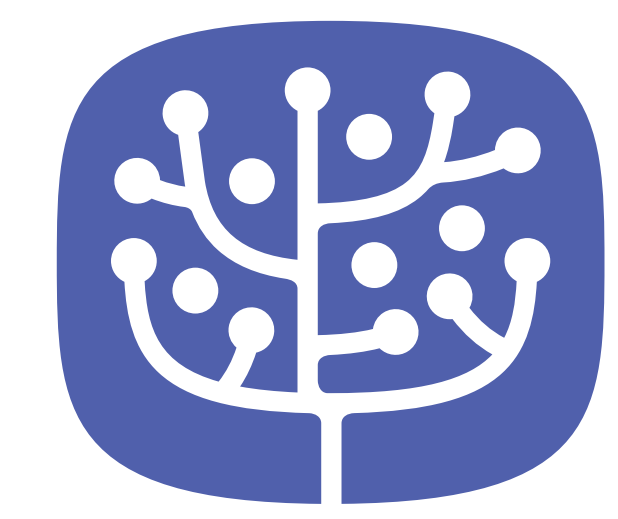




About Us

The Evidence and Child Health Unit comprises **two programs** of work: **The Jack Brockhoff Child Health and Wellbeing Program** and **Public Health Insight**. Both programs answer key questions that will inform decisions in policy and practice at the community, national and international levels.

The Jack Brockhoff Child Health and Wellbeing Program is concerned with the key drivers of child health; the influence of culture and social contexts on a child's early years that impact health, educational, social and employment prospects later in life.

Public Health Insight generates evidence-informed solutions for decision makers through a range of research services. We focus on population health, the social determinants of health and health equity.



Health Equity in our Research

The Jack Brockhoff Child Health and Wellbeing Program research projects are driven by a passion for justice, equity and human rights.

Examples of how we address health equity:

- Understanding the lived experience of refugee-background children in Australia
- Understanding how to better support child oral health promotion in culturally diverse communities
- Understanding the factors that contribute to the health and wellbeing of children with same-sex attracted parents



Public Health Insight focuses on interventions which aim to address the structural and social determinants of health, operating at the level of community, systems, policy, legislation and regulation. We are interested in understanding what works for whom, why, at what cost and over what time period.

Disability: Yooralla Partnership

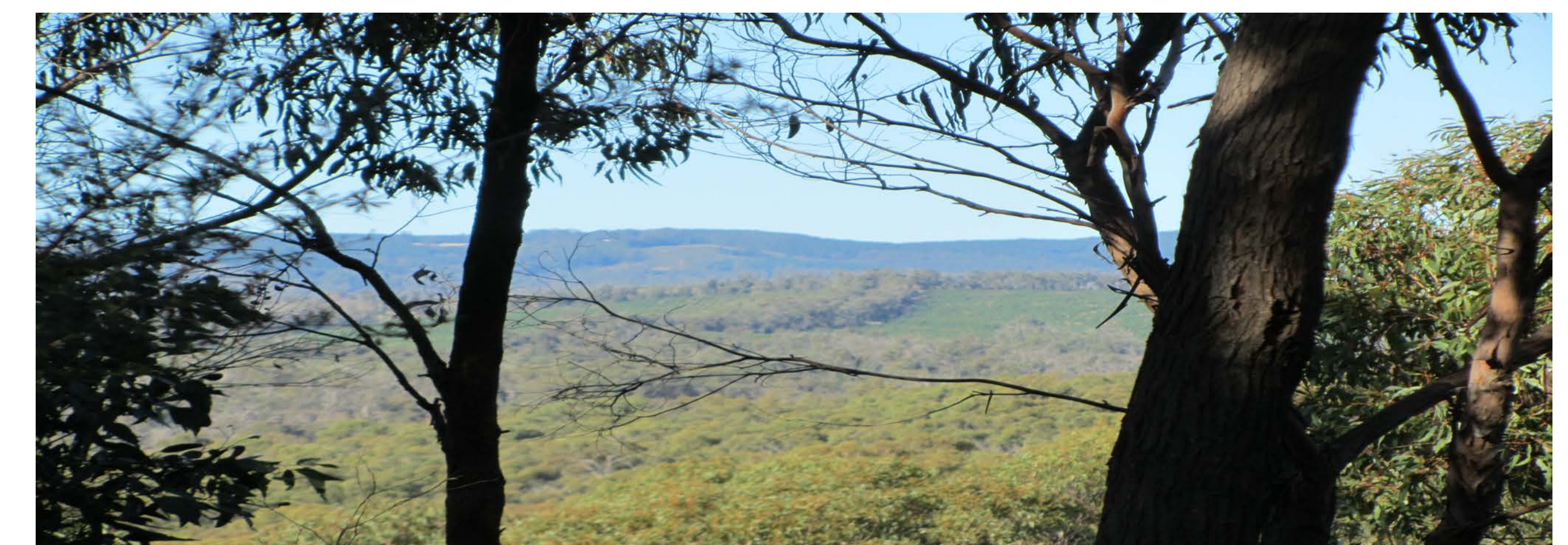
This project is in partnership with Yooralla, a leading Australian disability service organisation. The project aims to conduct a high quality cluster randomized controlled trial to develop and explore the effects and cost-effectiveness of a new health and wellbeing model of care for Yooralla's childhood disability services.

This research will provide a strong evidence base upon which disability organisations can base organisational redesign to optimize health and wellbeing of children and carers within the context of the new National Disability Insurance Scheme (NDIS).

The 4-year research project will work in collaboration with families of children with a disability and will work towards services becoming more cost-effective and enable a better quality of life for children and their families.



Disaster Research: Beyond Bushfires



Beyond Bushfires is a five-year study in partnership with a range of community, government, emergency, and service agencies. This study is exploring the medium to long term impacts of the Victorian 2009 bushfires on individuals and communities. The communities selected for this study have a range of bushfire experiences from low impact to high impact. In order to understand these impacts, the study is collecting information in multiple ways including: surveys, interviews, focus groups and community visits (over the study period). The study will look at impacts on residents such as mental health, wellbeing and social relationships, within selected communities.

Important Findings to date:

- Major life stressors after the fires (e.g. changes of income, relationship, accommodation) contributed to poor mental health outcomes.
- Social ties with local people and organisations were associated with more positive outcomes.
- In the years following the fires, children and young people sought safety and stability in all areas of their lives.

www.beyondbushfires.org.au

Major Research Themes

The Jack Brockhoff Child Health and Wellbeing Program

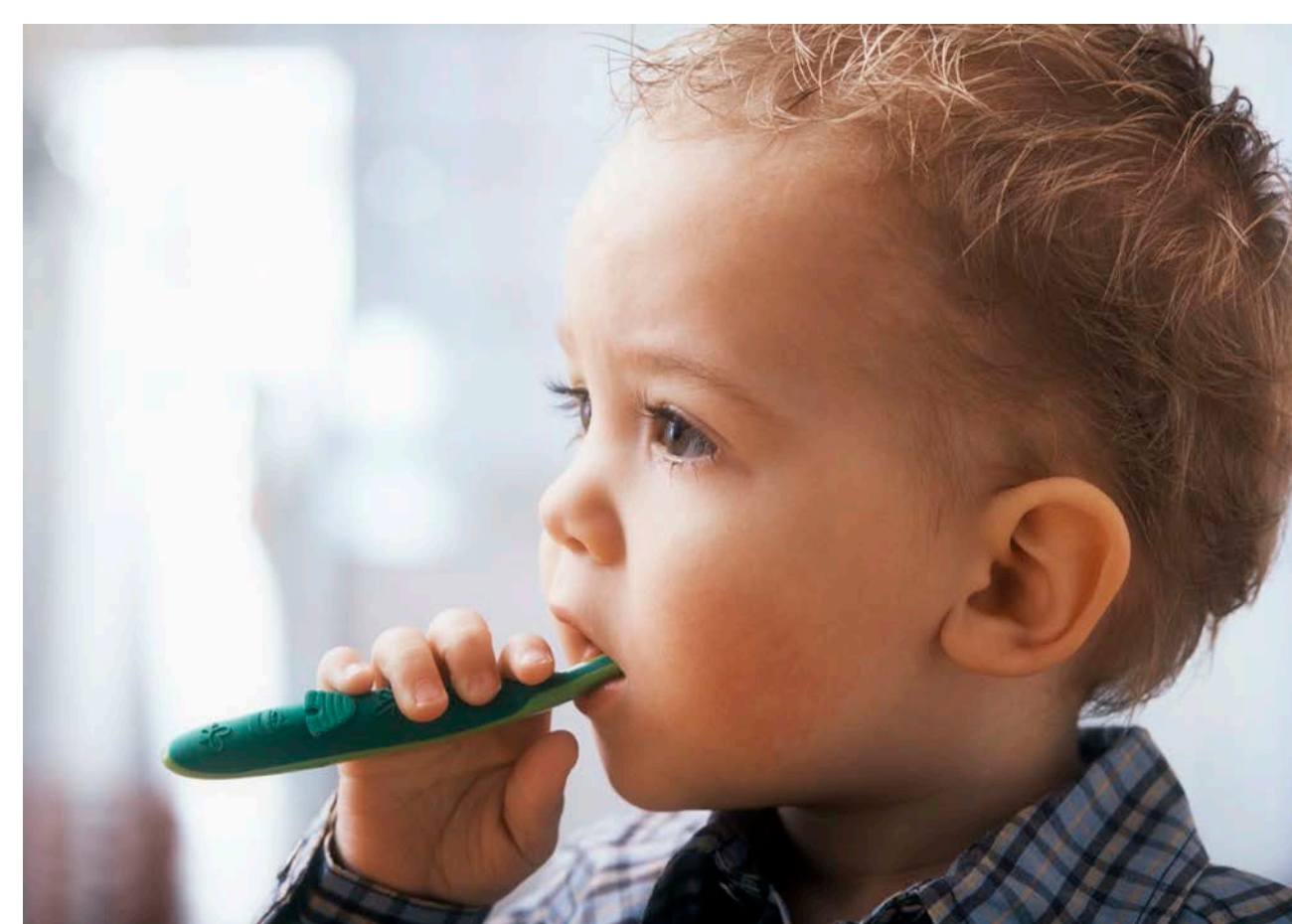
- Mental wellbeing
- Oral health
- Obesity prevention
- Disasters
- Disability
- Refugee and asylum seekers
- Family contexts
- Life course data
- Health improvement and prevention science
- Interdisciplinary approaches and multiple methods

