



The Jack Brockhoff

Child Health & Wellbeing

Program



Annual Report 2012



The Jack Brockhoff Child Health & Wellbeing Program. McCaughey VicHealth Centre for Community Wellbeing. Melbourne School of Population Health. The University of Melbourne

THE JACK BROCKHOFF FOUNDATION

The Jack Brockhoff Child Health and Wellbeing program works towards a vision of every child having the opportunity for a fulfilling and healthy life. Our research, through partnerships, and an evidence-informed approach aims to improve population health and reduce gaps in child health inequalities.

Our program areas are:

- Understanding factors which influence health and wellbeing
- Understanding what works to improve health and wellbeing and reduce child health inequalities
- Synthesising evidence and promoting evidence-informed decision making
- Building strategic partnerships and promoting research capacity building
- Advocacy

Our priority areas are:

- Mental health, disability, wellbeing and quality of life
- Healthy eating, physical activity and obesity
- Oral health
- Learning, development, education and social outcomes
- Disadvantage, vulnerability, equity and human rights
- Children, families and communities in the context of disasters

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FULFILLING A LEGACY

The Jack Brockhoff Child Health and Wellbeing Program is the grateful recipient of the 2008 Jack Brockhoff Centenary Gift. This gift has made a significant contribution to building long term human resource investment in our program and enabled substantial developments to novel and important ways of working. The gift also included the appointment of Professor Elizabeth Waters to The Jack Brockhoff Chair of Child Public Health.

The Jack Brockhoff Child Health & Wellbeing Program provides a wonderful legacy to Sir Jack Brockhoff, who through his generosity established The Jack Brockhoff Foundation. The Foundation's purpose is to provide philanthropic support to organisations whose activities are designed to have a positive and enduring impact on the health and well-being of communities.



Photo: The Brockhoff Foundation in 2008 with Liz Waters and Glyn Davis from Melbourne University. L to R: Robin Marks, Elizabeth Waters, John Royle, James Guest, James Angus, Kay Patterson, Maureen Lyster, Margaret Guilfoyle, Glyn Davis, Robert Symons.

DIRECTOR'S REPORT



Prof Elizabeth Waters

Jack Brockhoff Chair of Child Public Health
Director, Jack Brockhoff Child Health & Wellbeing Program

Welcome to the annual report for 2012. The report aims to provide you with a summary of the activities that the Jack Brockhoff Child Health and Wellbeing Program has been working on over 2012 and to give you an understanding of how the program is integrated together to provide a rich and stimulating environment for high quality research and a dedicated research team.

Since its inception, the Jack Brockhoff Child Health and Wellbeing Program has sought to understand social and cultural contexts and address the changes required in systems to influence sustainable improvements in child health and wellbeing and reduce inequalities.

The program embraces the complexity that exists within society, the diversity and influence of physical and social environments and the wider causes of health, wellbeing and illness. Our goal is to make a significant contribution to our understanding of how to prevent major health concerns as well as promote positive aspects of life, humanity, culture, human rights, citizenship, justice and equity. To achieve these goals, we work across a number of thematic areas (see page 14), and whilst individually each program area addresses significant health concerns, the integration of our program areas ensures we enjoy a more complete understanding of child health and wellbeing and are increasingly able to influence policy and practice.

The approach that distinguishes our program over all others is a genuine and meaningful engagement with communities and organisations and partners. In partnership with these groups we design research together, publish together, celebrate and reflect on outcomes together. Working in this way ensures that the depth and validity of our data is enhanced, the relevance to community issues is improved, engagement with evidence is increased and communities have more ownership of research-led solutions. In addition, in the same way that policy and practice requires evidence to improve outcomes, the program's success depends on meeting the needs of those working in policy and practice environments. We meet these needs through mutually respectful partnerships with health and social services, governments, non government organisations, cultural groups, community organisations, children and families – there are many, but each, in turn, informs research across the program.

So, what are our success stories? Throughout 2012 our work has continued to make an impact at the community, organisational and government level. We know we have improved the use of evidence in local government, and increased government's understanding of barriers to services by refugee and asylum seekers. At the community level we have enabled the voice of children in disasters to be heard, reduced children's obesity in the inner north of Melbourne and contributed towards improving children's dental outcomes across Victoria. This year we have made numerous impacts at the organisational level including increasing the confidence and wellbeing of family day carers and providing two honorary research fellowships for professionals who work in our partner organisations.

As you will see through the faces, photos, and ideas within this report, there is an exciting portfolio of people and research. Our commitment to outcomes and unique way of working ensures that team members can realise their passions and the program can continue to contribute towards achieving our vision of every child having the opportunity for a fulfilling and healthy life. Most importantly, thank you to all of the team, the Advisory Committee, Glenn Bowes and to all those involved with this program of research – new contributions to the evidence-base don't happen without your hard work, interest and commitment.

We hope you enjoy reading this report.

A handwritten signature in black ink that reads "E Waters". The signature is written in a cursive, flowing style.

Prof Elizabeth Waters

YEAR IN BRIEF

An overview of our highlights in 2012

New Collaboration Developed

We established the Citizen Child Collaboration to develop understandings of how best to involve children in research.

Cerebral Palsy Quality of Life Questionnaire

Our quality of life questionnaire for children with cerebral palsy is now being translated into 19 languages and being used in over 35 studies.

Funding extended

The CO-OPS collaboration was successful in its bid to obtain funds to continue supporting community-based obesity prevention initiatives over the next three years.

High Retention in Cohort Studies

VicGen has retained 80% of its original cohort and data will continue to be collected until the children reach school.

Recruits to new study

Since recruitment began in May, The Australian Study of Child Health in Same-Sex Families has collected data on almost 500 children.

Workforce Capacity Building

94 decision makers and practitioners attended our two-day Evidence-Informed Public Health short course.

Oral Health Education for the community by the community

As part of Teeth Tales, Arabic, Iraqi and Pakistani community members have been trained as peer educators. The peer educators have delivered the oral health education sessions to over 80 families to date.

Public Health Evidence Synthesis

The first impact factor for the Cochrane Public Health Group journal is nine, one of the highest for public health journals.

Disability Research & Support

We received \$280K from Department of Families, Housing, Community Services and Indigenous Affairs to develop practical resources to support the implementation of the National Disability Insurance Scheme.

46

Publications in 2012

45,000

Children and families involved in our studies

32

Partner organisations

62

Local government areas in Victoria where we conduct research

10,536

Downloads of our Obesity Prevention Cochrane Review

41

Conference abstracts, posters, presentations & workshops

HIGHLIGHTS OF 2012



Photo: Coralie Mathews and the peer educators from the Teeth Tales pilot study

LEADING THE WAY IN INVOLVING CHILDREN IN RESEARCH

A collaboration of researchers has been formed by Dr Lisa Gibbs and Associate Professor Colin MacDougall with international colleagues involved in child and disaster related research in New Zealand and Japan. This 'Citizen Child Collaboration' is exploring the role of children in research within the disaster context. It aims to create opportunities for children to have an active role in research and for this to extend to social agency and child citizenship.

In doing this we recognize the right of children to participate in decisions affecting their lives, as enshrined in the UN Convention on the Rights of the Child. This is an active role for children that recognizes their competence and is consistent with *citizen child theories* of childhood. However, we must also be mindful of children's right to be kept safe from harm and further trauma – as part of the *children at risk* theoretical framework.

In addressing these separate but complementary views of childhood, we also endeavour to develop methodologies that are appropriate to children's interests and competencies, according to theories of the *developing child*. Subsequently, the aim of the collaboration is to conduct research with, by, for and about children.

We already have extensive experience across the Jack Brockhoff Program in conducting research for children, about children

and in using methodologies that allow us to work with children in meaningful ways. The Citizen Child Collaboration will draw on this expertise to consider how best to work with children in disaster contexts. It will also explore ways to provide children with opportunities to conduct their own research and to connect them with opportunities to contribute to decision making about local issues affecting them.

“ It aims to create opportunities for children to have an active role in research and for this to extend to social agency and child citizenship. ”

For example, children's perspectives will be presented through Beyond Bushfires study partners to government, community, and emergency management agencies. This will in turn be applied across our projects to increase children's involvement in research decisions and to include child knowledge transfer in planned research study outcomes.



Photo: The Citizen Child Collaboration. L to R: Colin MacDougall, Lisa Gibbs, Carol Mutch & Peter O'Connor

EXPANSION OF DISABILITY RESEARCH WORK

The mental health of children is fundamental to their overall health and wellbeing. Wellbeing of children and their carers is a priority health area for our program, for government more broadly and an area which we hope to expand. Our child and family wellbeing team is currently working on Thrive, a study which aims to build the capacity of family day care educators to promote children's social and emotional wellbeing.

Data collection is currently being completed and after seven years of research in this area, we are learning about what educators want and how they need to be supported. We are now exploring next steps in this area with our investigators and partners. We will continue to build on this body of work and have developed research proposals to build the relationship between children and carers in childcare.

In 2012, a new partnership with researchers from the University of Ballarat was developed, aiming to build the capacity of child care educators to develop strong relationships with children. Together, we have applied for internal funding from the University of Melbourne and Foundation for Children.

We have also submitted a grant application to Beyond Blue to develop a program to support the mental health and wellbeing of family day care educators.

Another new project, which is due to commence in 2013, is with ORYGEN Centre for Youth Health (University of Melbourne). The project will look at supporting high quality service provision for youth in out of home care and was recently awarded \$1 million dollars from the National Health and Medical Research Council.

In addition to our work on wellbeing of children and child carers, we are also expanding our research around wellbeing for children with disabilities. Since developing an international gold standard instrument to measure quality of life for children and adolescents with cerebral palsy, we have received numerous requests for our questionnaire and it is now being translated into 19 languages and being used in over 35 studies. This child and adolescent questionnaire is being used to evaluate the effectiveness of interventions that aim to increase the quality of life of children with cerebral palsy and is being used in several clinical trials nationally and internationally.

This year, with the introduction of the National Disability Insurance Scheme, we have expanded the range of our research into disabilities and have been successful in a number of grant applications. Highlights include:

- New research in supporting parents of children and adolescents with a disability, particularly important with the introduction and piloting of the National Disability Insurance Scheme. The team, in partnership with clinicians from the Royal Children's Hospital have applied for funding for a partnership with Yooralla, a key service provider for children with disabilities.
- Two new projects to support the implementation of the National Disability Insurance Scheme.



Photo: Participant in our Cerebral Palsy research program

INCREASING ENGAGEMENT WITH PUBLIC HEALTH DECISION-MAKERS

Our Public Health Evidence and Knowledge Translation (PHEKT) research team facilitates the production of Cochrane public health systematic reviews, advances methodological developments in evidence syntheses, conducts primary research to explore the effectiveness of strategies designed to support evidence-informed decision-making, and coordinates capacity building initiatives in evidence-informed decision-making for the public health workforce.

