The Jack Brockhoff Child Health & Wellbeing Program

Five Year Review

The Jack Brockhoff Child Health & Wellbeing Program. McCaughey VicHealth Centre for Community Wellbeing.

Melbourne School of Population & Global Health. The University of Melbourne

This report is part of the 5 year review of the Jack Brockhoff Child Health and Wellbeing Program. The report describes our work and its impact over the past 5 years and outlines the program's vision for the future.

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1. Background

Long term vision

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 child health and reduce gaps in health inequalities. The research carried out by the program addresses gaps in the knowledge base and answers important questions to inform policy and practice at both the community, national and international levels.

Long term mission

We are committed to promoting fulfilling and healthy lives for all children.

We work across areas of research, knowledge translation and capacity building to inform policy and practice and address health inequalities.

The program contributes to the production, synthesis and dissemination of research data. Our work uses the social determinants of health lens to increase understanding of the risk and protective factors which contribute to child health and well-being; improve understanding of what works to reduce child health inequalities in disadvantaged and culturally diverse communities; and promote an evidence-informed approach to decision-making and service delivery.

Our core philosophy

The Jack Brockhoff Child Health and Wellbeing Program will:

- Work in partnership with children, families, communities, government and non-government agencies to identify research priorities, conduct research, and ensure research findings are relevant to support decision-making processes.
- Work with communities for mutual benefit, for information exchange and the improvement in our depth of understanding and the relevance of research outcomes.
- Focus on solutions which achieve and measure meaningful and sustainable improvements to child health and wellbeing.
- Employ rigorous and inter-disciplinary approaches to our research.
- Ensure staff are supported and have opportunities for excellence and ongoing professional development.
- Engage with and incorporate new and emerging methodological and communication developments.
- Encourage innovation with rigour and critical consideration.
- Be responsive to community issues of high priority.

2. Our program's work

Why Social Determinants of Health?

Our program focuses on improving child health and wellbeing by considering, and where possible, addressing the social determinants of health.

As described by the WHO:

'the social determinants of health are the conditions in which people are born, grow, live, work and age; and are shaped by the distribution of money, power and resources at global, national and local levels.'

These determinants are mostly responsible for health inequities - the unfair and avoidable differences in health status which are seen in Australia and internationally.

Our program is the only research program in Australia which explicitly seeks to address child health inequalities through a program of integrated research, knowledge translation and community partnerships. We examine the determinants which are impacting on the health and wellbeing of Australian children to advocate for equitable policies and services and to aspire to the vision that every child has the opportunity for a healthy and fulfilling life. 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 understandings of how to prevent major health concerns as well as promote positive aspects of life, humanity, culture, human rights, citizenship, justice and equity. Figure 1 outlines the key determinants of health which impact on child health and wellbeing in Victoria and Australia.

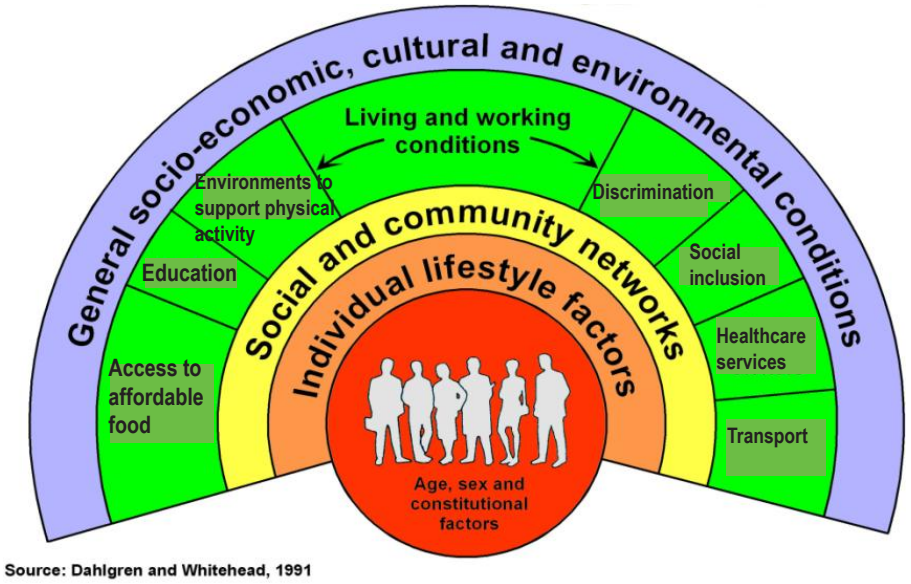


Figure 1: The social determinants of health which influence the health and wellbeing of children in Australia (modified from Dahlgren and Whitehead 1991).

What are the pressing health concerns in Australia?

The socio-economic, cultural and environmental context of Victoria and Australia is complex and this has resulted in a number of different health concerns arising in children. Over the last 5-10 years it has emerged that:

- 1 in 7 Australian children have social and emotional problems, and the increase in natural disasters faced by the community is resulting in extended post-disaster recovery trajectories.
- 7% of children in Australia are born with a disability or face a disability over their lifetime.
- 1 in 4 Australian children are above healthy weight and this has been shown to be rising to 1 in 3 in low socioeconomic and culturally diverse communities.
- Almost 1 in 2 children aged 5-6yrs have early childhood caries and there is 70% more dental decay in children from low socioeconomic and culturally diverse areas.
- Children from lower socioeconomic backgrounds experience a higher burden of health and illness co-morbidities warranting a focus on population subgroups.
- Actively engaging children in participation and decision-making improves lifecourse trajectories and sustainable solutions.

Our program responds to these pressing needs and works to ensure our research is shaped by the health issues faced by Australian children.

How can our research program address these health issues?

To address these health issues our research is guided by three thematic questions:

- What are the risk and protective factors which influence child health and wellbeing?
- What works to improve child health and wellbeing?
- How can an evidence-informed approach to decision-making be promoted?

These questions take account of both the inherent complexities in child public health as well as the common social determinants driving inequalities. Additionally, these thematic areas are not carried out in isolation (Figure 2), they are integrated to ensure we appreciate a more complete understanding of child health and wellbeing and are increasingly able to influence policy and practice. By understanding what influences health and wellbeing, interventions can be developed and evaluated and through understanding the decision-making process, we can ensure that effective knowledge translation strategies are implemented to promote evidence-informed decision-making (EIDM).

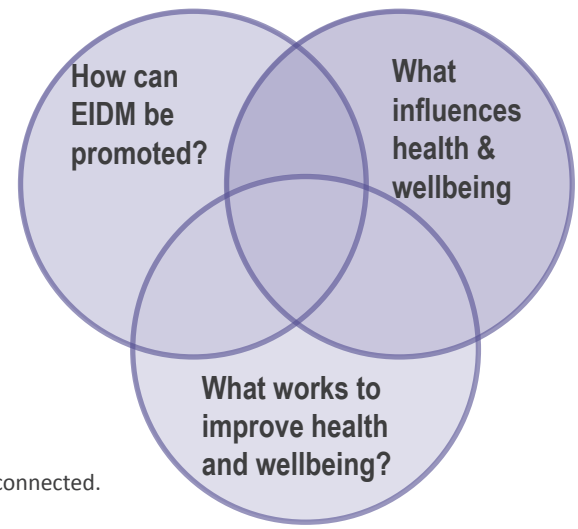


Figure 2: Each thematic area of the program is interconnected.

How can our research make a difference?

Through our research we aim to make a difference to contemporary health issues where prevention will have a significant impact on life course outcomes, issues that are of high prevalence and where there are significant inequalities in health at the population level. These issues are considered particularly 'wicked' and intransigent such as childhood obesity, dental caries and mental health. Whilst these issues are conveyed as problems, the focus of this program is to identify solutions to improve wellbeing and reduce morbidity.

The approach that we therefore take is to make a difference through pathways and strategies that focus on integrating health promotion strategies and determinants of health (social, environmental and behavioural). Thus whilst we do focus on outcomes, in many cases, the exploration is on the interventions that are going to improve wellbeing and are also likely to have impacts on more than one outcome. For instance, there is compelling evidence now that improvements in healthy eating and physical activity impacts on reducing anxiety and depression.

The research pipeline in Figure 3 demonstrates how our research questions develop to provide solutions to improving child health and wellbeing. The diagram also outlines the health issues which are tackled by the program and demonstrates that each health concern examined can also increase understanding of other health concerns. In Appendix 1 we demonstrate all the research projects carried out by the program and how these relate to thematic areas and our priority health issues. In Appendix 2 we demonstrate the research trajectory of our obesity research within the broader theme of preventing non-communicable diseases.

Additionally, to ensure that a research program can tackle health inequalities effectively the development of methodologies are essential. In Appendix 3 we outline the importance of investment in methodological development.

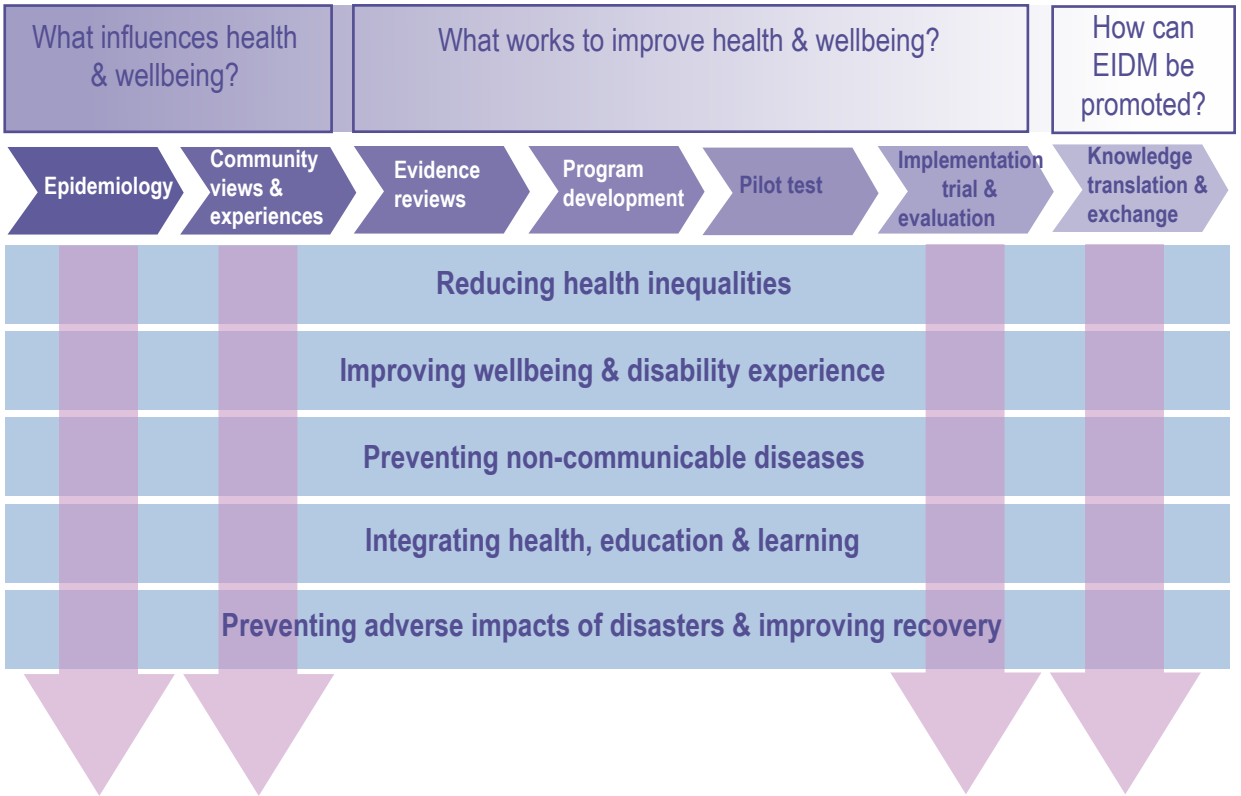


Figure 3: The evolution of research questions and the inter-related nature of health issues.

How do we work?

The approach that distinguishes our program 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
- 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.

Our partnership approach also ensures that our research is embedded into partnership organisations (Figure 4). Through this way of working, research findings are adopted and policies and services which affect children can be improved.



Figure 4: The value of embedding research in our partner organisations.

In Appendix 4 we provide a case study of how a research partnership evolves to ensure that research and an evidence-informed approach is embedded into organisational policy and practice.

What influences child health & wellbeing?

For our research to make a difference we acknowledge the different spheres of influences on children and families which impact on health and wellbeing. These different spheres are represented in Figure 5. As a program we therefore recognise the need to work across multiple levels and within the multiple settings or programs to have the opportunity to make a change that will be health improving.

How does our work aim to make a difference?

Both the process of research and research findings themselves can impact on the services and policies which influence child health and wellbeing. We have chosen to invest in a collaborative approach so that efforts result in immediate and direct outcomes for participants and participating organisations. Further indirect outcomes can, and often do, occur through the transfer of knowledge to other areas of academic settings and people, government and non-government services, policies and practice.

The logic model (Figure 6) outlines the ways in which our research contributes to our vision of every child having a fulfilling and healthy life. By way of introduction, logic models have been used within each of the studies within our program, as well as for the overall program, as a way of being explicit about the relationships between inputs/ resources, causes, determinants, action and outcomes.

In Appendix 5, we outline in detail all the inputs into the program.

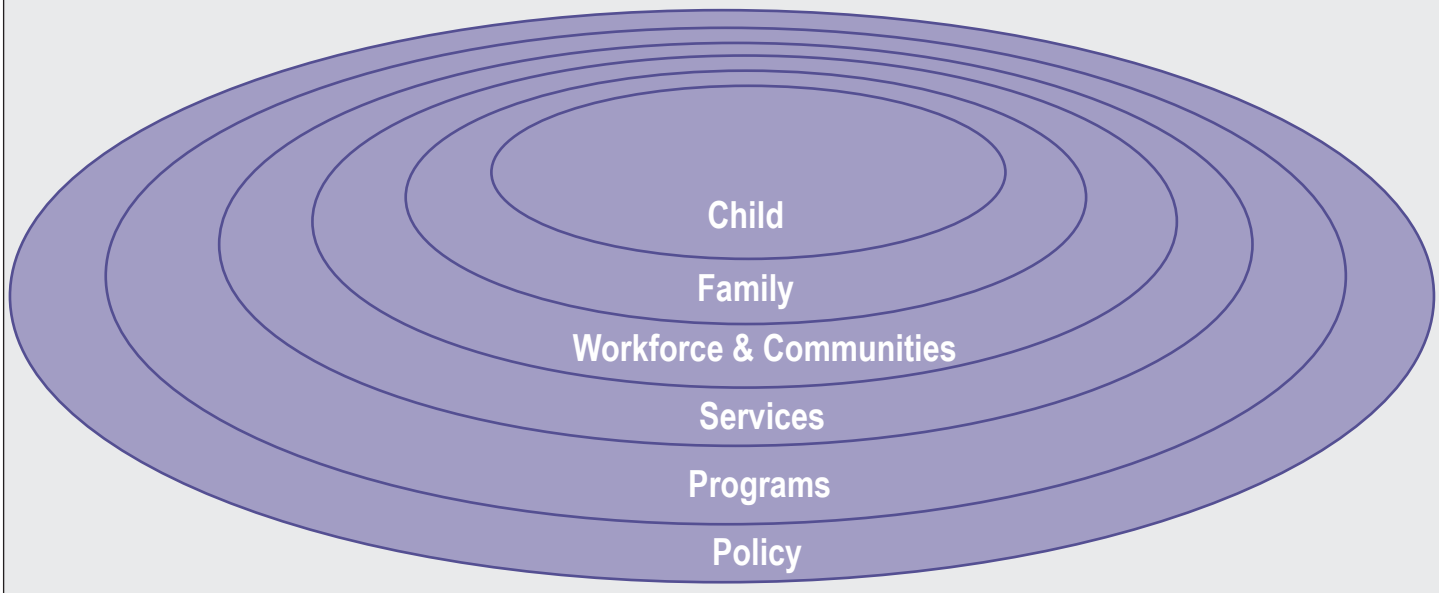


Figure 5: The different spheres of influence on child health and wellbeing

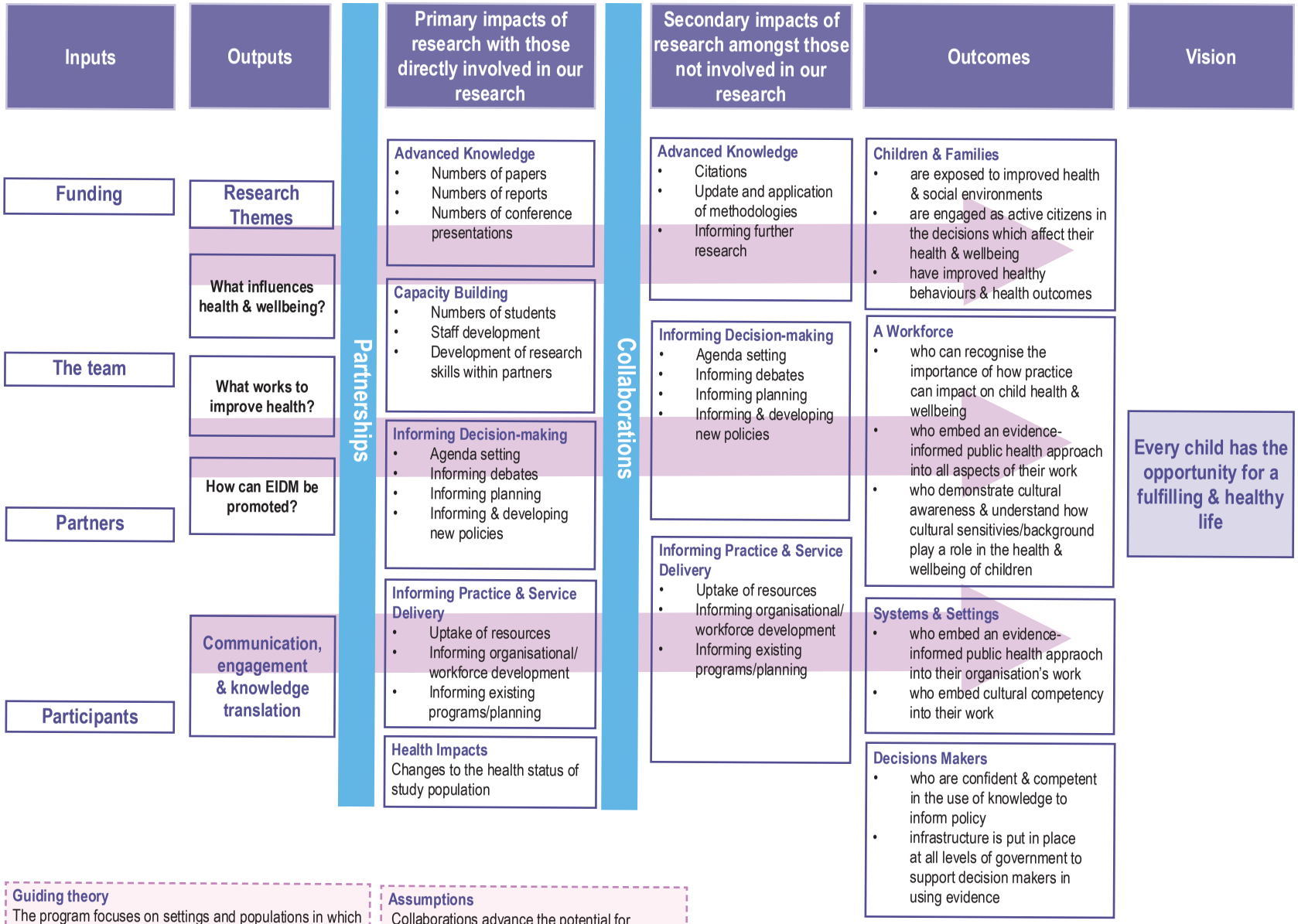


Figure 6: A logic model for the program

3. What is the program's impact?

The logic model in Figure 6, page 11, portrays how elements of the program are integrated together and shows the 5 areas in which the program aims to make an impact in order to improve child health and wellbeing:

1. Advancing Knowledge
2. Building Capacity
3. Informing Decision-making
4. Informing Practice
5. Improving Health

We've taken a conventional approach to the reporting and recording of all outputs and outcomes in the Appendices, but to convey some examples that have a meaningful impact and where the organisations or knowledge area has been changed as a result of our investment, we have listed 5 examples within each of the 5 areas to demonstrate the depth of commitment, investment and impact.

Advancing Knowledge

Our research outputs and outcomes such as journal publications, conference presentations, invited presentations, and other outputs are reported in Appendix 5 through 10.