Public Health Insight

- Public health evidence reviews, including Cochrane reviews
- Knowledge translation research
- Dissemination of public health knowledge
- Training in evidence informed public health and knowledge translation
- Stakeholder engagement and exchange in review topics and development



Lifecourse Research: VicGen



In an effort to gain a broader and more detailed understanding of the environmental, behavioural and biological predictors of early childhood caries in young Victorian children, the VicGeneration08 (VicGen) birth cohort was established in 2008.

The cohort has been followed from 1 month to 5 years, and provides unique and valuable evidence to inform community-based interventions and health promotion efforts.

Important Findings to date:

- The contribution of bacteria to dental decay: the first group internationally to identify full microbiota patterns in the mouth.
- The natural history of emergence of dental decay in children less than 3 years, and identification of soft drink consumption as key behavioural determinant, with identification of protective factors.
- Development of new measure of cariogenicity ie how you might predict whether a diet would contribute to dental decay.





About Us

The majority of people with NCDs live in low- and middle- income countries with wide disparities in access to health care across regions and socioeconomic groups. Even in Australia, the effects of NCD management & prevention programs are limited by poor access and availability, particularly in non-urban areas.

The **Non-Communicable Disease Unit (NCDU)** focuses on research, research training and knowledge translation in 4 key areas:

1. **Identifying** multiple determinants & complex pathways underlying chronic NCDs
2. **Implementing & evaluating** lifestyle and community-wide interventions for chronic NCDs in resource constrained settings, including use of “smart technologies”
3. **Developing & evaluating** innovative approaches to improve the uptake of evidence-based prevention in high- and low/middle-income countries.
4. **Developing & evaluating** contemporary methods to build the public health research capacity of developing countries at an individual and institutional level.

Our Team

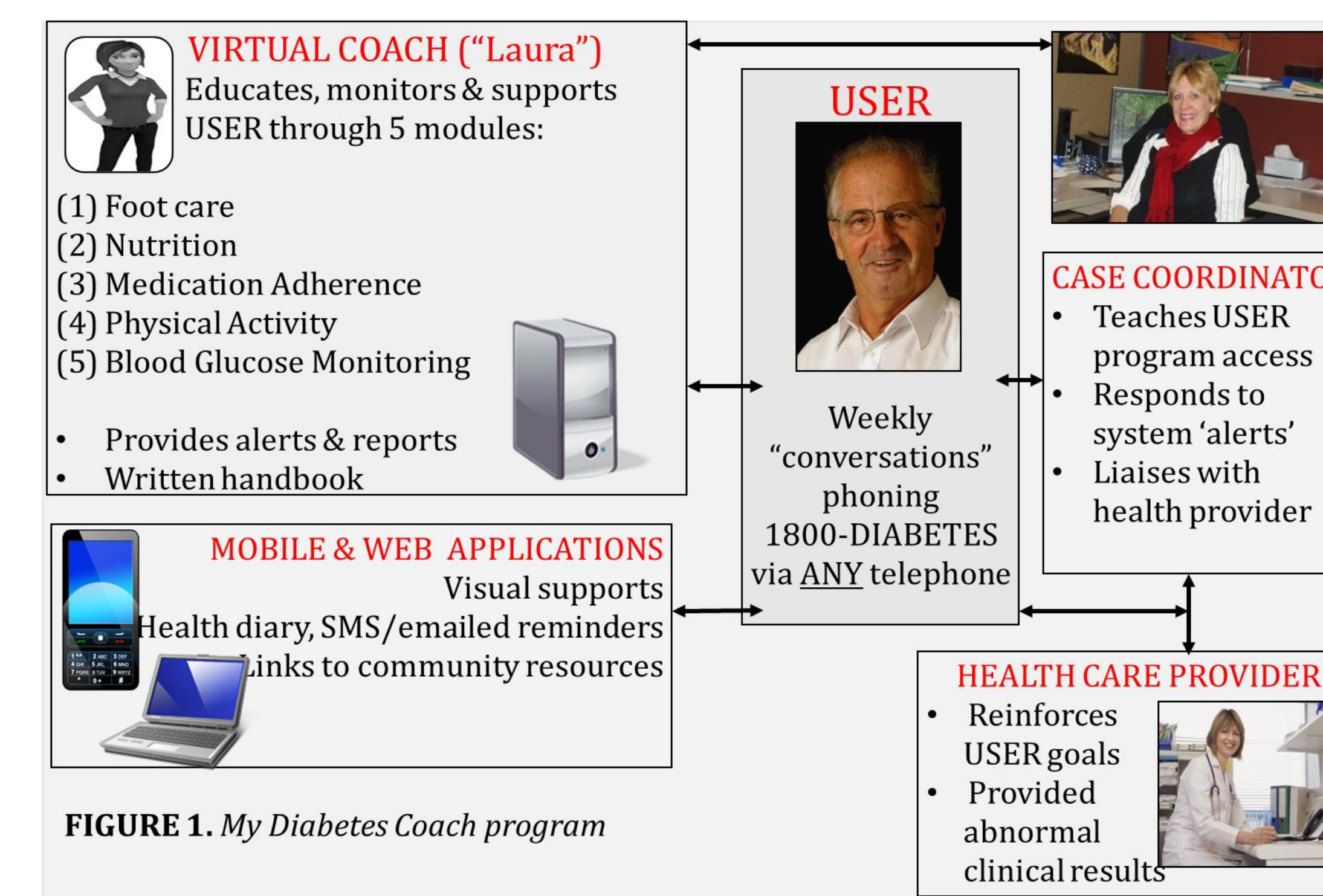
NDCU comprises 14 staff members and 3 PhD students



Diabetes Partnership Project

Overview: Evaluates the “real world” implementation of a “Virtual” Health Coaching program to improve self-management of type 2 diabetes in partnership with NDSS, Diabetes Australia (Vic, WA, QLD), Roche Diagnostics (Fig 1).

Funding: NHMRC funded project (2014-17); Recruitment will commence in July.



ADVENT

ADVENT



Mood and Heart Rate Variability
in cardiac patients

Overview: Prospective cohort study investigating sub-types of depression and anxiety and their underpinning pathophysiology (inflammatory and autonomic function) in acute coronary syndrome patients over 2 years.

Funding: NHMRC Project Grant (2012-15).

Outcomes:

- ✓ **Papers:** Oldroyd JC et al. The ADVENT study protocol. BMC Cardiovascular Disorders. 2013;13:103.
- ✓ **Posters:** Presented at the Society Behavioral Medicine, San Antonio, USA (2015) and at the Australian Diabetes Society Conference, Melbourne (2014).
- ✓ **Students:** Honours students (2014); BHSc 3rd year students (2013 & 2014).
- ✓ **Trainees:** Sri Lankan Public Health trainees (2012-14 & 2015-17).