This year, one of our many highlights has been increasing the number of evidence-informed decision-making short courses. We have sought new opportunities for courses and have also responded to a number of requests to run training. We have taken these opportunities to improve the reach and quality of our short-courses, and have established a more insightful longitudinal evaluation of the potential impact of our training courses.

Broadly, we believe that the generic focus and tailored content of our course (together with relationship-building by our team) has appealed to organizations and individuals aiming to develop skills in evidence-informed decision-making. We have extended our networks to reach a range of sectors, and as a consequence, in 2012 we received consultancy requests to run tailored training courses for The National Heart Foundation, a Victorian Local Government agency, and a regional Health Promotion network (facilitated by their local Department of Health).

In addition, over the last 12 months, we received requests to explore the possibility of future training with three different Primary Care Partnerships, and recently, the NSW Public Health Physicians' Education coordinators. We are also currently exploring other leads interstate where interest has been expressed in our short-course.

Also in 2012 we established, for the first time, a pre and post-course evaluation. Traditionally we have assessed participants' needs only briefly before the course, and then collected their experiences of the course after training workshops. We extended the pre-course survey to understand participants' needs and expectations, as well as their existing experience, confidence and opinions on evidence-informed public health practice. In addition to consistently very high ratings of the course relevance, ease of understanding content, and facilitators' performance, we have seen some really encouraging shifts in participants' confidence and attitudes from pre to post-course.

What we have found so far from evaluations of this year's courses, (94 participants) is that there has been a 50% increase

in participants' confidence across five core domains of evidence-informed practice, together with improvement in attitudes towards evidence-informed practice. For example, we have seen a 39% increase in participants agreeing that it is *easy for them to access the most relevant research evidence available* as they plan programs or policies, and a 31% increase in participants disagreeing that *it is difficult to fully understand how research evidence findings apply to their context*.

What this data is telling us is that our course is supporting practitioners in making more evidence-informed decisions about health promotion and public health practice and policy. In order to find out whether these improvements are sustained over time, we are currently doing a six-month follow-up survey with past course participants. We're eager to keep improving our course, and contributing to broader understanding about the role of workforce training in supporting the use of research evidence in every day health promotion practice in Australia.



Photo: Evidence-Informed Public Health Short Course. March 2012

PARTNERSHIP WITH THE DEECD MAKING SIGNIFICANT POLICY-RELEVANT INROADS

In 2011, as part of The Melbourne School of Population Health (MSPH), we were awarded one of three 'Research and Evaluation Partnerships' with the Department of Education and Early Childhood Development (DEECD). This partnership is a unique collaboration between government policy makers and public health and education researchers and aims to improve the health, wellbeing, learning opportunities and life experience for children across Victoria.

As the research partner, we engage with senior staff to understand the policy context, and work with department staff on program implementation questions and skills development. Our major area of focus is building a robust longitudinal dataset linking departmental databases, so that we will be able to answer complex policy questions, and answer questions of relevance across a year's cohort.

Our focus is on early childhood through three projects:

- An integrated data platform for monitoring and assessing child health, wellbeing, development and learning; with the most significant outcome being a linked dataset that spans early childhood, school entry and learning outcomes.
- A detailed, prospective cohort study of early childhood factors and child outcomes – linking our cohort datasets (VicGen and SPLASH!) to government datasets.
- An investigation of the influence of early childhood programs and services on child development, learning, health and wellbeing throughout childhood (eg Maternal Child Health, Kindergarten, and child care).

“ This partnership is a unique collaboration between government policy makers and public health and education researchers and aims to improve the health, wellbeing, learning and life experience for children across Victoria. ”



Photo: Peter Kremer & Andrea de Silva-Sanigorski, DEECD Partnership Director

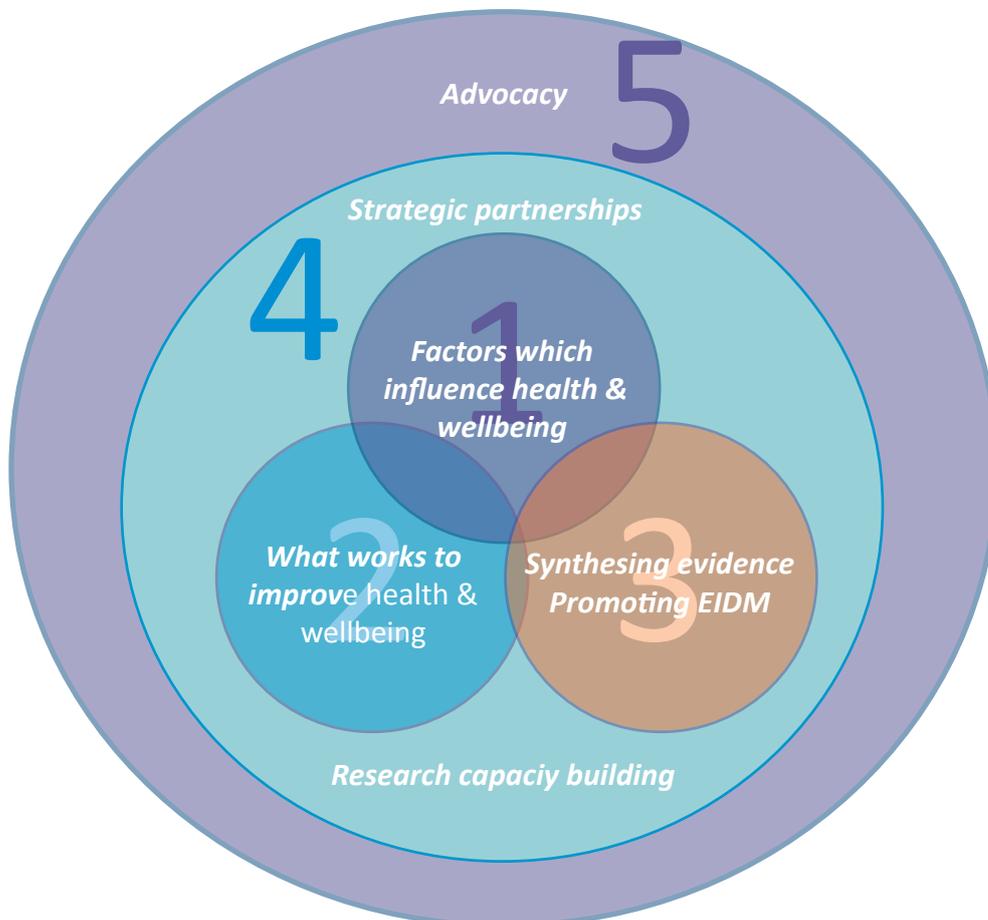
Complementary to this research we are delivering a comprehensive program of activities to enhance research and evaluation capacity within government. This year, through six extremely well attended seminars, we trained policy makers on evaluating policies and practice.

This is a highly innovative example of evidence-informed policy making and decision making for Victorian Government and the first of the Government departments to embark on such a program of policy-research collaboration and exchange. At the end of 2012, with the partnership in place for 14 months, the feeling amongst senior staff and those from our team is that there have been great achievements over this first year. In addition, the groundwork has been set for a promising longer term partnership with many great research-policy opportunities and ideas already emerging.

OUR PROGRAM AREAS

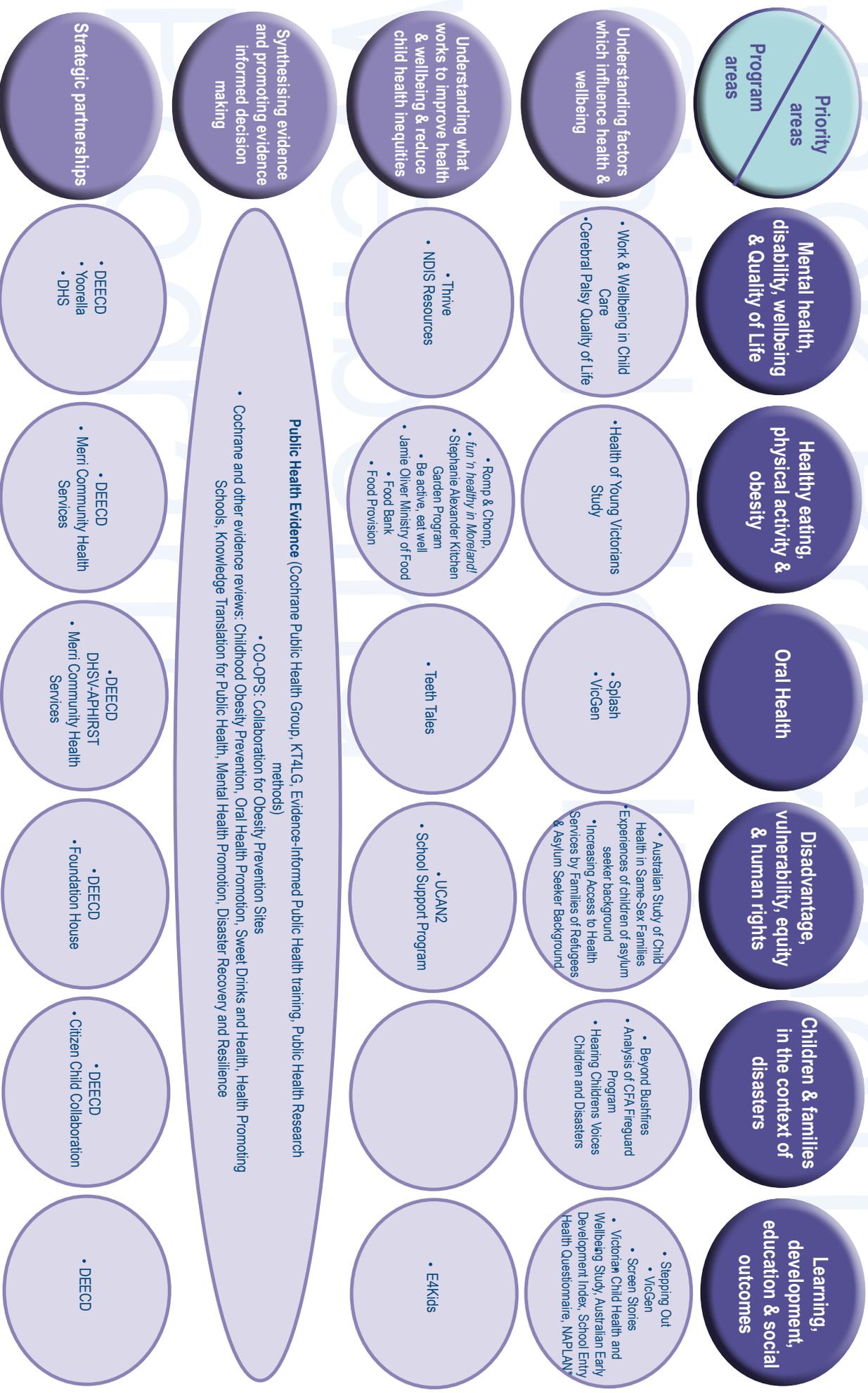
1. Understanding factors which influence health and wellbeing
2. Understanding what works to improve health and wellbeing and reduce child health inequalities
3. Synthesising evidence and promoting evidence-informed decision making
4. Building strategic partnerships and promoting research capacity building
5. Advocacy

The work of our program can be divided into five different program areas. These program areas whilst important in their own right are not carried out in isolation. They are integrated, each area informing other areas and contributing to the broader picture and vision of the program.



