METHODS FOR CONDUCTING SYSTEMATIC REVIEWS

As well as facilitating the production of systematic reviews, the CPHG makes a significant contribution to the development of methods for conducting systematic reviews of public health interventions. We have a number of completed and ongoing projects aimed at strengthening the methods used in our reviews.

1. Guidance for review authors who are completing a CPHG protocol which outlines the key methodological processes to be considered when completing a CPHG protocol. A protocol is a plan for the final review and so presents a clear outline of the methodological approach to be taken.
2. Embedding methods initiatives within existing reviews based on a number of methods priorities. These

relate to the inclusion and relevance of risk of bias assessments to public health reviews, the inclusion of qualitative research, the development of summary of findings tables and the assessment of process-related data which helps to describe interventions in more detail (how they work, why they work, for whom they work, and how much they cost). These projects are being facilitated by CPHG staff who are working on reviews and authors with a commitment to methodological developments.

- Quarterly discussion papers in the Journal of Public Health. The aim of these papers is to report on CPHG activities and to stimulate debate about key methodological developments.

WORKFORCE CAPACITY BUILDING – SUPPORTING EVIDENCE USE

EVIDENCE-INFORMED PUBLIC HEALTH SHORT COURSE

In April this year, the PHEKT team delivered our first revised ‘Evidence Informed Public Health’ short course. The course was a collaboration with Dept Health Victoria, VicHealth, Lucie Rychetnik (Uni of Sydney) and Bernie Marshall (Deakin Uni).

The course was a big success and was fully booked. A wide range of participants attended, including public health and health promotion practitioners, policymakers and research officers, from a range of Govt and non-Govt health settings, both from Victoria and NT, TAS, NSW and ACT.

Participants reported the content to be relevant to their work, and impacted positively upon participants’ knowledge, confidence and skills. The most popular session of the course was a new workshop that provided an opportunity to discuss application of evidence to policy and practice – this is an area which participants have commended us on, and confirms our belief that it is important to provide solutions or ‘ways forward’ for using evidence within challenging and busy contexts.

CONTRIBUTION TO OTHER WORKFORCE CAPACITY-BUILDING

This year, the PHEKT team have continued to receive requests and invitations for collaboration, presentations and support on public health evidence capacity building – particularly in relation to obesity prevention evidence. The team participated in the following events by facilitating training, delivering presentations, and developing short-course materials to support evidence-informed decision-making in obesity prevention and public health.

- October:** Plenary presentation: Evidence on interventions to prevent childhood obesity; Collaboration of community-based obesity prevention sites (CO-OPS), Brisbane, Queensland

- September:** Obesity prevention 5-day short course: Developed and facilitated day 2 morning session; Deakin University, Victoria
- July:** Evidence-informed public health 1-day course: Developed and facilitated full day; Collaboration of obesity-prevention sites (CO-OPS), Adelaide, South Australia
- June:** Review of Queensland Health short-course content ‘Evidence-based practice in public health’: Queensland Health, Queensland
- April:** Contribution to tutorial content: ‘Evidence for Public Health’ for the new University of Melbourne Master of Public Health program, University of Melbourne, Victoria

The majority of these sessions were evaluated and continue to demonstrate the value of providing support for engaging and using evidence, in a practical and interactive way, using ‘real-world’ examples of evidence use in practice.

RESEARCH – EFFECTIVENESS OF KNOWLEDGE TRANSLATION STRATEGIES

The PHEKT team have been conducting primary intervention research to understand the effectiveness of these strategies in a practice setting. We are nearing the end of our 2-year NHMRC-funded cluster RCT, which aims to evaluate the effectiveness of knowledge translation strategies. The study, called “KT4LG” (knowledge translation for local governments) has been implementing a multi-faceted knowledge translation intervention in Victorian local governments, to promote evidence-informed decision-making for public health.

A thorough process and context evaluation has been conducted throughout the two years of implementation, and our evaluation survey and interviews will be repeated in November-December, to determine outcomes and experiences post-intervention (baseline survey was conducted in 2008). This study will contribute to the evidence base on promising strategies to promote evidence-informed decision-making, as we will have learned about the role, value, barriers and enablers of knowledge translation strategies in this crucial setting for public health policy and implementation. Implications will be developed in consultation with key stakeholders to determine ‘ways forward’ for future KT strategies, such as public health workforce capacity building. We expect that findings will be available early 2012.



L to R: Belinda Hall, Laurie Anderson, Daniel Francis, Tahna Pettman, Ruth Turley, Jodie Doyle, Andrea de Silva-Sanigorski, Ruhi Saith, Elizabeth Waters

Brockhoff Online

Two thousand and eleven has been a successful year for the Brockhoff team online.

This year Alana Pirrone was appointed in an official role as Media and Communications Officer. As part of this role Alana co-ordinates our social media presence through Facebook and Twitter and regularly updates the Brockhoff webpage.

At the beginning of the year we established a strategic plan of how we can make the most out of our social media sites. The first goal of the Brockhoff team was to establish an online presence and create a followers base both on Facebook and Twitter.

Although there is a limited amount of characters allowed per post on twitter and messages have to be quite short and succinct, it immediately proved to be very popular and followers kept increasing. We post regular updates on projects, seminars, new publications, team updates and refer people to our website.