A New Equation for CVD Risk Prediction

Overview: With our collaborators at Deakin University, we have shown that diagnostically-defined depression is a key risk factor for CVD in women over 10- & 18-years. Its inclusion in conventional risk equations improves their accuracy and sensitivity.

Funding: NHMRC Early Career Fellowship (2013-16).

Outcomes:

- ✓ O’Neil A et al. A shared framework for the Common Mental Disorders and NCDs: implications for prevention and control. BMC Psychiatry. 2015;15:15.
- ✓ O’Neil A. Depression is a risk factor for incident coronary heart disease in women: an 18-year longitudinal study. BMC Psychiatry. Under Review.
- ✓ O’Neil A. The addition of depression to the Framingham Risk Equation model improves 10-year risk prediction for coronary heart disease. Am J of Public Health.

WIN Evaluation

Overview: Evaluating an integrated approach to worker health, safety and wellbeing in public hospital/manufacturing industries using a continuous improvement model.

- 30 worksites will participate from 2015-Dec 2016 in programs addressing musculoskeletal disorders, mental health and wellbeing and safety culture.
- Evaluation at a worker, worksite and network level through worksite audits, employee surveys, interviews and focus groups to measure the impact of the integrated approaches and determine the capacity building and sustainability drivers for delivery of this approach into the future.

Status:

2 Networks (manufacturing industries & public hospitals)

have commenced, with the first wave of worksites participating.

Additional worksites will join the networks across the program’s 3 waves.



ASCEND Research Network



Overview: Provides research training for Asia’s future leaders in NCD prevention and control;

Aims to strengthen research capacity and build international networks.

Funding: US National Institutes of Health funded project (2010-15).

Outcomes:

- ✓ Research training to 50 trainees to undertake research projects, develop skills in knowledge translation and promote dissemination of their research
- ✓ Program delivered face to face and online by international teaching faculty
- ✓ > 60% of trainees presented at a conference
- ✓ 70% published at least one paper
- ✓ Trainees involved with local and national level NCD programs



Kerala Diabetes Prevention Program

Overview: Cluster RCT of a community-based lifestyle intervention for prevention of type 2 diabetes in Kerala, India. One-year intervention is “peer-led and group-based”.

Funding:

NHMRC Project Grant (2010-15);

Currently at 2-year follow-up.

Outcomes:

- ✓ Daivadanam et al. Lifestyle change in Kerala, India: needs assessment and planning for a community-based diabetes prevention trial. BMC Public Health 2013; 13:95.
- ✓ Sathish et al. Cluster RCT of a peer-led lifestyle intervention program: study protocol for the Kerala diabetes prevention program. BMC Public Health 2013; 13:1035.
- ✓ 2 PhD students



Other Projects and Collaborations

- **Whole of Victoria Government Alcohol and Drug Hotspots Project**
- **Hypertension control: CHIRI** (Control of Hypertension in Rural India) Project funded by NHMRC.

KEY COLLABORATIONS for our projects:

AUSTRALIA: NHF, BUPA, Monash University, Deakin University, Diabetes Australia, Roche Diagnostics, National Diabetes Services Scheme (NDSS), Institute of Safety, Compensation and Recovery Research (ISCRR), DHHS

INDIA: Public Health Foundation of India (PHFI), All India Institute of Medical Sciences (AIIMS), Sree Chitra Institute, CMC Vellore

SRI LANKA: University of Colombo, National Institute of Health Sciences (NIHS)

CHINA: Shanghai JiaoTong University, Peking University, Centres for Disease Control

PNG: PNG Institute of Medical Research (PNGIMR)

THAILAND: Mahidol University

MALAYSIA: Monash University Sunway campus;

SOUTH AFRICA: South African Medical Research Council, University of Capetown

KENYA: Africa Population Health Research Center

USA: Stanford University, University of California-Berkeley, University of North Carolina

Contact Us

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THE UNIVERSITY OF
MELBOURNE

McCaughey VicHealth Community Wellbeing Unit

About Us

The McCaughey VicHealth Community Wellbeing Unit is a multidisciplinary research group, which fosters research, policy development, teaching, workforce development and knowledge translation on the social, economic and environmental determinants of health and community wellbeing. The Unit's research is committed to improving social and health equity and reducing health disparities.

The Unit's goal is to build knowledge about the social determinants of health and wellbeing and the role that public policy plays in shaping the quality of people's lives.

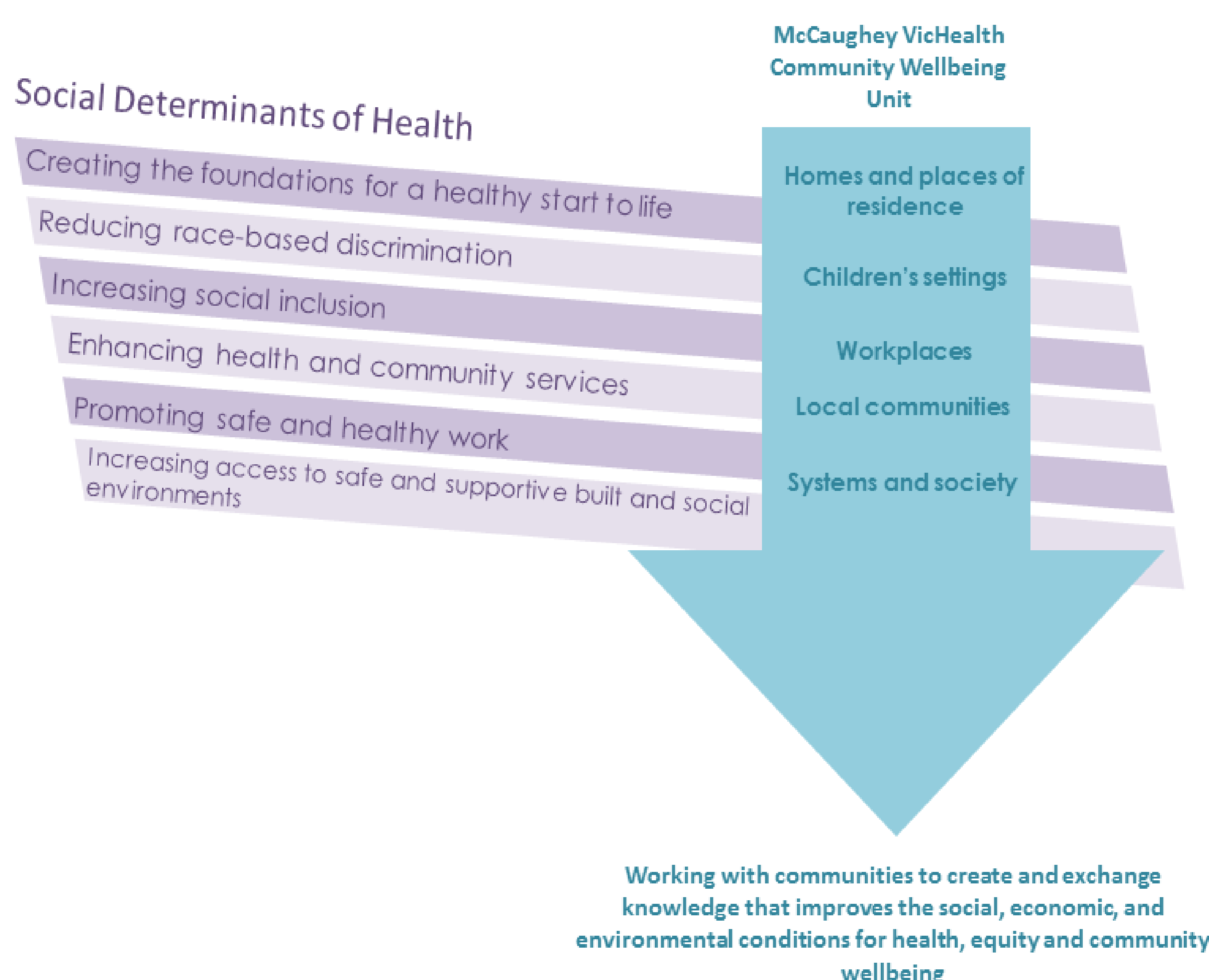
The Unit was established by the University of Melbourne in 2006 and is supported by the Victorian Health Promotion Foundation (VicHealth).

Health Equity in Our Research

The health and wellbeing of the community are imperative of Australia's prosperity in terms of our social and economic wellbeing, workforce participation, productivity and overall welfare.

Our Unit is dedicated to building an Australia where everyone can contribute to, and benefit from, the communities in which they are a part of. We aim to achieve this by focusing our work and research efforts to create conditions for good health.