The Jack Brockhoff Child Health & Wellbeing Program

A pictorial representation illustrating the primary focus of the projects and partnerships carried out by the program.



*Data linkage study forming part of the DEECD partnership

1. UNDERSTANDING FACTORS WHICH INFLUENCE HEALTH & WELLBEING

Within some areas of child health and wellbeing it is clear that there are major gaps in the evidence of what contributes to child illness and poorer outcomes. Much of the evidence currently available is either derived from non-representative populations or from populations which are representative but insufficient detail has been collected on health and environmental variables. To fill these gaps and ensure we have data that will help design solutions, we work in partnership with families, the services they access and non-government and government departments. We collect new data and analyse existing data linked to other datasets.

We explore what factors at the environment, social, community and, family level, impact on social, health, clinical and biological outcomes. We integrate descriptive data with data on effectiveness of programs, supplemented with data from parents and services about their experiences of participating in and delivering programs. This approach helps ensure there is a strong and clear understanding of the views and influences on choices and behaviours as well as cultural and social contexts.

We aim to ensure that any new data sets are aligned to population surveys or administrative data to maximise potential for data to be linked. We therefore ensure that gaps in the wider population data are filled with specifically designed data collections.

PROJECT UPDATES

- Oral health: VicGen
- Oral health: Splash!
- Mental Health & Wellbeing: Work and Wellbeing in Family Day Care
- Disadvantage, Vulnerability, Equity and Human Rights: ACHES
- Children and Families in a Disaster Context: Beyond bushfires
- Learning, Development, Education and Social Outcomes: Stepping out

ORAL HEALTH

VicGen

VicGen, an innovative multidisciplinary study, aims to determine the environmental, behavioural and biological predictors of early childhood caries in young children living within the Western corridor of Victoria. This longitudinal study builds upon the limited child health data currently available to decision makers and public health practitioners.

Since the study began in 2008, VicGen has followed a cohort of 466 children from birth to 18 months old, collecting survey, clinical, biological and environmental data when the infants were aged one, six, 12 and 18 months. A total of 1,558 study visits were completed with 82% of the cohort completing the 18 month visit.

Earlier this year, ethics approval was obtained to extend the study, and cohort data will now also be collected at ages three, four and five years. Approximately 80% of the original cohort has agreed to take part in this extension study and the three and four year old visits have now commenced.

When we have completed data collection, the findings of VicGen will be used to inform the development of recommendations for best practice interventions. With these recommendations we aim to influence policy guidelines and to reduce the oral health inequities currently encountered by children in disadvantaged, rural and migrant families.

Splash!

Splash! follows a birth cohort of children living in Victoria's rural communities who are experiencing drought and water fluoridation.

Through this study, the first of its type in Australia, we aim to understand how and why parents choose drinks for their children; how drought and water fluoridation influence parents when choosing drinks for their children; and how drinks choices affect children's oral and general health.

The cohort includes 458 parents and children from the Barwon-South Western region of Victoria and over the child's first five years, participants will provide survey, clinical, biological and environmental data. To date, 350 six month visits have been completed, 303 twelve month visits and 180 twenty-four month visits. The thirty-six month visits will commence in January next year.

The data we have collected during this study will help to inform a range of vital policy issues, such as drought, community water fluoridation, children's nutrition and children's oral and general health.



Photo: VicGen

MENTAL HEALTH & WELLBEING

Work and Wellbeing in Family Day Care

The mental health of child care educators, such as family day care educators, is important as it is likely to influence the way educators care for children during a critical developmental period. Work and Wellbeing in Family Day Care seeks to understand how best to support the mental health of this valuable workforce so that they can provide stable, high quality care for children.

Our research will provide new information on educator's mental health, increased understanding of the work factors which support or risk their wellbeing, and identify opportunities for promoting educators wellbeing through government, family day care schemes, educators, their own families and the families using their services.

To date, 38 qualitative interviews have taken place with educators in Victoria and Queensland (n=19) and with key informants in the sector (n=19), the results of these interviews are now starting to be disseminated.

The next stage of our research began in November when educators throughout Victoria and Queensland were invited to complete a survey of their mental health and wellbeing and working conditions. The results of both the interviews and surveys will be used to provide an evidence-base for action, to promote the mental wellbeing of educators and in turn, workforce stability and high quality child care.



Photo: Children in family day care

DISADVANTAGE, VULNERABILITY, EQUITY AND HUMAN RIGHTS

The Australian Study of Child Health in Same-Sex Families (ACHESS)



Photo: Family participating in the ACHES study

The Australian Study of Child Health in Same-Sex Families (ACHESS) is an Australian first and the world's largest study to increase understanding of the factors that contribute to the health and wellbeing of children with same-sex attracted parents. It is essential that we understand these factors to ensure that these children lead fulfilling and healthy lives, free from stigma and discrimination.

For the first time we hope to capture the complete health and wellbeing of Australian children with same-sex attracted parents and to establish the impact that discrimination has on them. In addition, our evidence-base will facilitate our contribution to broader discussions in areas as diverse as policy development, health care delivery and education, with the aim of developing an inclusive environment for all children.

Since our initial extensive scoping study to assess the current state of research in this field, we have developed a rigorous methodology for the ACHES project. Recruitment for the study began in May and we have now collected data on almost 500 children, recruitment will close shortly.

Over the next 12 months we will analyse the quantitative data from our surveys, as well as interview families to provide rich data to further characterise the lived experiences of children with same-sex attracted parents.



Photo: Black Saturday memorial built into the front fence of a rebuilt home in Yarra Glen

CHILDREN AND FAMILIES IN A DISASTER CONTEXT

Beyond Bushfires

Beyond Bushfires is a longitudinal investigation into the medium to long-term trajectories of communities and individuals following the February 2009 bushfires in Victoria. Our study addresses important gaps in knowledge concerning disaster recovery including the links between individual and community wellbeing; the influence of social connections on recovery and resilience; and the particular experiences and needs of children and adolescents.

This is a mixed methods study involving 24 communities, incorporating telephone and web-based surveys, in-depth interviews, focus groups and walking tours. So far, over 900 current and former residents have participated in the study. Extensive recruitment techniques including promotion through local media, numerous community visits, cooperation with the Victorian Electoral Commission, and letter box drops have been used to identify and contact eligible participants.

The first round of survey data collection is almost complete and the walking tours and interviews with children, families and individuals are about to commence. Establishing community partnerships has been a vital component of this study, enabling residents to have input into the conduct of the study and facilitating our understanding of specific local issues and concerns in each focus area.

Following data collection, we will work with community partners, national and international research groups and other project partners to disseminate and further interpret our findings.

“ Our study addresses important gaps in knowledge concerning disaster recovery including the links between individual and community wellbeing ”

LEARNING, DEVELOPMENT, EDUCATION AND SOCIAL OUTCOMES

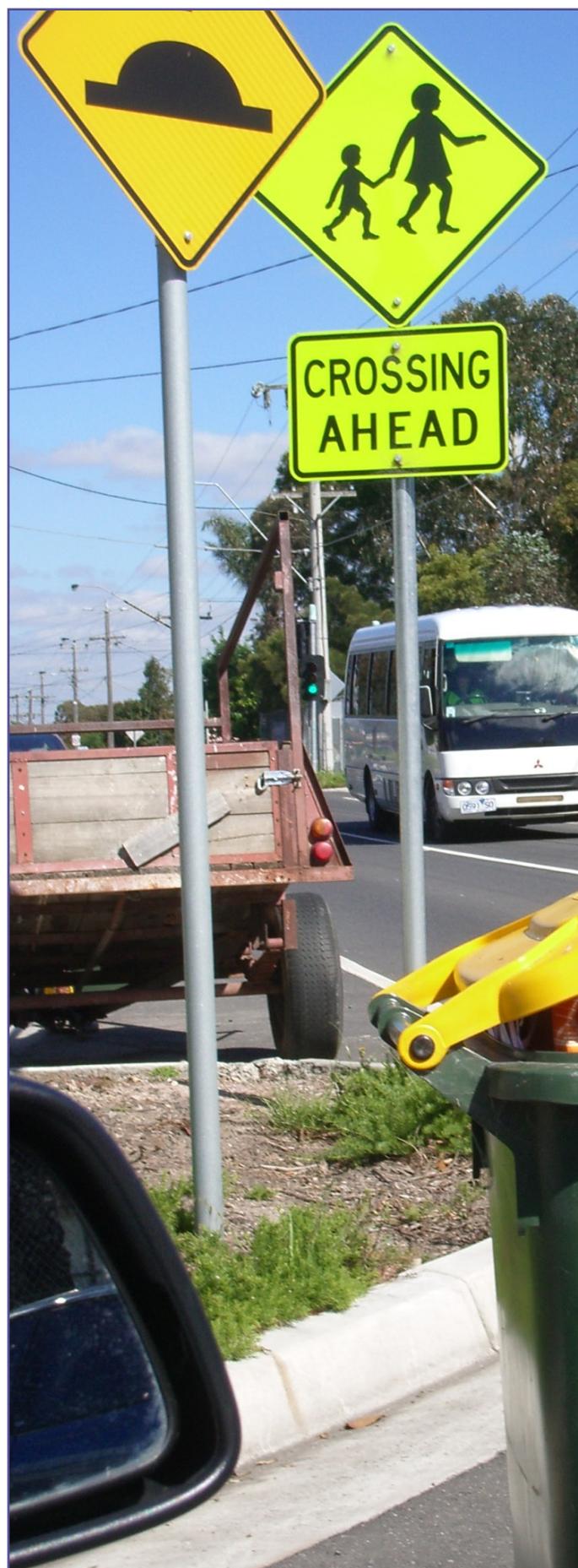
Stepping Out: children negotiating independent travel

The Stepping Out study aimed to increase understanding of children's active and independent travel and explore how children's mobility could be supported as an important contributor to child health and wellbeing. There is a growing literature on factors influencing children's independent mobility, but much less is known about the ways children themselves contribute to their mobility.

“ Our research sought to build on the evidence by including children's perspectives, and enquiring into the ways children actively participate in the process of negotiating their mobility. ”

Our research sought to build on the evidence by including children's perspectives, and enquiring into the ways children actively participate in the process of negotiating their mobility. The study was conducted in the local government area of Moreland in Victoria, Australia during 2011 and 2012, and employed mixed methods – observation, focus-group discussions, interviews and mobile methods (n=48) – with children aged 10-12. The fieldwork and data analysis has been completed, and we are currently writing up the findings for a research report and academic papers.