For our team, Twitter has been more than just a medium to advertise our program, but an opportunity for online discussion and a super highway for information sharing.

We were overwhelmed by how many public health agencies both government and private were already established on twitter along with many of our partners and supports. It gives us a chance to stay updated with real time information and events

The other advantage with twitter is that people can 'retweet' your tweets if they find them interesting and want to share



with their followers. This was quite advantageous when Liz Waters presented her Dean's Lecture in August. One of our tweets got retweeted by another organisation to all 1,500 of their followers.

Facebook is a much more interactive site which compliments our presence on Twitter. We are able to write a lot more information and post flyers and photos on facebook giving our followers more detail. At present we have 48 followers on Facebook and are regularly posting links on Twitter to our Facebook account.

In our effort to recruit followers and establish our program online, we began Project 52 on Facebook. Project 52 involves posting a photo once a week which captures a visual side of our program. We believe it creates a personal

touch to our page and keeps followers entertained each week. It has been quite successful so far.

The Brockhoff team have got right behind our online venture and are frequently sending links to websites, upcoming seminars and project updates for our sites.



During the year, we welcomed our Beyond Bushfires team to Facebook and Twitter and also our Cochrane Public Health Group to Twitter. Both these team continue to grow and develop their pages and work well in interacting with other organisations online.

With over 150 followers on Twitter and over 40 on Facebook, we believe we are right on track for our goal in building up our followers base.

Our next goal in 2012 is to move from just an online presence to an online commentator. We want to establish our team as a expert source on public health issues that arise on a daily basis. With the help of our Media and Communications officer, we will scout issues and create a response from the team within a few hours.

A bigger emphasis will also be placed on knowledge translation strategies to increase publicity for our journal publications. We hope to not only report on these online, but expand our reach to other forms of media such as print, television and radio.

Dr Belinda Hall and Alana Pirrone have currently been working to establish best practice guidelines for Cochrane Review authors in contacting media outlets and handling

media requests. This document is currently online on the Cochrane Public Health Group website (www.ph.cochrane.org/) and will soon be adapted for the needs of the Brockhoff group.

made mistakes and worked out new strategies. There is no doubt that our goals will be adapted next year as we progress and learn more about the online revolution but if this year is anything to go by, it is looking very positive.

Our journey into the online community this year has been just that, a journey. We have learnt as we have gone along,

The screenshot shows the Facebook profile page for 'The Jack Brockhoff Child Health and Wellbeing Program'. The page header includes the Facebook logo, a search bar, and the organization's name. Below the name, it is identified as a 'Non-Profit Organization'. The main content area features a 'Wall' section with a post celebrating the 'APHIRST Oral Health team' for winning a 'Knowledge Transfer Award'. The post includes a link to their research website and a photo of dental products. The left sidebar contains navigation options like 'Wall', 'Hidden Posts', 'Info', 'Photos', and 'Discussions'.

FOLLOW US ONLINE

BROCKHOFF TEAM PAGE

<http://www.facebook.com/BrockhoffChildResearch>

BEYOND BUSHFIRES

<http://www.facebook.com/BeyondBushfires>

BROCKHOFF

<http://twitter.com/#!/BrockhoffTeam>

BEYOND BUSHFIRES

<http://twitter.com/#!/BeyondBushfires>

COCHRANE PUBLIC HEALTH GROUP

<http://twitter.com/#!/CochranePH>

MENTIONS ON TWITTER

lewest Lucy W
Really enjoyed [@BrockhoffTeam](#) Liz Waters' Dean's Lecture on Improving Child Health & Wellbeing. Insightful, Encouraging, Inspiring [@unimelb](#)
18 Aug

(re Liz Waters' Dean's Lecture presentation)

EvaAlisic Dr. Eva Alisic
[@BrockhoffTeam](#) [@BeyondBushfires](#) It looks very clear, easy to navigate, and impressive; big, valuable project you're going to do!
5 Oct

(re the launch of our Beyond Bushfires website)

ArmandoRuizB Armando Ruiz
[@BrockhoffTeam](#) Welcome, enjoy it . See you in [#cochranemadrid](#)
15 Oct

(re our tweet mentioning our team's travels to Madrid for the 19th Cochrane Colloquium)

lewest Lucy W
Love the [@BrockhoffTeam](#) insights published in [@australian](#) on the weekend. Incredibly inspired by Liz and Lias's work in child health.
5 Sep

(re tweet of article in The Australian featuring Liz Waters and Lisa Gibbs - see page x)



Graham Moore

Advances in evaluating health eating and physical activity policies

The Jack Brockhoff Child Health & Wellbeing Program were extremely delighted in June to host international researchers from Cardiff and Oxford Universities; Laurence Moore, Graham Moore and Nick Townsend. In town for the International Society for Behavioural Nutrition and Physical Activity Conference, the internationally well known academics were happy to take time out of their schedules and present to our seminar. Titled 'Advances in evaluating health eating and physical activity policies,

A Pragmatic mixed methods RCT Of The National Exercise Referral Scheme In Wales (UK)

Graham Moore and Laurence Moore presented the design and results of a randomised trial nested within the policy rollout of a national standardised scheme for the referral of patients at risk of CHD or with mild/moderate anxiety or depression from primary health care to local authority exercise specialists. The talk particularly illuminated the importance and value of integrating process and outcome evaluations.