5 Research questions that have important internationally relevant findings which were determined by the program

Q. What strategies are effective in improving healthy environments and preventing childhood obesity?

A. *Childhood obesity can be prevented through school-based prevention programs*

A portfolio of integrated research has helped answer this fundamental question. This research has comprised of

- Early and sustained epidemiology through the Health of Young Victorian's Study
- Qualitative research with children, schools and parents
- Development of a complex intervention program tested as a cluster trial
- Partnerships with WHO Collaborating Centre for Obesity Prevention on Barwon area prevention projects
- Leadership and evaluation of state-wide Kids Go For Your Life
- Evaluation of related programs such as Evaluation of the Stephanie Alexander Kitchen Garden Program and Jamie Oliver's Ministry of Food programs in QLD and Victoria
- Development and evaluation of healthy food provision baskets with Foodbank
- Numerous relevant Cochrane Systematic reviews (sugar sweetened beverages, community physical activity, food security, childhood obesity prevention and systems interventions).

Q. At what age do childhood dental caries develop and what can be done to prevent and manage them?

A. *Infant caries and forward risk is observed from children aged 18 months. Risk factors for development of early childhood caries include sweet food and drink consumption, irregular teeth cleaning, and lack of parent knowledge about the importance of primary dentition and the implications for parent feeding and soothing practices.*

Our VicGeneration birth cohort study is one of only 4 studies internationally that has examined the longitudinal trajectory of dental disease in young children, and associated multi-dimensional risk and protective factors. The age and pattern within the mouth of the presence of dental caries is a new contemporary and important contribution from the perspective of long term prevention, clinical management initative and improvements for children most at risk. In addition, Teeth Tales is a unique community-based intervention and evaluation study which is addressing sociocultural differences in oral health care and demonstrating how culturally competent health promotion delivery can help to address oral health inequities.

Q. What impacts on quality of life (QOL) for children and families with a disability and can we measure it?

A. *The Cerebral Palsy Quality of Life Questionnaire for Children and Adolescents can be used to measure quality of life.*

Engagement with parents, children and teenagers with a disability has clearly demonstrated the value and importance of the subjective experience of wellbeing and quality of life as an essential outcome and impact on clinical and family service decision-making. After developing the measure of CPQOL for children and adolescents, which highlights that QOL includes physical, social and emotional health, family health, pain, functioning and access to services, it has now been translated into 19 languages and embedded into clinical trials and health service research worldwide. Building on our qualitative research with children and parents, we have developed two exceptionally important products for the roll out of DisabilityCare, the disability insurance scheme in Australia. One product is a resource that aims to support the mental wellbeing of parents and carers of children with a disability, and the other is guidelines for training of the local area coordinators that will engage with families in their service choice decision-making

Q. What works to improve knowledge translation and evidence-informed decision-making in public health?

A. *Facilitated support is required to ensure decision-making is evidence-informed.*

A number of factors influence the extent to which evidence is used within decision-making, and a focus on individuals and their skills development is clearly not nearly sufficient. A cluster trial was conducted testing an integrated model of knowledge brokering, networking, evidence summaries and skills development that focused on the needs of organisations and decision makers. From this research it is clear that knowledge brokers impact on accessing and using research evidence within organisations. Developmental time is required to ensure that shared definitions of evidence are created. This allows a shift from conceptualising evidence as data to thinking more broadly about what works, for whom, why and at what cost?

Q. How can we improve participation of children in research, particularly those in hard to reach communities?

A. *Children can make a valuable contribution to changed policy and practice if they are engaged using methods that are age appropriate and which show respect for their right to contribute to matters that have relevance for them.*

We continue to adapt our research methodologies to accommodate the rights of children to participate in matters which affect their lives, as enshrined in the United Convention on the Rights of the Child. Through the *fun 'n healthy in Moreland!* study we developed techniques to address the power dynamic between the researcher and the children, enabling rich data to be captured and demonstrating the sophisticated insights of children. Screen Stories and Stepping Out studies also developed new virtual tours and mobility methods to provide more detailed understanding of children's experiences. These participatory methods are continuing with our research with children from refugee background and living in disaster contexts.

Capacity building

Our capacity building efforts aim to both build capacity for research to be carried out and build capacity for research evidence to be used to inform practice and policy.

Internal

Team skills, leadership and capacity building.

A successful research group requires thorough investment in the group's needs and the mechanisms that encourage

and support high quality research and flexible working conditions. Our internal capacity building activities include

- Annual away days
- Quarterly whole team meetings
- Quarterly writing retreats
- Research development networks that focus on gold standard methodological development for both qualitative and quantitative research
- Small team professional development clusters
- Individual professional development such as participation in international meetings
- Pursuit of independent research areas that enable leadership development and demonstration
- Public engagement, media training and senior staff coaching
- Away day strategic planning.

As a result we have had excellent staff retainment over the past 10 years, with an ongoing commitment to developing the program over the next 5-15 years. We have had staff complete their higher degree training, move to elsewhere and re-join or connect through collaborations, and we have a very high level of enjoyment in working together to achieve our joint vision. In Appendix 11 we outline the PhD, Masters and Honours students associated with the program over the last 5 years.

External

5 examples of capacity building in research and research use within external agencies

Increased Research Capacity at Merri Community Health Services

Our collaboration with Merri Community Health Services (MCHS) began in 2004. Since working with (MCHS), their organisation strategic plan has been revised to include an objective – "Engage with research institutions to contribute towards evidence-based practice in the community health sector." In addition, Maryanne Tadic, (previously part of the *fun 'n healthy in Moreland!* team) has been promoted to Manager of the Population Health Unit and has recently completed her Masters in Public Health (as did her predecessor). She is now leading a portfolio of research with MCHS.

Increased Research Capacity at the Australian Red Cross

Kate Brady, the National Recovery Co-ordinator at the Australian Red Cross is carrying out her PhD with the program. Her research on disaster recovery will inform her role coordinating all recovery services that Red Cross provides in communities affected by disasters across Australia.

Increasing the generation of research with the Department of Education and Early Childhood

The partnership between our program and the Department of Early Education and Childhood aims to improve the health, wellbeing, learning opportunities and life experience for children across Victoria. Through this partnership we ensure research priorities and publications are co-generated and that the processes for utilising government data are effective.

Increasing organisational capacity with Windermere Child and Family Services

The research project *Thrive* was developed in partnership with Windermere Child and Family Services, a non-government welfare agency that administers a large family day care program. The project worked to maximise knowledge, confidence and skills of care providers in promoting social and emotional wellbeing in children inclusive of cultural diversity, developmental stage and disability status.

Public health workforce capacity building through the Evidence-Informed Public Health short courses

Over the last 5 years the program has designed and delivered a short course for practitioners and policy makers, aiming to improve skills and confidence in using evidence for decision-making in public health and health promotion practice. The course has been run over 20 times and over 300 policy makers and practitioners have attended.

Appendix 13 provides a detailed case study of building capacity through our evidence-informed public health short course and also through our partnership with the Department for Early Education and Childhood Development.

Informing decision-making

Informing policy decision-making can occur at various stages of policy development. We aim for our work to inform the setting of policy agendas, policy debates, policy planning, to underpin existing policies and to inform the development of new policies.

5 examples of where our work has informed decision-making

Informing the development of the Victorian Action Plan for Oral Health Promotion.

Healthy Together Victoria, is a Victorian Government initiative incorporating policies and strategies to support good health across Victoria and creates links to the existing work that is underway across the state. In May 2013, Healthy Together Victoria announced a new action plan for oral health promotion. Associate Director Andrea de Silva-Sanigorski was part of the steering group which developed the plan. In her role as Director of The Australian Population Health Improvement Research Strategy for Oral Health, a partnership between the program and Dental Health Services Victoria, Andrea played a key role in developing the action plan content.

Informing WHO Nutrition Friendly Schools Initiative

The Cochrane systematic review examining interventions for preventing obesity in children has been widely used at local, state and international level to inform obesity prevention strategies. The review findings were used by the World Health Organisation to inform the Nutrition-Friendly Schools Initiative. The initiative provides a framework for designing integrated school-based intervention programmes which address the double-burden of nutrition-related ill health, building on and inter-connecting the on-going work of various agencies and partners.

Appendix 14 provides a detailed case study of how the investment in a sustained long term commitment to understanding the international evidence base through an updated Cochrane systematic review on childhood obesity prevention, has been used locally, nationally and internationally to inform decision-making and shape research and practice developments.

Informing the debate on how to monitor childhood obesity

In 2012 'The Age' published a report suggesting that putting children's weight on school report cards and linking the cards to physical education teachers, would make an impact on reducing childhood obesity rates. The program responded to the report on 'The Conversation' website, arguing that adding children's weight to report cards would do more harm than good. Since the article was published, The Australian National Preventative Health Agency has announced a call for an evidence brief around monitoring obesity in children.

Informing DHSV oral health state policy for new immigrants

Our work with an oral health advocacy group led by Foundation House, and informed by the Teeth Tales study, contributed to the implementation of new policies by State Government. These policies provide greater access to public dental health services for people with refugee and migrant backgrounds.

Informing recommendations by the Victorian Bushfires Royal Commission

The Community Fireguard Program was evaluated by the program with a focus on the impact of the program on families' bushfire preparedness, response and recovery. The evaluation findings were used to inform the CFA response to the Victorian Bushfires Royal Commission.

Practice & services delivery impacts

Through our work we aim for the resources we produce to be utilised by practitioners, for our research to inform workforce and organisational development and for our

research to inform how services are delivered.

5 EXAMPLES OF OUR WORK INFORMING PRACTICE & SERVICE DELIVERY

Evaluation theory and findings informing practice at Foundation House

Foundation House is the peak organisation in Victoria for settlement of refugees. As part of a series of research and evaluation studies we have conducted with Foundation House, professional development programs were conducted for staff. These professional development programs have resulted in Foundation House adopting our recommended conceptual framework to guide their policies and services.

Appendix 15 provides a detailed case study of how Foundation House has changed their practice as a result of working with us.

Informing program delivery for the Stephanie Alexander Kitchen Garden Program and the Jamie Oliver Ministry of Food

The program conducted the evaluation of the school-based Stephanie Alexander Kitchen Garden Program and is currently involved in the evaluation of the Jamie Oliver Ministry of Food. These evaluations have been used to inform how the programs can be rolled out nationally. They have also played a vital role in leveraging funds for wider rollout.

Developing sustainable health and wellbeing polices in schools.

The *fun 'n healthy in Moreland!* research study aimed to establish healthy dietary and physical activity environments for children in the City of Moreland via school-based community programs. The five year study demonstrated that schools are able to develop sustainable health and wellbeing policies, environments and actions, which can improve child health and wellbeing outcomes.

Informing program delivery at Foodbank Victoria

The 'Building Healthy Hampers' was a pilot study conducted by Foodbank Victoria and our program to improve the nutritional knowledge and ability of volunteers and staff to pack and order more nutritious foods into hampers. Evaluation of the project demonstrated that participants had increased knowledge about the nutritional content of foods, portion sizes and food groups. This increased knowledge led to healthier hampers being packed and distributed to the many disadvantaged community members who rely on food relief each day. Participants also made changes to their own eating habits. Funding is now being sought to scale up this initiative and roll it out across Victoria, with further evaluation of the impact.

Supporting councils to obtain new funds for health and wellbeing initiatives

During the 2 year KT4LG intervention, local governments (LGs) were provided with support in using evidence to write grants and program briefs (e.g. Implementation ideas, logic models, evaluation plans). With support from our knowledge broker and research team, several of these LGs applied for "healthy communities" federal funding and went on to be successful recipients of these grants, and are now implementing large-scale healthy eating and physical activity initiatives in their municipalities.

IMPROVING HEALTH OUTCOMES OF CHILDREN IN VICTORIA

With the vast majority of research studies that operate within a university context, it is not always possible for a dedicated parallel initiative to take programs to scale. We therefore have difficulties tracking the relationship between evidence to outcomes. It is not impossible to do, but does require a dedicated program of resources to undertake such evaluation and an understanding of the potential electronic mechanisms available to track evidence-informed decision-making and epidemiological change. We have started to embark on this work, embedded within the work of the Cochrane Public Health Group and more sophisticated analytics, however it is work-in-progress. We are aware of the impact that our intervention programs have had on communities involved, and in some cases

those communities are quite substantial in size.

In this case, the early sign is the difference between programs and controls in intervention studies, as well as changes in population levels over time where sustained community-based action was occurring. The main areas in which we have completed intervention studies are related to healthy eating and physical activity, with an intense investment in oral health promotion occurring presently.

For example, in relation to making an impact on systems, behaviours, and outcomes resulting from *fun 'n healthy in Moreland!,* we observed that the cohort saw changes in:

- Increased fruit and vegetable consumption
- Increased consumption of water and water in their lunch box
- Reduction in sweet drinks, juice or cordial
- Increased health and wellbeing
- Overall reduction in the prevalence of overweight and obesity across Moreland.

4. How has the funding from The Jack Brockhoff Foundation contributed to the program's outputs and outcomes?

The Jack Brockhoff Foundation funding has catalysed the creation of a vision for the program and has been critical in creating the strong foundation for the program. Over the last 5 years this foundation has enabled us to make clear contributions to policy and practice issues and enabled us to define the philosophy which guides how child health inequalities are addressed.

The context in 2008

By way of background to when the Gift was awarded in 2008 and the program established, there were extremely limited opportunities in Australia to source funding and lead a research program addressing child health inequalities broadly. As a public health researcher with international training and focus, Professor Waters required funding for her salary, excellent administrative infrastructure, and an organisational context aligned to the vision of improving the quality of evidence to support decision-making to reduce inequalities in health. She had been the Chair of Public Health at Deakin University and moved from there to the University of Melbourne in 2007. The University of Melbourne invested in her by appointing her to Professorial Fellow position and correspondingly received a range of successful early career researchers with NHMRC, ARC, and VicHealth grants that transferred across as a group. Whilst the research team was funded by the research project costs, in order to retain Professor Waters, funding to support her salary through competitive fellowships or other alternatives was required. Whilst the University of Melbourne was able to support her research, she needed to source her salary. Professor Waters had been approached by a number of international universities and was at the point of considering their offers more seriously as they offered a research funding context that supported centres of excellence in complex public health challenges, similar to her vision.

How has the funding been used?

The Jack Brockhoff Foundation Gift has made an extraordinary impact in retaining Professor Waters in Australia, providing a place for researchers to embark on internationally competitive and contributing research, as well as providing the aligned vision and legacy to make a difference to disadvantaged children in Victoria. There possibly could not be a stronger alignment between the vision of Jack Brockhoff and the aspirations of the small research team (as it was then). Together with the key research staff who commenced the program and have stayed with the program, the Gift has catalysed a strong and robust flagship for research, engagement with policy and commitment to community. The flexibility that a secure salary has provided, has enabled Professor Waters to dedicate her time to investing in policy decision-making, building linkages with relevant organisations and individuals, leveraging further funds for research, investing in vital partnerships, and fostering the careers of a talented team of senior researchers.

The funding provided by The Jack Brockhoff Foundation has been used to invest in core infrastructure and leadership of the program. It was provided as a $5 million gift over 10 years and the arrangement with The Jack Brockhoff Foundation is for the Jack Brockhoff Chair of Child Public Health to draw down on the corpus in a way that ensures that the program foundation is supported but that variations in context are able to be accommodated on a year to year basis. We have prioritised the preciousness of the annual contribution, and thus in some years where we were able to attract significant funding and complete projects under budget, we drew less on the annual amount. However, in other years where project funding was not sufficient to cover core costs we have been able to sustain the project, tiding over to new funding, with the ability to draw down more. Thus, the overall vision to approximate a draw down of $500K has been possible, with variation year to year.

As a result, the funding has been used to provide sustained coverage for the salary charges for Professor Elizabeth Waters and her Executive Assistant, Alana Pirrone-Savona, as well as contributing to each of the stream leaders on areas in which a contribution to a casual salary has enabled a pilot study, help with knowledge translation, or top up to an external salary source. This has ensured that the whole program benefits from the investment, and correspondingly, the Associate Directors have the benefit and connection to The Jack Brockhoff Foundation. Elizabeth Waters and the four Associate Directors of the program discuss the budget for the annual amount, as well as the overall budget and costs for the program, planning strategically over the lifecourse of the Gift, as well as in the short term.

The value of investing in leadership & vision

Financial leverage

The contribution from The Jack Brockhoff Foundation through the Gift for the years 2008-2013 has been approximately $2.5 million. Over this time a further $23 million has been attracted, to the program directly and to collaborative initiatives with other research partners. This has been due to the energy and vision of Associate Directors pursing strategic directions and opportunities. Other factors important for attracting funding have been the extremely strong track record of Professor Waters, the strategic and sustained partnerships and their corresponding alignment in vision, and the excellent research office and ethics committees of The University of Melbourne – a key criteria for the award of competitive funding.

The focus of the funding that has been attracted into the program is evenly distributed across the three thematic areas of the program:

Understanding factors which influence health: $5,995,268
Understanding what works: $7,439,827

Promoting and understanding EIDM: $9,619,421

Total: $23,054,517

The distribution of funding is outlined in Appendix 16.

A full list of successful grants awarded to the program and the program's members over the last 5 years can be found in Appendix 17.

Building a critical mass of researchers

In 2008, the program comprised a team of approximately 8-10 core research fellows, which has ebbed and flowed according to the projects. In 2013 we have approximately 30 researchers, (though this is dependent on the success or otherwise of program grants). Nonetheless, we have had only 2 people move on from our original core team and a large proportion of the team see this program as the place that they want to stay to continue to build upon the vision over the forthcoming 5-15 years.

Fostering and mentoring of The Jack Brockhoff Child Health & Wellbeing Program's Associate Directors

The program comprises 4 Associate Directors who helped found the program in 2008 and have continued to thrive and develop their individual foci within the broader ambit of the program. The particular approach to developing these individuals has been for Professor Waters to support and encourage independent research, and at the same time provide opportunities for leadership locally, nationally and internationally.

Working in new sectors

It is not only the team numbers which have expanded, it is also the reach and content areas. This has enabled child health inequalities to be tackled from a much broader and effective perspective. Under Professor Waters' leadership an interdisciplinary and partnership approach to research has become the standard way of working, and this has expanded and been sustained with key partners over the last 5 years. This interdisciplinary approach adopted by the team continues to evolve with new partnerships forming from a wide variety of sectors. In 2007 we were working in the government, education, community health, dental health, disability and cultural sectors. In 2013, we are still working with those sectors but have extended to emergency management, welfare, child care and a broader range of government departments.

Expansion of collaborattions

For the work of the program to make an impact in secondary settings, we believe collaborations with other academic groups, government departments and service providers are essential. Since 2007, our collaborations have expanded both in terms of level of investment, international reach and have become embedded into organisational practice. Appendix 18 outlines the development of our key collaborations.

Thought leadership

Under the guidance of Professor Waters and with the alignment of the program's Associate Directors, a multi-disciplinary, multi-sectoral approach to research has been adopted by the program. This approach requires the highest standards of rigour, and consideration from the outset of the relevance of research to policy and practice.

As co-ordinating editor of the Cochrane Public Health Group, Professor Waters has developed rigorous approaches to analysing and interpreting research. This approach, which she has fostered within the Public Health Evidence and Knowledge Translation group (comprising the Cochrane Public Health Group), has been applied across the program and the principles of carrying out meaningful and transparent research are evident in all research projects being undertaken.

In addition, Professor Waters advises on, and advocates for, child health inequalities on a number of external committees. These committees are listed in Appendix 19.

5. What is the current context and how will this affect the program in the future?

External

Over the past five years the national political agenda has moved ahead with a range of significant policies in the areas of education, inequalities and disabilities. The government has also provided strong support for a partnership approach to tackling health issues. These federal policies have been conducive to our area of work.

At a state level, a legacy from previous governments has been to address health inequalities through partnership approaches. However, both the federal and state level budgets are tighter than ever and so both the settings and partners of our research are faced with budget cuts.

Although there is a mixed political and economic environment for our work, our approach to research and the areas in which we are working are closely aligned with the current policy agendas. It is also recognised that future research within this space should adopt our approach.

Internal

Organisational integration

The context for the organisational placement of the program is the McCaughey Centre; which sits within the School of Population and Global Health, part of the Faculty of Medicine, Dentistry and Health Sciences, at the University of Melbourne. The McCaughey Centre is a Centre long envisioned by VicHealth and others across the state, as a place to focus on the upstream determinants of health. The philosophies of the program and the Centre are therefore opportunistically and strategically aligned. The focus on making a difference to child health inequalities through an upstream approach added value to the McCaughey Centre, and correspondingly the organisational context, leadership and other components, added value to the Jack Brockhoff Child Health and Wellbeing Program.