Findings of the research show that children's mobility is defined by inter-dependencies. Children negotiate travel with parents, but also with transport and mobile technologies, friends and siblings, routes and routines. These findings will be gathered together in a consensus statement for use by schools and local government to inform community practices and support children's mobility. We are also conducting comparative contextual analyses in France, Scotland, Germany and Adelaide; and seeking funding for an extension of this study to consider children's use of public spaces.



2. UNDERSTANDING WHAT WORKS TO IMPROVE HEALTH & WELLBEING AND REDUCE INEQUALITIES

One of the major gaps in the evidence of what works to improve health and reduce inequalities are studies which evaluate programs, or develop, implement and evaluate programs in partnership with communities. This evidence gap is particularly wide for children or communities at greater disadvantage or where context is extremely important, such populations with high cultural diversity.

What underpins our success in this area is a commitment to working in partnership with all stakeholders. We invest thoroughly in planning and understanding context, underpin our work with theoretical frameworks and use research methods that seek to answer ‘what works’ as well as ‘how, why, for whom, over what period of time, and for what cost’.

In addition, we make a commitment to publishing the research protocol at the beginning of our studies, therefore ensuring that there is open access to information on the study, followed by a dedication to publishing papers on the intervention design, processes, outcomes, and other relevant findings.

PROJECT UPDATES

- Mental Health & Wellbeing: Thrive
- Healthy Eating, Physical Activity & Obesity Jamie’s Ministry of Food Australia
- Oral Health: Teeth Tales

MENTAL HEALTH & WELLBEING

Thrive

Children's social and emotional wellbeing, which includes the ability to regulate emotions, develop good relationships and explore the environment, is key to overall health, wellbeing, functioning and learning. Thrive is a project set in family day care that works to support educators and organisations to promote children's social and emotional wellbeing. We hope to increase the knowledge, confidence and skills of educators to promote children's wellbeing and to make family day care organisations more focused on promoting wellbeing in their policies, resourcing and practices.

To date, Thrive, which includes a range of elements designed to promote children's social and emotional wellbeing, has been trialled in one family day care scheme. Extensive data has been collected on educators' knowledge, confidence and skills and organisational outcomes before the trial and up until one year after the trial commenced. The family day care sector has embraced the project and many other organisations are interested in using Thrive in their family day care work. Now data collection is complete, we are analysing this data to see how feasible and effective Thrive currently is and how the project can be enhanced for future delivery. We are also working with our partners and team members to explore opportunities to expand Thrive in Victoria.

HEALTHY EATING, PHYSICAL ACTIVITY AND OBESITY

Jamie's Ministry of Food Australia

Jamie's Ministry of Food Australia (JMoF) is a community focused program that teaches basic cooking skills to non-cooks. The 10 week course aims to encourage people of all ages and backgrounds to cook simple, fresh, healthy food quickly and cheaply. The Good Foundation and Queensland Department of Health have co-funded the Ipswich Ministry of Food centre for a period of four years. Deakin University in partnership with The University of Melbourne has been commissioned to evaluate the Ipswich program.

The evaluation will use a mixed methods approach with repeated measures at program commencement, program completion and six months follow-up. The quantitative evaluation will answer the following research questions: Does the JMoF program increase participants' skills, knowledge, attitudes, enjoyment, satisfaction of cooking and cooking confidence? And does the JMoF program result in broader positive outcomes for participants in terms of behaviour change to a healthier diet, more affordable healthy meals, improved self-esteem and social connectedness? To further understand how and why the JMoF program impacts on participants, a qualitative investigation will explore the following: What are the expectations and experiences of participants? What were the moderators, facilitators and barriers to behaviour change? And were there any unanticipated outcomes?

Both quantitative and qualitative studies are underway. Quantitative data collection will continue until late 2013. The initial round one of qualitative interviews were conducted in September 2012. Round two interviews (on completion of program) will be conducted in December 2012 and round three (follow-up) mid-year 2013.

Photo: Stephanie Alexander & Jamie Oliver admiring a school garden.





Photo: Teeth Tales participant receiving lap to lap dental screening.

ORAL HEALTH

Teeth Tales

Teeth Tales is an exploratory community-based intervention, aiming to prevent tooth decay and promote positive oral health behaviour among migrant and refugee children aged one to four years and their care-givers in Australia. The intervention intends to promote child oral health and wellbeing through a peer-led oral health education program. Participating community health services and local government organisations are also undertaking a cultural competence organisational review (CORe) to enhance their services (e.g. dental and family services) for refugee and migrant families in the community.

Through the intervention we aim to: achieve substantive and sustained improvements in oral health and healthy behaviours of children and parents of migrant and refugee background; reduce the strong social gradient evident in child oral health; and establish a model for feasible, replicable and cost-effective child oral health promotion for culturally diverse LGAs in Australia.

Since the study began, a total of 521 families from the Iraqi, Lebanese and Pakistani communities have been recruited into the study. Merri Community Health Services, Moreland City Council (Social Policy and Early Years branch) and the McCaughey Centre at the University of Melbourne have all undergone baseline data

collection for CORe and each have received a report outlining their current levels of cultural competency across the organisation.

Our intervention families are currently receiving six hours of oral health education delivered by our trained peer educators from their respective communities and a two hour site visit to Merri Community Health Services. The organisations undertaking CORe are in various stages of implementing their action plans towards strengthening their cultural competence.

In 2013 all of our recruited families will be invited back for their children to receive a follow up dental screening and to complete a follow up questionnaire. We will also collect follow up data from each organisation undergoing CORe to assess the effect of the action plans on improving the cultural competency of the organisation.

“ The intervention intends to promote child oral health and wellbeing through a peer-led oral health education program. ”

3. SYNTHESISING EVIDENCE AND PROMOTING EVIDENCE-INFORMED DECISION MAKING

Our program works at multiple levels to promote evidence-informed decision making. We aim to facilitate the translation and exchange of knowledge to and with those who need it to conduct effective ‘real world’ programs.

The evidence synthesis carried out by The Cochrane Public Health Group is an essential component of this program area and an integral part of our overall program. Research synthesis is conducted to answer specific policy and practice relevant questions about what works, for whom, why, at what cost and over what time period. As such, the reviews describe the overall picture of the existing evidence-base and reduce the need to rely on individual studies to provide answers to important policy and practice questions. Research synthesis also identifies research gaps and so guides the continued advancement of the evidence-base.

In addition to synthesising evidence, we also facilitate the use of evidence in the decision making process. We have embarked on a local and international research program to better understand the effectiveness and cost effectiveness of different and integrated knowledge translation strategies. This field of research is new internationally and our work is leading the way in Australia.

PROJECT UPDATES

- Cochrane Public Health Group
- GRADE
- KT4LG (Knowledge Translation for Local Government)
- COOPS

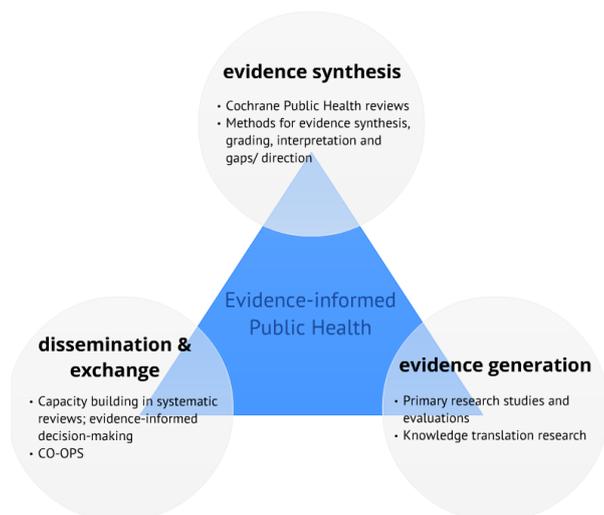


Image: Framework demonstrating how this program area contributes to evidence-informed decision making

COCHRANE PUBLIC HEALTH GROUP

The Cochrane Public Health Group (CPHG), as an entity of the highly regarded international Cochrane Collaboration. The group summarises evidence for public health decision making, in the form of Cochrane reviews, published by Wiley Blackwell. We aim to increase the quality, quantity and utilisation of systematic reviews relevant to public health policy and practice. To achieve this, we have developed a capacity building program involving the further development (and publication) of methods for conducting reviews of complex public health interventions, provision of support for authors carrying out reviews and the recruitment and ongoing support of a strong editorial team.

Our editorial team currently supports over 220 authors and 70 voluntary external referees in the production of Cochrane reviews of the effects of population-level interventions for health. We currently have 44 reviews published or in-development, three published reviews, 22 published protocols, 14 draft protocols, and five titles in development. The overall Impact Factor (IF) is currently five point seven, however, figures released from publishers of The Cochrane Library this year indicated the IF for the Cochrane Public Health Group is nine. This IF is based on results from our first review: Flexible working conditions. All three published reviews have well exceeded (by three to five times) the mean free text download for all Cochrane reviews, illustrating a thirst for these type of high quality reviews in public health.

Over the next year we expect a further 20+ reviews to be published on The Cochrane Library and disseminated throughout the public health and general community. Planning is also well underway also to establish satellite entities of the CPHG in the UK and in India.

GRADE

Decision-makers choosing between various strategies to address public health issues need to make an informed assessment of the benefits and potential harms of alternative strategies and ensure that limited resources are used wisely.

The GRADE (Grades of Recommendation, Assessment, Development and Evaluation) framework is widely endorsed internationally, providing a standardized approach for assessing the quality of a body of effectiveness evidence and deriving the strength of a potential evidence-informed recommendation. GRADE has an ever-strengthening presence in clinical decisions (www.gradeworkinggroup.org), and much investment is currently being made in public health to assess its appropriateness and usefulness. There are also significant advantages in using the same framework to assess effective evidence across both clinical and public health spheres.

We are working with authors of reviews to address the challenges of applying the GRADE framework within systematic reviews which typically involve complex, population-level interventions and provide tailored guidance to such authors. Applying the GRADE framework to public health reviews provides practical examples for training and capacity building among systematic review authors in public health. Through this work we also contribute to the ongoing refinement of the GRADE methodology and we sit on the international GRADE working group which meets regularly to propose changes to the GRADE methodology and guidance to ensure relevance across disciplines.

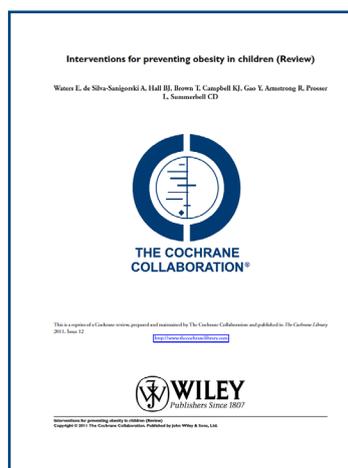


Image: Interventions for preventing obesity in children. The most highly downloaded review on The Cochrane Library for 2011.