The more schools do to promote healthy eating, the healthier the dietary choices by students

Nick Townsend presented his PhD research which assessed, among 6693 students attending 64 secondary schools in Wales, the association between the number of actions schools are taking to promote healthy eating and the dietary behaviour of schoolchildren.

Randomised trial of free school breakfasts in primary schools in Wales

Lastly Laurence Moore presented the design and results of a cluster randomised trial of 111 primary schools, to assess the effects of the scheme on dietary behaviour and cognitive performance.

It was a very successful afternoon with academics and health professionals alike coming together to support international research.

2011 Seminars

Conducting reviews useful to decision makers on effects of complex interventions: illustrations from a slum upgrading and radical disparities review

Laurie Anderson (Washington State University), Ruhi Saith (Jawaharlal Nehru University), Ruth Turley (Cardiff University) and Rebecca Armstrong (Melbourne University) came together in late June to present a seminar on their international collaborations, titled 'Conducting reviews useful to decision makers on effects of complex interventions: illustrations from a slum upgrading and radical disparities review'.

The group spoke in detail about the two systematic reviews currently being conducted and the implications these will have across a broad front and reach beyond the traditional public health partners.

The studies reviewed will highlight the importance of systematic evaluation of social and economic policies that might have health consequences and the need for policymakers, health care providers, and leaders across multiple sectors to apply current knowledge to improve the underlying societal determinants that impact the health of racial and ethnic populations.

What did we think?

'What I took away from the seminar was some hope, that Government and researchers can work together in a meaningful way to ensure thorough evaluation of significant public health interventions. These presentations were a great testament, they demonstrated that interventions can be demonstrated within a robust evaluation design – crucial was the partnership that was developed at the outset, and the decision made to only implement interventions with a concurrent rigorous evaluation.

Also it was great to hear of the positive findings from these community-wide and whole-of-school interventions in healthy eating/physical activity, and the implementation / process factors that provide learnings for future intervention approaches.'

-Dr Tahna Pettman

'I thought the seminar was great and that it gave lots of insight into the complexities of doing a Cochrane review'

-Lauren Carpenter

Really interesting presentation last Tuesday outlining some of the ways our author teams are managing complex public health systematic reviews. Logic models are helping to scope topics and set the framework for reviews.

-Dr Rebecca Armstrong

For more info contact Rebecca Armstrong armr@unimelb.edu.au

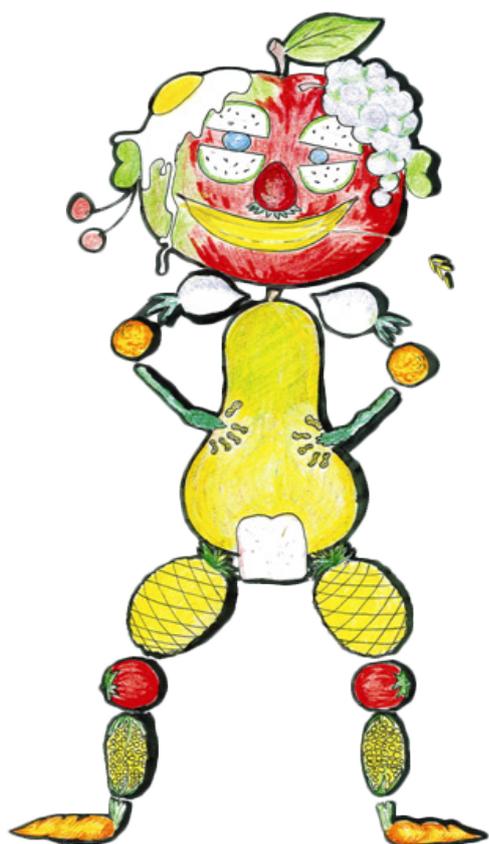


Left to right from top: Laurence Moore; Nick Townsend; Nick Townsend, Laurence Moore, Graham Moore; Ruhi Saith; Ruth Turley; Laurie Anderson.–

fun 'n healthy in Moreland!

As a public health researcher, there is no better feeling than seeing a project you have implemented being not only a success but also being sustained years later. That is exactly what we saw when we recently visited Moreland Primary School. They were one of 24 schools involved in *fun 'n healthy in Moreland!* a school based child health promotion and obesity prevention trial.

Moreland Primary School implemented a wide range of health promoting and obesity prevention strategies as part of the *fun 'n healthy in Moreland!* intervention. They worked hard to sustain these strategies and further develop positive change in the school which was supported when they received a Victorian Government Building Grant of around two million dollars.



CLASSROOMS

Moreland Primary School moved away from the traditional small one-teacher classrooms to build open planned classrooms with different zones, multiple grades and combined teachers. Every day children are split into different groups for different purposes and work with others at a similar skill level, not necessarily children with the same age. The large open plan classrooms have areas for group

activity work, areas for quiet working, and even step away rooms for one-on-one work.

Moreland has also introduced mini auditoriums into each classroom where children can sit on beanbags and watch fellow classmates make presentations.