The chart below sets out the social determinants of health integral to health and community wellbeing, together with the key setting and contexts for the Unit's work.



Research Programs

Place, Health and Liveability

Explores the nexus between place, health and wellbeing focusing on locational disadvantage, and the impact of local and state urban policies on social determinants of health

Work, Health and Wellbeing

Seeks to advance the scientific and public understanding of work as a social determinant of health, and to help shape policy and practice to better protect people from the harmful effects of work, while fostering its health-promoting qualities.

Social Infrastructure and Community Capacity

Addresses the ways in which the social aspects of places influence health and community wellbeing.

Community Indicators Victoria (CIV)

Provides and uses publicly available community wellbeing data.

Anti-Racism and Diversity Studies

Looks to increase the understanding of racism and acceptance of cultural diversity.

Place, Health and Liveability



The Place, Health and Liveability studies neighbourhoods to understand the relationships between built and sociocultural environments and health. It hosts an NHMRC Centre for Research Excellence in Healthy Liveable Communities which brings together 7 universities and research centres across

Australia. Healthy and liveable communities provide the basis for the social equity, harmony, economic resilience and environmental and social sustainability. Our research aims to inform policies and practices to create healthy and liveable communities.

Our priorities are to: · examine the extent to which local and state planning policies, including transport, land use and health, impact on the social determinants of health; · to use a health lens to measure urban 'liveability' locally and nationally; and · to influence urban policies to improve population health outcomes.

We collaborate with government, non-government, academia and the private sector in health, planning, housing and transport.

Work, Health and Wellbeing

Aspires to a vision of healthy and sustainable work for all. Our priorities are: ·occupational health and safety ·health promotion ·occupational disease ·psychosocial working conditions ·job stress prevention and control ·worklessness ·unemployment ·workplace mental health ·public health surveillance ·workplace health interventions.

Social Infrastructure and Community Capacity



The social and economic divide between residential areas in cities and towns has long been recognised and evidence shows that this gap is increasing. Our priorities areas are: ·associations between people's health and where they live, particularly in poorer areas ·implications of social fragmentation in urban environments ·evaluating local health and wellbeing initiatives ·exploring and evaluating arts-based approaches for health promotion and community wellbeing.

Community Indicators Victoria

Supports evidence-based policy and planning through the provision and use of publicly available community wellbeing data. Through engagement and the use of social, economic, environmental, cultural and democratic statistics, CIV is able to highlight issues of importance to communities and openly monitor community wellbeing over time. We provide training to government and community groups on how to use our tools and all data is accessible via CIV's interactive website (provided below).



Anti-Racism and Diversity Studies

Shape policy and practice relating to anti-racism and diversity through collaborative research across the academic, government, non-government and community sectors. ARDS aims to: ·to improve understanding of racism and its health, social and economic consequences ·design, implement and evaluate anti-racism programs ·to investigate the nature, challenges and benefits of promoting diversity.

Contact Us

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T: +61 3 8344 9101

CIV: www.communityindicators.net.au

McCaughey VicHealth
Community Wellbeing Unit



MELBOURNE SCHOOL OF
POPULATION
& GLOBAL
HEALTH



About Us

The Indigenous Studies Unit is headed by Professor Marcia Langton, with a team of researchers: Lyndon Ormond-Parker, Kristen Smith, Shane Bawden, Sharon Huebner, Joy Hirst, Caden Pearson, Alice Bewley and Lily O'Neill.



The Unit aims to develop world-class teaching and research in Australian Indigenous Studies. In collaboration with other Faculties, Centres, international scholars and agencies, the Unit works to increase Aboriginal and Torres Strait Islander students enrolled in Research Higher Degrees (RHDs) through a range of strategies, including the continuation of the Professional Certificate in Indigenous Research, the Graduate Certificate in Indigenous Research and Leadership, and the Murra Indigenous Business Master Class Program.

Major Research Themes



The Unit conducts multi-disciplinary research investigating a range of Indigenous Studies topics, including:



- Agreements with Indigenous People
- Alcohol Policy and Management Plans
- Technology Enabled Health Promotion
- Cultural Heritage



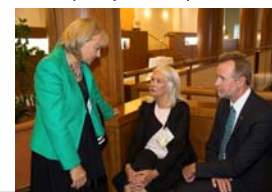
Health Equity in our Research

The Unit contributes to a range of research areas that improve outcomes in Indigenous health, economic participation, cultural heritage, technology and resource management. The Unit has strong, collaborative networks of new and enduring partnerships with stakeholders, including:

- The Department of Prime Minister & Cabinet
- Department of the Australian Attorney-General
 - Defence Materiel Organisation
 - Australian Heritage Council
 - The Yothu Yindi Foundation
 - Jawun Indigenous Partnerships
 - National Native Title Council
 - Empowered Communities
 - Cape York Partnership
 - AIATSIS
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council
 - Thamarrurr Regional Authority Aboriginal Corporation
 - Kimberley Aboriginal Law and Culture Centre
 - The Lowitja Institute
 - The Minerals Council of Australia
 - Indigenous Business Australia
 - Rio Tinto Iron Ore
 - National Recording Project for Indigenous Performance in Australia
 - Centre for Aboriginal Economic Policy Research (ANU)
 - National Centre for Indigenous Studies (ANU)
 - Centre for Social Responsibility in Mining (UQ)
 - Centre for Governance and Public Policy (Griffith University)

The Unit has collaborative partnerships with academics within the Medical Faculty and across multiple external Faculties, including the Faculty of Arts, the Faculty of Engineering, Faculty of Law, the Faculty of Business and Economics, the Victorian College of the Arts and the Faculty of Science (including specific Centres, such as the Poche Centre and Murrup Barak).

As a part of the Unit's knowledge translation, the team make regular contributions to Parliamentary reviews and inquiries, cross-platform media, and policy development.



Agreements with Indigenous People

The Agreements with Indigenous People program of research began in March 2002, as an Australian Research Council (ARC) Linkage Project. The original aim of the project was to examine treaty and agreement-making with Indigenous Australians and the nature of the cultural, social and legal rights encompassed by past, present and potential agreements and treaties. To date, there have been three phases to this research:

- 2002: Agreements, Treaties and Negotiated Settlements with Indigenous Peoples in Settler States: their role and relevance for Indigenous and other Australians
- 2005: The Implementation of Agreements and Treaties with Indigenous and Local Peoples in Postcolonial States
- 2010: Poverty in the Midst of Plenty: Economic Empowerment, Wealth Creation and Institutional Reform for Sustainable Indigenous and Local Communities

A major achievement of this research has been the development and ongoing maintenance of the ATNS database and website: <http://www.atns.net.au/>



Alcohol Policy & Management Plans

The research team has undertaken multiple projects investigating Alcohol Management Plans in northern Australia. The research is conducted using ethnographic, participatory methods in remote and urban areas. The first phase of research focused on the Northern Territory, where the team undertook fieldwork in: Jilkminggan, Alice Springs, Darwin, and Katherine. The next phase of the research is under way in Pormpuraaw, Cape York, Queensland. The research projects are carried out in partnership with organisations such as:

- Central Australian Aboriginal Congress
- Aboriginal Medical Services Alliance Northern Territory
- Northern Australian Aboriginal Justice Agency
- Jilkminggan Community Aboriginal Corporation
- Pormpuraaw Aboriginal Shire Council, and
- Pormpur Paanthu Aboriginal Corporation

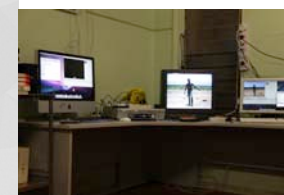


The research has been funded by multiple partners, including: Department of Prime Minister & Cabinet (PM&C), the Lowitja Institute, the Indigenous Justice Clearinghouse, and the Foundation for Alcohol Research and Education.

The researchers have produced several publications, provided advice and recommendations to PM&C on the Stronger Futures Legislation 2012 and related policy, and have contributed to the Federal Inquiry into alcohol use in Aboriginal and Torres Strait Islander communities as expert witnesses.

Technology Enabled Health Promotion

The research team, led by Lyndon Ormond-Parker, is trialing the use of information technologies to preserve Indigenous cultural heritage and languages in collaboration with the Kanamkek-Yile Ngala Museum in Wadeye (Port Keats), Northern Territory. The project transferred analogue audiovisual material recorded with obsolescent technology into contemporary archival standard digital formats. The project is currently trialing the use of a 'Raspberry Pi' device for delivery of local language health promotion content in the Wadeye health clinic and aged care facility in Wadeye. The team is developing WiFi system to provide access to this rich repository of audio-visual content to ensure the intergenerational transmission of vital local knowledge, health promotion and heritage.