KNOWLEDGE TRANSLATION FOR LOCAL GOVERNMENT (KT4LG)

KT4LG (Knowledge Translation for Local Government) was a two-year project aiming to explore the feasibility and effectiveness of knowledge translation strategies within a local government context. The evaluation design for this study was a cluster randomised controlled trial. KT4LG explored the impact of a facilitated program of support for Local Government staff, which included knowledge brokering, workforce development, tailored messages and evidence summaries.

“This study will contribute to the limited evidence-base on strategies to promote evidence-informed decision making in public health contexts.”

Preliminary data suggests that those in our intervention group were more likely to have seen and used our evidence summaries. They were also more likely to use and be influenced by a mixture of evidence, but more external than internal evidence. Those in our intervention group were also more likely to be interested in additional skill development. Collectively, we think these changes have the potential to contribute to better decision making in these councils related to public health practice and policy.

Looking to the future, this study will contribute to the limited evidence-base on strategies to promote evidence-informed decision making in public health contexts. Implications will be developed in consultation with key stakeholders to determine ‘ways forward’ for future KT strategies, such as public health workforce capacity building.

CO-OPS

Obesity prevention is an urgent public health concern in Australia and a key area of interest and expertise within our program, particularly in relation to generating and using evidence to achieve more effective, obesity prevention strategies in practice and policy settings. In collaboration with Deakin University and the University of Sydney, we have contributed to the Collaboration of Community-based Obesity Prevention Sites (CO-OPS) since 2007, with Liz Waters on the steering group. In December 2011, with Deakin leading the application process, we submitted a collaborative application with Deakin, University of Sydney and Flinders University to the Department of Health and Aging (DoHA) Chronic Disease Prevention and Service Improvement Fund.

Our application was successful and in June 2012 DoHA committed to continue a new and expanded version of CO-OPS for three years. The overall aim of CO-OPS is to create a robust national Knowledge Translation and Exchange (KTE) system which links academic, policy and practice professionals to ensure best practice in the promotion of healthy eating, regular physical activity and healthy weight. We have been funded to play a lead role in guiding activities and evaluation of KTE within CO-OPS to support evidence-informed obesity prevention practice. Over the next three years, we plan to deliver and evaluate a range of KTE activities in response to workforce need such as training, evidence resources, and knowledge brokering. The expanded CO-OPS network will build on the existing presence, increase the level of support for practitioners, and facilitate crucial links with research and policy.

4. STRATEGIC PARTNERSHIPS AND RESEARCH CAPACITY BUILDING

Strategic partnerships form the basis of all Brockhoff Child Health and Wellbeing research studies. Research ideas are generated in partnership, to ensure that research is conducted with contributions from a broad range of stakeholders (including community-based practitioners, NGOs, government departments, researchers) and findings of research are shared and interpreted as a team. In addition, our partnerships with local and state governments enable a robust policy - practice research nexus to be built.

Capacity building is a goal of all our stakeholders and this includes building research capacity to both carry out research and use research evidence. Internally we aim to develop a research team with the skills to understand community context with respect to child health and wellbeing; whilst externally we support our partner organisations in their own research endeavours. Our efforts in workforce development seek to cultivate understanding of applied evaluation processes and how to find and use systematic reviews in the decision-making process.

UPDATES

- Evidence-Informed Public Health Short Course
- APHIRST - Oral Health
- Merri Community Health Services
- PhD Students
- New Honorary Research Fellows

EVIDENCE-INFORMED PUBLIC HEALTH SHORT COURSE

In 2012, 94 decision makers and practitioners have attended our two-day Evidence Informed Public Health short course.

March 21-22 - Graduate House Carlton

March 27 – National Heart foundation, Melbourne

June 21 – Yarra Ranges Shire Council

August 29-30 – Gippsland Health Promotion Workgroup, Department of Health, Traralgon

APHIRST-ORAL HEALTH

The Australian Population Health Improvement Research Strategy for Oral Health (APHIRST - Oral Health) is a translational research prevention centre and is flagship initiative of Dental Health Services Victoria (DHSV) and the Jack Brockhoff Child Health and Wellbeing Program. APHIRST takes a population-level approach to the prevention of oral disease and the promotion of oral health. The centre aims to increase the quantity and quality of public health improvement research that is focused on prevention research, to further understand and address factors that affect oral health inequality.

Since the establishment of APHIRST-Oral Health, the research capacity of Dental Health Services Victoria has expanded exponentially and research and evaluation has become embedded within the organisation. By embedding research into the organisation, the implementation of evidence-based practice within DHSV has also been ensured.

The program of activities currently underway relate to three overarching areas; knowledge translation, advocacy and capacity building; surveillance, monitoring and evaluation; and innovation and implementation research. Looking to the future, APHIRST-Oral Health intends to build upon current momentum to ensure high quality, innovative population-level oral health research is generated, disseminated and has an impact on clinical and health promotion practice, as well as research, programs and services. This work will increase the potential for the population to benefit from this investment and to reduce the burden of oral disease.

MERRI COMMUNITY HEALTH SERVICES

The Brockhoff team is proud of the long-standing community research collaboration with Merri Community Health Services (MCHS). The collaboration began in 2004 with the fun 'n healthy in Moreland! study, a 5 year school based child health promotion and obesity prevention trial. The partnership model for this collaboration included appointment of staff from across both organisations to the study, which included joint appointments and the co-location of staff. This model of working has maximised knowledge transfer, the sharing of resources and was supported by shared decision-making and mutual capacity building. Working in this has also increased the relevance and rigour of the research studies and allowed new opportunities for partnership studies to emerge in response to community issues.

One such partnership study, Teeth Tales, was conceived following an informal discussion between the MCHS Health Promotion team and the fun 'n healthy in Moreland! research team. Both teams identified that dental service data, limited access to parent-education programs for migrant families and quite varied oral health cultural practices and beliefs, were indicating that there are significant sociocultural differences in child oral health within the Moreland community. The Brockhoff research team and the MCHS Health Promotion staff agreed to jointly seek funding to explore these issues further– and so Teeth Tales began. Similarly, the Stepping Out study, which explored child negotiations for independence, was situated in Moreland to benefit from the partnership with Merri Community Health Services and the local schools.

This ongoing collaboration has resulted in a number of key successes across the partnership. Brockhoff researchers have increased community and cultural competence as evidenced by the publication of guidelines for culturally competent public health research in international peer reviewed journals/ books. Within MCHS there is now increased research capacity as evidenced by the expansion of the health promotion unit to include responsibility for research programs and the adjustment of the Manager's position description to include responsibilities for managing research. In addition, MCHS planning and reporting documents now demonstrate a commitment to participating in research and an evidence-based approach. Finally, research studies demonstrate increased relevance, evidenced by the recent announcement of Teeth Tales as a finalist in the Victorian Health Promotion Foundation Awards.

PHD STUDENTS

Rachel Boak

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 Jan 2010 (Part-time)

Lara Corr

Work and Wellbeing in Family Day Care. Commenced May 2010

Dr Simon Crouch

Child Health and Wellbeing in Same-Sex Parent Families - The Australian Study of Child Health in Same-Sex Families (ACHES). Commenced March 2011

Jessica Herbert

What is the value of community based cooking interventions? Commenced May 2011

Dr Ben Keith

Pathways to better oral health outcomes for intravenous drugs users. Commenced June 2010

Connie Kellett

Anger, and anger support, for individuals and communities affected by the 2009 Black Saturday bushfires. Commenced October 2011

Marian Lok

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

Mandy Truong

Examining the impact of an organisational cultural competence intervention on a community health service: from individual and organisational perspectives. Commenced April 2011

Gisela Van Kessel (Professional Doctorate).

An exploration of the interventions perceived to influence the resilience of adult populations to the effects of natural disasters Commenced February 2010.

Submitted 2012

Pam Leong

Predictors for early childhood caries: A birth cohort study. Submitted November 2012

Dr Karen Block

Refugee youth, social inclusion and health. Submitted November 2012



Photo: Dr Karen Block submitting her PhD thesis.

NEW HONORARY RESEARCH FELLOWS

John Richardson from the Australian Red Cross and Greg Ireton from Health and Human Services Emergency Management Branch, Victorian Department of Human Services, have joined our program as honorary fellows and will be working with the Beyond Bushfire team and related research teams.

5. ADVOCACY

Improvements in child health, the quality and relevance of research, and strategies to increase the inclusion of evidence in decision making can't occur without a recognition and commitment to advocacy. This requires engagement with stakeholders, understanding the political context, being prepared to contribute to the debates and dialogues, and establishing initiatives that enable the voices of those who face great challenges in being able to advocate for themselves.



UPDATES

- Brockhoff Advocacy & Communications

BROCKHOFF ADVOCACY & COMMUNICATIONS



This year, as part of our advocacy work, we have:

- Established a new Child Citizen Collaboration to recognise the role of children in disaster.
- Developed a partnership with public health leaders in the south Asian region to build capacity for evidence in public health decision making
- Engaged at senior levels with the Department of Education and Early Childhood, Dental Health Services Victoria, Yooralla, Foundation House, and Windermere.

In addition, our Brockhoff Communications Program has taken big steps in continuing to work to disseminate our work far and wide. Our team has embraced our communications strategy and undergone training in presentation and media skills.

One of our main objectives this year was to increase our presence in both online and traditional forms of media such as print and radio. We have had significant growth in our social media followers and increased interactions with these followers.

Some of our main highlights during 2012 include:

- Increasing our twitter followers from 150 last year to 270 on @BrockhoffTeam twitter page
- A huge 452 followers on the @CochranePH twitter page and 147 on @BeyondBushfires
- Facebook followers doubling from last year with increased interaction.
- Dr Lisa Gibbs speaking on the Derryn Hinch 3AW radio program and regional radio across Victoria to promote the Beyond Bushfires study

- Beyond Bushfires appearing in The Voice, Leader Newspapers, Bendigo Advertiser and Border Mail.
- Dr Simon Crouch’s ACHES study appearing in The Age, The Voice, MX. Online on The Conversation and Open Forum. On radio on ABC National Radio, ABC Australian International and RRR. On television on Channel 10’s Breakfast program, SBS World News
- An article written by Elizabeth Waters, Andrea de Silva-Sanigorski, Belinda Burford and Tahna Pettman ‘Healthier kids requires more than getting them off the couch’ published on The Conversation. (www.theconversation.edu.au)
- An article published on The Conversation in response to an article in The Age ‘F for fat: obesity on report cards?’ (Published 7th Dec 2012). Response titled ‘Adding kids’ weight to report cards will do more harm than good for obesity prevention’ by Elizabeth Waters, Andrea de Silva-Sanigorski, Lisa Gibbs, Tahna Pettman.
- Opinion piece on obesity prevention by Alana Pirrone -Savona published in The Age.

We have also welcomed a new member to the team, Dr Kirsty Jones, who has been appointed as the Research Engagement Officer. Kirsty has been working across the team to help the program engage with stakeholders more effectively.

We have exciting plans for 2013. We are currently working with The University of Melbourne’s Advancement team to expand our webpage and increase its interactivity. Plans for a Brockhoff blog are also in the works, along with establishing a social media working group to explore new and exciting online ventures.