KITCHENETTE

In their continued effort to sustain healthy eating at the school, each classroom is fitted out with a little kitchenette which is used regularly by the children to prepare their lunches. Each kitchenette has a microwave, sink and kettle so children can heat up food from home, prepare food and/or boil noodles with the kettle, all in the aim of sustaining a healthy eating environment. Due to the popularity of the microwave, the grade sixes had to get an extra one to compete with the demand. Drinking taps have been moved inside the hallways so they are clean and available to children at all times, and with sinks in each classroom, students can fill up their drink bottle whenever they need to.

NUDE FOOD POLICY

In a dual effort to create a sustainable environment and also healthy eating environment, Moreland Primary School Principal John Williams continues to maintain a nude food policy in the school. Run by the Junior School Council, students are discouraged from bringing packaged and junk food for lunch and encouraged to bring 'nude food' (ie food without packaging) which also helps run their composting bins, found in each class.

This 'nude food' policy has had a flow on effect to reducing the amount of rubbish in the school playground. John Williams tells us that prior to this policy, the 11 bins around the school playground were continually overflowing at the end of each school day. Now they only get enough rubbish to fill one bin per day! Not only does this have an environmental advantage, it also makes the school yard a lot more aesthetically pleasing and the students are noticing the difference.

OUTSIDE

Students continue to maintain the vegetable gardens that were set up around the school. Not only does this teach children how to grow and prepare healthy food, they are learning how to be responsible for taking care of and maintaining such a garden. A BBQ is set up next to the garden to allow them to cook occasional meals from the garden produce.

Prior to receiving the building grant, much of the schoolyard was just asphalt – a big space but never an inviting space. Moreland Primary School have managed to turn that around and create a mini sports field. Initiated in the middle of the drought, the school has turned to synthetic grass/turf which is easily sustainable and suitable to use in all weather conditions. The sports field contains a large footy/soccer ground with a running track around it. It has a court area for basketball and/or netball and cricket and soccer pitches for training. The field is all done in different colours, looks incredible and the students can't stay away from it.

When *fun 'n healthy in Moreland!* began, baseline data showed that child physical activity levels were substantially low at Moreland Primary school. Therefore a conscious effort was made to rearrange the budgets and hire a physical education teacher. Moreland hired an ex professional soccer player, Wes who has since injected a love for sports and physical activity within the school. John Williams tells how every lunch time Wes is out there playing with the kids, and they love it! The school has also invested in a range of sports equipment of which the students are encouraged to use every play and lunch time. The school and Wes have created this environment where physical activity and sport are well supported and encouraged and students are responding extremely well.

These changes have had a flow on effect into the wider Moreland community and the primary school wants to make the sports oval available for children in the area to use. Moreland Primary School already have different groups coming in to train and cricket and soccer teams using the facilities on Saturdays. Currently the school is in talks with the local council to place light poles around the yard to allow night access to the training facilities for local sports groups.

A \$50,000 Government water grant has allowed the school to install water tanks and repair and renovate taps, toilets and urinals.

INDEPENDENCE

There is a sense of independence among the students at this school. Walking around the school, you can see students with their own laptops. They are encouraged to do their work on these and you feel a sense of industriousness within the classrooms. You don't see children playing up or mucking around, they are working independently or in clusters with their laptops.

Students are planning and running the school assemblies, not the teachers. However the teachers may be invited to speak.

The school has also set out to maintain the health and wellbeing of the teachers with a myotherapist frequently coming to the school. The myotherapist is subsidized by the school and teachers can claim the treatment back on their health insurance. The parents' area has been upgraded also to encourage parent involvement in the school.

Moreland Primary School has created an atmosphere of a supported learning environment and health supported environment. According to Principal John Williams "*fun 'n healthy in Moreland!* started all this." It started as a focus on being healthy but also a catalyst for change. John states that the program inspired them and made them realise how they can achieve change in the school environment.

Finally the success of Moreland Primary School is being recognized and the school is now showing groups through and demonstrating how they can implement sustainable change. The changes Moreland have implemented have had an effect on individual, community and systematic change. The Department of Education and Early Childhood Development, who funded most of the changes, are now recommending people go and see the school as a demonstration site.

fun 'n healthy in Moreland! was conducted as a community-research partnership between Merri Community Health Services and the Jack Brockhoff Child Health and Wellbeing Program of the University of Melbourne in Moreland, a culturally diverse area of inner urban Melbourne with areas of significant socioeconomic disadvantage. The intervention program drew on the limited evidence of strategies likely to be effective in addressing multi level outcomes in the school (policy implementation, environmental change, community awareness, change in services and individual behaviour change), combined with embedded use of the WHO Health Promoting Schools Framework, community development strategies, and a culturally competent approach. It was intended to be low cost in its implementation and sustainable in terms of longer term impact outcomes. Specific funding was not provided to schools for participation in this study, or for program activities, however assistance was given in terms of identifying and applying for other funding opportunities available to schools at the time.

Moreland Primary School has been an outstanding school to be involved in the *fun 'n healthy in Moreland!* project and is only one of the 24 schools involved and committed to child health!



PhD Update

This year has been a very successful year for PhD candidates in the Brockhoff Program. In total we have had two new PhD candidates commence, one successfully confirmed, four continuing to move forward in their research and two submit and graduate with remarkable results.