The program's collaborations across the university are extensive. Grants have been awarded in partnership with other researchers in:

- The School of Population and Global Health
- Graduate School of Education
- Melbourne School of Engineering
- Provost Office
- Australian Centre for Post Traumatic Mental Health
- Department of Social Work
- School of Government
- Melbourne School of Design
- Department of Paediatrics
- Institute of Social Equity
- Faculty of Arts
- Asia Institute
- Department of Historical and Philosophical Studies
- Melbourne School of Psychological Sciences

Our medium terms goals within the University are to catalyse the aspirations for a joined up approach across the University to tackle together, the bigger picture issues that require a true multidisciplinary approach (inclusive of education, social policy, law, health sciences, and the education-health interface). We are working towards a coordinated and cooperative arrangement with the other child health and illness research and service organisations such as the Murdoch Children's Research Institute and the Royal Children's Hospital.

Financial context

The Ministry of Tertiary Education recently announced cuts for universities and over the next four years the University of Melbourne will lose around $100 million in research funding, an estimated further $15 million in infrastructure funding, and $50.4 million in teaching support. The current budget situation within the university has resulted in the university requiring increased charge out rates for staff.

The challenges involved with reorienting to the internal financial demands from existing project budgets has had a significant impact on time and aspirations of the program over the past 12 months. These challenges have been due to the need to move to a new internal levy policy and costs. Within the School of Population and Global Health there is an organisational re-arrangement that may provide opportunities for more efficient administrative operations and ideally, charges more closely related to the core costs of the program.

However, it is clear that the new funding context creates greater challenges in the context where cost and competition is a key determinant of tender success. More detail will be provided within the Director's presentation during the review, and we look forward to discussion and assistance about ways forward to accommodate changes to the external funding environment and ensure support for a long lasting vision, legacy and improvements in children's lives.

6. What is the vision for the next 5 years and how will this be achieved?

Over the last 5 years, The Jack Brockhoff Child Health and Wellbeing Program has established a strong foundation upon which we carry out solution-focused high quality child public health research. The philosophy and operational principles which guide our work has enabled us to make significant contributions to policy and practice, with a particular emphasis on ensuring that strategies to help reduce child health inequalities are paramount.

The whole team has been involved in a strategic planning process to ensure that the vision of the senior leaders is informed and aligned with the vision of those at an early stage in their careers, as well as the ideas coming in from partners. Thus the comments and statements below reflect those of the whole program, and not just those of the current leadership.

5 year vision

Our vision for 2018 is that our partnership approach to child public health research will be recognised as the flagship approach to addressing contemporary child health concerns at a state and national level.

We will achieve an integrated approach with the university schools and centres in areas of population health, education, economics, law and policy, paediatrics, Indigenous health and primary care to advance an inter-disciplinary and transformative model around the concept of 'improving children's lives', nationally and internationally.

Our funding and resource model will be flexible and will support and underpin all components of our work. This model will facilitate effective knowledge translation and further engagement with wider audiences.

The program of work will be integrated in a working environment which supports the processes and outcomes of the program and research partnerships. The culture within the program will foster and value ideas, creativity, enjoyment, reflexive practices and we will celebrate and support each other. We will have an inclusive environment and our people will reflect our vision.

We will carry out high quality, policy relevant, solutions-orientated research and we will understand our impact to ensure we are working effectively.

Our aims and objectives for the next 5 years

The program will continue to carry out research guided by our three thematic areas. To achieve our 5 year vision and ensure that this research stays relevant and can influence service and policy delivery, we have divided our aims and objectives into those that focus on operational aims, and the key research questions which will be addressed over the next 5 years.

Operational aims

Increase our collaborative efforts

Internally:

- Ensure greater integration of internal program areas that focus on similar determinants of health to achieve the best outcomes for children.
- Develop processes which encourage greater learnings to be shared across the program.

Across the university:

- Foster an interdisciplinary approach across the Carlton/Parkville campus of the university to lead the way in catalysing a whole of campus consortium to tackle child health and wellbeing issues.
- Identify and trial cross-disciplinary opportunities for interventions to reduce inequities in child health, wellbeing and learning.

Within Australia:

- Work closer with state and national governments to ensure our research continues to meet the needs and priorities of decision-makers.
- Work closer with policy makers to ensure existing and future data collected by government is used effectively to inform policy and service provision.

Internationally:

- Work with the 'brightest minds' across the globe to improve and develop our research methodologies and increase the profile of our contribution to the global evidence base.

Identify and work with those most disadvantaged

- Develop partnerships with Indigenous communities to support child health in Indigenous communities.
- Be responsive to the changing context within Victoria to identify disadvantaged communities and pressing and emerging health issues.

Increase the impact of our work

- Develop mechanisms across the program to support knowledge translation and exchange for all research projects carried out.
- Increase efforts to monitor and understand the impact of our research, to ensure that our knowledge translation strategies are effective.

Improve and develop our methodologies

- Explore children's capacity as researchers and active citizens in relation to public health issues that concern them.
- Be positioned to respond to new methodologies for synthesising evidence.

Increase our profile

- Identify and respond to opportunities to add our voice to state and national debates on issues related to child health and wellbeing.
- Engage wider audiences with our work through partnerships with creative organisations.
- Develop a communication and engagement strategy to place child mental health and wellbeing on the national policy agenda.

Increase data synthesis and systematic review use within the program

- Increase the systematic reviews carried out by the program.
- Use systematic reviews to identify gaps in the evidence and knowledge base.

Explore options for long term sustainability

- Develop a funding and resource model that supports research capacity and outcomes
- Examine the historic project nature of funding for staff salaries and explore solutions for increased internal collaboration.
- Work with the Advancement team within the University of Melbourne to identify philanthropic donations to the program.
- Explore funding opportunities from other previously untapped sources.
- Establish a new strategic visionary advisory committee consisting of members with experience in the sectors of finance, philanthropy, government and social enterprise.

Our research questions

Figure 6 outlines the types of research questions we are looking to answer over the next 5 years and how these relate to the core thematic areas and health concerns.

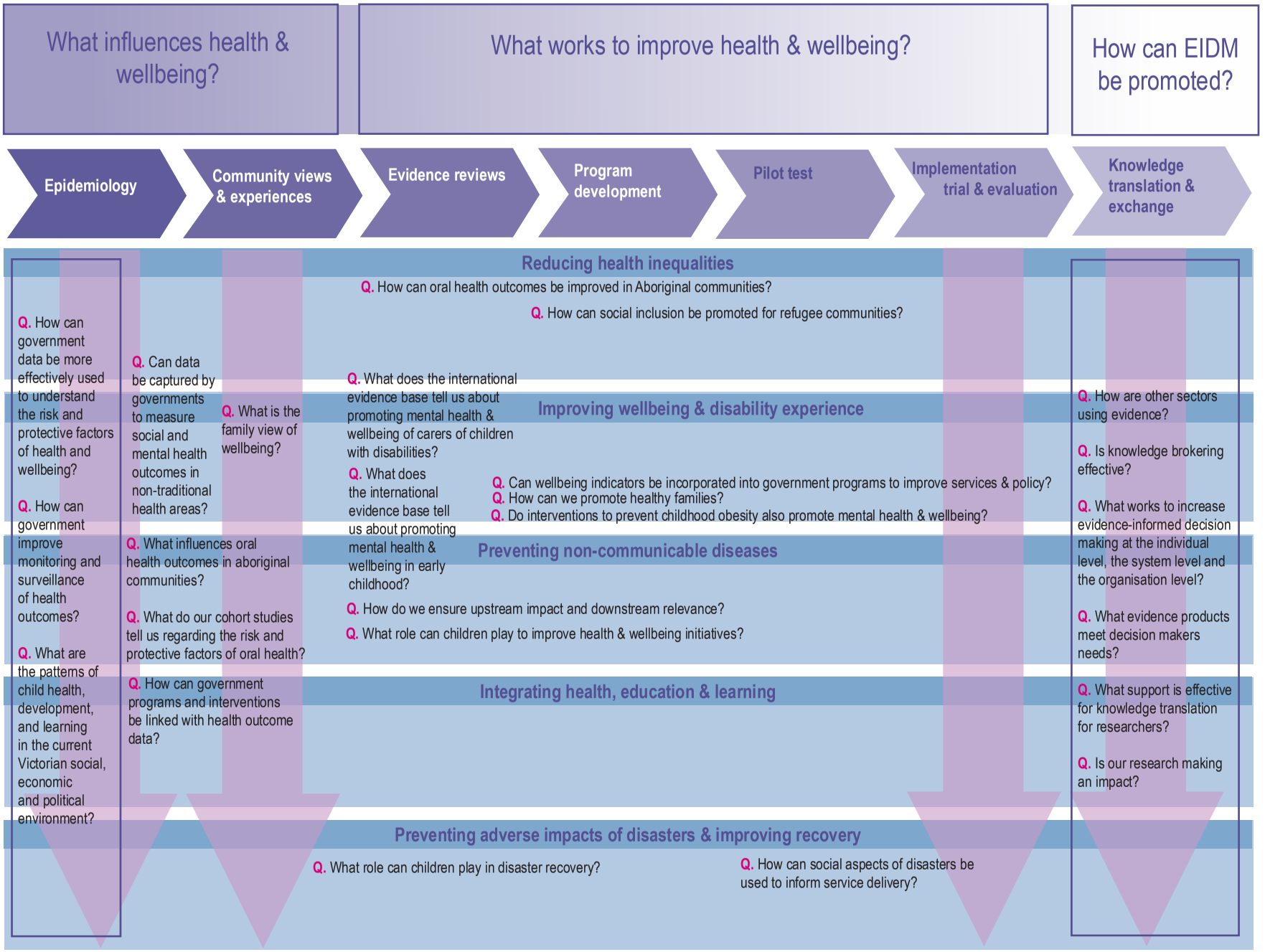


Figure 6: Key research questions relating to thematic areas and health concerns

How will The Jack Brockhoff Foundation funding be used over the next 5 years?

Over the next 5 years the funding will continue to be used to invest in leadership and research support costs. If possible, we will underwrite applications for nationally competitive and other fellowship and scholarship programs for early career and senior members of the team. We will work to attract additional philanthropic and programmatic support, and continue to take advantage of any strategic or other funding that continues to advance key areas within the program, or the team as a whole.

One of the key areas of development for the Chair of Child Public Health will be to develop educational opportunities within the existing undergraduate and postgraduate courses, such as the Master of Public Health, new international possibilities, and professional development initiatives.

What would occur without the contribution from The Jack Brockhoff Foundation?

The Jack Brockhoff Foundation contribution to the program provides a strong link to a wider community vision and stimulus to continue to achieve a vision shared by Jack Brockhoff himself. With a named program on child health and wellbeing, it provides a very public profile for the importance of investments in population health improvement, public health methods and a focus on making a difference to child health inequalities.

Victoria is very fortunate to have a strong, geographically and organisationally connected, cluster of research organisations that focus on genetics and medical conditions, education of children in hospitals, and related centres for community child health (community paediatrics) and adolescent health. Leaders of these organisations (the Murdoch Children's Research Institute, the Department of Paediatrics, the Royal Children's Hospital, the state Children's Commissioner, and members of the Victorian State Government) have actively contributed to the Advisory Committee that provides governance and biannual advice to the Jack Brockhoff Child Health and Wellbeing Program. They have celebrated the unique opportunity that this provides for all the organisations to come together, help identify common priorities that link the continuum of public health through to intensive care.

Were the funding to cease, along with the raison d'etre for the coming together of all child health related organisations, there would still be a team of researchers who share a common vision and are dedicated to working together. However, the reality of the current financial context is that it is likely that researchers would need to follow where funding opportunities exist.

We believe that Jack Brockhoff's legacy and awareness of him and The Jack Brockhoff Foundation has strengthened enormously through the wide government and community linkages. In addition, the focus on wellbeing, as well as health, has enabled and supported other organisations, including government departments, to also continue to focus on wellbeing and the promotion of health whilst also integrating a prevention agenda that focuses on prevention of illnesses and disease.

What is our vision for the next 15 years?

In 2028 we envisage:

All organisations who are working with children and families will be engaged in the co-generation of evidence relevant to understanding what programs and policies make a significant impact on improving child health and wellbeing, particularly the reduction of inequalities in health. Practitioners and professionals will work with families and the media to advocate for the accompaniment of strong, participatory research, alongside program development. Akin to the experience of clinical medicine, the practice of public health and the provision of services will be embedded in a strong evidence generation culture.

An integrated approach to improving the lives of children through a focus on child health and wellbeing will comprise social enterprise innovation developments, where effective elements and interventions will be taken to scale; and learnings from strong community oriented programs, such as successful Indigenous programs will be tested elsewhere

for replication and transferability.

The 'Jack Brockhoff Centre for Child Health and Wellbeing', embedded within a strong inter-disciplinary initiative that focuses on improving the lives of children, will be renowned for its commitment to engaging children and families in solutions, and its catalytic effect on normalising rigorous evidence co-generation across all sectors in areas that have an impact on child health programs.

Nationally, we will be the research partner for organisations stimulating and investing in new program developments such as the Foundation for Young Australians, the Red Cross, Yooralla, relevant disaster recovery and rebuilding organisations.

Internationally, we envisage that this approach will be embedded in international organisations such as UNICEF, Save the Children, WHO and this research-policy program/ unit/centre/institute will provide a strong supportive and innovative research arm to these organisations.

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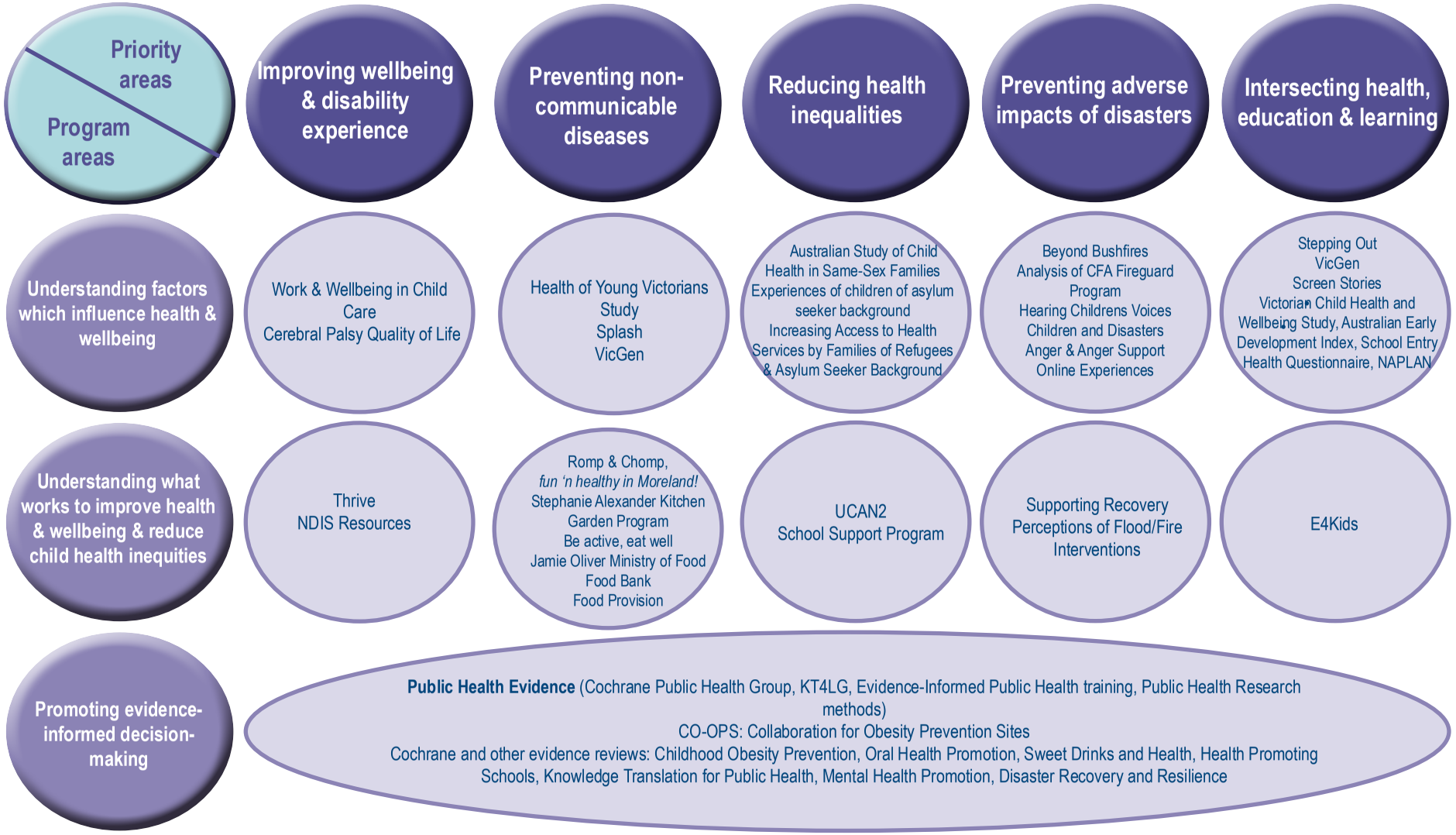
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Appendix 1: The research projects carried out by the program and how these relate to thematic areas and health issues

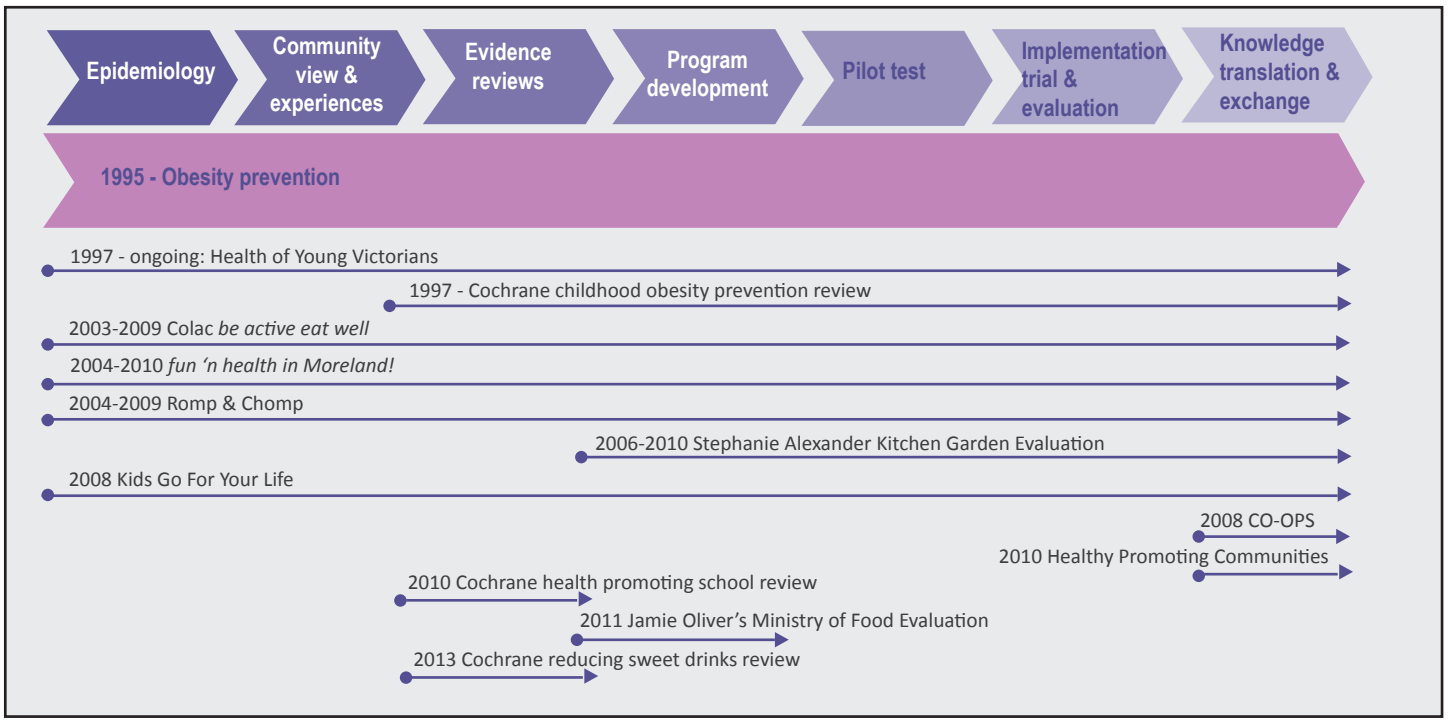
A pictorial representation illustrating the primary focus of the projects and partnerships carried out by the program.