Online & social media

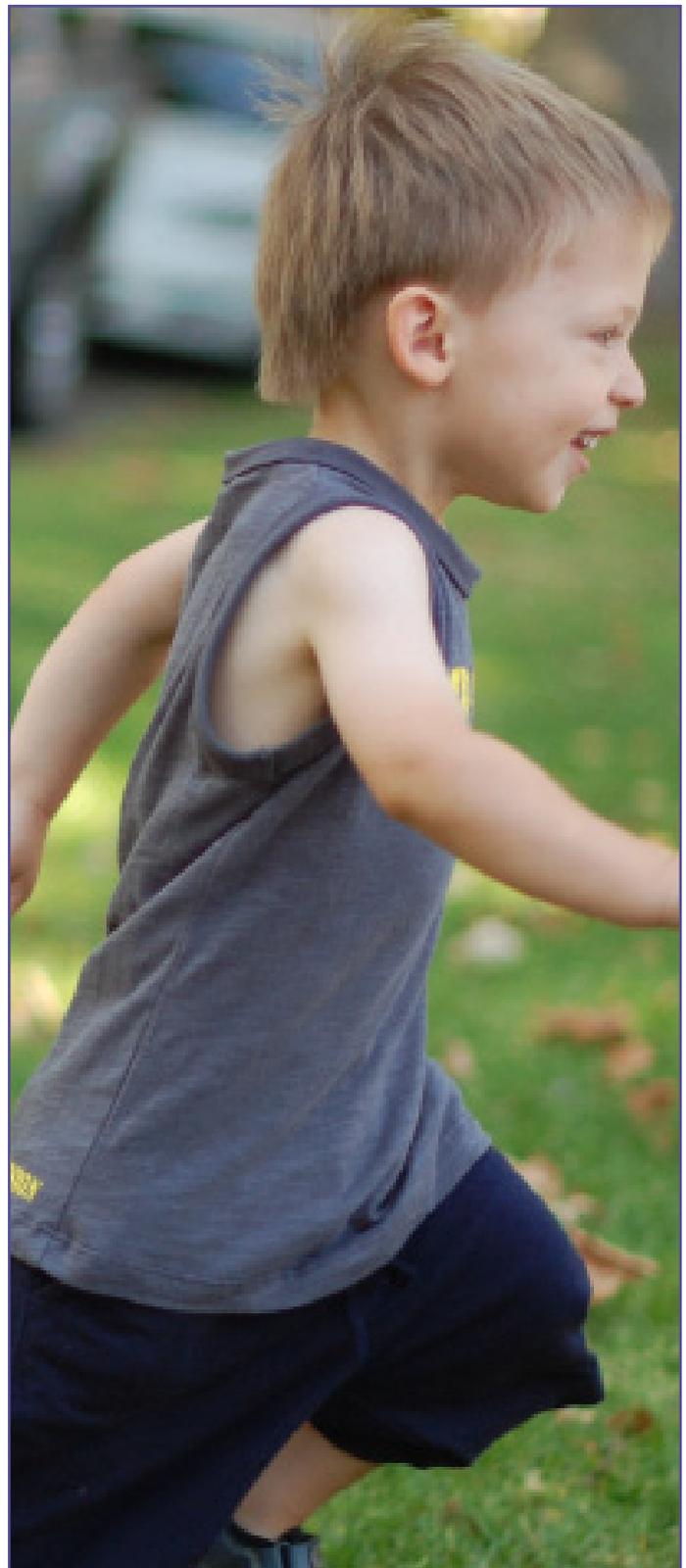
Brockhoff Facebook page:	facebook.com/BrockhoffChildResearch
Brockhoff Twitter page:	twitter.com/#!/BrockhoffTeam
Webpage:	mccaugheycentre.unimelb.edu.au/research/brockhoff
CPHG Twitter:	twitter.com/#!/CochranePH
CPHG webpage:	ph.cochrane.org/
Beyond Bushfires Facebook:	facebook.com/BeyondBushfires
Beyond Bushfires Twitter:	twitter.com/#!/BeyondBushfires
Webpage:	beyondbushfires.com.au/
APHIRST Oral Health	dhsv.org.au/research/aphirst-oral-health/
ACHES:	achess.org.au

LOOKING TO THE FUTURE

2013 brings a year of many meaningful and exciting initiatives. Both the Jack Brockhoff Child Health and Wellbeing Program and the Cochrane Public Health Group celebrate five years of making an impact on evidence, policy, programs, children, families and practitioners. This will occur within a year when there are significant related events occurring in Melbourne and an international 20th birthday celebration for the Cochrane Collaboration.

Specifically, we plan to:

- Expand our disability research to establish a new partnership with research and disability organisations.
- Host an international child-focused symposium on children in disasters with Scienceworks.
- Report on the first wave of Beyond Bushfires.
- Evaluate the national investment in childhood obesity prevention.
- Launch an international collaboration of Evidence-Informed Child and Public Health activities across India, China and Germany, in alignment with the University of Melbourne's strategic research vision.
- Maximise the research-policy potential in relation to the MSPH partnership with DEECD.
- Secure long term funding for team members.



PUBLICATIONS & GRANTS

Journals

1. Armstrong R, Pettman T, Burford B, Doyle J, & Waters E. Tracking and understanding the utility of Cochrane reviews for public health decision-making. *Journal of Public Health*, 2012. 34(2): 309-313.
2. Ashong J, Muthayya S, De-Regil L, Laillou A, Guyondet C, Moench-Pfanner R, Burford BJ, Peña-Rosas JP. Fortification of rice with vitamins and minerals for addressing micronutrient malnutrition (Protocol). *The Cochrane Library*. 2012(6).
3. Block K, Gibbs L, Staiger P, Gold L, Johnson B, Macfarlane S, Townsend M & Long C. Growing Community: The Impact of the Stephanie Alexander Kitchen Garden Program on the Social and Learning Environment in Primary Schools. *Health Education & Behavior*. 2012. 39(4): 419-432.
4. Block K, Warr D, Gibbs L, & Riggs, E. Addressing ethical and methodological challenges in research with refugee-background young people: reflections from the field. *Journal of Refugee Studies*.
5. Burford BJ, Coren E, Davison C, Thomas S, Doyle J, Armstrong R & Waters E. Evidence to support the needs of children and young people: upcoming reviews from the Cochrane Public Health Group. *Journal of Public Health* 2012. 34(3):467-470.
6. Charkraborty K, Nansen B, Gibbs L & MacDougall C. Ethical Negotiations: Committees, Methods and Research with Children. *International Journal of Children's Rights*. 2012 (Advanced access).
7. Crouch S, Waters E, McNair R, Power J & Davis E. ACHES The Australian study of child health in same-sex families: background, research, design and methodology. *BMC Public Health*. 2012. 12(646).
8. Davis E, Mackinnon A, Davern M, Boyd R, Bohanna I, Waters E, Graham H.K, Reid S & Reddihough D. Description and psychometric properties of the CP QOL-Teen: a quality of life questionnaire for adolescents with cerebral palsy. *Research in Developmental Disabilities*. 2013. 34: 344-352.
9. de Silva-Sanigorski A, Bell A, Kremer P, Park J, Demajo L, Smith M, et al. Process and Impact Evaluation of the Romp & Chomp Obesity Prevention Intervention in Early Childhood Settings: Lessons Learned from Implementation in Preschools and Long Day Care Settings. *Childhood Obesity*. 2012. 8(3): 205-15.
10. De Silva-Sanigorski A, Prosser L, Hegde S, Gussy MG, Calache H, Boak R, Nasser M, Carpenter L & Barrow S. Community-based, population level interventions for promoting child oral health (protocol). *The Cochrane Library*. 2012 Issue 5.
11. Nansen B, Chakraborty K, Gibbs L, Vetere F, & MacDougall, C. Children and Digital Wellbeing in Australia: Online Mediation, Conduct and Competence. *Journal of Children and Media* 2012. 6(2): 237-254.
12. Nansen B, Chakraborty K, Gibbs L, Vetere F, and MacDougall, C. (2012) 'You Do the Math': Mathletics and the Play of Online Learning. *New Media & Society* 14.7: 1216-1235.
13. Pettman TL, Armstrong R, Doyle J, Burford B, Anderson LM, Hillgrove T, Honey N & Waters E. Strengthening evaluation to capture the breadth of public health practice: ideal vs. real. *Journal of Public Health*. 2012. 34: 151-155.
14. Priest N, Mackean T, Davis E, Waters E, Briggs L. Strengths and challenges for Koori kids: Harder for Koori kids, Koori kids doing well – Exploring Aboriginal perspectives on social determinants of Aboriginal child health and wellbeing. *Health Sociology Review*. 2012. 21(2): 165-179.
15. Riggs E, Block K, Gibbs L, Davis E, Szwarc J, Casey S, Duell-Piening P & Waters E. Flexible models for learning English are needed for refugee mothers. *Australian Journal of Adult Learning*. 2012. 52(2): 397.
16. Riggs E, Davis E, Gibbs L, Block K, Szwarc J, Casey S, Duell-Piening P & Waters, E. Accessing maternal and child health services in Melbourne, Australia: Reflections from refugee families and service providers. *BMC Health Services Research*. 2012, 12(117).
17. Riggs E, van Gemert C, Gussy M, Waters E & Kilpatrick N. Reflections on cultural diversity in oral health promotion and prevention. *Global Health Promotion*. 2012. 19(1): 60-3.
18. Sims M, Davis E, Davies B, Nicholson J, Harrison L, Herrman H, Waters E, Marshall B, Cook K & Priest N. Mental Health Promotion in Childcare Centres: Childcare educators' understanding of child and parental mental health" *Australian e-Journal for the Advancement of Mental Health*, 2012. 10(2): 139-149.
19. Townsend M, Gibbs L, Macfarlane S, Block K, Staiger PK, Gold L, Johnson B & Long C. Volunteering in a school kitchen

garden program: Cooking up confidence, capabilities and connections. *Voluntas*. 2012 (Advanced access).

20. Wake M, Clifford S, Patton G, Waters E, Williams J, Canterford L, et al. Morbidity patterns among the underweight, overweight and obese between 2 and 18 years: population-based cross-sectional analyses. *International Journal of Obesity*. 2012: 1-8.
21. Welch V, Petticrew M, Tugwell P, Moher D, O'Neill J, Waters E, White H, and the PRISMA-Equity Bellagio Group. PRISMA-Equity 2012 Extension: Reporting Guidelines for Systematic Reviews with a Focus on Health Equity. *PLoS Med*. 2012. 9(10): e1001333. doi:10.1371/journal.pmed.1001333.