DR SIMON CROUCH

Title: Child Health and Wellbeing in Same-Sex Parent Families - The Australian Study of Child Health in Same-Sex Families (ACHESS)

Commenced: March 2011

The Australian Study of Child Health in Same-Sex Families (ACHESS) aims to determine the complete physical, mental and social wellbeing of Australian children with at least one same-sex attracted parent, and to identify factors that may be associated with child health and wellbeing in this setting. In particular the impact of stigma and discrimination on overall wellbeing will be assessed.

To date this PhD has employed an extensive scoping study to identify specific research questions that will contribute to the international literature and Australian health policy context. An advisory committee has been established incorporating expertise from within the program, research collaborations with other institutions and community involvement. Following the first meeting of the advisory committee a rigorous process of questionnaire development has been undertaken drawing on instruments that have been previously psychometrically tested and are applicable to the study population.

Over the next twelve months the ACHES questionnaires will be trialled and piloted. Ethics approval will be sought and recruitment for the first phase of the study will be undertaken. Confirmation for this PhD will take place in March 2012.

MANDY TRUONG

Title: Cultural competence in healthcare. What does it mean for the organisation and the individual?

Commenced: April 2011

The aim of this project is to examine and compare the processes and outcomes associated with incorporating cultural competence into different organisational settings. The project will seek to assess and evaluate the implementation of a cultural competency tool/resource in 3 settings; community health, local council and university department. Qualitative interviews with staff will also be conducted to explore the relationship between views and attitudes regarding cultural issues and the work they do.

RACHEL BOAK

Title: Healthy weight, oral health and social disadvantage: Influence of government policy on the food and drink choices made for 0-5 year old children

Commenced: January 2010, part-time

This PhD project is part of the larger research study called Splash!. It follows 500 children in Victoria's South-West from pre-birth to 5 years (2009-2014). It aims to determine impact of drink and food choices on dental health and weight. It examines the potential effect of several environmental factors on families' drink choices and children's dental health. Specifically this PhD focuses on national, state, and local government policy which supports healthy eating and oral health. Government policy which is socially inclusive has the potential to promote healthy weight and dental health without widening nutrition or oral health inequalities. This research will help inform creation of effective and socially inclusive public health policy for preventing early-childhood development of overweight, obesity, and poor oral health. It investigates optimal ways for supporting parents to make healthy food and beverage choices for themselves and their children.

Since commencing Rachel has recruiting hundreds of study participants in the South-West, contributing with Splash! staff to recently having achieved almost 500 Splash! participants. Three months of this year were also spent with Splash! staff Monica Virgo-Milton and Alexandra Hoare visiting some of the 32 participants who were interviewed to explore their attitudes and perceptions toward drink and food choice, healthy weight and oral health. Rachel also participated with the Splash! team and chief investigator Andrea de Silva-Sanigorski in the transcription and initial thematic analysis of these interviews, which has recently been completed. Preliminary findings are proving very useful for informing the next phases of data collection for both Splash! and this PhD study. Time is now also being spent concentrating on mapping the policy environment and context.

DR BEN KEITH

Title: Pathways to better oral health outcomes for intravenous drugs users

Commenced: June 2010

2010 -2011 has been spent largely working on two projects. The first was a data set provided by Dental Health Services Victoria with a focus on health literacy. A publication "Parent self-efficacy and knowledge in relation to oral health influence child oral health status" (de Silva-Sanigorski A, Ashbolt R, Green J, Calache H, Keith B, Riggs, E, Waters E,) is due for submission as an outcome of this work.

The second project is a study “Pilot of a randomised controlled trial to prevent dental decay through caries risk assessment and management in early childhood”. (Dental Health Services Victoria Research & Innovation Grant Scheme \$35,000 (2010). de Silva-Sanigorski A, Calache H, Waters E, Barrow S, Gussy M, Gold L, Keith B.).

The data collection for this pilot study on caries risk assessment commenced in mid 2011 and will be completed in November 2011. Ben’s role in the pilot study has been to undertake all of the data collection with the support of a research assistant. With this study, he co-drafted the Ethics submission, the clinical protocol, the Plain Language Statement, the project plan, pre- and post- intervention questionnaires and the various other tools and documents associated with the study. Ben has seen 45 children from 29 families, completed 87 questionnaires and clinical assessments and conducted 56 motivational interview sessions. All visits have been completed on time. Out of the recruited 29 families and 45 children we have had one drop out recorded over the period of the study. Whilst it is unlikely that this study will be included in his thesis, the data and findings will be published in two publications over the course of his candidature. This will provide additional publication experience

This pilot study is not sufficiently large for a PhD, and Ben’s interests have evolved into other public health aspects of prevention, he elected to change his topic in early months of 2011. Although Ben has undertaken some initial research in the new topic area the completion of data collection for the pilot has taken precedence.

LARA WILLIAMSON

Title: Work and Wellbeing in Family Day Care

Commenced: 10th May 2010

Family Day Care educators provide formal childcare in an educator’s home. Family Day Care is a vital service, however challenging working conditions may compromise educator mental health and workforce stability, and in turn the quality of care provision. The aim of this research is to understand the relationships between working conditions, educator mental health and care quality in family day care, with a view to workplace mental health promotion and strengthening care quality. It is a mixed methods study utilising interviews with educators and key informants, a bi-state survey of educators (Victoria and Queensland) and family day care quality observations.