Contact Us

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<http://mspgh.unimelb.edu.au/centres-and-institutes/centre-for-health-equity/indigenous-studies/about>

[Following us on Twitter @ATNSProject](https://twitter.com/ATNSProject)

About Us

Our key themes

- Early years
- Cultural identity
- Good population data
- Health enablers
- How we teach, learn and research
- Knowledge translation and implementation in policy and practice

How we support health equity

- Running regular Writing Retreats and encouraging participation by community members
- Contributing to significant reductions in trachoma over the past decade
- Developing evidence on effective interventions
- Advocating for inclusion of an image of a diseased eye on cigarette packets
- Editing a special edition of the *Australian Journal of Primary Health* in 2014 on health promotion in Aboriginal and Torres Strait Islander communities
- Giving non- Indigenous clinicians opportunities to hear from Indigenous experts
- Supporting emerging Indigenous academics
- Providing information from health screening conducted as part of research to research participants
- Identifying periods of time when Indigenous children are at greater risk of inequitable health outcomes and therefore when interventions should be timed
- Making a short film about where to go for support and services addressing ice use.



IHEU Writing Retreat, Shepparton, July 2014

Research development priorities for 2015

The First 1000 Days

The period from conception to age 2 is critical for future health, emotional and social outcomes. The first 1,000 Days' approach offers a way to bring greater cohesion and coordination to the current patchwork of programs, and take a cross-programmatic, cross-regional approach.

Connection to Country

Onemda will be working with Parks Victoria to understand the relationship between caring for Country and the health and wellbeing of Aboriginal Victorian communities.

Smoking cessation for Indigenous young people

We are currently developing a Partnership Project application to design and evaluate an intervention to encourage smoking cessation among Victorian Aboriginal young people.

Engage, exchange, change

This project aims to identify and develop methodologies that ensure Indigenous research ethics, engagement, and translation principles are implemented in research practice and to develop effective methods to measure and communicate impacts arising from Indigenous research.

Addressing family violence

Through collaborative partnership with the Yoowinna Wurnalung Healing Service, Onemda is exploring the issue of young female-perpetrated violence and aggression. We hope this will lead to further work to develop a model of support for girls and their families facing this issue.

Strength based health promotion

Formative research to understand and test strength-based health promotion strategies.

Health transitions

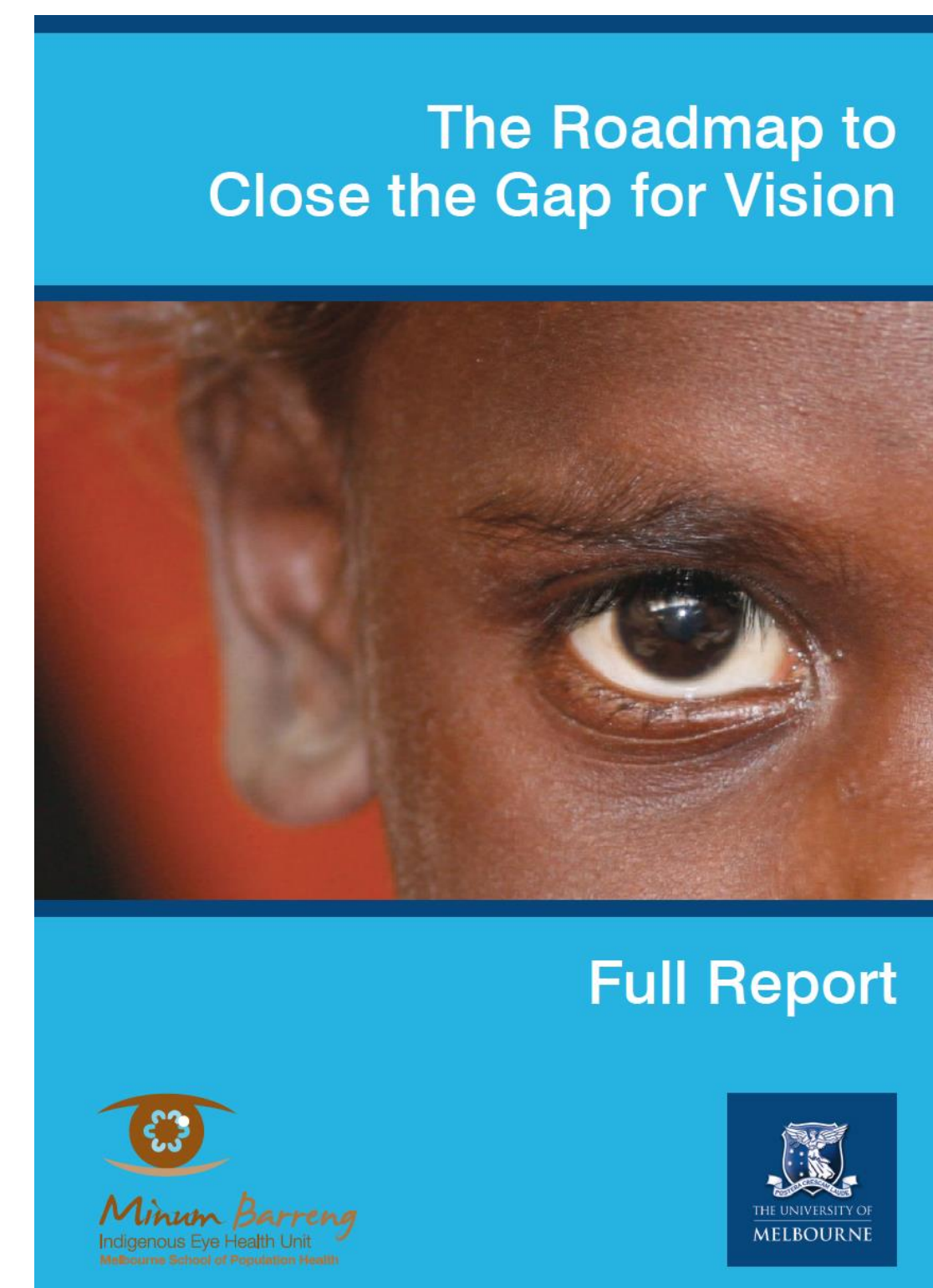
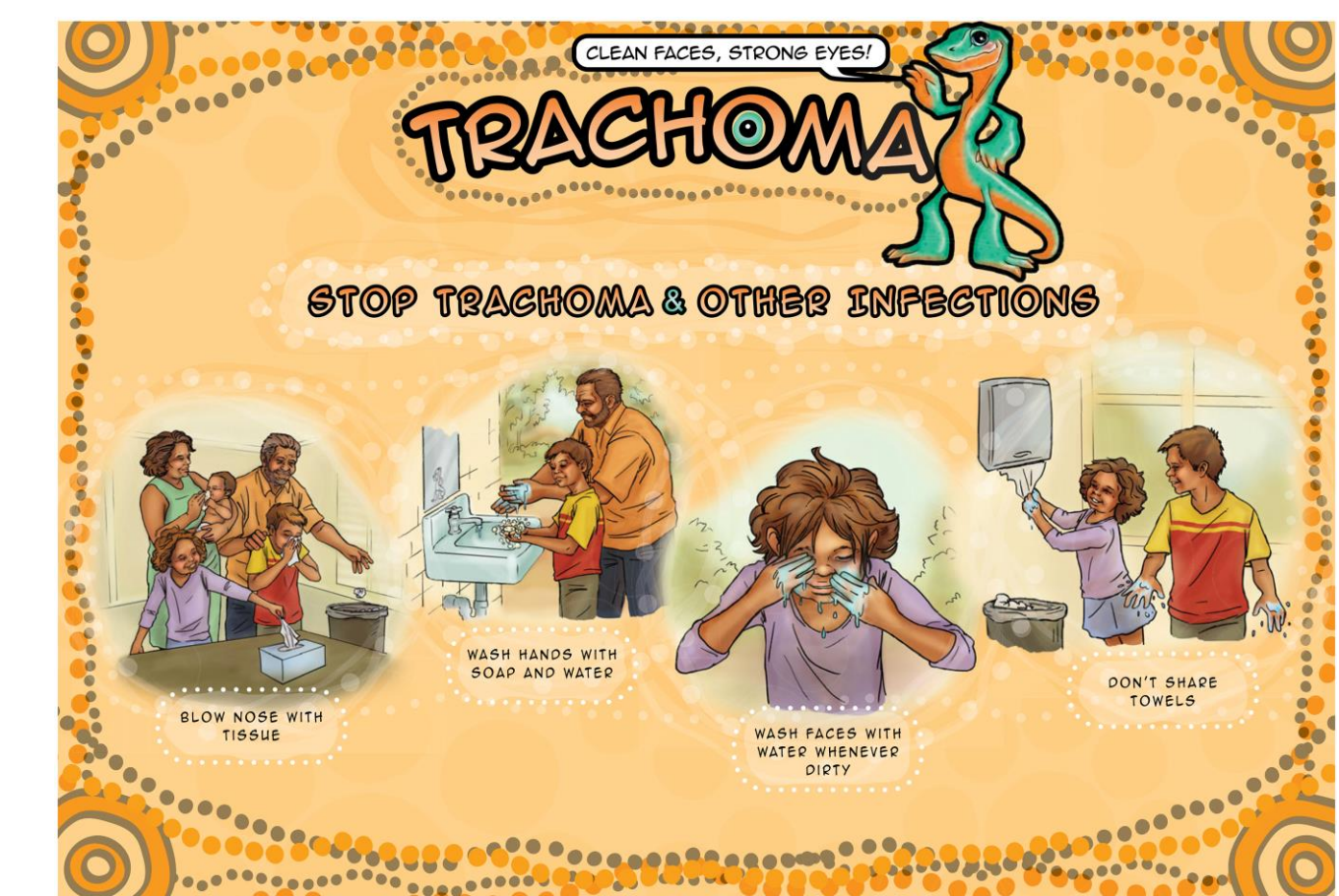
Post treatment and/or prison support is critical, and particularly so for Indigenous people who may be returning to return to difficult and stressful life situations. We would like to establish a study considering after-care and post prison outcomes, support needs and how these can be addressed.