Accepted

1. Bohanna I, Davis E, Williamson L & Priest N. Family Day Care in Australia: a systematic review of research (1996-2010). *Australian Journal of Early Childhood*. Accepted April 2012.
2. Christian B & Blinkhorn AS. A review of dental caries in Australian Aboriginal children: the health inequalities perspective. *Journal of Rural and Remote Health*. Accepted August 2012.
3. Burford BJ, Rehfues E, Schünemann HJ, Akl EA, Waters E, Armstrong R, Thomson H, Doyle J & Pettman T. Assessing evidence in public health: the added value of GRADE. *Journal of Public Health* (in press).
4. Cook K, Davis E, Williamson L, Harrison L & Sims M. Discourses of professionalism in family day care. *Contemporary Issues in Early Childcare*. Accepted 2012.
5. Davis E, Freeman R, Doherty G, Karlsson M, Everiss L, Couch J, Foote L, Murray P, Modigliani K, Owen S, Griffin S, Friendly M, McDonald G, Bohanna I, Williamson L, Smyth L, Mørkeseth E, Morreaunet S, Ogi M, Fukukawa S & Hinke-Rahnau J. An International Perspective on Regulated Family Day Care Systems. *Australasian Journal of Early Childhood*. Accepted 2012.
6. de Silva-Sanigorski A, Ashbolt R, Green, Calache H, Keith, Riggs E & Waters E. Parental self-efficacy and oral health related knowledge are associated with parent and child oral health behaviors and self-reported oral health status. *Community Dentistry and Oral Epidemiology*. 2012. In press.
7. Gibbs L, MacDougall C & Harden J. Ethical and appropriate involvement of children and families in bushfire research. *Health Sociology Review*. Accepted 2012.
8. Gibbs L, Staiger P, Johnson B, Block K, Macfarlane S, Gold L, Kulas J, Townsend M, Long C & Ukoumunne O. Expanding children's experience of food: The impact of a school-based kitchen garden program. *Journal of Nutrition Education and Behavior*. Accepted August 2012.
9. Gibbs L, Staiger P, Townsend M, Macfarlane S, Gold L, Block K, Johnson B, Kulas J & Waters E. Methodology for the evaluation of the Stephanie Alexander Kitchen Garden Program. *Health Promotion Journal of Australia*. Accepted October 2012.
10. Leong P, Gussy M, Barrow SL, de Silva-Sanigorski A, Waters E. A systematic review of risk factors during the first year of life for early childhood caries. *International Journal Paediatric Dentistry*. Accepted June 2012.
11. MacDougall C, Gibbs L & Clark R. Community based prevention programs during the 2009 bushfire disasters in Australia: policy implications derived from applying theory. *Disasters*. Accepted June 2012.
12. Nansen B, Chakraborty K, Gibbs L, Vetere F & MacDougall C. "MyBus": Children's Mobile Health, Wellbeing and Digital Inclusion" *Journal of Community Informatics*. Accepted January 2012.
13. Nansen B, Wilken R, Arnold M & Gibbs L. Digital Literacies and the National Broadband Network: Competency, Legibility, Context. *Media International Australia*. Accepted October 2012.
14. Pasricha S-R, De-Regil LM, Garcia-Casal MN, Burford BJ, Gwartz JA & Peña-Rosas JP. Fortification of maize flour with iron for preventing anaemia and iron deficiency in populations. *Cochrane Database of Systematic Reviews* 2012. Issue 11. In press.
15. Pettman TL, Armstrong R, Pollard B, Evans R, Stirrat A, Scott I, Davies-Jackson G & Waters E. Using evidence in health promotion in local government - contextual realities and opportunities. *Health Promotion Journal of Australia*. December 2012. In press.
16. Pirrone A, Capetola T, Riggs E, Renzaho A. Vitamin D deficiency awareness among African migrant women residing in high-rise public housing in Melbourne, Australia – A qualitative study. *Asia Pacific Journal of Clinical Nutrition*. Accepted November 2012.
17. Williamson L, Davis E, Cook K, Mackinnon A, Sims M & Herrman H. Information seeking in family day care: access, quality and personal cost. *European Early Childhood Education Research Journal*. Accepted April 2012.

Reports

1. Block K, Gibbs L, Howell-Meurs S, Waters E. Promoting and supporting wellbeing for middle-years children. A literature review conducted for children living on the North Richmond Housing Estate. Melbourne: Jack Brockhoff Child Health & Wellbeing Program, The McCaughey VicHealth Centre, Melbourne School of Population Health, The University of Melbourne. 2012 May.
2. Gibbs L, MacDougall C, Nansen B, Vetere F, Ross N, Danic I, McKendrick J, & LaMontagne T. Stepping Out: Children Negotiating Independent Travel. VicHealth report. Jack Brockhoff Child Health and Wellbeing Program, The McCaughey Centre, University of Melbourne. 2012 November.

Books

1. Block K, Riggs E, Haslam N (eds). (In press) Values and Vulnerabilities: The Ethics of Research with Refugees and Asylum Seekers. Brisbane: Australian Academic Press.

Book Chapters

1. Block K, Riggs E, & Haslam N. (In press). Ethics in research with refugees and asylum seekers: Processes, power and politics. In K. Block, E. Riggs & N. Haslam (Eds.), Values and Vulnerabilities: The Ethics of Research with Refugees and Asylum Seekers. Brisbane: Australian Academic Press.
2. Kohn T, Gibbs M, Arnold M & Nansen B. (2012) Facebook and the Other: Administering to and Caring for the Dead Online, in Hage, G (ed), Responsibility, University of Melbourne Press, pp 128-141.
3. Pettman T, Armstrong R, Burford B, Doyle J, Anderson L & Waters E (Forthcoming). Chapter 20: Evidence synthesis to inform NCD prevention and health promotion Global Handbook on Non-communicable diseases and Health Promotion. D. McQueen, Springer.
4. Pettman T, Armstrong R, Burford B, Doyle J, Anderson L & Waters E (Forthcoming). Chapter 21: Using evidence to inform NCD prevention and health promotion Global Handbook on Non-communicable diseases and Health Promotion. . D. McQueen, Springer.
5. Waters E, de Silva-Sanigorski AM, Pettman TL, Bruckner M and Gibbs L (2013: Forthcoming). Childhood Obesity, Oxford Bibliographies Online: Public Health.

Conference abstracts, posters, presentations, workshops

1. Armstrong R, Pettman T, Hillgrove T & Honey N. Evidence-informed public health: Accessing, appraising and applying research findings to inform decision-making and practice. workshop (breakfast session). *2nd National Population Health Congress*, Adelaide, September 2012.
2. Armstrong R, Waters E, Pettman T, Dobbins M, Moore L, Anderson LM, Petticrew M, Moodie M, Clark R & Swinburn B. Implementation of a practical model of Knowledge translation to support evidence-informed public health decision-making in Victorian local governments. *1st Biennial Australian Implementation Conference*. Melbourne, October 2012.
3. Armstrong R, Waters E, Pettman T, Doyle J, Burford B. Supporting Evidence-informed public health: Research, Workforce development and Teaching Strategies. *CAPHIA (Council of Academic Public Health Institutions Australia) Teaching and Learning Forum*, 13-14 September 2012, South Australian Museum, Adelaide.
4. Armstrong R, Waters E, Swinburn B, Moore L, Dobbins M, Pettman T, Petticrew M, Anderson L & Moodie M. Knowledge translation strategies to support evidence-informed decision-making in Victorian local government. *2nd National Population Health Congress*, Adelaide, September 2012.
5. Ashbolt R, Carpenter L, Waters E, Leong P, Hegde S, Calache H, Gussy M, Virgo-Milton M & de Silva-Sanigorski A. Promoting child oral health in the community – learnings from the VicGen cohort study. *Health Promotion Extravaganza*. Melbourne, August 2012. (Poster).
6. Block K & Davern M. Supporting social inclusion and wellbeing for refugee-background youth in Australia. *XI ISQOLS Conference*, Venice, November 2012.
7. Block, K & Gibbs, L. Adding Value to Evaluation Using a Theoretically Grounded Approach. *Australian Evaluation Society International Conference*, Adelaide, August 2012.
8. Block K & Gibbs L, People and Recovery – Beyond Bushfires: Community Resilience and Recovery, The Rotary Foundation Conference, Melbourne, 23rd- 25th March 2012 (Invited Speaker).
9. Block K, Nansen B, Gibbs L & MacDougall C. Engaging children and refugee youth in research by eliciting ‘alternative literacies’. *RC33 Eighth International Conference on Social Science Methodology*, Sydney, July 2012.

10. Burford B, Waters E, Armstrong R, Doyle J. Evidence synthesis: Methodological strategies for systematic reviews of complex population level interventions. *2nd National Population Health Congress*, Adelaide, September 2012.
11. Crouch S. Child health and wellbeing in same-sex families. The Law Institute of Victoria: Children and Youth Issues Committee. *The Law Institute of Victoria*, Melbourne, 2012.
12. Crouch S. Pride and Prejudice: child health and wellbeing in same-sex families. Research and research training conference. *The University of Melbourne*. Melbourne, 2012.
13. Crouch S. Surrogacy: a complicated journey – an interactive workshop. Ethics, Gender and the Family – breadth subject. *The University of Melbourne*. Melbourne, 2012.
14. Crouch S, Waters E & McNair R. Child health and wellbeing in same-sex families: A scoping study to inform the Australian context. *2nd National Population Health Congress*, Adelaide, September 2012.
15. Davis E, Freeman R, Doherty G, Karlsson M, Everiss L, Couch J, Foote L, Murray P, Modigliani K, Owen S, Griffin S, Friendly M, McDonald G, Bohanna I, Williamson L, Smyth L, Mørkeseth E, Morreaunet S, Ogi M, Fukukawa S & Hinke-Rahnau J. An international perspective on regulated family day care systems: Learnings and future directions for research and practice. *International Family Day Care Conference*, Brisbane, 2012 (Workshop).
16. Davis E, Williamson L, Smyth L, Sims M, Mackinnon A, Cook K, Waters E, Herrman H, Harrison L, Mihalopoulos C and Marshall B. Promoting children's social and emotional wellbeing: Development and feasibility of Thrive. *International Family Day Care Conference*, Brisbane, July 2012 (Workshop).
17. Davis E, Williamson L, Waters E, Herrman H, Mackinnon A, Sims M, Cook K, Harrison L, Mihalopoulos C, Smyth L & Marshall B. Thrive: a randomised controlled trial to build the capacity of family day care educators to promote children's mental health; baseline data directing program content. *7th World Conference on the Promotion of Mental Health and Prevention of Mental Illness*, Perth, October 2012.
18. de Silva-Sanigorski A, Keith B, O'Callaghan E, Carpenter L, Porter J, Hegde S, Calache H, Gussy M, Barrow SY and Waters E. A family centred approach to improving oral health in early childhood: a pilot study. *2nd National Population Health Congress*, Adelaide, September 2012.
19. Gallagher C. Evidence Landscapes: Scoping for a Systematic Review in Post-Disaster Health, 2007-present. Evidence Aid Conference. Brussels Oct 2012.
20. Gallagher C, Gibbs L, Pattison P, Lusher D, Harms L, MacDougall C, Forbes D, Bryant R, Block K, Snowdon E & Waters E. Beyond Bushfires: Community networks and recovery post-disaster', paper presented to Communities and Resilience: A focus on social networks for preparedness, *RMIT, Centre for Sustainable Organisations and Work on behalf of the Bushfire Cooperative Research Centre*, Melbourne, October 2012.
21. Gibbs L. The Great Debate: Are we stuck in the 80s? Does Health Promotion have a Norm and Libby Complex? *Health Promotion Extravaganza*, Melbourne August 2012.
22. Gibbs L, MacDougall C. Investigating responses to the 2009 Victorian bushfires: What can Canterbury learn? *Learning from Disasters seminar*. Christchurch NZ November 2012.
23. Gibbs L, MacDougall C & Block K. The 'Magic Pen': Using digitised pen and paper to collect, analyse and link audio and written data. *RC33 Eighth International Conference on Social Science Methodology*. Sydney, July 2012.
24. Gibbs L, MacDougall C, Block K & Waters E. Politically reflexive research in a changing world. *2nd National Population Health Congress*, Adelaide, September 2012.
25. Gibbs L, Waters E, Harms L, Lusher D, MacDougall C, Block K, Richardson J. Investigating individual, social and community level factors in post-bushfire recovery. *Australian & New Zealand Disaster and Emergency Management Conference*, Brisbane, April 2012.
26. Hoare A, de Silva-Sanigorski A, Virgo-Milton M, Gold L, Scott A, Smith M, Sivey P, Boak R, Calache H, Gussy M, Waters E. Influences on maternal drink choices for their young children. *2nd National Population Health Congress*, Adelaide, September 2012.
27. MacDougall C, Nansen B, Gibbs L, Vetere F, Danic I, McKendrick J, Ross, N, LaMontagne T. (2012) Stepping Out: Children Negotiating Independent Travel. *2nd National Population Health Congress*, Adelaide, September 2012.
28. Nansen, B (co-authors: Gibbs, M, Arnold, M, Kohn, T) Digital Memorialisation and the Posthumous Biography, on Panel: Distributed Biographies: Narratives of life and death on distributed networks. *Framing Lives, the 8th Biennial Conference of the International Auto/Biography Association*, ANU, Canberra, July 2012.
29. Pettman T, Armstrong R, Waters E, Swinburn B, Moore L, Dobbins M, Petticrew M, Anderson L & Moodie M. Knowledge translation for public health: Implementing workforce development to support evidence-informed decision making. *2nd National Population Health Congress*, Adelaide, September 2012.