Considerable progress has been made in the PhD study to date. A three phase study has been designed and a draft literature review completed. Relationships have been developed with key stakeholders, educators and family day care coordinating schemes. Confirmation of PhD candidature was achieved in August 2011. Ethics approval was obtained for the first phase of the study and the corresponding data collection will be completed in November. Feedback from participants has been positive and a great deal of rich and important information is coming out through the interviews. The second stage of the project- a survey of educator’s

working conditions and mental health- is scheduled to begin in the first quarter of 2012.

PAM LEONG

Title: Predictors for Early childhood Caries: A birth Cohort Study

Commenced: 2009

The effect of dental caries on a child’s quality of life can be significant, yet it is one of the most common chronic diseases of early childhood with a natural history that is poorly understood. Important influences in the first year of life may have an effect on the health of the primary dentition. This research seeks to identify key risk indicators occurring during the first year of life that can be used to identify whether a child may be at risk of Early Childhood Caries and aims ultimately to develop indicators that can be used by health professionals to determine the level of risk for a child in developing this disease.

The research has been informed by a Systematic Review of published literature and utilizes data from the VicGenerations08 Young Children’s Health and Wellbeing Study (Project) IDL 0722543). It is funded by a NHMRC Research Scholarship (No: 567178)

Achievements this year have included completion of the Systematic Review and presentation of the findings, completion of data collection for the larger project (VicGen08) and commencement of quantitative data analysis. It is anticipated this PhD research will be completed during 2012.

DR KAREN BLOCK

Title: Refugee youth, social inclusion and health

Commenced: January 2009

Refugees settling in Australia frequently come from countries that have experienced protracted conflict and consequent displacement of populations. Combined with disrupted education and disruption to family and social networks, this background results in particular barriers to inclusion for young refugees. For Karen’s PhD project she is conducting mixed methods evaluation research with young people aged 16 to 24 from refugee backgrounds, who are participating in an innovative intervention designed to improve settlement outcomes for this group. The research focus is on experiences of resettlement and social connections generated through program participation as well as education and employment experiences, aspirations and outcomes.

Overall, research findings thus far demonstrate a compelling rationale for providing targeted and intensive support to young people during the early years of settlement. This project will contribute to a deeper understanding of the issues impacting on social inclusion for newly-arrived adolescent and young adult refugees in Australia. It will also inform policy and program development relating to service provision for this at-risk population.

PhD Update

GISELA VAN KESSEL

Professional Doctorate

Title: An exploration of the interventions perceived to influence the resilience of adult populations to the effects of natural disasters

This study seeks to address the problem of the longer-term effects on mental health on populations exposed to natural disasters. Approximately a third of the population exposed can experience long-term adverse mental health outcomes (Bonanno et al. 2010). Resilience is a possible explanation for positive outcomes in the remaining population. The current research direction has sought to identify mental health or resilience risk and protective factors. It has also sought to establish the effectiveness of psychological interventions. At this stage there is no conclusive evidence for individualised interventions (Bonanno et al. 2010). This study seeks to explore the resources made available by governments or thought to be required by those directly affected. It plans to use secondary data in the form of transcripts from the 2009 Victorian Bushfires Royal Commission and ministerial media releases at the time. These will be analysed and compared to ministerial media releases dealing with the Victorian 2011 floods and primary data in the form of interviews with participants who have experienced these floods. It is hoped that by developing a better understanding of the external resources either available, or perceived to be needed, will provide direction to policy makers and service providers regarding the resource requirements at a population level to enhance positive mental health outcomes after a natural disaster.

MARIAN LOK

Title: A Network Society: The study of the use of Information and Communication Technology in long-term disaster recovery

The study seeks to reveal more fully the essences and meanings of human experience in long-term recovery and how such experiences are expressed through the use ICT. Through the full engagement of participants in the exploration of this social phenomenon, the study will illuminate qualitative factors through accurate and comprehensive descriptions of the lived experience. It will focus on the use of ICT during post-disaster recovery, specifically during the long-term phase. It argues that long-term disaster recovery remains a relatively important and forgotten area of research.

CONNIE KELLETT

Title: What supports and interventions provided to individuals and families after a disaster help to build community resilience?

Service providers had an integral role in community-based bushfire recovery efforts. The primary aim of this project is a mixed method study of the impact of these services on individual and community resilience. This PhD will be conducted as a nested study within the Beyond Bushfires: Community Resilience and Recovery study - A five year study of individual and community recovery needs in bushfire affected communities.

JESSICA HERBERT

Title: What is the 'value' in community-based cooking interventions and what role does the celebrity factor play?

This study is embedded within an evaluation of the introduction of Jamie Oliver's Ministry of Food Program in Australia. It will explore the experiences of participants in the program and build understanding of the contribution the program makes to their daily lives in terms of food preparation, food enjoyment and self confidence. It will also explore the influence of the 'Celebrity Factor' on program implementation, recruitment, participant experience and sustainability of effects.