Appendix 2: The research trajectory for our childhood obesity research

In some of the pressing areas of child health concerns the questions have moved from exploring the determinants to investing in developing and testing solutions, to focusing on knowledge translation and the examination of co-morbidities. This has occurred in the area broadly termed childhood obesity. In other areas, the trajectory between epidemiological findings, interventions and knowledge translation is much shorter due to evolution of maturity in the field, as well as capacity within the program.

The figure below outlines the different research projects which members of the program have been involved in since 1995 and how the research has evolved over time.



Appendix 3: Why methodological developments are important for driving the program forward

The program has been driven by a commitment to ensuring the evidence base is comprised of the type and quality of research that will assist in understanding what strategies will improve the lives of those most disadvantaged in our population. The focus is on the whole population, but with a lens on those communities and subgroups where we are aware that their health is worse than others.

The aim of our research is to identify strategies that have the greatest likelihood of improving the health of the whole population and ensuring that strategies don't increase inequalities or create more harm. In many of these areas a significant amount of methodological developments have been required. Conventionally the large proportion of research internationally and in Australia has been conducted in a way in which those most hard to reach, for reasons of language, culture, complexity or geography, have been excluded or not included in research. This has mostly been due to the perceived added costs and complexity that these challenges create within short funded project time frames.

We have made a commitment to developing methodological approaches which specifically seek to engage all members of the population, or to work in a more in depth way with particular subgroups eg. community cultural groups. The exciting part of this approach is that new, previously undocumented contributors have emerged that have much wider ranging impact, and thus are essential contributions to understanding how to make an impact on health inequalities. One particular example of this is the use of media as a source of information on health drawn from countries of migrant origin (ie. Satellite television) thus eliminating the value of social marketing through conventional media. Another example is the identification of the ways in which parents are excluded in school communities due to cultural norms and expectations. These are only a few examples, but we see it through all studies. We therefore require methodologies that are culturally acceptable and which engage individuals and groups who are usually excluded.

Appendix 4: A case study of how a research partnership evolves to ensure that research and an evidence-informed approach is embedded into organisational practice

The evolution of a research partnership - working with Merri Community Health Services

The Jack Brockhoff Child Health and Wellbeing Porgram is proud of the long-standing community research collaboration with Merri Community Health Services (MCHS). The collaboration began in 2004 with the f*un '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 our organisations including joint appointments, budgeting management across organisations 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 way 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. The health promotion team identified quite varied oral health cultural practices and beliefs in the community and limited access to parent-oral health education programs for migrant families. MCHS dental service client data also indicated children from migrant families required higher levels of dental treatment. MCHS Health Promotion staff and the program's research team 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 MCHS and the local schools.

Our ongoing collaboration has resulted in a number of key successes across the partnership. The program's researchers have increased their 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 adjustment of the Manager's position description to include responsibilities for managing research, two Managers' completion of a Masters in Public Health, and adjustment of MCHS planning and reporting documents articulating a commitment to participating in research and adopting an evidence-based approach. Finally, the impact of the research studies is evidenced by Teeth Tales being a finalist in the Victorian Health Promotion Foundation Awards, and changed policy and practice of participating organisations.

Appendix 5: Program and logic model inputs

The inputs into the program are:

Funding

- The Jack Brockhoff Foundation
- NHMRC
- ARC
- VicHealth
- Victorian Department of Education and Early Childhood Development
- Victorian Department of Health
- Victorian Department of Human Services
- Department of Families, Housing, Community Services and Indigenous Affairs
- Sidney Myer Foundation
- Helen Macpherson Smith Trust
- ANZ Trustees
- William Buckland Foundation
- Foundation for Children
- Department for Health and Aging

This list does not include funds or in-kind support greatly received from partner organisations.

Team Composition (as of May 2013)

Director

- Elizabeth Waters

Associate Directors

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

Research Fellows & Research Assistants

- Karen Block
- Lauren Carpenter
- Lara Corr
- Bradley Christian
- Rachel Boak
- Emily Amezdroz
- Jodie Doyle
- Colin Gallagher
- Shalika Hegde
- Bjorn Nansen
- Tahna Pettman
- Monica Virgo-Milton
- Dana Young
- Elyse Snowdon
- Le Le
- Steve Anh
- Christine Armit
- Sonia Barreto
- Rahila Christian
- Andrea Bradley
- Eve Gardiner
- Tamara Heaney
- Linh Ngo
- Tan Nguyen
- Elise O'Callaghan
- Fiona O'Leary
- Veronika Pradel
- Tammy Rendina
- Joe Santoro
- Maryanne Tadic
- Huong Tan
- Kim-Michelle Gilson
- Shawn Stevenson
- Ellie Teo
- William King.

Higher degree candidates

- Lara Corr
- Simon Crouch
- Mandy Truong
- Kate Brady
- Karen Block
- Connie Kellett

- Marian Loc
- Gisela Van Kessel
- Pam Leong
- Jessica Herbert
- Rachel Boak

Executive Assistant to Professor Waters and Communications Officer
- Alana Pirrone-Savona

Stakeholder Engagement Co-ordinator
- Kirsty Jones

Honorary team members
- Hanny Calache
- Mark Gussy
- Greg Ireton
- Colin MacDougall
- John Richardson
- Michael Smith
- Laurence Moore
- Mark Petticrew

Cochrane Public Health Group Editors
- Laurie Anderson
- Maureen Dobbins
- Gilbert Ramirez
- Miranda Cumpston
- Jonathan Shepherd
- Andrea de Silva-Sanigorski
- Hilary Thomson
- Daniel Francis
- Rob Anderson
- Alan Shiell
- Philip Baker (Feedback editor)
- Ruhi Saith (Developing Countries Editorial Consultant)
- Robin Christensen (Statistical editor)
- Sreekumaran Nair (Statistical editor)
- Elmer Villanueva (Statistical editor)

Advisory Committee Members
- Prof Robin Marks
- Prof Glenn Bowes
- Prof Terry Nolan
- Prof Paul Monagle
- Prof Christine Kilpatrick
- Mr Bearnie Geary
- Ms Glenda Strong
- Dr Robert Grenfell
- Prof Billie Giles-Corti

Partners

Government
- Victorian Department of Education and Early Childhood Development
- Victorian Department of Health
- Victorian Department of Human Services
- Victorian Department of Sport and Recreation
- Moreland City Council
- Yarra City Council
- Shires of Murrindindi Latrobe, Yarra Ranges, Alpine, Greater Bendigo, Mitchell, Nillumbik, Whittlesea, and Baw Baw.

Service Providers
- Centrelink
- Merri Community Health Services
- Barwon Health
- Central Hume, Bendigo Loddon, North East, Central West Gippsland and Lower Hume Primary Care Partnerships
- North Yarra Community Health Services
- Queensland Health
- Foundation House for Survivors of Torture
- Windermere Family Day Care
- Yooralla
- Hunter Institute of Mental Health
- Country Fire Authority
- Victorian Arabic Services
- Arabic Welfare

Agencies
- Australian Red Cross
- Australian Rotary Health
- Alannah and Madeline Foundation
- World Health Organisation
- Pakistan Australia Association Melbourne

Programs

- Stephanie Alexander Kitchen Garden Foundation
- Jamie's Ministry of Food

Academics across the University, Australia and the globe

In-kind support

- McCaughey Centre
- University of Melbourne

Participants in research studies

- Individuals
- Communities
- Agencies

Appendix 6: Journal Publications 2008-2013

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162. Turley R, Saith R, Bhan N, Doyle J, Jones K, Waters E. Slum upgrading review: methodological challenges that arise in systematic reviews of complex intervention. Journal of Public Health. 2013; 35(1), 171-175.

Appendix 7: Books & Book Chapters 2008-2013

1. de Silva-Sanigorski & Campbell. Encyclopedia on Early Childhood Development Obesity prevention in preschoolers (April 2012; URL: www.child-encyclopedia.com/Pages/PDF/deSilva-Sanigorski-CampbellANGxp1.pdf)
2. Waters E., Swinburn B., Uuay R., Seidell J.(Eds) 2010. Preventing childhood obesity: evidence, policy and practice. Wiley Blackwell. Preventing Childhood Obesity: Evidence Policy and Practice. ISBN: 978-1-4051-5889-3

1. Armstrong R, Waters E, and Doyle J, Chapter 21: Reviews in health promotion and public health, in Cochrane handbook for systematic reviews of interventions, Higgins JPT and Green S, Editors. 2008; John Wiley and Sons: Chichester (UK).
2. Armstrong R, Waters E, Roberts H, Anderson L M, Oliver S and Petticrew M. Systematic Reviews in Public Health. In: Kris Heggenhougen and Stella Quah, editors International Encyclopedia of Public Health, Vol 6. 2008; San Diego: Academic Press.
3. Davis E, Waters E. Children with cerebral palsy, psychometric analysis and quality of life. In: Victor A Preedy, editor. Handbook of Disease Burdens and Quality of Life Measures. 2008; New York: Springer.
4. Davis E, Waters E, Shelly A, Gold L. Measuring the Quality of Life of Children and Adolescents. In: Kris Heggenhougen and Stella Quah, editors International Encyclopedia of Public Health, Vol 6. 2008; San Diego: Academic Press.
5. Gibbs L, Waters E, Renzaho A, Kulkens M. Moving towards increased cultural competency in public health research. In Researching with Communities, ed. A Williamson, R DeSouza. 2008; Wairua Consulting, New Zealand.
6. Waters E, Gibbs L, Renzaho A, Riggs E, Kulkens M & Priest N. Increasing Cultural Competence in Public Health and Health Promotion In: Kris Heggenhougen and Stella Quah, editors International Encyclopedia of Public Health, Vol 6. 2008; San Diego: Academic Press.
7. 1. Armstrong R, Prosser L, Dobbins M & Waters E. Knowledge translation and exchange for obesity prevention. In Waters E., Swinburn B., Uuay R., Seidell J.(Eds) Preventing childhood obesity: evidence, policy and practice. 2010; Wiley-Blackwell Publishing, UK.
8. de Silva-Sanigorski A, Corvalan C & Uauy R. Obesity Prevention and control in early childhood and the practicalities of working in early childhood settings. In Waters E., Swinburn B., Uuay R., Seidell J.(Eds) Preventing childhood obesity: evidence, policy and practice. 2010; Wiley-Blackwell Publishing, UK.
9. de Silva-Sanigorski A, Corvalan C & Uauy R. Obesity in early childhood and working in pre-school settings In Waters E., Swinburn B., Uuay R., Seidell J.(Eds) Preventing childhood obesity: evidence, policy and practice. 2010; Wiley-Blackwell Publishing, UK.
10. de Silva-Sanigorski & Economos C. Evidence of multi-setting approaches for obesity prevention: translation to best practice for future interventions. In Waters E., Swinburn B., Uuay R., Seidell J.(Eds) Preventing childhood obesity: evidence, policy and practice. 2010; Wiley-Blackwell Publishing, UK.
11. Gibbs L, Abebe M, Riggs E. Working with minority groups in developed countries. In Waters E., Swinburn B., Uuay R., Seidell J.(Eds) Preventing childhood obesity: evidence, policy and practice. 2010; Wiley-Blackwell Publishing, UK.
12. Moore L & Gibbs L. Considerations in the design of community-based program evaluations: purpose, resources, complexity, stage. In Waters E., Swinburn B., Uuay R., Seidell J.(Eds) Preventing childhood obesity: evidence, policy and practice. 2010; Wiley-Blackwell Publishing, UK.
13. Mo-Suwan L & de Silva-Sanigorski A. Obesity prevention in early childhood In Waters E., Swinburn B., Uuay R., Seidell J.(Eds) Preventing childhood obesity: evidence, policy and practice. 2010; Wiley-Blackwell Publishing, UK.
14. Priest N, Swinburn B & Waters E. A human rights approach to childhood obesity prevention. Mo-Suwan L & de Silva-Sanigorski A. Obesity prevention in early childhood In Waters E., Swinburn B., Uuay R., Seidell J.(Eds) Preventing childhood obesity: evidence, policy and practice. 2010; Wiley-Blackwell Publishing, UK.
15. Prosser L, Visscher T, Doak C & Moreno L. Obesity prevention in secondary schools. Mo-Suwan L & de Silva-Sanigorski A. Obesity prevention in early childhood In Waters E.,

Swinburn B., Uuay R., Seidell J.(Eds) Preventing childhood obesity: evidence, policy and practice. 2010; Wiley-Blackwell Publishing, UK.

16. Waters E, Shelly A, Davis E. Condition-specific instruments to measure the Quality of Life (QOL) of Children and Adolescents with Cerebral Palsy (CP). In Jenkinson, Peters & Bromberg (eds): Quality of Life Measurement in Neurodegenerative & Related Conditions. 2011; Cambridge University Press. New York.
17. Davis H, Francis PS, Nansen B & Vetere F. Family Worlds: Technological Engagement for Families Negotiating Urban Traffic. From Social Butterfly to Engaged Citizen: Urban Informatics, Social Media, Ubiquitous Computing, and Mobile Technology to Support Citizen Engagement. 2011; Cambridge, United States: MIT Press.
18. Nansen B, Pearce JM & Smith MW. Gardening Online: A Tale of Suburban Informatics. From Social Butterfly to Engaged Citizen. 2011; Cambridge, United States: MIT Press.
19. Waters E, Armstrong RL, Doyle JL, Pettman T, Hall BJ, Priest NC & de Silva-Sanigorski AM. Evidence in Public Health. In Keleher H & Macdougall C (eds), Understanding Health 2nd edition. 2011; Oxford University Press, South Melbourne, Australia.
20. Waters, Armstrong, Doyle, Pettman, Hall, Priest, de Silva-Sanigorski. Searching for and using evidence. . In Keleher H & Macdougall C (eds), Understanding Health 2nd edition. 2011; Oxford University Press, South Melbourne, Australia.
21. de Silva-Sanigorski A, Gibbs L, Waters E, Watt R: Evaluating oral health promotion: A practical guide. In Moysés S, Watt R, Bönecker M, Sheiham A (eds): Promoting Children's Oral Health Theory & Practice. 2nd edn. 2012; Quintessence Editora Ltda; London.
22. Gibbs L. Conveying the role of evidence in the development, conduct and applications of qualitative research In: Vicars M, McKenna T, White J, (eds): Discourse, Power, and Resistance Down Under. 2012; Sense Publishers, Rotterdam, The Netherlands.
23. Pettman T, Armstrong R, Burford B, Doyle J, Anderson L and 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.
24. Pettman T, Armstrong R, Burford B, Doyle J, Anderson L and 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.
25. Waters E, de Silva-Sanigorski AM, Pettman TL, Bruckner M and Gibbs L (2013: Forthcoming). Childhood Obesity, Oxford Bibliographies Online: Public Health.

Appendix 8: Conference attendance, publications, workshops & posters 2008 - 2013

1. Armstrong R & Waters E. Beyond synthesis: developing a research program on knowledge translation and exchange. Poster presented at the 16th Cochrane Colloquium. 3-7 October 2008, Freiburg, Germany. (Poster)
2. Armstrong R, Waters E, Moore L, Swinburn B, Carter R, Lo SK, Dobbins M, Anderson L, Prosser L, and Petticrew, M. Knowledge translation to support local action for obesity prevention. Paper presented at the 16th European Congress on Obesity, Geneva May 14-17, 2008.
3. Armstrong R, Waters E, Moore L, Swinburn B, Carter R, Lo SK, Dobbins M, Anderson L, Prosser L and Petticrew M. Local-level decision-making: the role of evidence. Poster presented at the Canadian Cochrane Symposium. Edmonton, Canada. February 2008. (Poster)
4. Brasher K, Hendy S, Bruce J, Waters E. Research to policy through participatory approaches: The WHO Age Friendly Cities Guide. Australian Association of Gerontology 41st National Conference, Fremantle, November, 2008.
5. Davis, E, Davies, B, Cook, K, Waters, E. Gibbs, L, Priest, N. A cross cultural examination of barriers to social inclusion for children: a qualitative study using child centred methods. From Margins to Mainstream: 5th World Conference of the promotion of mental health and the prevention of mental and behavioural disorders, Melbourne, September 10-13, 2008.
6. Davis E, Davies B, Nicholson J, Sims M, Harrison L, Herrman H, Waters E, Strazdins L, Marshall B, Cook K. Promoting mental health and social and emotional wellbeing in childcare centres based in low socioeconomic areas: strategies, facilitators and challenges. From Margins to Mainstream: 5th World Conference of the promotion of mental health and the prevention of mental and behavioural disorders, Melbourne, September 10-13, 2008.
7. Davis E, Davies B, Wolfe R, Raadsveld R, Heine B, Thomason P, Dobson F, Graham K. A randomized controlled trial of the impact of therapeutic horse riding on the quality of life, health, and function of children with cerebral palsy. Australian Academy of Cerebral Palsy and Developmental Medicine, Brisbane, April 2008.
8. Davis E, Shelly A, Waters E, Mackinnon A, Reddihough D, Boyd R, Graham HK. Quality of life for adolescents with cerebral palsy: Perspectives of adolescents and parents. Australian Academy of Cerebral Palsy and Developmental Medicine, Brisbane, April 2008.
9. Davis E, Shelly A, Waters E, Reddihough D, Boyd R, Cook K. Hearing the Voices of Parents: Enhancing the Quality of Life (QOL) of Parents of Children with Cerebral Palsy (CP). Every Child Matters. Melbourne, 14th and 15th May, 2008.
10. Davis E., Waters E., Boyd R. Quality of life for adolescents with cerebral palsy: perspectives of adolescents and parents," 62nd Annual Meeting of the AACPDM. Hyatt Regency Hotel in Atlanta, GA, USA. September 17-20, 2008. (Poster).
11. Doyle J and Armstrong R. The new Public Health Review Group, Australasian Cochrane Symposium, Hobart, May 22-23, 2008.
12. Gibbs L, Waters E, Gold L, Honisett S, Swinburn B. Innovative approaches to understanding community change. Population Health Congress. Brisbane, July 2008.
13. Gibbs L, Waters E, Honisett S, Swinburn B. Mapping and monitoring the implementation of community-based child obesity prevention interventions. European Congress on Obesity. Geneva, May 2008.
14. Gibbs L, Waters E, Honisett S, Swinburn B. Mapping and monitoring the implementation of community-based child obesity prevention interventions. Faculty of Public Health, Cardiff, UK. June 2008. (Poster).
15. Gibbs L, Waters E, Mathews C, Tadic M. Stories from the schoolyard – *fun 'n healthy in Moreland!* The Kitchen Garden Classroom: Educating Children for a Healthy Future. Melbourne 2008.
16. Gibbs L, Waters E, Swinburn B, Honisett S. Innovative approaches to understanding community change. Community and Policy Based Obesity Prevention Interventions Symposium. Brisbane 2008.
17. Gold L, Gibbs L, Block K, Townsend M, Staiger P, Macfarlane

S. Valuing the Stephanie Alexander Kitchen Garden program: attributes and values of key stakeholder groups. Deakin University Faculty of Health, Medicine, Nursing and Behavioural Sciences Research Conference, Melbourne 2008.