Follow us on twitter @onemda or @IEHU_UniMelb
Check out our webpages: <http://www.onemda.unimelb.edu.au/>
<http://iehu.unimelb.edu.au/>

Indigenous Eye Health

Indigenous Eye Health group has developed an evidence base and policy framework around Indigenous eye health in Australia.

The group is actively engaged in advocacy and provides specialist technical advice and support for initiatives to 'Close the gap for vision' including health promotion for the elimination of trachoma.

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About Us

We work with others to explore the various dimensions of health inequities. In doing so, we help to inform the development of strategies that improve health equity.

For example, by investigating the historical and social conditions that may influence health equity, we contribute to a broader understanding of the lived experience of those in poverty and/or poor health.

What we do:

Medical Anthropology
Sociology/Health Sociology
Historical Population Health
Demography
Ethics

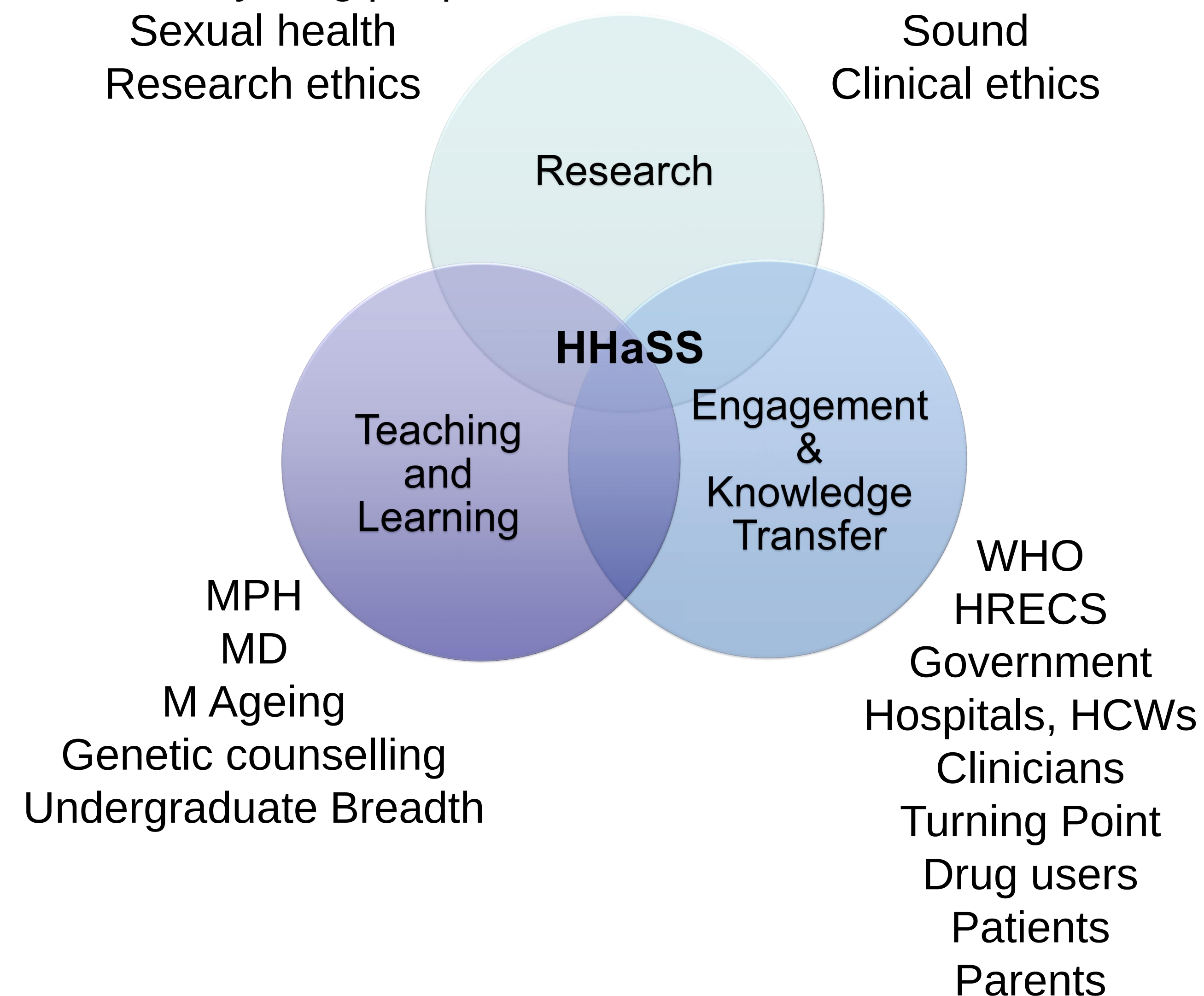
Who we are:

Emma Barnard
Richard Chenhall
Lynn Gillam
Marilyn Guillemain
Rebecca Kippen
Dominique Martin
Janet McCalman
Ros McDougall
Amy Pennay
Robin Room
Merle Spriggs

Major Themes, Topics or Programs

Alcohol and other drugs
Human body parts
Visual research methods
Youth and young people
Sexual health
Research ethics

Indigenous communities
Founders and survivors
Intergenerational trauma
Medical travel
Sound
Clinical ethics



Health Equity in our work

Research

- Ethical and rigorous research practice
- Addressing the inequity in harms from alcohol & drug use
- Giving research participants a voice

Teaching and Learning

- Understanding equity
- Developing conceptual & theoretical tools
- Innovative methodological approaches

Engagement & Knowledge Transfer

- Protecting the interests of sick children
- Capacity development of NGOs
- Promoting equity in the use of human body parts