DR ELISHA RIGGS. GRADUATED 2011

Title: Addressing oral health inequalities in refugee and migrant communities

Good health is vital for successful settlement for people from refugee and migrant backgrounds newly arrived in developed countries. Despite clear evidence of consistent health inequities for refugee and migrant communities, there is little knowledge to assist in the understanding of the social and cultural determinants of child oral health in these communities. Past research has often excluded these communities due to perceived methodological difficulties.

This research proposes to address these gaps in the evidence by exploring the social and cultural influences of child oral health in refugee and migrant communities. This research has the following objectives:

- To systematically review the evidence-base of the oral health status, practices and environments for children from migrant and refugee backgrounds in Australia, and internationally
- To work within a culturally competent framework to explore the social, cultural and environmental

determinants of oral health of children and families in refugee and migrant communities

- To identify the strategies for a feasible, acceptable and culturally appropriate oral health promotion intervention for children and families of refugee and migrant communities'

The systematic review highlighted that child oral health for refugees and migrants was worse than that of the host or comparison population. Furthermore, there are few community-based intervention research studies addressing child oral health inequalities and that the research is of limited cultural competence.

In response, Teeth Tales was developed. This is a community-based participatory research study working in partnership with a community health services and cultural organisations. The study involved working with Iraqi, Lebanese and Pakistani communities in Melbourne as well as a number of health care professionals.

This research has been successful in generating new knowledge about sociocultural differences in child oral health using culturally competent strategies. This in turn has informed the development of culturally competent intervention strategies. These strategies include a peer education program, and a reorientation of universal primary health and social health systems to become culturally competent. This next phase is now funded and currently being implemented and evaluated.

DR REBECCA ARMSTRONG. GRADUATED 2011

Title: Evidence-informed public health decision-making in local government

Evidence-informed decision-making is an emerging area of interest within public health. Debates have moved beyond what constitutes evidence towards exploring ways in which a range of evidence can be used to inform decisions. Strategies to facilitate this process, often referred to as knowledge translation (KT), have been used in clinical settings and are increasingly being applied to public health. However, little is known about the effectiveness of such strategies as applied to this context. This thesis, using Victorian local government as a case study, explores the potential of KT strategies to facilitate evidence-informed decision-making (EIDM).

The thesis aimed to address 5 key research questions:

1. What KT strategies are described in the literature?
2. What international research has been conducted to explore the effectiveness of these strategies?
3. What types of evidence are used by Victorian local governments and how is it used within the context of decision-making?
4. What KT strategies are most applicable to Victorian local governments to support EIDM?

5. How might these strategies be operationalised and what are the implications for evaluation?

In order to answer these questions the thesis comprises three main studies: a systematic review of the effectiveness of knowledge translation strategies; a statewide survey of Victorian local governments; and a qualitative study exploring decision-making processes in Victorian local government.

DR BJORN NANSEN. GRADUATED 2011

Title: Rhythm-aesthetics: Sense economies, technicity and the configuration of routine

(Bjorn completed his PhD with the School of Culture and Communication at Melbourne University)

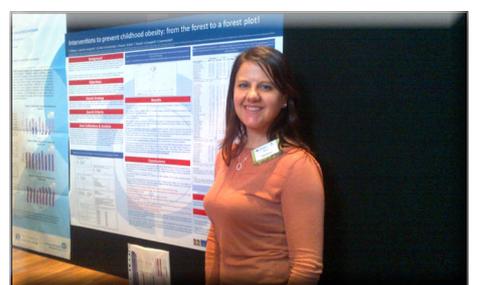
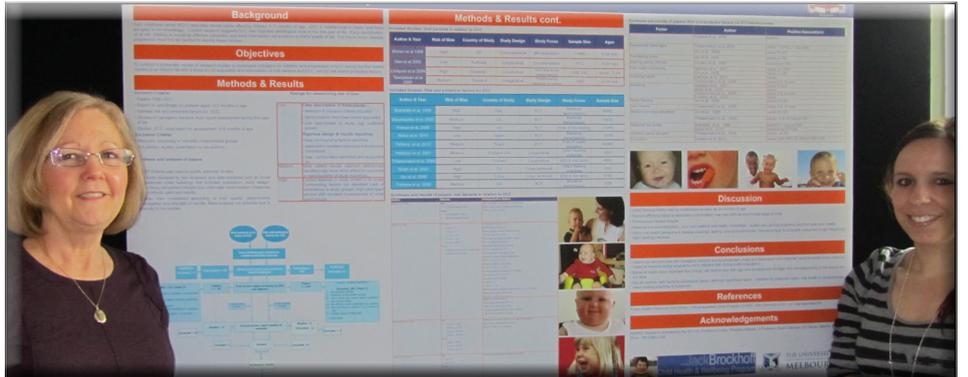
Bjorn Nansen, explored how changing organisations and experiences of time are occurring through relationships to various material objects and computational technologies. He analysed case studies of technology interaction from a media theory and sociology perspective; and showed that technical mediations of time are having significant impacts on daily social routines and rhythms.



Photo: Prof Elizabeth Waters, Dr Elisha Riggs, Dr Rebecca Armstrong, Dr Lisa Gibbs

Project 52





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3. Nansen B (2011). Rhythm-aesthetics: Sense economies, technicity and the configuration of routine . PhD. The Melbourne School of Culture and Communication. The University of Melbourne.