18. Green J, Renzaho A, Waters E, Eisenbruch M, Popay J, Williamson L. Using sociable methods of inquiry for culturally competent research: focus groups with newly-arrived African communities. Population Health Congress, Brisbane, July 6-9, 2008.
19. Honisett S, Sanigorski A, Nichols, Muth, Walsh, Carpenter L, Porter, Swinburn B. Healthy eating and active play policies in kindergartens from local governments funded under Kids – 'Go for your life'. Population Health Congress, Brisbane, July 6-9, 2008.
20. Moodie R, Keating, Sanigorski A, Swinburn B. Quality of life loss attributable to adolescent obesity. Population Health Congress, Brisbane, July 6-9, 2008.
21. Priest N, Mackean T, Waters E, Davis E. Aboriginal perspectives of early childhood wellbeing in an urban setting. Population Health Congress, Brisbane, July 6-9, 2008.
22. Robertson, Sharp, Park, Smith, Doole, Van Herwerden, Stirrat, Sanigorski A. The acceptability of an integrated health promotion program delivered by allied health professional to kindergartens. Population Health Congress, Brisbane, July 6-9, 2008.
23. Sanigorski AM. Meaningful measurement in multi-strategy, multi-outcome interventions. Community and policy-based interventions to prevent childhood obesity, Symposium, Brisbane, 2008.
24. Sanigorski A, Stagnitti, Wolfe, Craig, Robertson. The acceptability and effectiveness of a structured active play program for early childhood settings. . Population Health Congress, Brisbane, July 6-9, 2008.
25. Townsend M, Gibbs L, Staiger P, Macfarlane S, Block K. School community-readiness for kitchen garden programs, Eco Health Conference, Mexico 2008.
26. Wake M, Canterford L, Hardy P, Waters E, Hesketh K, Williams J, Patton G, Carlin JB. Comorbidities of current and earlier overweight/obesity in adolescence: longitudinal study. 2008 Pediatric Academic Societies' & Asian Society for Pediatric Research Joint Meeting. Hawaii, May 2008. (Poster)
27. Waters E, Campbell K, Brown T, Prosser L, Armstrong R, Gao GY, Summerbell C. Effective Interventions for Obesity Prevention in Adolescence: Where to from here? 7th Annual Australian and New Zealand Adolescent Health Conference, Melbourne, November 5-7th 2008.
28. Willenberg L, Ashbolt R, Holland D, Gibbs L, Waters E. Increasing physical activity through easily implemented physical and social school environment modifications. Population Health Congress, Brisbane, July 6-9, 2008.
29. Willenberg L, Ashbolt R, Holland D, Gibbs L, Waters E. Increasing physical activity through easily implemented physical and social school environment modifications. Faculty of Public Health. Cardiff, UK. June 2008. (Poster).
30. Armstrong R, Waters E, Doyle J. Building a comprehensive evidence base for public health interventions. The 12th World Public Health Congress, Istanbul, Turkey, April 27-May 1, 2009.
31. Barrow S-Y, Calache H, Gussy M, Leong P, Waters E, de-Silva-Sanigorski A. Application of ICDAS II for Caries Detection in Community-Based Settings. 9th World Congress on Preventative Dentistry, Thailand, September 2009. (Poster).
32. Block K, Gibbs L, Gold L, Townsend M, Macfarlane S, Staiger P. Growing Community: the social impacts of a school-based kitchen garden program. 9th European Sociological Association Conference. Lisbon 2009 (Poster)
33. Davis E, Narayanan U. Measuring the quality of life of children and adolescents with cerebral palsy. Workshop presented at the American Academy of Cerebral Palsy and Developmental Medicine, Arizona, USA, September 2009.
34. Davis E, Smyth L, Sims M, Harrison L, Herrman H, Waters E, Marshall B, Cook K. Promoting mental health and social and emotional wellbeing in family day care. International Family Day Care Organisation Conference, Cork, Ireland, July 2009.
35. Davis E, Shelly A, Waters E, Reddihough D, Boyd R, Cook K, Casey E. The impact of caring for a child with cerebral palsy: Quality of life for mothers and fathers. International Cerebral Palsy conference, February 18-21, 2009.
36. Davis E, Davies B, Wolfe R, Raadsveld R, Heine B, Thomason P, Dobson F, Graham K. A randomized controlled trial of the impact of therapeutic horse riding on the quality of life, health, and function of children with cerebral palsy. International Cerebral Palsy conference, February 18-21, 2009.
37. Davern M, Davis E, Shelly A, Waters E, Mackinnon A, Reddihough D, Boyd R, Graham HK. Quality of life for

adolescents with cerebral palsy: Perspectives of adolescents and parents. International Cerebral Palsy conference, February 18-21, 2009.

38. Doyle J, Waters E, Armstrong R, Littell J. Collaborative activities of the Cochrane Public Health Group – one year on. Campbell Collaboration Colloquium, Oslo, Norway, 18-20th May 2009.

39. Gibbs L, Block K, MacDougall C, Gold L, Davis E, Holland D, Townsend M, Staiger P, Macfarlane S, Halliday J, Waters E. Hearing children's voices beyond the adult influence. 9th European Sociological Association Conference. Lisbon 2009

40. Gibbs L, MacDougall C, Block K, Priest N, Prosser L, Waters E. Disasters we have had! : The importance of place when interviewing children. European Sociological Association. Lisbon Sep 2009.

41. Gibbs L, Waters E. Learnings from '*fun 'n healthy in Moreland!*' – A school community-based child health promotion and obesity prevention trial. CO-OPS 2009 National Workshop, Melbourne 2009

42. Johnson B, Gibbs L, Block K, Staiger P, Townsend M, Macfarlane S, Gold L, The Stephanie Alexander Kitchen Garden Project: what difference does it make? ARACY 2009 National Conference, Melbourne 2009

43. MacDougall C, Gibbs L, Clark R & Kulkens M. Visual images offered to researchers by survivors of an Australian bushfire. Workshop presentation. Ecole Thématique: Images et sons dans l'étude des rapports à l'espace (ISERE), Roscoff, France, August 2009.

44. Renzaho A, Oldroyd J, Burns C, Waters E, Riggs E, Renzaho C. The influence of birthplace of primary carer and English language use at home on the nutritional status of 4-5 year old children in Australia: findings from a nationally representative sample. 39th PHAA Annual Conference, Canberra, 28th-30th September 2009.

45. Riggs E, Ali S, Gibbs L, Waters E, Armit C, Younan N, Zoghaib S, Gussy M. Cultural competency in qualitative data analysis: the importance of community perspectives. Public Health Association Australia, Canberra, Sep 2009.

46. Riggs E, Ali S, Gibbs L, Waters E, Gussy M, Armit C, Younan N, Zoghaib S. Community participation and cultural competence in child oral health research. International Association of Dental Research, Thailand, Sep 2009. (Poster)

47. Townsend M, Gibbs L, Staiger P, Macfarlane S, Block K, Gold L. School kitchen garden programs: improving health for children, teachers, parents and volunteers? Public Health Association Australia, September 2009.

48. Armstrong R and Hall BJ. Systematic reviews of Health Promotion and public health Interventions. Workshop help at the 20th IUHPE World Conference on Health Promotion, 11-15 July 2010, Geneva, Switzerland. (Workshop).

49. Armstrong R, Waters E and Burns C. Evidence-informed decision-making from a local government perspective: results from a qualitative study. Paper presented at the 20th IUHPE World Conference on Health Promotion. Geneva, Switzerland, 11-15 July 2010.

50. Block K, Gibbs L, Riggs E, Warr D. Supporting social inclusion for refugee youth, New Migrations, New Challenges. Trinity Immigration Initiative International Conference. Dublin, 30 June-3 July 2010.

51. Block K, Riggs E, Gibbs L, Warr D. Supporting social inclusion for refugee youth, Diversity in Health Conference, Melbourne 7-9 June 2010.

52. Bolton K, Kremer P, Swinburn B, Waters E, Gibbs L, de Silva-Sanigorski A. Improving our understanding of childhood obesity and the need for early intervention: nutrition and health behaviours of primary and secondary Australian school students. International Congress of Obesity. Stokholm, Sweden, July 11-15th 2010.

53. Bolton K, Kremer P, Swinburn B, Waters E, Gibbs L, Meloni L, Snowdon E. Improving our understanding of childhood obesity and the need for early intervention: Nutrition and health behaviours of Victorian primary and secondary school students." Obesity Research & Clinical Practice 4 (2010): S62.

54. Carpenter L, de Silva-Sanigorski A, Prosser L, Gibbs L, Swinburn B & Waters E. "The impact of the Kids – 'Go for your life' award program on the nutrition and physical activity environment of Australian preschools" International Congress of Obesity. Stokholm, Sweden, July 11-15th 2010.

55. Carpenter L, de silva-sanigorski AD, Prosser L, Honisett S, Gibbs L, Swinburn B, Waters E. The impacts of the kid's 'go for your life' obesity prevention program in australian preschools. Obesity research & clinical practice 2010, 4(s70).

56. Chakraborty K, Nansen B, Gibbs L, MacDougall C, Davis E, Vetere F. Children, ICT and negotiating a Rights-Based Approach to Research within Australian Academia: Ethics, Methods, Strategies. E-Youth Conference, Antwerp, Belgium,

2010, 27-28 May.

57. Clark R, Allender S, Armstrong R, Waters E, Swinburn B. Evidence summaries to support evidence-informed decision-making for childhood and adolescent obesity prevention. Oral paper accepted for presentation at the Public Health Association of Australia 40th Annual Conference. Adelaide, South Australia, September 2010.

58. Clark, R, Allender, S, Waters, E, Armstrong, R, Swinburn, B. Evidence Summary: Achieving equity in community-based obesity prevention interventions for children and adolescents. Poster presentation accepted for the XI International Congress on Obesity, Stockholm, 2010. (Poster)

59. Clark, R, Allender, S, Waters, E, Armstrong, R, Swinburn, B. Evidence Summary: Considerations regarding harm minimisation for obesity prevention policies and programs for pre-adolescents and adolescents. Poster presentation accepted for the XI International Congress on Obesity, Stockholm, 2010. (Poster).

60. Clark, R, Allender, S, Waters, E, Armstrong, R, Swinburn, B. Evidence Summary: Remote and rural issues in the prevention of obesity for pre-adolescents and adolescents. Poster presentation accepted for the XI International Congress on Obesity, Stockholm, 2010. (Poster)

61. Davis E, Boyd R, Waters E. Measuring the quality of life of children and adolescents with cerebral palsy. Australian Academy of Cerebral Palsy and Developmental Medicine. Christchurch, NZ, 5th March 2010.

62. Davis E, Harrison L, Sims M, Smyth L, Priest N, Marshall B, Cook K, Herrman H, Waters E. Promoting child and parental mental health in family day care settings in Australia: Knowledge, strategies, facilitators and barriers. International Conference on Infant, Toddler and Preschool Mental Health. Auckland, NZ, 18-20th February 2010.

63. Davis E, Harrison L, Smyth L, Williamson L, Waters E, Herrman H, Sims M, Marshall B, Cook K, Mackinnon A and Mihalopolous C. Helping children Thrive: Family Day Care providers as promoters of child mental health. The Sixth World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders, Washington D.C, 17th-19th November 2010.

64. Davis E, Waters E, Davern M, Mackinnon A, Reddihough D, Boyd R, Graham, HK. The psychometric properties of the CP QOL Ten: a new quality of life instruments for adolescents with cerebral palsy. Australasian Academy of Cerebral Palsy and Developmental Medicine. Christchurch, NZ, 5th March 2010.

65. Davis E, Waters E, Herrman H, Sims M, Harrison L, Priest N, Williamson L, Cook K, Marshall B. Promoting child and parental mental health in family day care settings in Australia: Knowledge, strategies and facilitators and barriers. 20th IUHPE Conference on Health Promotion. Geneva Switzerland, 11-15th July. 2010.

66. de Silva-Sanigorski A, Gibbs L, Waters E, Bolton K, Ashbolt R. Top Tips for system-integrated obesity prevention. CO-OPS Annual Meeting, October 2010.

67. Gibbs L, Johnson B, Gold L, Townsend M, Staiger P, Kulas J. Is a School-based Cooking Garden worthwhile for the Stakeholders? International Union of Health Promotion and Education, Geneva, July 2010.

68. Gibbs L, Staiger P, Townsend M, Gold L, Macfarlane S, Block K, Johnson B. Evidence of the benefits of a school-based kitchen garden program: Evaluation of the Stephanie Alexander Kitchen Garden Program AHPSA 8th National Conference. Perth, 2010

69. Gibbs, Waters E, Mapping and monitoring health strategies across schools: school community-based child obesity prevention interventions. AHPSA 8th National Conference. Perth, 2010.

70. Gibbs L & Waters E. Mapping and monitoring school and community level changes in obesity prevention interventions. The Co-Ops collaboration of Community-Based Obesity Prevention Sites 2010 National Workshop. Sydney, October 2010

71. Hall B, Doyle JL, Armstrong RL, Waters E. The Cochrane Public Health Review Group - Collaborating to address the evidence needs of health promotion and public health stakeholders. 20th IUHPE Conference on Health Promotion. Geneva Switzerland, 11-15th July 2010.

72. Herbert J, de Silva-Sanigorski A, Keating C, Virgo-Milton M, Waters E, Mavoa H, Carter R, Gibbs L, Swinburn B. The cost-effectiveness of a successful community-based obesity prevention program; the Be Active Eat Well Program. Obesity Research & Clinical Practice 2010, 4(S67-S68).

73. Herbert J, Moodie M, de Silva-Sanigorski A, Keating C, Virgo-Milton M, Waters E, Mavoa H, Carter R, Gibbs L, Swinburn B. Cost-effectiveness of an Australian community-wide obesity prevention `program – Be Active Eat Well. ANZOS Annual

Scientific Meeting. October, 2010.

74. Leong PM, Gussy M, de Silva-Sanigorski A, Hegde S, & Waters E. Mutans Streptococci as Predictor for Caries in Infants: Systematic Review. International Association for Dental Research, Australian and New Zealand Division, Annual Scientific Meeting. Kiama, Australia 26-29th September, 2010.

75. MacDougall C, Gibbs L, Priest N, Johnson B. (How) do we interview children about the worst bushfires near Melbourne, Australia? ASA10: The Interview – theory, practice, society. Belfast, April 2010

76. Nansen B, Chakraborty K, Gibbs L. Mathletics: Profit, Pedagogy, Play. Affective fabrics of digital cultures: feelings, technologies, politics Conference. The University of Manchester, 3-4 June 2010.

77. Pradel V, Armit C, Riggs E, Gibbs L, Chowdhry R, El-Khoury A, Alloush L, Waters E. Towards best practice in organisational cultural competency. Diversity in Health Conference, Melbourne, June 2010.

78. Prosser L, de Silva-Sanigorski A, Carpenter L, Honisett S, Gibbs L, Swinburn B, Waters E. "Evaluation of the Kids – 'Go for your life' intervention in Australian primary schools" ICO 2010, Stockholm, Sweden, July 11-15th, 2010.

79. Prosser L, de Silva-Sanigorski A, Carpenter L, Honisett S, Gibbs L, Swinburn B, Waters E. Is an award program an effective strategy for obesity prevention in primary schools? Australian Health Promotion Association, 19th National Conference. Melbourne, 30th May – 2nd June 2010.

80. Prosser L, de Silva-Sanigorski A, Carpenter L, Pintado F, & Waters E. The Australian Population Health Improvement Research Strategy for Oral Health. International Association for Dental Research, Australian and New Zealand Division, Annual Scientific Meeting 2010. Kiama, Australia 26-29th September, 2010.

81. Riggs E, Block K, Gibbs L, Warr D. Working Better Together: Evaluating Inter-agency Partnerships that Promote Social Inclusion. Australian Health Promotion Association. Melbourne, 30 May – 2 June 2010.

82. Riggs E, Gibbs L, Armit C, Gussy M, El-Khoury A, Alloush L, Saiqa, Ali S, Waters E. Hard-to-reach communities or hard-to-access services? Diversity in Health Conference, Melbourne, June 2010

83. Riggs E, Gibbs, L, Armit C, Pradel V, Waters E, Gussy M, Alloush L, El-Khoury A, Gondal I. Teeth Tales: Addressing child oral health inequalities in refugee and migrant communities. International Union of Health Promotion and Education, Geneva, July 2010.

84. Virgo-Milton M MH, Herbert J, Simmons A, de Silva-Sanigorski A, Moodie M, Gibbs L, Carter R, Waters E, Swinburn B. Sustainable aspects of community capacity: results from a successful community capacity-building reobesity prevention program in Colac, Victoria. Obesity Research & Clinical Practice 2010, 4(S69-S70).

85. Virgo-Milton M, Mavoa H, Herbert J, Simmons A, de Silva-Sanigorski A, Moodie M, Gibbs L, Carter R, Waters E, Swinburn B. Sustainable aspects of community capacity: results from a successful community capacity-building obesity prevention program in Colac, Victoria. ANZOS Annual Scientific Meeting. October 2010.

86. Waters E, Gibbs L, Swinburn B, Gold L, Okely T, Magarey A, Green J, de Silva-Sanigorski A, Ukoumunne O, Gibbons K, O'Connor T, Armit C. *fun 'n healthy in Moreland!* – Findings from a cluster RCT of a school-based child health promotion and obesity prevention program in culturally diverse communities AHPSA 8th National Conference. Perth, 2010.

87. Williamson L, Green J, Eisenbruch M, Renzaho A, Waters E. Culturally Competent Health Literacy with Newly- Arrived African Communities. Diversity in Health Conference. Melbourne, 7-9th June 2010.

88. Williamson L, Green J, Eisenbruch M, Renzaho A, Waters E. Promoting family wellbeing through culturally competent health literacy with newly-arrived African communities in Australia. The Sixth World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders. Washington D.C, 17th-19th November 2010.

89. Armit C, Waters E, Gibbs L, Riggs E, Kearney S. Development of a culturally competent community-based child oral health peer education program. Dental Health Services Victoria Research and Innovation Grants Showcase, May 2011.

90. Armstrong R, Pettman T, Waters E. Using evidence summaries to support evidence-informed decision-making. 2011 Australasian Cochrane Symposium: Evidence , Communication and Impact. Melbourne, 1st July 2011.

91. Ashbolt R, Carpenter L, Waters E, Leong P, Hegde S, Calache H, Gussy M, Dashper S, O'Callaghan E, Heaney T, de Silva-Sanigorski A. Risk factors for poor child oral health in CALD families. IADR ANZ Division Meeting. Melbourne, 25-28

September 2011.

92. Block K, Gibbs L, Riggs E, Warr D. Evaluation Research with Refugee Youth: Adapting Methods to the Population, Australian Evaluation Society International Conference. 29 August-2 September, 2011.

93. Block K, Gibbs L, Riggs E, Warr D, "Some people don't say hello" - Supporting social inclusion for newly-arrived youth with refugee backgrounds. UNSW 2011 Refugee Conference : Looking to the future, learning form the Past. UNSW, 14-17 June 2011.

94. Block K, Gibbs L, Townsend M, Staiger PK, Macfarlane S. Promoting inclusion for ethnically diverse families in primary schools. UNA Global Biennial Conference. Amsterdam, 12-14 May 2011.

95. de Silva-Sanigorski A, Carpenter L, Hegde S, Prosser L, Burns C, Waters E, Gibbs L, Gussy M. Social and economic factors related to poor child oral health. IADR ANZ Division Meeting. Melbourne, 25-28th September, 2011.

96. de Silva-Sanigorski A, Waters E, Gibbs L, Ashbolt R, Bolton K. Essential elements for system-integrated community-based obesity prevention. Society of Prevention Research. Washington, 2011.

97. de Silva-Sanigorski A, Waters E, Moore L, Carpenter L, Prosser L, Pintado F. Society for prevention research. Washington, 2011

98. Gibbs L, de Silva-Sanigorski A, Waters E, Riggs E, Gold L, Johnson B, Morris M, Rodriguez P, Calache H, Armit C, Mathews C, Gondal I, Gussy M, Watt R, Young D, and Moore L. Teeth Tales–Promoting Oral Health for Refugee and Migrant Children. Australia Pacific Region-International Association for Dental Research. September, 2011.

99. Gibbs L, Gussy MG, Riggs E, Johnson B , Young D, Gold L, Armit C, Gondal I, deSilva-Sanigorski A, Waters EB. Teeth Tales: Results from a Pilot Study with Culturally Diverse Families in Melbourne, Australia. 6th Asian Conference of Oral Health Promotion for School Children. Vietnam, November 2011

100. Gibbs L, MacDougall C, Block K. Adding contextual and ethical reflexivity to qualitative research. AQR / DPR Conference. Cairns, August 2011.

101. Gibbs L, MacDougall Colin, Riggs E. Conveying the role of evidence in qualitative research. AQR / DPR Conference. Cairns, August 2011.

102. Gibbs L, MacDougall C, Waters E, Block K. The importance of political reflexivity in disaster related research: a case study of bushfire related research. 7th APRU Research Symposium on Multi-Hazards around the Pacific Rim. Physical and Human Dimensions: From Research to Practice. Auckland, New Zealand. November 2011

103. Hegde S, Carpenter L, Waters E, Ashbolt R, Leong PM, Calache H, Gussy M, de Silva-Sanigorski A. Prevalence of Gingivitis in Mothers and Plaque in Young Children. IADR ANZ Division Meeting. Melbourne, 25-28 September, 2011. (Poster).

104. Millar L, Allender S, Malakellis M, Kremer P, Mathews L, de Silva-Sanigorski A, Moodie M. & Swinburn B. Behavioural and environmental changes and concomitant increases in schools' capacity during the It's Your Move! adolescent, community-based obesity prevention intervention, 18th European Congress on Obesity. Turkey, 25-28 May 2011.

105. Millar L, Allender S, Malakellis M, Kremer P, Mathews L, de Silva-Sanigorski A, Moodie M. & Swinburn B. Behavioural and environmental changes and concomitant increases in schools' capacity during the It's Your Move! community-based obesity prevention intervention, Promoting Healthy Eating and Physical Activity: The latest international research. International Society for Behavioral Nutrition and Physical Activity. Melbourne 2011.

