



THE UNIVERSITY OF  
MELBOURNE

# The Centre for Health Equity

In this COVID-19 pandemic, emerging popular refrains like ‘we’re all in this together’ and ‘we will come through this together’ echo across media. But who is this ‘we’? While it’s true that the entire globe is being affected, health risks, burdens, experiences and outcomes aren’t the same for everyone.

## The Centre

Situated in Australia’s top ranked university – the University of Melbourne – within the Melbourne School of Population and Global Health, we create and exchange knowledge that fosters health equity. Our high quality research informs policy and practice, promotes health, and improves lives in Australia and beyond. Our aim is for everyone to have the same opportunities for a healthy life.

The Centre for Health Equity provides international leadership in working across intersecting factors that shape health including gender, Indigeneity, disability, trauma exposure, migration and refugee status, age, sexuality, and socio-economic status. Our world-class researchers develop practical and nuanced solutions to complex structural injustices that create vulnerabilities for at-risk populations.

“Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. “Health equity”... implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.” (WHO 2020)

Our Centre **advances understandings of health inequities** and **develops solutions to address them through multi-disciplinary and cross-sectoral approaches**. For tools, we use the most innovative and leading-edge methods informed by social, public health, and behavioural sciences. For insights, we go to the source: individuals, households, communities, institutions -- anywhere that age, income, gender, Indigeneity, and other differences affect health.

## Key partners

Our key partners include the **World Health Organization, International Committee of the Red Cross, the United Nations, domestic and international governments, world-class universities, hospitals, institutes, non-government organisations** including those representing **Aboriginal and Torres Strait Islander communities, people with disabilities, and migrants, refugees and bushfire affected communities**. The diversity and strength of these collaborations ensure that our work has great reach and impact on policies, systems, and services.

The CHE has an exemplary track record of identifying and addressing priority health issues. Our disciplinary, theoretical, and methodological expertise and strong networks uniquely position us to rapidly respond to emerging challenges including pandemics such as COVID-19.



We are currently spearheading a wide-ranging program of COVID-19 research anchored by the following key questions:

Q. What are the social and economic determinants of COVID-19 infection, and morbidity and mortality related to COVID-19?

Q. Who are the populations most at risk of adverse social, economic, and health outcomes in the pandemic?

Q. How are governments regionally, nationally, and internationally taking into account the needs of 'at-risk' populations, their families, and their communities in COVID-19 responses?

Q. What are the ethics of distributing scarce personal protective equipment for clinicians and other health workers and first responders, in the COVID-19 pandemic?

Q. What is the best way to engage and support community efforts and resilience building around COVID-19?

Q. What are the most innovative and effective knowledge translation mechanisms for COVID-19 era research addressing inequities across 'at-risk' populations?

Q. What are the trajectories of 'at-risk' populations during this pandemic and beyond, acknowledging that the course of the pandemic is unclear with the possibility of multiple waves, availability (or not) of vaccine and treatments, and economic challenges?

Q. What opportunities have been revealed by the experience of the COVID-19 restrictions for changed systems and services to promote health, economic, and social equity?

## Our Units

**The Child and Community Wellbeing Unit** builds evidence about systemic and service-based opportunities to promote positive health and wellbeing for children, families and communities. Areas of focus include trauma and resilience; migration and social cohesion; and changing lifestyles. The Unit's extensive research program on disaster recovery and resilience has particular relevance at this time. A strong partnership and research translation focus results in immediate and seamless translation into policy and practice that aims to enable communities to thrive in times of stability and adapt amidst disruption.

**The Disability and Health Unit** is one of the few places worldwide where the health of people with disability is researched from a public health perspective. The Unit excels in data analysis and in issues related to mental health, gender studies, epidemiology, health promotion and policy analysis. Research focuses on social, behavioural, and environmental contexts of health for people with disability and their families and carers in Australia and internationally. The unit hosts the world-first Centre of Research Excellence in Disability and Health, funded by the National Health and Medical Research Council, a collaboration with universities within Australia and internationally.

**The Gender and Women's Health Unit** advances the health of women and contributes to gender equity through research, teaching and public engagement. The Unit's work focuses on the health effects of gender inequity and its intersection with social, economic and cultural factors. Output has generated extensive knowledge about sexual, reproductive and maternal health; gender-based violence; the built environment and social inequities through transformative research in both Australia and low and middle-income countries. Our work integrating gender and intersectionality in policy analysis is leading edge. The World Health Organization Collaborating Centre in Women's Health is housed in the Unit and partners with scholars and agencies in Asia and the Pacific.

**The Health Humanities and Social Sciences Unit** unites the humanities and social sciences in the study of health and health care. The Unit uses multi-disciplinary approaches to strengthen the nexus between theory and practice in the study of health and society. Work across the Unit integrates a variety of humanities and social sciences perspectives on health, disease and healthcare delivery, and uses disciplinary approaches from the history of health and medicine, medical anthropology, health ethics, sociology of health and illness, and health policy analysis to generate novel findings that generate international interest.

**The Indigenous Eye Health Unit.** This small targeted group works to improve health care delivery to achieve equity in eye health for Aboriginal and Torres Strait Island people. Work includes the regional organization and provision of eye care and health promotion for good hygiene. The unit's unique focus and health-systems approach yield novel results that inform delivery of specialist services elsewhere.

**The Indigenous Studies Unit** conducts research to improve outcomes in Indigenous health issues, particularly alcohol misuse and family violence, Indigenous data governance, cultural heritage, technology and resource management. We contribute to Parliamentary reviews, cross-platform media, and policy development. The group's highly regarded expertise has led to significant policy and legislative shifts at all levels (e.g., Alcohol Management Plans in the Northern Territory), and its engagement in the implementation of major policy reforms (e.g. the Commonwealth's Closing the Gap Priority Reforms). The Unit has worked with Indigenous communities, the Victorian Aboriginal Heritage Council and others to ensure the return of Aboriginal Ancestral Remains to communities of origin. Other crucial work involves the reporting and negotiating with communities around cultural material held in museum and institutional collections, including secret or sacred items.

**The Justice Health Unit** undertakes research and advocates from evidence to improve the health and well-being of people who have contact with the criminal justice system. We partner with key state, national and international bodies. Our rigorous, multidisciplinary work is spearheaded by high-level expertise in the use of linked, multi-sectoral administrative data to address important policy questions. The Justice Health Unit is globally unique and its researchers among the leaders in the field internationally. The Unit head Chairs the WHO Prison Health Technical Expert Group, and the Unit has a unique partnership with the ICRC's global Prison Health Program.