Medical products of human origin

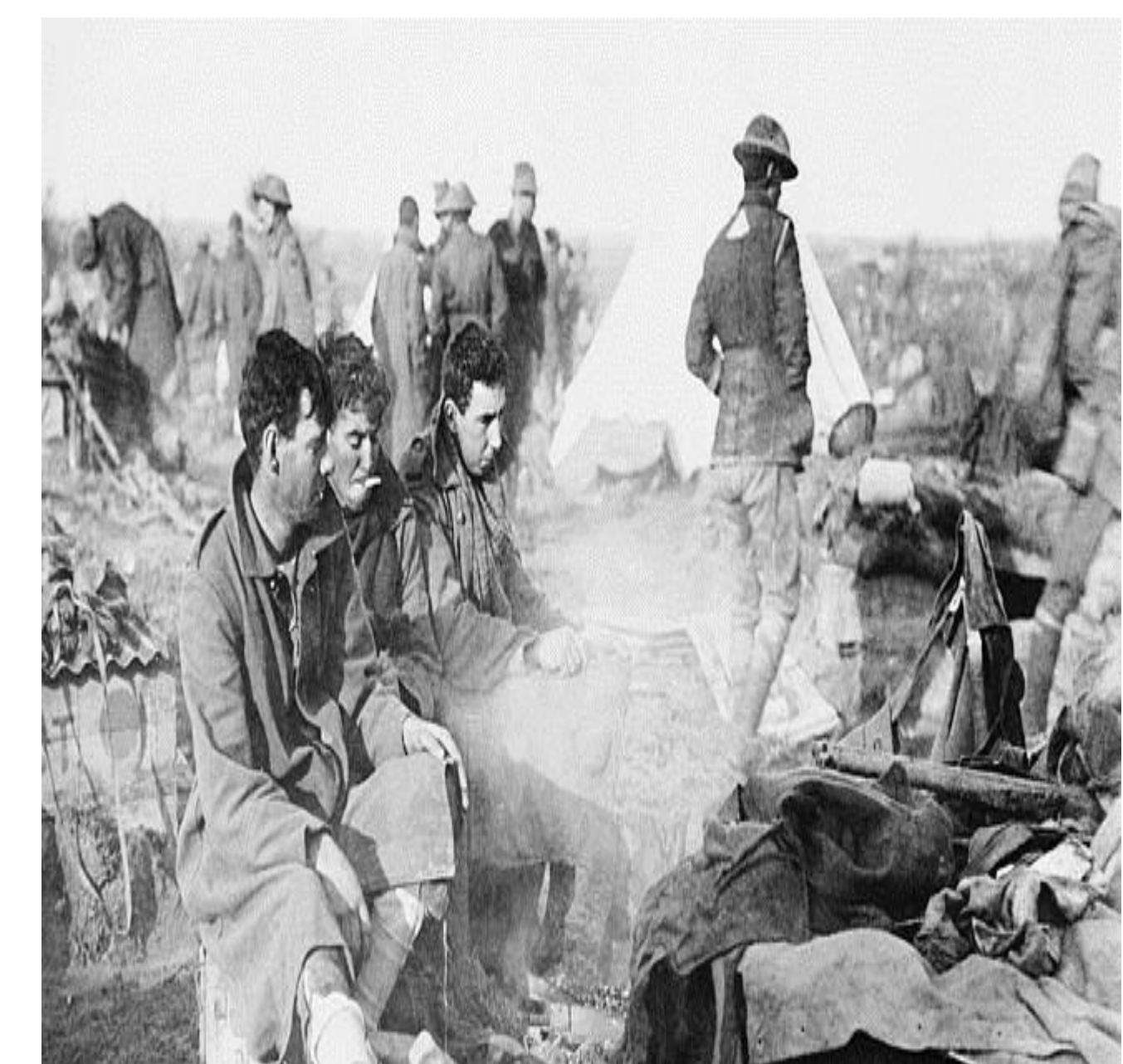


Markets for human kidneys exacerbate unfair health inequalities within and between countries. They are not only avoidable, but also unnecessary: that makes them inequitable.

- The WHO initiative on medical products of human origin seeks to promote equity in donation of human biological materials, and in access to these scarce healthcare resources.
- Ethical analysis of policies and practices related to the procurement and distribution of these materials helps to guide efforts to combat global trafficking and to promote national and regional self-sufficiency in these exceptional products.

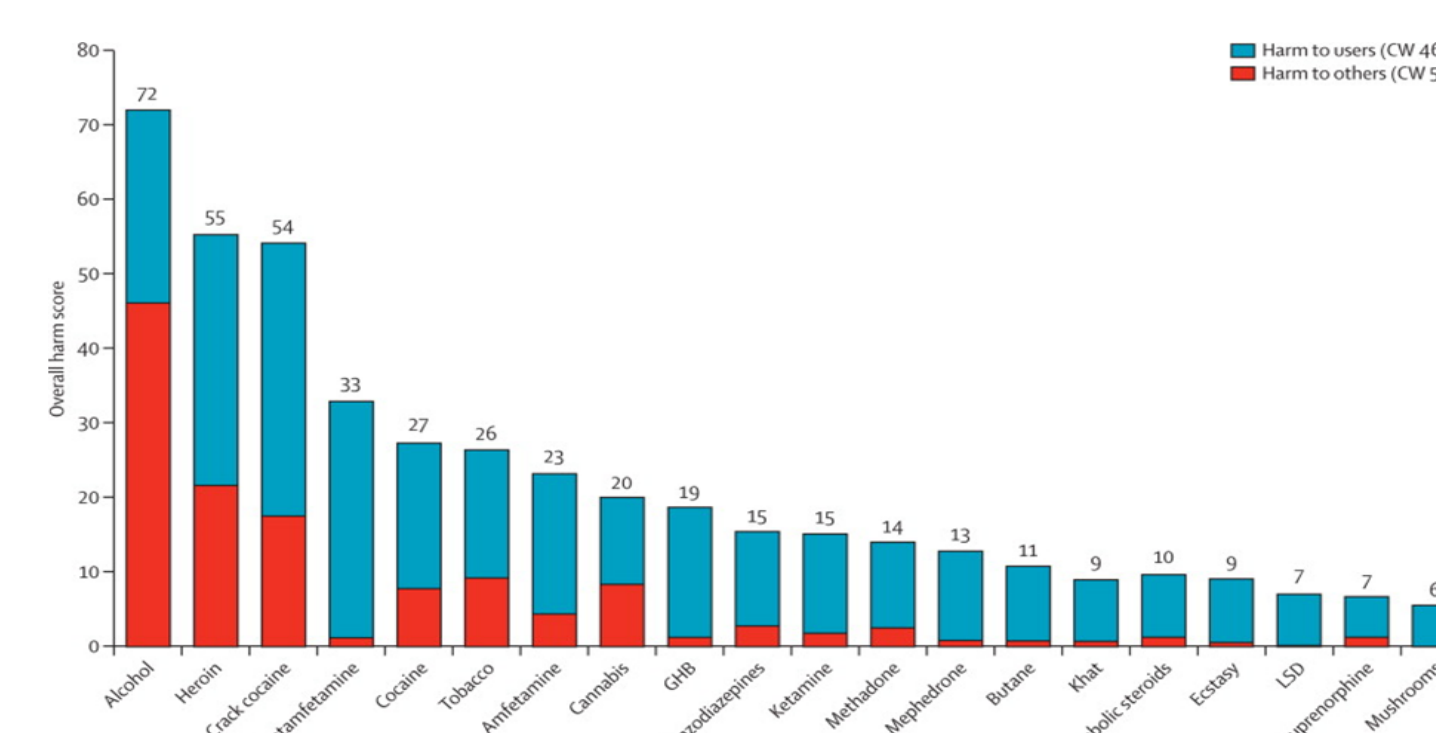
Diggers to Veterans: the first AIF

This project aims to be the world's first cradle-to-grave medico-demographic study of survivors of military service in World War I, drawing on Australia's unique archive of service and veteran medical records.



What really happened to the Diggers after the war? In this centenary year of Gallipoli, it is still not known. It is not known how long they lived nor how they compared in health and family formation to civilians. Did some recover from trauma and exposures over time? Did the Repatriation Scheme and medical care make a difference? What social and biological characteristics may have affected risk, resilience and recovery? And what can be learnt about the lifelong impact of war exposures and traumas, to assist in the recovery of today's servicemen?

Reducing the harms from alcohol



Members of the Independent Scientific Committee on Drugs have ranked alcohol as the most dangerous substance in the world.

To reduce the harms associated with alcohol, and their inequitable distribution, we are undertaking a program of work including :

- Analysing population level drinking trends and harms
- Investigating alcohol's harm to others in 9 countries
- Exploring the shifting cultural position of alcohol in Australia
- Examining risky drinking practices in the night-time economy
- Undertaking alcohol policy evaluation



About Us

We aim to improve the health of women, their families and communities through high quality teaching, research and knowledge exchange.

Our work contributes to knowledge about the health effects of gender inequity and its intersection with other social, economic, cultural, psychological, and biological factors.

We host the World Health Organization Collaborating Centre in Women's Health and work in partnership with scholars and international agencies in the Asia-Pacific region to develop research priorities and programs as well as to increase regional research capacity.