106. Moodie M, Herbert J, Virgo-Milton, de Silva-Sanigorski A, Mavoa H, Waters E, Gibbs L, Swinburn B. The cost-effectiveness, affordability and sustainability of the Be Active Eat Well community-based prevention project. European Congress of Obesity. Istanbul, 2011

107. Nansen B, Gibbs L, Chakroborty K, MacDougall C. You Do the Math: Mathletics and the Play of Online Learning. Ubiquitous Learning Conference, University of California. Berkeley, November 2011.

108. Nansen, B., Gibbs, L., Vetere, F., MacDougall, C. 'You Do the Math': Mathletics and the Play of Online Learning. Knowledge/Culture/Social Change International Conference, University of Western Sydney, November 2011.

109. Moodie M, Herbert J, Virgo-Milton, de Silva-Sanigorski A, Mavoa H, Waters E, Gibbs L, Swinburn B. The cost-effectiveness, affordability and sustainability of the Be Active Eat Well community-based prevention project. European Congress of Obesity, Istanbul 2011

110. Nansen B, Gibbs L, Chakroborty K, MacDougall C. You Do the Math: Mathletics and the Play of Online Learning.

Ubiquitous Learning Conference, University of California, Berkeley, November 2011.

111. Riggs E, Block K, Warr D, Gibbs L. Evaluating complex inter-agency partnerships: A mixed method study, Australian Evaluation Society International Conference, 29 August – 2 September 2011.

112. Riggs E, Davis E, Block K, Supporting the parenting needs of families with young children from refugee backgrounds. UNSW 2011 Refugee Conference: Looking to the future, learning form the Past. UNSW, 14-17 June 2011.

113. Waters E, Armstrong R, Clark R, Pettman TL, Hall BJ, de Silva Sanigorski A. Evidence on interventions to prevent childhood obesity - seeing the forest through the trees! Collaboration of community-based obesity prevention sites (CO-OPS) National Workshop. Brisbane, Queensland, October 13 - 14 2011.

114. Armstrong R, Pettman T, Hillgrove T, Honey N. Evidence-informed public health: Accessing, appraising and applying research findings to inform decision-making and practice. 2nd National Population Health Congress, Adelaide, September 2012. (Workshop)

115. 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. South Australian Museum, Adelaide. 13-14 September 2012.

116. Armstrong R, Waters E, Pettman T, Swinburn B, Moore L, Dobbins M, Anderson L, Moodie M, Petticrew M Knowledge translation for public health: supporting evidence-informed decision-making in local government. 20th Cochrane Colloquium. Auckland, New Zealand, 30 September – 3 October 2012.

117. 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.

118. 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. Population Health Congress, Adelaide, September 2012.

119. 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).

120. Block K & Davern M. Supporting social inclusion and wellbeing for refugee-background youth in Australia. XI ISQOLS Conference, Venice, 1-4 November 2012.

121. Block K & Gibbs L. Adding Value to Evaluation Using a Theoretically Grounded Approach. Australian Evaluation Society International Conference. Adelaide, August 2012.

122. 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.

123. Burford B, Waters E, Armstrong R, Doyle J. Evidence synthesis: Methodological strategies for systematic reviews of complex population level interventions. Population Health Congress. Adelaide, September 2012.

124. 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.

125. Crouch S. Pride and Prejudice: child health and wellbeing in same-sex families. Research and research training conference. The University of Melbourne, 2012.

126. Crouch S. Surrogacy: a complicated journey – an interactive workshop. Ethics, Gender and the Family – breadth subject. The University of Melbourne, 2012.

127. Crouch S, Waters E, McNair R. Child health and wellbeing in same-sex families: A scoping study to inform the Australian context. Population Health Congress. Adelaide, September 2012.

128. 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).

129. Davis E, Williamson L, Smyth L, Sims M, Mackinnon A, Cook K,

Waters E, Herrman H, Harrison L, Mihalopoulos C, Marshall B. Promoting children's social and emotional wellbeing: Development and feasibility of Thrive. International Family Day Care Conference. Brisbane, 2012. (Workshop).

130. 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.

131. 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

132. Gallagher C. Evidence Landscapes: Scoping for a Systematic Review in Post-Disaster Health, 2007-present. Evidence Aid Conference. Brussels, October 2012.

133. 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. 18 October 2012.

134. 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.

135. 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

136. Gibbs L, MacDougall C, Block K, Waters E. Politically reflexive research in a changing world. Population Health Congress. Adelaide, September 2012. (Poster).

137. C1. Gibbs L, Mutch C, MacDougall C, O'Connor P. Research with, by, for and about children: Lessons from disaster contexts. APRU September 2012, Tohoku Japan

138. 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, 16 - 18 April 2012.

139. 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. Population Health Congress. Adelaide, September 2012.

140. MacDougall C, Nansen B, Gibbs L, Vetere F, Danic I, McKendrick J, Ross, N, LaMontagne T. Stepping Out: Children Negotiating Independent Travel. Population Health Congress. Adelaide, September 2012.

141. 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.

142. Nansen B, Gibbs L, MacDougall C, Vetere F, Danic I, McKendrick J, LaMontagne T. Stepping Out: Children Negotiating Independent Travel. Population Health Congress. Adelaide, September 2012.

143. 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. Population Health Congress. Adelaide, September 2012.

144. Truong M, Paradies Y, Priest N, Gibbs L. Cultural competence in health care: A systematic review of the evidence. Snapshot presentation, Population Health Congress. Adelaide, September 2012.

145. 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. Melbourne, August 2012.

146. 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 & de Silva-Sanigorski A. Maintaining participant's engagement in long term research activities – experience from the VicGen study. Health Promotion Extravaganza, August 23rd 2012. (Poster)

147. 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. Population Health Congress. Adelaide, September 2012.

148. 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.

149. 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.

150. Williamson L, Davis E, LaMontagne AD, Waters E. Promoting the mental wellbeing of child care providers: insights from home-based workers. Population Health Congress. Adelaide, September 2012.

151. 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.

152. Williamson L, Davis E, LaMontagne AD, Waters E. What makes a difference for educator mental wellbeing? International Family Day Care Conference. Brisbane, 2012. (Workshop).

153. 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)

154. Young D, Gibbs L, Johnson B, Christian B, Abebe M, Waters E, deSilva-Sanigorski A, Gondal I. Practical considerations in culturally competent community-based intervention studies. Health Promotion Extravaganza. Melbourne, August 2012. (Poster).

155. Gibbs L, Block K, Snowdon E, Gallagher H.C, Ireton G, Brady K, Richardson J, Sinnott V, Waters E. Mapping shifting community recovery issues over the 4 years post bushfires. Australian & New Zealand Disaster and Emergency Management Conference. Brisbane, May 2013.

156. Gibbs L, Block K, Snowdon E, Nelsson C, Gilbert J, Cook A, Sia K-L. Critical assessment of the relevance and integrity of the Community Fireguard Program. AFAC 2013. Melbourne Sep 2013.

157. Gibbs L, Waters E, Gallagher C, Forbes D, Harms L, Ireton G, MacDougall C, Block K, Snowdon E, Sniiott V. Beyond Bushfires: Understanding the ongoing impacts of a disaster experience. AFAC13. Melbourne 2-5th September 2013.

158. Harms L, Gibbs L, Block K, MacDougall C, Lusher D & Waters E. Beyond bushfires: Individual and community resilience in the aftermath of a natural disaster. 7th International Conference on Social Work in Health and Mental Health. June 23-27, Los Angeles, California, USA.

159. Riggs E, Davis E, Gibbs L, Block K, Szwarc J, Casey S, Duell-Piening P, Waters E, Accessing maternal and child health services: Reflections from refugee families and service providers, AAMCFHN Conference, May 9-11 2013, Canberra Australia.

160. Gibbs L, MacDougall C. Sustainability and disasters: Thinking about the involvement of children. Ninth International Conference on Environmental, Cultural, Economic and Social Sustainability. Croatia, January 2014

Appendix 9: Invited presentations 2008-2013

1. Armstrong R. Invited presenter. Health Services Research and the Cochrane Public Health Review Group. 3rd Singapore Public Health and Occupational Medicine Conference. Suntec Singapore International Convention and Exhibition Centre, 16th and 17th September, 2008.
2. Armstrong R. Invited presenter. Knowledge translation for decision-makers: expanding the reach of the Cochrane Library. Australasian Cochrane Symposium. Hobart, May 22-23 2008.
3. Gibbs L, Staiger P, Townsend M, Macfarlane S, Block K. Invited speaker. An Evaluation Framework for the Stephanie Alexander Kitchen Garden Program. The Kitchen Garden Classroom: Educating Children for a Healthy Future. Melbourne 2008.
4. Gibbs L, Waters E, Riggs E, Abebe M. Invited speaker. Cultural competence in community-based research. 5th Australasian Occupational Science Symposium Contextual Perspectives – Participation for wellbeing. Melbourne 2008.
5. Waters E. Invited keynote speaker. Windermere AGM. October 30, 2008.
6. Waters E. Invited keynote speaker. The 5th European Youth Heart Study Symposium. Children, Physical Activity & Nutrition. University of Iceland. 9th - 11th October 2008.
7. Waters E. Invited keynote speaker. National Public Health Reform Summit. Public health policy with evidence based priorities that support community action for health. Sydney, 7th & 8th August 2008.
8. Waters E. Invited speaker. Chengdu University. Building public health evidence – cross cultural public health systematic reviews. China, July 28-30 2008.
9. Waters E. Expert speaker at Ministerial Launch. Move, Play and Go Launch for Kids Go For Your Life. Bell Primary School. Melbourne, July 16 2008.
10. Waters E. Invited speaker. What evidence is needed to inform policy and funding decisions? Community and policy based obesity prevention interventions. What is needed to achieve sustainable change? Brisbane, July 10 2008.
11. Waters E. Invited one day symposium. Developing, monitoring and evaluating community-based obesity prevention interventions in a constantly changing environment. Population Health Congress. Brisbane, July 6-9 2008.
12. Waters E. Invitation to Chair Breakfast Plenary Session (Food and obesity). Population Health Congress. Brisbane, July 6-9 2008
13. Waters E. Invited one day visit and seminar. Evidence synthesis, upstream determinants and health inequalities: Seminar to discuss a new Cochrane Public Health Review Group and WHO involvement. Geneva, World Health Organisation. May 15 2008.
14. Waters E. Invited research seminar. Melbourne School of Population Health. Building the evidence base of upstream, equity oriented public health strategies (focusing on efforts of new Cochrane group and the link to new innovative primary research). Melbourne, May 28, 2008.
15. Waters E. Keynote plenary. Evaluating public health interventions and programs: building the evidence. Evaluating complex public health interventions: Obesity: it doesn't get more complex! European Congress on Obesity. Geneva, May 14-18th 2008.
16. Waters E. Invited Keynote Speaker. Kids Go For Your Life Forum. COASIT, Carlton. April 29, 2008.
17. Waters E. Invited inaugural Dinah Reddihough Oration at the 2008 Australian Association Cerebral Palsy and Developmental Medicine Conference. Quality of Life measures, development of the field and value to families and children. Brisbane, April 10, 2008.
18. Waters E. Invitation to present Research Symposium: Social Exclusion, children and families of diverse cultural backgrounds and solution focused community partnerships. Social Policy Research Centre, University of New South Wales. Sydney, April 8 2008.
19. Waters E. Invited Chair, Health Panel. Prime Ministerial 2020 Summit. Chisholm Electorate. April 5 2008.
20. Waters E. Invited expert and keynote presentation.

Community Guide and Preventive Taskforce annual meeting. Centre for Disease Control, Atlanta, USA. February 27-29 2008.

21. Gibbs L. Invited speaker. Strengthening cultural competency in community health promotion and research. Health Consequences of Migration: Review of current evidence and implications for policy and service delivery, Melbourne Sep 2009.
22. Gibbs L. Invited speaker. What have schools got to do with family health? GFYL Healthy Families Forum. Melbourne, June 2009.
23. Gibbs L. Invited speaker. Working in culturally and linguistically diverse settings. Australian and New Zealand Obesity Society Annual Scientific Meeting, Melbourne 2009.
24. Waters E. Invited oral presentation. 2009 Campbell Collaboration Colloquium. Oslo, March 2009.
25. Waters E. Invited plenary speaker. Prevention of overweight and obesity in children and adolescents: practical approaches. International Congress of Nutrition, Bangkok, 4-9 October 2009.
26. Waters E. Invited presenter. Bushfire Recovery Initiative: Health, wellbeing and communities, at Bushfire Research After February 7: What can we expect and what's needed. RMIT University, 8th July 2009.
27. Waters E. Invited scientific speaker, Centre for Disease Control, Atlanta 13-19 September 2009.
28. Waters E. Invited speaker, special symposium. Knowledge Translation and Exchange. Cochrane Colloquium, Singapore 10-14 October 2009.
29. Waters E. Invited workshop presenter. Priority setting for The Cochrane Collaboration: methods, challenges and opportunities. 17th Cochrane Colloquium, Singapore, 10-14 October 2009.
30. Waters E. Invitation for Plenary Speaker. Diabetes, Obesity and Endocrinology Research Domain function in Melbourne. December 2010.
31. Waters E. Invitation for Plenary Speaker, 10th Meeting of the South East Asian International Epidemiological Association in Colombo Sri Lanka, May 2010.
32. Waters E. Invited plenary speaker. Evidence and knowledge generation. South East Asia Evidence based Medicine. India January 2010.
33. de Silva-Sanigorski A & Waters E. Invited speakers. Vicgeneration: A prospective oral health birth cohort. Dental Health Services Victoria Research and Innovation Forum, 2011.
34. Gibbs L. Invited speaker. Disaster Response, Social Connectedness and Mental Health. Community Connections: Social Inclusion Conference, Regional Victoria. May 2011.
35. Gibbs L. Invited speaker. Multi-level dimensions of resilience in post-bushfire communities. Multinational Resilience Working Group, Melbourne. December, 2011.
36. Gibbs L. Invited speaker. Multi-level dimensions of resilience in post-bushfire communities. Victorian Disaster Resilience Taskforce Meeting. October 27th, 2011.
37. Gibbs L. Invited speaker. Teeth Tales, a case study of a community-based intervention trial, and a partnership approach to oral health research. Australia Pacific Region-International Association for Dental Research. September, 2011.
38. Gibbs L. Invited speaker. Teeth Tales: Applying the Learnings. APHIRST National Seminar: Policy Practice Research partnerships to develop programs, build evidence and improve oral health. Melbourne, February, 2011.
39. Waters E. Invited speaker. 2nd Foro En Intervenciones en Obesidad Infantil. Fundacion Mexicana Para La Salud. Mexico September 2011.
40. Waters E. Invited to speaker. British Association for the Study of Community Dentistry Conference. April 2011.
41. Waters E. Invited speaker. Improving child health and wellbeing: what really makes a difference. The University of Melbourne's Dean's Lecture Series. Melbourne, August 2011.
42. Waters E & de Silva-Sanigorski A. Invited speakers. Evaluating health promotion. British Association of Social and Community Dentistry. 2011.
43. Waters E & Gibbs L. Invited speakers. Building social and community resilience: influences, understandings, considerations and big ideas. IBM Research Colloquium on Societal Resilience. October 13th, 2011.
44. Block K & Gibbs L. Invited speakers. People and Recovery – Beyond Bushfires: Community Resilience and Recovery. The Rotary Foundation Conference, Melbourne, 23rd- 25th March 2012.
45. Gibbs L & MacDougall C. Invited speakers. Investigating

responses to the 2009 Victorian bushfires: What can Canterbury learn? Learning from Disasters seminar. Christchurch NZ, November 2012.

46. Gibbs L, Morris M. Invited speaker. Teeth Tales: Addressing child oral health inequities through community partnerships. Grand Rounds, Peter MacCallum Cancer Centre 20 February 2012.
47. MacDougall C, Gibbs L. Invited speakers. Research with, by, for and about children. Auckland NZ, November 2012.
48. Waters E. Invited speaker. Victorian Healthcare Association's Annual policy Conference. Melbourne, October 11 – 12, 2012.
49. Waters E. Invited to co chair 20th Cochrane Colloquium. Oral session 'Knowledge translation and communicating evidence' The New Zealand Branch of the Australasian Cochrane Centre. New Zealand. September-October 2012.
50. Waters E. Invited Plenary Speaker. Innovations in child health prevention intervention research – making sustainable improvements in systems, policies, programs, outcomes and evidence. Royal Children's Hospital Grand Rounds. Melbourne, August 15th 2012.
51. Waters E. Invited speaker. National Workshop on Fluorides in Australia. Adelaide. August 2012.
52. Waters E. Invited guest teacher and presenter. Masters of Public Health, Systems for Global Health Course. The Nossal Institute for Global Health. July 2012.
53. Waters E. (Invited speaker) Cochrane Collaboration. Building the evidence base for global health interventions. Nossal Institute Seminar Series. June 2012.
54. Waters E. (Invited speaker) for Interactive Symposium 'Bridging the "Know-Do" Gap: Communicating Results and Measuring Influence. Initiative of Compass: Women's and Children's Health Knowledge Hub, Burnet Institute & Monash University. 4th April 2012.
55. Waters E. Invited chair. Carlton Connect Conference 2012 (session: Disaster Management). The University of Melbourne. 3rd February 2012.
56. Waters E, Armstrong R, Doyle J, Burford B, de Silva-Sanigorski A. Invited speakers. Challenges and Rewards of producing reviews that are relevant to WHO. 20th Cochrane Colloquium. The New Zealand Branch of the Australasian Cochrane Centre. New Zealand. September-October 2012.
57. Gibbs L. Invited speaker. Increased understanding of life beyond bushfires. Regenerating…people…preparedness… Kinglake. May 2013.
58. Waters E. Invited presentation to the Yooralla Board. Developing a research framework that makes a difference to outcomes. 2013.
59. Waters E. Invited plenary speaker at 21st Cochrane Colloquium: Special Session on Health Behaviour Change. Quebec, September 2013.
60. Waters E. Invited keynote speaker at ANPHA Translation Research Symposium. June 26th, 2013.
61. Waters E. Invited keynote speaker at the International Association for Dental Research. Session: How can we improve oral health and reduce Inequalities by learning from others? Seattle, March 20-23rd, 2013.

Appendix 10 : Reports 2008-2013

1. Kremer, P, Sanigorski A., & Swinburn, B.A. Nutrition and Physical Activity in Children and Adolescents. Barwon-South Western Region. Sentinel Site Series. Report 4: Physical Activity Patterns: Department of Human Services (Victoria). 2008.
2. Mathews L, Malakellis M, Kremer P, Sanigorski AM, Swinburn BA. Nutrition and Physical Activity in Children and Adolescents. Barwon-South Western Region. Sentinel Site Series. Report 5: Obesogenic Environments: Department of Human Services, Victoria. 2008.
3. Mathews L, Simmons A, Kremer P, Sanigorski A, Nichols M, Moodie M, & Swinburn BA. Nutrition and Physical Activity in Children and Adolescents. Barwon-South Western Region. Sentinel Site Series. Report 1: Methods and Tools: Department of Human Services, Victoria. 2008.
4. Sanigorski A. Nutrition and Physical Activity in Young people aged 12-24: Current evidence and policy recommendations. Victorian Department of Education and Early Childhood Development. 2008.
5. Sanigorski A, Carpenter L, Nichols M, Swinburn B. Nutrition and Physical activity environments in Early Childhood Settings: Family Day Care in Kids-Go For Your Life Areas. 2008.
6. Sanigorski A, Carpenter L, Nichols M, Swinburn A. Nutrition and Physical activity environments in Early Childhood Settings: Kindergartens in Kids-Go For Your Life Areas. 2008.
7. Sanigorski A, Carpenter L, Nichols M, Swinburn B. Nutrition and Physical activity environments in Early Childhood Settings: Long Day Care in Kids-Go For Your Life Areas. 2008.
8. Sanigorski AM, Malakellis M, Kremer P, & Swinburn BA. Nutrition and Physical Activity in Children and Adolescents. Barwon-South Western Region. Sentinel Site Series. Report 2: Anthropometry: Department of Human Services (Victoria). 2008.
9. Sanigorski AM, Malakellis M, Azadi, L, Kremer, P, & Swinburn, B.A. Nutrition and Physical Activity in Children and Adolescents. Barwon-South Western Region. Sentinel Site Series. Report 3: Dietary Patterns: Department of Human Services (Victoria). 2008.
10. Simmons A, Cuttler R, Brennan M, Sanigorski AM, Kremer P, Mathews L & Swinburn, B.A Nutrition and Physical Activity in Children and Adolescents. Barwon-South Western Region. Sentinel Site Series. Report 6: Lessons learned from Colac's Be Active Eat Well project (2002-6): Department of Human Services (Victoria). 2008.
11. Block K, Gibbs L, Johnson B, Staiger P, Townsend M, Macfarlane S, Gold L Evaluation of the Stephanie Alexander Kitchen Garden Program. Final Report to: The Stephanie Alexander Kitchen Garden Foundation. McCaughey Centre Sep 2009.
12. Block K, Riggs E, Gibbs L, Warr D. Ucan2 Evaluation Progress Report August 2009.
13. Clark R, Conning R, Waters E, Armstrong R & Petrie R. Evidence summary: Remote and rural issues in the prevention of obesity for pre-adolescents and adolescents. Report No . Geelong, Australia: Deakin University. 2009.
14. Clark R, Waters E, Armstrong R, Conning R & Petrie R. Evidence summary: Achieving equity in community-based obesity prevention interventions for children and adolescents. Report No . Geelong, Australia: Deakin University. 2009.
15. Clark R, Waters E, Conning R, Armstrong R & Petrie R. Evidence summary: Considerations regarding harm minimisation for obesity prevention policies and programs for pre-adolescents and adolescents. Report No . Geelong, Australia: Deakin University. 2009.
16. De Groot F, de Silva-Sanigorski AM, Robertson N, Parker S . Romp & Chomp process report for objective 1: To increase the capacity of relevant Geelong organisations to promote healthy eating and physical activity: Implementation strategies, process evaluation, lessons learned and recommendations for future practice. 2009.
17. de Silva-Sanigorski AM, Frawley F, Sacks T, Brennan M. Romp & Chomp process report for objective 6: To significantly increase home & family-based active play & decrease TV viewing time. Implementation strategies and recommendations for future practice. 2009.
18. de Silva-Sanigorski, A. M., Malakellis, M., Azadi, L. Kremer, P.

and Swinburn, B. A. Nutrition and physical activity in children and adolescents : report 3 : dietary patterns : Department of Human Services (Victoria), Departmant of Human Services Victoria, Melbourne, Vic. 2009.