30. Truong M, Paradies Y & Priest N. Cultural competency in health care: a systematic review of the evidence. *2nd National Population Health Congress*, Adelaide, September 2012.
31. Truong M, Pradel V, Gibbs L, Morris M, Johnson B, Riggs E & Young D. 'Teeth tales partnerships: Improving child oral health through the development of the Cultural Competency Organisational Review (CORE) to enhance service access and delivery', *Health Promotion Extravaganza, Health West Partnership*, Melbourne, August 2012.
32. Virgo-Milton M, Heaney T, Carpenter L, Gibson J, Hegde S, Leong P, Porter J, Nguyen T, O'Callaghan E, Amezdroz E, Ashbolt R, Waters E and de Silva-Sanigorski A. Maintaining participant's engagement in long term research activities – experience from the VicGen study. *Health West Health Promotion Extravaganza*, Melbourne, August 2012. (Poster).
33. Virgo-Milton M, de Silva-Sanigorski A, Hoare A, Gold L, Scott A, Smith M, Sivey P, Boak R, Calache H, Gussy M & Waters E. Mothers' views on the challenges to promoting good child oral health. *2nd National Population Health Congress*, Adelaide, September 2012.
34. Walton J, Paradies Y, Priest N, Waters E, Wertheim E, Freeman, E & Trinder M. Promoting intercultural understanding in Australian schools through local and global community engagement (Transcending Borders between Homes and Schools: Exploring Community Engagement and Collaboration in Culturally Diverse Contexts Panel). *American Anthropological Association Annual Meeting*. San Francisco, CA, November 2012.
35. Walton J, Paradies Y, Priest N, Waters E, Wertheim E, Freeman, E & Trinder M. Strengthening and critically reflecting on cultural identity to promote intercultural understanding in Australian schools, (Contesting Identities, Discourses and Perceptions in Education Panel). *Australian Anthropological Society Annual Meeting*, Brisbane, September 2012.
36. Waters E, Armstrong R, Doyle J, Burford B, de Silva-Sanigorski A. Invited speaker for the 20th Cochrane Colloquium. Challenges and Rewards of producing reviews that are relevant to WHO. *The New Zealand Branch of the Australasian Cochrane Centre*. New Zealand. September-October 2012.
37. Williamson L, Davis E, LaMontagne AD. & Waters E. Promoting the mental wellbeing of child care providers: insights from home-based workers. *2nd National Population Health Congress*, Adelaide, September 2012.
38. Williamson L, Davis E, LaMontagne AD & Waters, E. Workplace mental health promotion for child care providers: opportunities for advocacy and reform. *7th World Conference on the Promotion of Mental Health and Prevention of Mental Illness*, Perth, 2012.
39. Williamson L, Davis E, LaMontagne AD & Waters E. What makes a difference for educator mental wellbeing? *2012 International Family Day Care Conference*, Brisbane 2012. (Workshop).
40. Williamson L, Sanderson K & Smith M. Mental Health Special Interest Group. Mental health policy reform as a population based intervention. *7th World Conference on the Promotion of Mental Health and Prevention of Mental Illness*, Perth, 2012. (Workshop and paper presentation).
41. Young D, Gibbs L, Johnson B, Christian B, Abebe M, Waters E, deSilva-Sanigorski A and Gondal I. Practical considerations in culturally competent community-based intervention studies. *Health Promotion Extravaganza*, Melbourne, August 2012. (Poster).

Grants - Successful

- Allender S, Swinburn B, Foulkes C, Waters E, Gill T, Coveney J, Nichols M, Armstrong R, de Silva Sanigorski A & Pettman T. CO-OPS Mark II – A National Prevention Network. ITA 112/1112 Chronic Disease Prevention and Service Improvement Fund. \$3,447,647- 2012-2015.
- Arnold M, Wilken R, Gibbs M, Nansen B, & Coker, B. 2012. Institute for a Broadband Enabled Society (IBES) Seed Funding Grant \$49,991. Framing the NBN: Consumer Attitudes, Understandings and Perceptions. 2012.
- Crouch S. 2012. Children in same-sex families: health outcomes and their determinants. NHMRC Postgraduate Scholarship. 2012-2014. \$82,144.
- Davis E; Williams K; Waters E; Herrman H; Reddihough D; Fisher J. Developing a resource to support mental health needs of carers of children and young people. Practical Design Funding for National Disability Insurance Scheme, Department of Families, Housing, Community Services and Indigenous Affairs, 2012, \$157,801.
- Davis E; Williams K; Waters E; Scheinberg A; Reddihough D. Developing training guidelines for local area co-ordinators. Practical Design Funding for National Disability Insurance Scheme, Department of Families, Housing, Community Services and Indigenous Affairs, 2012, \$122,405.
- Gibbs, M, Arnold, M, Kohn, T, and Nansen, B (2012) Australian Communications Consumer Action Network (ACCAN) Grants Scheme \$51,492. Death and the Internet: Consumer Issues for Planning and Managing Digital Legacies and data.

6. Herrman H, Humphreys C, McGorry P, Kaplan, Mitchell, Harvey, Mihalopoulos C, Cotton, Davis, Vance. Improving mental health for young people in out-of-home care: providing participatory evidence-based mental health care across services. 2011 NHMRC Mental Health Targeted Call for Research, 2012-2017.
7. Nansen, Bjorn (2012) Discovery Early Career Researcher Award (DECRA). Children's Active Video Games: Family Perceptions, Uses and Negotiations. Australian Research Council, \$370,000

Webinars

1. Childhood Obesity prevention: What's the evidence? Australian broadcast. Webinar presented by M Dobbins-Scientific Director of Health evidence Canada, with Elizabeth Waters and Cochrane Public Health Group. 15th October, 1.30pm AEDT.

VicHealth Awards 2012

The 2012 VicHealth Health Promotion Awards: Smiles for Miles (led by DHSV), and Teeth Tales (finalist)



FRIENDS & SUPPORTERS

- The Jack Brockhoff Foundation
- National Health & Medical Research Council
- Australian Research Council
- VicHealth
- Victorian Department of Education & Early Childhood Development
- Victorian Department of Health
- Victorian Department of Human Services
- Dental Health Services Victoria
- Victorian Department of Sport and Recreation
- Centrelink
- Merri Community Health Services
- Barwon Health
- Moreland City Council
- Central Hume, Bendigo Loddon, North East, Outer East, Central West Gippsland, and Lower Hume Primary Care Partnerships
- Central West Gippsland Primary Care Partnership
- North Yarra Community Health Services
- Queensland Health
- Australian Red Cross
- Australian Rotary Health
- Foundation House for Survivors of Torture
- Windermere Family Day Care
- Family Day Care Australia
- Yooralla
- Helen McPherson Smith Trust
- Stephanie Alexander Kitchen Garden Foundation
- ANZ Trustees
- William Buckland Foundation
- Foundation for Children
- Sidney Myer Foundation
- Hunter Institute of Mental Health
- World Health Organisation
- Alannah and Madeline Foundation
- Country Fire Authority
- Australian Centre for Posttraumatic Mental Health
- Centre for Culture, Ethnicity and Health
- Yarra City Council
- Victorian Arabic Social Services
- Arabic Welfare
- Pakistan Australia Association Melbourne

OUR TEAM

Director

- Elizabeth Waters

Associate Directors

- Rebecca Armstrong
- Elise Davis
- Andrea de Silva-Sanigorski
- Lisa Gibbs

Team members

- Steve Anh
- Emily Amezdroz
- Christine Armit
- Rosie Ashbolt
- Sonia Barreto
- Karen Block
- Rachel Boak
- Andrea Bradley
- Belinda Burford
- Lauren Carpenter
- Bradley Christian
- Rahila Christian
- Lara Corr
- Simon Crouch
- Jodie Doyle
- Colin Gallagher
- Eve Gardiner
- Tamara Heaney
- Shalika Hegde

- Alex Hoare
- Eliza Hovey
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- Ben Keith
- Peter Kremer
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- Pamela Leong
- Coralie Mathews
- Kristen Moeller-Saxone
- Bjorn Nansen
- Linh Ngo
- Tan Nguyen
- Elise O'Callaghan
- Fiona O'Leary
- Tahna Pettman
- Alana Pirrone-Savona
- Veronika Pradel
- Tammy Rendina
- Joe Santoro
- Elyse Snowdon
- Maryanne Tadic
- Huong Tan
- Mandy Truong
- Monica Virgo-Milton
- Dana Young

Honorary team members

- Hanny Calache
- Mark Gussy
- Greg Ireton
- Colin MacDougall
- John Richardson
- Michael Smith

our team