Major Research Themes

SEXUAL AND REPRODUCTIVE HEALTH, youth mothers' wellbeing; contraception; abortion services; and disadvantaged women's access to SRH;

DISABILITY, intersections between disability and gender, health, employment and disadvantage (including violence and discrimination);

HOUSING AND THE BUILT ENVIRONMENT, intersections between gender, precarious housing, public transport, and health and social isolation;

CANCER PREVENTION, including genetic testing, understandings of cancer risk, and breast cancer screening; and

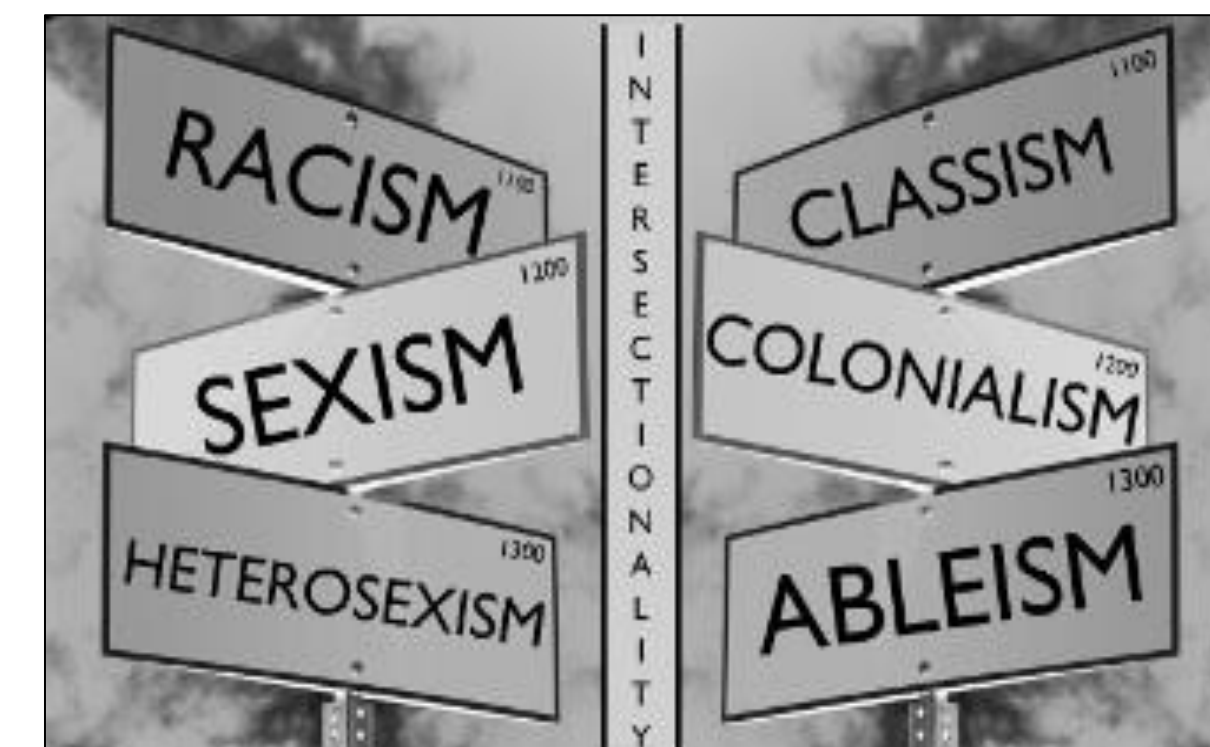
MIGRANT AND REFUGEE WOMEN'S HEALTH, violence against migrant and refugee women, and female genital cutting/mutilation.

Teaching

- Gender and Health (MPH)
- Women and Global Health (MPH)
- Qualitative Research in Public Health (MPH - core)
- Health Inequalities (MPH)
- Community Based Participatory Research (MPH)

Health Equity in research & teaching

1. We generate evidence about about how gender **intersects** with socio-economic position, ethnicity, disability, migration status, age and other factors to shape health inequities.
2. We work with **vulnerable populations**: migrants and refugees, people with disabilities, people with low incomes and living in poverty.
3. **Advocacy** and a **feminist approach** underpin our research and teaching. We prioritise engagement with policy makers, service providers and communities, and have expertise in participatory approaches that explicitly aim to catalyse social change and reduce inequity.
4. We measure **population-level differences** on key health outcomes between women and men, eg. housing affordability stress.



Sexual and reproductive health

Example project: W-DARE: Women with Disability taking Action on Reproductive and Sexual Health

W-DARE is a three-year disability-inclusive, participatory action research program that aims to improve access to SRH services and information for women with disability in the Philippines. This evidence is being used to trial pilot interventions to address barriers to SRH for women with disability, and will inform guidelines for gender-sensitive disability inclusion in the health sector in the Philippines.



Pia collecting data during the W-DARE household survey in Quezon City

Cancer prevention

Example project: iPrevent ®

Women at increased risk for breast cancer (BC) should be identified and offered prevention and intensified screening. Yet most women don't know their personal risk for BC. We are developing a user friendly, computerised tool which, used with her doctor, will help each woman understand her personal BC risk and the benefits and disadvantages of prevention and screening strategies.



Disability

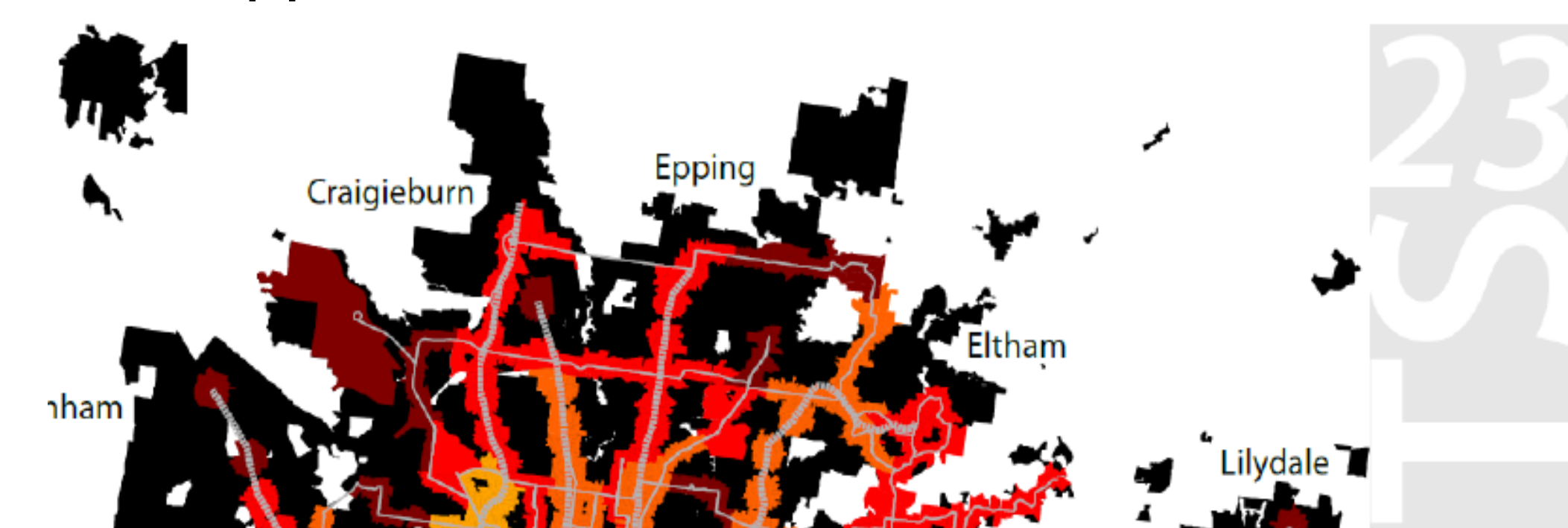
Example project: The importance of gender and socio-economic disadvantage for the mental health of people living with disability

This project uses secondary databases to document the socio-economic circumstances and health and wellbeing of adult women and men with disabilities. We also test the causal relationships between acquiring a disability in adulthood and the living conditions (particularly housing and employment) and mental health of people with disabilities.

Housing and the built environment

Example project: Understanding how local and regional accessibility are associated with active travel, and related health and economic impacts

This project will examine how local and regional accessibility (e.g. having nearby shops and services and efficient public transport) are related to walking and cycling for women, men and children. It will investigate the complex relationship between adult's and children's travel and estimate the economic and health cost of inequalities in opportunities for active travel.



Migrant and refugee women's health



Consultations with community members in Carlton shaped the design of our FGM/C research

Example project: ASPIRE

ASPIRE is a participatory research project working with communities in eight geographic locations across Victoria and Tasmania to generate evidence about immigrant and refugee women's experiences in relation to family violence.

Health equity lens - Intersectionality

"...Simultaneous intersections between aspects of social difference and identity (as related to meanings of race/ethnicity, gender, class, sexuality, geography, age, disability/ability, migration status, religion) and forms of systemic oppression (racism, classism, sexism, ableism, homophobia) at a macro and micro levels in ways that are complex and interdependent."

Dharmomoon KR, Hankivsky O. 2011 Why the theory and practice of intersectionality matter to health research and policy. In Hankivsky O (Ed). Health inequities in Canada: Intersectional Frameworks and Practices. UBC Press. Vancouver pp 16-50