19. de Silva-Sanigorski A, Robertson N, Nichols M. Romp & Chomp process report for objective 3: To evaluate the process, impact and outcomes of the project. Implementation strategies, process evaluation, lessons learned and recommendations for future practice. 2009.
20. Gibbs L, MacDougall C, Kulkens M, Clark R. CFA Post-Fire Qualitative Research: A descriptive analysis of Community Fireguard Group members' experiences of the 2009 Victorian bushfires. Preliminary Report August 2009.
21. Mathews, L., Simmons, A., de Silva-Sanigorski, A., Bell, A. C, De Courten, M.Kremer, P., Malakellis, M. and Swinburn, B. It's your move : implementation report 5 - evaluation, Deakin University, Geelong, Vic. 2009.
22. Parker S, De Groot F, Robertson N, de Silva-Sanigorski AM (2009) Romp & Chomp process report for objective 2: To increase the awareness of the project's key messages in homes and early childhood settings. Implementation strategies, process evaluation, lessons learned and recommendations for future practice.
23. Parker S, Robertson N, de Silva-Sanigorski A. Romp & Chomp process report for objective 4: Reducing sweet drinks and increasing water consumption in young children. Implementation strategies, process evaluation, lessons learned and recommendations for future practice. 2009.
24. Parker S, Robertson N, de Silva-Sanigorski A. Romp & Chomp process report for objective 5: To significantly decrease energy dense snacks and increase consumption of fruit and vegetables. Implementation strategies, process evaluation, lessons learned and recommendations for future practice. 2009.
25. Simmons A, Bell AC, Swinburn B, Mathews L, de Silva-Sanigorski A, De Courten M, Kremer P and Malakellis M. It's your move : implementation reports, Deakin University, Geelong, Vic. 2009.
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31. Gibbs L, Waters E, Ashbolt R et al *fun 'n healthy in Moreland!* Final Report to Dept of Human Services. 2010.
32. Gibbs L, MacDougall C, Clark R, Kulkens M. Country Fire Authority Post-fire Qualitative Research– A final report on the analysis of Community Fireguard Group members' experiences of the 2009 Victorian bushfires. McCaughey Centre. April 2010.
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34. Kremer P, de Silva-Sanigorski A, Leslie E, Lacy K, Jones L. Analysis of critical features for establishing a monitoring system for childhood obesity: Ethics assessment. Geelong: Deakin University, 2010.
35. Kremer P, de Silva-Sanigorski A, Leslie E, Lacy K, Jones L. Analysis of critical features for establishing a monitoring system for childhood obesity: Feedback systems. Geelong: Deakin University, 2010.
36. Waters E, Riggs E, de Silva-Sanigorski A, Gussy M. Making a difference to rural children's oral health. The Melbourne School of Population Health, The University of Melbourne. 2010.
37. Block K, Gibbs L, Lusher D, Riggs E, Warr D. Ucan2 Evaluation Final Supplementary Report: McCaughey Centre, University of Melbourne. December 2011.
38. Cross S, Block K, Riggs E, Gibbs L. School Support Program

Evaluation Final Report: McCaughey Centre, University of Melbourne. November 2011.

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41. Block K, Gibbs L. Latrobe Valley: Our Children, Our Future – Scoping Study. Berry Street and University of Melbourne, May 2012

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43. Gibbs, L., MacDougall, C., Nansen, B., Vetere, F., Ross, N., Danic, I., McKendrick, J., and LaMontagne, T. Stepping Out: Children Negotiating Independent Travel. VicHealth report. Jack Brockhoff Child Health and Wellbeing Program, McCaughey VicHealth Centre for Community Wellbeing, University of Melbourne. 2012.

Appendix 11: PhD, Masters & Honours students 2008-2013

Doctorate of Philosophy

Kate Brady. What supports recovery from emergency events (in high income, developed countries) from the perspective of people affected by emergencies. (2013-2016).

Mandy Truong. Examining the impact of an organisational cultural competence intervention on a community health service: from individual and organisational perspectives. (2011-2014).

Dr Simon Crouch. The Australian Study of Child Health in Same-Sex Families (ACHESS). (2011-2014).

Jessica Herbert. What is the value of community-based cooking interventions? (2011-2014).

Connie Kellett. Anger, and anger support, for individuals and communities affected by the 2009 Black Saturday bushfires. (2011-2014).

Marian Lok. A Network Society: The study of the use of Information and Communication Technology in long-term disaster recovery. (2011-2014).

Rachel Boak. Public Health Nutrition Policy: Potential to equitably influence parental food and drink choices for 0-2 year old children. (2010-2014).

Lara Corr. Mental Health of Family Day Care Workers – understanding relationship between work stress, carer mental health and child health. (2010-2013).

Ben Keith. Understanding effectiveness of CAMBRA as an early intervention for dental caries. (2010-2014).

Pam Leong. Risk and protective factors for preschool oral health inequalities. (2009-2013).

Karen Block. Refugee youth, social inclusion and health. (2009-2012).

Rebecca Armstrong. Cluster RCT Knowledge Translation methods for health promotion and public health. (2007-2010).

Elisha Riggs. Sociocultural influences on oral health of preschool children: development of public health intervention for prevention of preschool oral health inequalities. (2007-2010).

Benran Jiang. Quality of life of adults with cerebral palsy. (2007-2009).

Naomi Priest. Healthy child wellbeing development from Australian Aboriginal perspective. (2006-2009)

Kim Webster. Health assessment of refugees. (2006-2008).

Berni Murphy. Physical Activity of Women. (2006-2009).

Melanie Nichols. Eating Habits, Activity Patterns and Body Size in 2 to 5 year old Children. (2005-2009).

Lauren Prosser. The health and wellbeing of adults living with pets. (2005-2008).

Mark Gussy. A controlled multi-faceted community intervention trial to improve the oral health of preschool-aged children in rural Victoria. (2002-2008).

Doctorate of Psychology

Julia Fredrickson. Perceptions of child and adolescent weight status. Deakin University (2011-2015).

Professional Doctorate

Gisela Van Kessel An exploration of the interventions perceived to influence the resilience of adult populations to the effects of natural disasters. (2010 - 2012).

Master of Public Health

Chelsea Taylor. Framework for evaluating the sustainability of the Stephanie Alexander Kitchen Garden Program in schools. (2010).

Andrew O'Neil. Water fluoridation in Victoria. A case study of Warrnambool. (2009).

Andrew Weil. Community issues in relation to water fluoridation. (2009).

Ayan Banerjee. The strategies to increase the social connectedness of disadvantaged families through participation in active recreation targeted at their children. 2008.

Honours

Brynle Owen. The impact of the Be Active, Eat Well intervention on parental perceptions of child weight status. (2010).

Emily Spencer. Evaluation of an active play program for use in playgroups in disadvantaged communities. (2009).

Katherine Cacavas. Food and nutrition-related knowledge and behaviours: A comparison of Tongan and Australian adolescents. (2008).

Jennifer Halliday. Child perspectives of health in the school setting. (2008).

Britt Johnson. Comprehensive, multi-level analysis of the Be Active, Eat Well program. (2008).

Rachel Kenna. Effectiveness of incorporating active play activities into a developmental program for disadvantaged preschool children. (2008).

(Post) Graduate Diploma of Psychology

Naormi Ross. The impact of weight status, socio-demographics and disadvantage on quality of Life in adolescents. (2009).

Kate Farrell. The impact of screen time on quality of life in adolescents. (2009).

Appendix 12: Working closely with Government to ensure policies affecting children are effective

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).

Complementary to this research we are delivering a comprehensive program of activities to enhance research and evaluation capacity within government. Since the partnership began, through well attended seminars, we have 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. Twenty months into the partnership, and midway through 2013 there is already a significant list of outputs and outcomes, including:

- New joint publications on epidemiology and norms of questionnaires included in statewide surveys.
- New examination of the variety of socioeconomic variables as predictors of vulnerability and utilisation across policy decision-making for schools and early childhood settings.
- 5 year data on health conditions and disability.
- Standards for high quality data management and maintenance.
- Evaluation recommendations for policy decisions and program development or innovations.
- Capacity building seminars and symposia for DEECD staff.
- Approximately 8 joined up policy-research priority questions to be answered through new data linkage of administrative and public health datasets.

Appendix 13: Evidence-informed public health short-course: Building capacity amongst decision-makers

Over the last six years the Public Health Evidence and Knowledge Translation (PHEKT) team have developed an evidence-informed decision-making short course. This course, designed for practitioners and policy makers, aims to assist participants to develop skills and confidence for decision-making in public health and health promotion practice.

The course supports participants to:

- Define, search for and access evidence quickly and easily
- Assess the quality and relevance of evidence
- Apply evidence to planning, practice and policy
- Evaluate programs and policies

Broadly, we believe that the generic focus and tailored content of our course (together with relationship-building by our team) has appealed to organisations and individuals aiming to develop skills in evidence-informed decision-making. We have extensive networks to reach a range of sectors, and have utilised social media for promoting the course.

Since 2007, over 300 decision-makers and practitioners have attended our two-day Evidence-informed Public Health (EIPH) short course.

Additionally, we have presented our work at a range of national and international forums and as a consequence, we have received consultancy requests to run tailored training courses interstate for The Royal Australian College of Physicians and the NSW Government Ministry of Health. Our EIPH course content has also contributed to sessions included within the Obesity Prevention short-course run by the WHO Collaborating Centre for Obesity Prevention (Deakin University).

We continue to receive expressions of interest from individual practitioners from a range of organisations. Recent interest has come from practitioners and policy officers from the National Heart Foundation, a number of Victorian Local Governments, Community Health Services, Primary Care Partnerships, and Public Health masters students.

Data from our longitudinal pre and post evaluation is providing insight into the potential outcomes for participants following a short-course, and sustainability of these outcomes months after attending our training courses. The evaluation has demonstrated consistently high ratings of the course relevance, the understanding of content and facilitators' performance. In addition we have seen encouraging shifts in participants' confidence and attitudes from pre to post-course.

We have also found 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. This data demonstrates that our course is supporting practitioners in making more evidence-informed decisions about health promotion and public health practice and policy.

Appendix 14: The impact of the Cochrane systematic review examining interventions for preventing childhood obesity

Prevention of childhood obesity is an international public health priority. Over 16 years, at least 60 systematic reviews have examined the evidence base for strategies that have been implemented to improve physical activity and nutrition in children. Only one of these reviews is updated as new evidence emerges, providing contemporary evidence, stakeholder engagement, and transparent synthesis methods – led by our program.

This Cochrane systematic review 'Interventions for preventing obesity in children' commenced in 1996. Over the following 16 years, Elizabeth Waters and colleagues published updates in 2001, 2005, 2009 and 2011, using gold standard research methods for systematic reviews published on the Cochrane Library. In addition to determining the effectiveness of interventions intended to prevent obesity in children, the research team worked closely with practitioners to identify key translational information needs: "What works for whom, why and for what cost?", a contemporary innovation for Cochrane systematic reviews.

The intent of this research has been to provide up to date evidence for researchers and policy makers. An international policy and practitioner stakeholder Review Advisory Group was embedded into the review, and practitioner and policy consultations were conducted at Australian and international forums to understand what questions users of evidence need to answer.

Since 2001, the childhood obesity prevention evidence review has improved its relevance to practitioners with each update: including a stronger focus on information and recommendations relevant to practice and policy, implementation data (such as costings), the core components of interventions, sustainability, theoretical basis of interventions, splitting outcomes by age group, potential harms, and evidence of the impact of interventions on health inequalities and health equity.

Sophisticated and contemporary communication strategies have also been developed and delivered to ensure the review findings and recommendations reach the relevant stakeholders. In 2011 a 2-page evidence summary, podcast, blog posts and a press release were produced. A webinar for the public health workforce and policy makers was delivered in Australia and Canada, with invitations and participation from ANPHA, Departments of Health and Education, community health services, CO-OPs, the Obesity Policy Coalition, Parents Jury, Heart Foundation, PANORG and PANORAMA and Diabetes Australia.

Collaboration and partnership between researchers and those involved with program development and policy making has been a feature of the review process and content for over 16 years. With the launch of the 2011 update, the authors worked collaboratively with Cancer Council and VicHealth to ensure findings and recommendations reached the extensive networks afforded through these collaborations.

The childhood obesity prevention review has been core to understanding what intervention strategies have been designed and evaluated, and what might arrest increasing obesity prevalence and inequalities.

The findings of the review have been used in

Australian program development:

- *fun 'n healthy in Moreland!* in Vic.
- Eat well be active Community programs in SA.
- APPLE in New Zealand.
- Victorian South West PCP: region-wide (multiple communities) South West healthy kids initiative.
- Evidence summaries for national CO-OPS practitioners
- Victoria's prevention strategy.

International program development:

- WHO Nutrition Friendly Schools was developed based on review findings.

Research:

- Cited in over 1500 academic papers.
- Number 1 on The Cochrane Library 2011 and 2012; approximately 10,500 downloads.
- Recommendations from the review have informed how research is conducted; more studies are now eligible for future reviews with recommended study designs, demonstrated by interventions identified in the previous update included in the current review or flagged as ongoing interventions (Romp and Chomp, eat well be active Community programs, APPLE).
- In 2013 Elizabeth Waters was invited to present the findings to the International Association of Dental Researchers in its Global Oral Health Inequalities Research Agenda, to demonstrate the value of a commitment to updating evidence over time, the link between evidence and practice, as well as co-morbities and common determinants between oral health and obesity.

Appendix 15: Improving practice within Foundation House.

We introduced a conceptual framework that is now helping Foundation House staff to think in new ways about their polices and services.

Foundation House provides a range of services across Victoria to people from refugee backgrounds who have survived torture or war related trauma. One program, Ucan2, responds to the needs of young people (16 – 24 years) who are newly arrived in Australia and from a refugee background. The program caters in particular for those who arrive in Australia with little, or severely disrupted prior education. Support is therefore provided to make the often difficult transition from on-arrival English language programs into mainstream schools, training and tertiary institutions. The program is conducted within on-arrival English language programs, one day per week for six months and comprises a range of activities aiming to provide psychosocial support; enhanced educational and employment opportunities; and increased social connectedness for participants.

From 2009 to 2011, we conducted a mixed methods evaluation of the processes and impacts of the Ucan2, program. Members of the evaluation team were located one day per week at Foundation House so that they could attend weekly program team meetings and gain a deeper understanding of the program. One member of the team also regularly attended Ucan2 program sites in English language schools and adult education settings to conduct ethnographic research with program participants. This embedded approach enhanced the capacity of the evaluation team to provide meaningful information and feedback to program providers as well as to gain a deep understanding of the experiences of program participants.

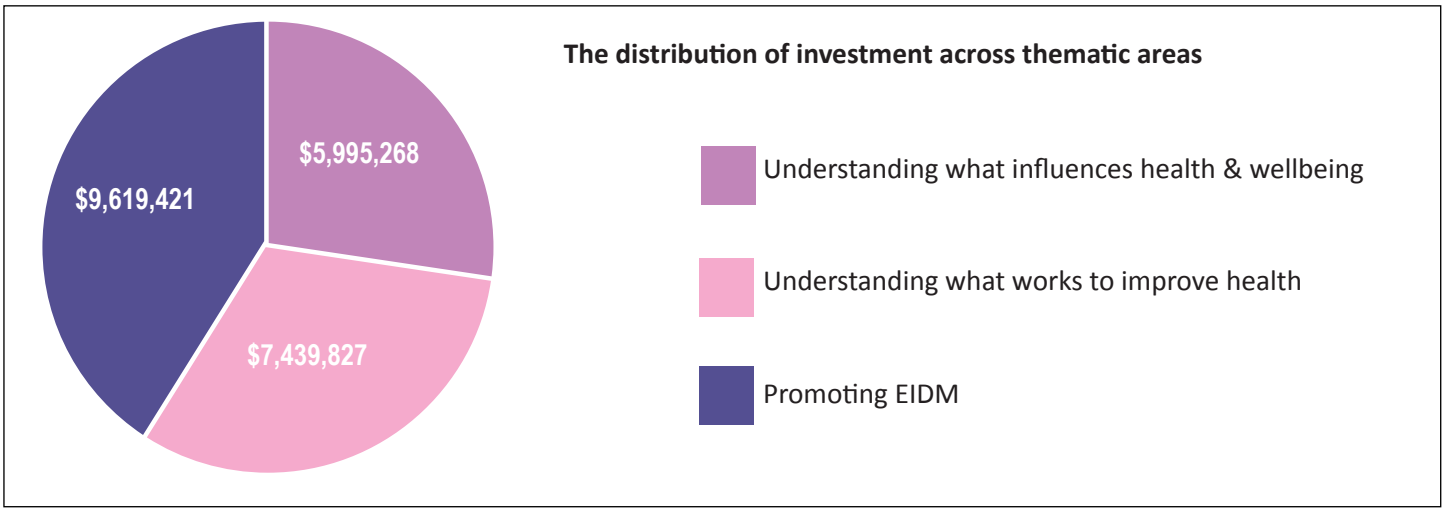
A conceptual framework developed by academic researchers in the UK describing processes of integration of refugee settlers was introduced to Ucan2 staff by the evaluation team as a useful means of thinking about the different elements of the Ucan2 program. By illustrating the relationships between different domains of integration and highlighting the vital role played by different types of social connections, the framework helped to clarify the previously unarticulated theoretical underpinnings of program activities. It also provided a useful tool for considering how to further develop and optimise the support for participants offered by the intervention.

This conceptual framework has subsequently been adopted by Foundation House staff as a tool for reflecting on a range of programs which they deliver. The framework is frequently presented by staff when running professional development sessions for others and used to explain the rationale for their program to other service providers.

This case study is an example of our how our approach to research, i.e. embedding our teams within partner organisations, can enhance knowledge exchange and increase the relevance and impact of our work. While the evaluation findings of Ucan2 guide the future direction of that program, the theoretical underpinnings are used beyond Ucan2 and help to ensure a coherent approach and rationale for a range of interventions.