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4. Block K, Gibbs L, Riggs E, Warr D. Evaluation Research with Refugee Youth: Adapting Methods to the Population, Australian Evaluation Society International Conference, Sydney, 29 August – 2 September 2011
5. Block K, Gibbs L, Riggs E, Warr D, "Some people don't say hello" - Supporting social inclusion for newly-arrived youth with refugee backgrounds, UNSW 2011 Refugee Conference : Looking to the future, learning from the Past, UNSW, 14-17 June 2011
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In the spotlight

THE WEEKEND AUSTRALIAN, SEPTEMBER 3-4, 2011
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HEALTH WEEKEN

Kids more inclined to be sensible

With many adults unreceptive to messages on diet and exercise, the focus is shifting

HUGH WILSON

CHRISTOPHER Buttery remembers a study he read more than 40 years ago. It showed that in Alameda County, California, men lived longer by eating and drinking moderately, exercising and not smoking.

The clinical professor of public health at Virginia Commonwealth University says bluntly, "We need to get away from repeating the same old studies that show the same results."

Which is why research released last month by the US Centers for Disease Control and Prevention (CDC) prompted him only to roll his eyes. It found people who eat healthily, drink moderately, exercise regularly and don't smoke are 63 per cent less likely to die early than someone who does none of those things.

The percentage may be new, but nothing else is. And it's unlikely to make any difference. In the decades since the Alameda research there have been countless studies saying much the same thing, while the number of people in Western nations who eat and drink immoderately and eschew exercise continues to rise.

So why, Buttery wonders, are people told this repeatedly, and why do studies continue to be funded? Lisa Gibbs agrees. "We need a shift from research that describes the problems... to research that develops and tests solutions. Victoria has been an international pioneer in this area," says the University of Melbourne public health expert.

But she adds that even though studies such as the CDC's might change little on their own, they do help plot public health's direction of travel.

Even so, the journey's proving arduous. If information overload has failed to change behaviour, so have the behaviour-changing strategies tried so far. Whether

that's five-a-day campaigns or GP prescriptions for exercise, interventions to change eating, drinking and exercise habits, interventions make little difference.

One reason is that people stop listening to messages they don't like, says Ruth Jepson, a population health expert at Britain's Stirling University.

"The very term 'health behaviours' suggests we should eat well, exercise and so on because it's healthy, rather than just because it's a human activity," she says. "I'm not sure everyone is motivated by the health message, and I think it can actively put people off."

It's also clear, says Jepson, that social, financial and cultural barriers block health messages. You don't eat your five-a-day because there's no supermarket in your neighbourhood. You don't go swimming because there are no women-only sessions for Muslim women.

"Interventions can actually increase health inequalities," she adds. "People who are highly motivated and have fewer barriers are more likely to be of a higher social class than those who have barriers, including time, childcare issues, costs and access."

Experts admit that reaching those towards the bottom of the social and economic pile is proving an intractable problem.

It's scale is revealed in *Determining the Future: A Fair Go & Health for All*, edited by Martin Lavery and Liz Callaghan. For instance, the income level of Australians is a better predictor of whether they'll die from cardiovascular disease than their cholesterol levels. Clearly, improving education and income for the poorest is a worthy ambition, but it's unlikely to provide a solution anytime soon. Is there anything that works in the here-and-now?



DAVID GERAGHTY

Lisa Gibbs and Elizabeth Waters look on as a Moreland Primary School student prepares to microwave a healthy lunch

'At least for children, we have strong evidence of what is effective. The next step is for those strategies to be embedded systematically across all places in which children spend time'

LISA GIBBS
UNIVERSITY OF MELBOURNE
PUBLIC HEALTH EXPERT

Researchers have identified two broad strategies that have proved consistently effective. But both may test public commitment to tackling an epidemic of lifestyle-based disease.

"I think that there is an increasing groundswell of opinion that legislation is equitable and can shift the whole population," Jepson says, pointing to smoking bans, minimum pricing of alcohol, taxes on sugary beverages, bans on fast food outlets near schools, and physical activity in the curriculum.

Even then, she adds, behaviour is notoriously difficult to change once it becomes entrenched. The answer may be to focus on children, and accept that many of today's unhealthy adults are likely to stay that way.

A team led by University of Melbourne population health expert Elizabeth Waters will next month publish results of their international review of evidence into interventions that prevent childhood obesity.

According to Waters, the message is clear: systematic healthy eating and activity programs at school, and support for parents work. Promoting healthy behaviours in children, backed by legislation, is far easier than changing unhealthy ones in adults.

A good example, says Gibbs, is the Be Active Eat Well program run by Deakin University. It aimed to promote healthy eating and activity among children in the rural Victorian town of Colac. Not only did the program work, its impact was greater in children from

more disadvantaged households.

"At least for children, we now have strong evidence of what is effective," she says. "The next step is for those strategies to be embedded systematically across schools, homes, child care, and all places in which children spend time."

Which is the tricky bit. Focusing on children works, but it may take a generation of sustained, systematic effort to reverse obesity and inactivity trends.

As public health experts know, politicians are rarely interested in supporting projects that bear fruit long after their term of office.

But as Buttery notes, when it comes to changing behaviour and tackling the diseases associated with modern lifestyles, it's obvious that more of the same won't work, and no quick fix exists.

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