Appendix 16: The distribution of our funding





Appendix 17: Successful grants 2008-2013

1. 2007-2008 (2 years). Burns C and Armstrong R. Eat Well Victoria: A resource for promoting accessible and nutritious feed. Victorian Department of Human Services. $99,990
2. 2007-2009 (3 years). Waters E, Moore L, Swinburn B, Carter R, Lo SK, Armstrong R, Dobbins M, Anderson L and Petticrew M. A cluster randomised controlled trial of knowledge translation strategies for obesity. preventionNational Health and Medical Research Council $270,000
3. 2007-2011 (5 years). Swinburn B, Waters E, McCabe M, Carter R. Capacity Building in Childhood and Adolescent Obesity Prevention. NHMRC. $1,958,075
4. 2007-2011 (5 years). Waters E, Armstrong R and Doyle J. Cochrane Health Promotion and Public Health Field Transition to Review Group. Victorian Health Promotion Foundation (VicHealth). $1,300,000
5. 2008 (1 year). Sanigorski, A. Development of an administration database for the oral health birth cohort project. The McCaughey Centre, School of Population Health, University of Melbourne Opportunities Fund. $2,000
6. 2008 (1 year). Sanigorski A, Waters E, Calache H, Riggs E. The VicGeneration Study: A birth cohort to examine the environmental, behavioural and biological predictors of early childhood caries in children from the Western corridor of Victoria. Dental Health Services Victoria Research & Innovation Grant Scheme. $50,000
7. 2008 (1 year). Waters E. Social participation, inclusion and civic engagement and its relationship to mental health and wellbeing. Victorian Health Promotion Foundation. $10,000
8. 2008 (1 year). Gibbs L, Staiger P, Townsend M, Macfarlane S. Evaluation of the Stephanie Alexander Kitchen Garden Project. Stephanie Alexander Kitchen Garden Foundation. $53,776
9. 2008 (1 year). Kremmer, Sanigorski. Multilevel modelling of the results from Be Active Eat Well, a successful community-based childhood obesity prevention project. Public Health Research, Policy and Evaluation Cluster, Deakin University. $2,500
10. 2008 (1 year). Sanigorski A, Robertson. Assessing the impact of the obesity prevention demonstration project Romp & Chomp on the capacity of organisations to prevent childhood obesity. Public Health Research, Policy and Evaluation Cluster, Deakin University $4,000
11. 2008 (1 year). Stagnitti, Lewis, Gould, Schmidt, Pepin, Sanigorski, Haywood. Specialist Clinics at the Wellness Centre: research excellence in community service. Deakin University Infrastructure Support Scheme $70,000
12. 2008 (1 year). Waters, E, Sanigorski, A, Gibbs, L and Swinburn B. Evaluation of Kids Go For Your Life: Population level settings-based awards program to prevent child overweight and obesity and health inequalities. Cancer Council Victoria. $225,000
13. 2008-2010 (3 years). Cook KE, Waters E, Lo SK, Davis EC. The health implications of uncertain child support payments for children in low income single parent families. Australian Research Council Discovery Grant $235,944
14. 2008-2010 (3 years). Gibbs L, Warr D, Block K, Riggs E. Evaluation of UCan2. Foundation House for Survivors of Torture. $393,514
15. 2008-2010 (3 years). Sanigorski, Swinburn, Kremer, Gibbs, Waters. The evaluation of 5 Being Active and Eating Well Health Promoting Communities. Victorian Department of Human Services. $604,000
16. 2008-2010 (3 years). Swinburn B, Sanigorski A, Moodie M, Gibbs L, Waters E, Carter R, et al. Sustainable impact, capacity gains and cost-effectiveness of a successful community-wide, child obesity prevention program. NHMRC. $635,800
17. 2008-2010 (3 years). Waters, Sanigorski, Lo, Dashpher, Gussy. Environmental, socio-behavioural and biological predictors of early childhood caries: a rural birth cohort study. NHMRC Project grant. $425,250
18. 2008-2011 (4 years). Waters E, Armstrong R and Doyle J. Cochrane Collaborative Review Groups with their sole editorial base in Australia Commonwealth Department of Health and Ageing. $291,472

19. 2009 (3 years) Swinburn B., Waters E., Gill T. Collaboration of Community-based Obesity Prevention Sites (the CO-OPS Collaboration). Commonwealth Department of Family and Community Services. $800,000

20. 2009 (1 year) de Silva-Sanigorski A, Moodie M, Morgan M, Waters E & Gold L. Assessing Cost Effectiveness of Oral Health interventions (ACE-Oral Health): Phase 1 D H S V . $50,000

21. 2009 (1 year). Gibbs, L. Screen Stories and Community Connections. Institute for a Broadband Enabled Society, University of Melbourne. $28,875

22. 2009 (1 year) Gibbs L, MacDougall C, Kulkens M, Clark R. CFA Post Fire Investigation. Country Fire Authority. $37,880

23. 2009 (1 year). Gibbs L, MacDougall C, Priest N, Waters E, Clode D, Clark R, Davis E. Bushfire Recovery - Hearing Children's Voices ARACY. $15,000

24. 2009 (1 year) Gibbs L, Slocombe J, Davis E, MacDougall C, Waters E, Jarman L, Van Vugt J. Vetere F, Crowley PCommunity connections: How can technology promote community social inclusion? VicHealth Research Project Grants. $107,500

25. 2009 (1 year). Priest N, Mackean T, Waters E. Hearing the Voices of Aboriginal children in urban areas about their health and wellbeing – Strengths, challenges and solutions. Foundation for Children. $79,565

26. 2009 (1 year). Armit C, Waters E, Gibbs L, Riggs E, Kearney S, Pradel V, Abebe M, Alloush L, El-Khoury A, Gondal I. Development of a culturally competent community-based child oral health peer education program. DHSV. $49,300

27. 2009 (1 year). Davis E, Bhopti A, Reddihough D, Buick J. Building the capacity of families of children with a disability to access services, support and funding. Department of Human Services. $50,000

28. 2009 (1 year). de Silva-Sanigorski, A. Impact and outcome evaluation of Romp & Chomp in early childhood settings. Victorian Department of Human Services. $22,000

29. 2009 (1 year). de Silva-Sanigorski, Calache, Waters, Gussy, Barrow, Keith, Gold, Gibson. Prevention of early childhood caries with the Caries Management By Risk Assessment (CAMBRA) protocol-A pilot study to test the application of this intervention in culturally diverse communities in Victoria. DHSV. $49,450

30. 2009 (1 year). Waters E, Armstrong R, Clark R. The CO-OPS Collaboration: Collaboration of Community-Based Obesity Prevention Sites: development of evidence summaries for local government. Commonwealth Department of Health and Ageing and Deakin University. $45,000

31. 2009-2010 (2 years) Kremer, de Silva-Sanigorski, Leslie. Establishing an childhood obesity monitoring system in Australia. Australian Department of Health & Ageing; Collaboration of Obesity Prevention Sites (CO-OPS). $60,000

32. 2009-2010 (2 years). Kelaher, de Silva-Sanigorski, Ferdinand Evaluation of the Go For Your Life' Being Active Eating well indigenous community demonstration initiative. Victorian Department of Health. $60,283

33. 2009-2010 (2 years) Moodie M, de Silva-Sanigorski, Prosser L, Waters E. Economic evaluation of the Kids-Go for your life program. The Cancer Council Victoria. $55,000

34. 2009-2010 (2 years). Waters E, Armstrong R, Clark R. The CO-OPS Collaboration: Collaboration of Community-Based Obesity Prevention Sites: development of evidence summaries for local government. Commonwealth Department of Health and Ageing and Deakin University. $50,000

35. 2009-2012 (4 years). Gibbs L, Waters E, Sanigorski A, Gussy M, Gold L, Moore L, Watt R, Armit C, Calache H, Hahn B, Younan N, El-Khoury A, Gondal I. Teeth Tales: A culturally competent community intervention for child oral health in low SES area of urban Melbourne. ARC Linkage Grant. $491,000

36. 2009-2013 (5 years). de Silva-Sanigorski, Waters, Scott, Gussy, Gold, Calache Social and health inequalities arising from environmental changes to drinking water. ARC Linkage Grant with Dental Health Services Victoria. $1,700,000

37. 2009-2014 (6 years). Tayler P, Thorpe K, Waters E, Griffin E, Adams R, Siraj-Blatchford I, Cleveland G, Ishimine K, Gilley T, Sanson A, Oberklaid F, Luxford L, Dungan J. Assessing

the effectiveness of early childhood education and care programs in Australian communities. Australian Research Council Linkage Grant. $2,209,843

38. 2010 (1 year). Gibbs L, MacDougall C, Ross N, Danic I, McKendrick J, LaMontagne T, Vetere F, Chakroborty K. Gendered child-parent independence negotiations. VicHealth Innovation Grants. $196,803

39. 2010 (1 year). MacDougall C, Gibbs L, Danic I, McKendrick J, Ross N. Parent's accounts of their decision making about increasing the independent mobility of their 10-13 year olds in local environments . Flinders University Faculty of Health Sciences Seeding Grant. $15,000

40. 2010 (1 year). de Silva-Sanigorski A, Calache H, Waters E, Barrow S, Gussy M, Gold L, Keith B. Pilot of a randomised controlled trial to prevent dental decay through caries risk assessment and management in early childhood. Dental Health Services Victoria Research & Innovation Grant Scheme. $35,000

41. 2010-2011 (2 years). de Silva-Sanigorski A, Waters E, Calache H, Gussy M, Leong P. Increasing the coverage of the VicGeneration study: A birth cohort to examine the environmental, behavioural and biological predictors of early childhood caries in children from the Western corridor of Victoria. DHSV. $50,000

42. 2010-2011 (2 years). Prosser L., de Silva-Sanigorski A., Burns C., Hedge S., Waters E. An examination of the upstream determinants of oral health and best options for population level intervention. DHSV. $50,000.00

43. 2010-2012 (3 years). Davis E, Waters E, Herrman H, Harrison L, Sims M, Cook K, Mackinnon A, Marshall B, Mihalopoulos. An exploratory cluster trial of a sustainable capacity building intervention to promote positive mental health in family day care. ARC Linkage. $157,014

44. 2010-2012 (3 years). Gibbs L, Waters E, Sanigorski A, Gussy M, Gold L, Moore L, Watt R, Armit C, Calache H, Hahn B, Younan N, El-Khoury A, Gondal I. Teeth Tales: A culturally competent community intervention for child oral health in low SES area of urban Melbourne. Merri Community Health Services. $400,000

45. 2010-2012 (3 years). Priest N, Paradies Y, White F, Davis E, Kowal E. Developing an intervention to promote effective racial socialisation strategies for parents and teachers. VicHealth Innovation Grant. $199,742.40

46. 2010-2012 (3 years). Waters E, de Silva-Sanigorski A Australian Population Health Improvement Research Strategy for Oral Health (APHIRST-Oral Health). DHSV. $750,000

47. 2010-2015 (6 years). Waters E, Bryant R, Pattison P, Gibbs L, Creamer M, Harms L, Lusher D, MacDougall C. Bushfires, Social Connectedness and Mental Health. ARC. $1,285,047

48. 2011 (1 year). Block K, Riggs E, Gibbs L Evaluation of the School Support Program Foundation House for Survivors of Torture. $99,907

49. 2011 (1 year). Davis E, Riggs E, Gibbs L, Waters E. Supporting the health and wellbeing children living in families with a refugee background. Foundation House. $150,000

50. 2011 (1 year). Riggs E, Block K, Waters E, Gibbs L, Price J (Partner). Creatively working with young people to develop innovative solutions. Staff Engagement Project Grant 2011. The University of Melbourne. $10,000

51. 2011-2012 (2 years). Davis E, Williamson L, Lamontagne T, Harrison L, Sims M, Waters E (University Applicants) and Hazell T, Stafford K (Partners). Mental Health and wellbeing of childcare workers. Research Collaboration Grant. University of Melbourne. $19,615.20

52. 2011-2013 (3 years). de Silva-Sanigorski, Waters, Calache. Preventing dental decay in young children from disadvantaged communities. Foundation for Children. $160,000

53. 2011-2013 (3 years). Waters E, Armstrong R and Doyle J. Cochrane Public Health Group . Victorian Health Promotion Foundation (VicHealth). $432,000

54. 2011-2014 (4 years). de Silva-Sanigorski A, Waters E, Nolan T. A detailed, prospective cohort study of early childhood factors and child outcomes. DEECD. $423,240

55. 2011-2014 (4 years) de Silva-Sanigorski A, Waters E, Nolan T. Early childhood services which shape primary school educational outcomes. DEECD. $388,327

56. 2011-2014 (4 years). de Silva-Sanigorski A, Waters E, Nolan T. Establishing an integrated data platform for monitoring and assessing child health, wellbeing, development and learning. DEECD. $756,934

57. 2012 (1 year). 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. $122,405

58. 2012 (3years). Allender S, Swinburn B, Waters E, Gill T, Armstrong R, Pettman T. CO-OPS Mark II – A National Prevention Network. DoHA Chronic Disease Prevention and Service Improvement Fund. $3,447,647.00

59. 2012 (1 year) 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. $157,801

60. 2012-2013 (2 years). de Silva-Sanigorski, A. Improving nutritional quality of emergency food relief through education and support for volunteers at Foodbank Victoria- a pilot study. Foodbank Victoria. $8,250

61. 2012-2013 (2 years). de Silva-Sanigorski, A, Hedge S. Update of the oral health promotion evidence for the National Oral Health Promotion Committee. Department of Health and Aging. $9,945

62. 2012-2017 (6 years). Herrman, Humphreys, McGorry, Kaplan, Mitchell, Harvey, Mihalopoulos, Cotton, Davis, Vance. Improving mental health for young people in out-of-home care: providing participatory evidence-based mental health care across services. NHMRC Mental Health Targeted Call for Research. $914,242

63. 2013 (1 year). Christian B, Christian RU, Chattopadhyay A, Blinkhorn AS, Marino R, de Silva-Sanigorski A, Krishnankutty N, Hegde V, and Hopcraft M. Health in Orphanages Project (HOPe): Oral health and dental treatment needs of children residing in orphanages in Kerala, India. International Association for Dental Research. $23,288

64. 2013 (1 year). Block K, Waters E, Smith K, Wills S, Kee P, Gibbs L. The lived experience of refugee-background children in Australia. Interdisciplinary Seed Grant through the Melbourne Social Equity Institute internal grants scheme 2013. $35,000

65. 2013 (1 year) Waters E, Armstrong R, Anderson L and Burford B. Evidence Review on the Exposure to Lead in Australia. NHMRC. $165,292

Appendix 18: The development of our key collaborations

Over the last few years a number of successful collaborations have been established by the program. These are described below.

Victoria

APHIRST – Oral Health

The Australian Population Health Improvement Research Strategy for Oral Health (APHIRST-OH) 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. Established in 2009, APHIRST-OH is a translational research prevention centre and is a flagship initiative of Dental Health Services Victoria (DHSV) and the Jack Brockhoff Child Health and Wellbeing Program. APHIRST- OH has created a culture of applied research and evaluation within DHSV. The program of activities currently underway within APHIRST-OH relate to three overarching areas; Knowledge translation, advocacy and capacity building; Surveillance, monitoring and evaluation; and Innovation and implementation research. APHIRST-OH initiatives build on current policy activities and momentum in Australia to improve population oral health, particularly, through activities related to research and development, service delivery and evaluation.

Improving the lives of children (a potential cross hemisphere collaboration)

2013 saw the coming together of the Graduate School of Education, the Law School, the RCH Education Institute, Social Policy and Social Welfare, to identify stronger and more aligned ways of working together. This occurred soon after the appointment of the new National Children's Commissioner, inspired by the opportunities that a more organised approach could make to improving the lives of children through contemporary evidence. We aimed to submit a proposal for ARC funding for a Centre of Excellence, which is highly competitive. This may still be possible, however, through discussions and horizon scanning, it appeared that we weren't the first internationally to recognise that this approach makes significant sense. At the University of Belfast, philanthropic contributions have recently enabled a similar interdisciplinary collaboration and we are currently exploring ways in which this integrated team from the University of Melbourne could achieve a similar outcome, either as a collaboration with Belfast in the southern hemisphere, or with other universities internationally, such as Harvard or relevant evidence-based child/public health centres in the UK.

National

Collaboration of Obesity Prevention Sites (CO-OPS)

CO-OPS aims 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 activity and healthy weight. Originally established in 2007, CO-OPS was a collaboration between the program, Deakin University and University of Sydney. In 2012, the Department of Health and Aging committed to a new and expanded version of CO-OPS for a further 3 years. Funding was trebled and new collaborators included Flinders University.

Alliance for the Prevention of Common Mental Disorders and the Centre of Excellence for the Prevention of Common Mental Disorders

This new alliance has arisen from the joined up efforts of Deakin University and our program at the University of Melbourne, catalysed by a Centre of Excellence (CoE) application first submitted in 2012 (shortlisted but not successful) and re-submitted in 2013 (and also shortlisted). Whilst this appears to be a more clinical enterprise, it takes

the learnings from our experience in obesity prevention collaborative research and leap-frogs with those learnings into a joined up health and wellbeing approach. The approach uses the strong new evidence demonstrating the association between lifestyle behaviours such as healthy eating on anxiety and depression, and seeks to employ cutting edge intervention prevention strategies with cutting edge knowledge translation and exchange. We will work with existing partnerships and stakeholders, for example, Departments of Education, and extend into new sectors such as psychiatry, psychology, and primary care. The alliance and CoE draws in leaders in the field as well as emerging leaders, providing opportunities for leadership, research platforms, new collaborations and succession planning.

International

The Citizen Child Collaboration

The Citizen Child Collaboration is an international research partnership with a focus on research with, by, for and about children as a lens for agency in disaster contexts. Dr Lisa Gibbs founded this collaboration with Associate Professor Colin MacDougall and colleagues Associate Professors Carol Mutch and Peter O'Connor from University of Auckland, New Zealand and Dr Nozomu Takahashi, Gunma University, Japan. The members of the collaboration have combined expertise in child health and wellbeing, education, citizenship, performance, public health, psychology, and community partnerships. In 2012 the collaboration was active in the development of site specific research studies supported by exchange visits.

The Cochrane Public Health Group

In 2008 the Cochrane Public Health Field led by Professor Elizabeth Waters, transitioned into the Cochrane Public Health Review Group (CPHG). The group aims to work with contributors to produce and publish Cochrane reviews of the effects of population-level public health interventions. The review topics contribute to both prevention and health promotion fields – helping government and non-government agencies make an impact on communicable and non-communicable diseases, as well as health, wellbeing, learning and social outcomes. In 2013, a South Asian satellite of the group was established to increase representation of review authors from, and topics relevant to, low and middle income countries. CPHG satellites in Central Europe and the UK are also now in development.

Appendix 19: Advising on, and advocating for, child health inequalities

The external committees which Professor Waters is involved in:

Victorian

Victorian Department of Health and the Department of Education and Early Childhood Development

2008-2013. Victorian Equal Opportunity and Human Rights Commission. Member, Child and Youth Advisory Committee

2011. Health promotion policy for children and young people & new achievement program for early childhood and education settings, based on the health promoting schools framework. Expert Advisory Committee member.

VicHealth

2010. VicHealth International Advisory Committee. Board Member

The University of Melbourne

2008. Melbourne School of Population Health. Research Committee Member.

Brotherhood of St Laurence

1999-2013. Brotherhood of St Laurence Social and Health Research in Humans Ethics. Committee Member.

Yooralla

2012. Yooralla Policy, People, Research and Quality. Sub-Committee to the Board.

Deakin University

2008 - 2013. Joint Deakin University, University of Melbourne and University of Sydney Collaboration. Collaboration of Community-based Obesity Prevention Sites (the CO-OPS Collaboration). Steering Committee Member.

Australia

National Health and Medical Research Council (NHRMC)

2013. NHMRC Career Development Fellowship (CDF) Population Health Panel. Chair.

2012. NHMRC CDF Population Health Panel. Chair.

2012. NHMRC Research Translation Faculty Member.

2012. NMHRC Project Grant Panel, Health Promotion & Health Services Research. Panel Member.

2011. NMHRC Project Grant Panel, Health Promotion & Health Services Research. Panel Member.

2008. NMHRC Project Grant Panel, Public Health. Deputy Chair.

Australian Research Alliance for Children & Youth (ARACY)

2012. Engaging families in the early childhood development story. Expert reference group member. Role: Public Health/ Population Health Child Health & Wellbeing Expert.

Public Health Congress 2012 Annual Conference

2012. Member of the Scientific Advisory Committee.

International

Oxford University

2013. International Advisory Group (IAG) to develop a CONSORT Extension for reporting randomised trials of social and psychological interventions.

Health Research Council of New Zealand

2012. Public Health EOI Science Assessing Committee

World Health Organisation (WHO)

2010. WHO Mainstreaming Health Promotion Committe. Editor.

2009. WHO Clinical Trial Registration and Reporting. Advisory Group Member.

Joint Colloquium of the Cochrane & Campbell Collaborations

2013. Scientific Committee Member.

2010. Scientific Committee Member.