Deakin University/DH/DHS Strategic Alliance (Barwon South Western Region)
Research/Evidence/Evaluation Advisory Group

Research Partnership Funding:
How do we ensure important research priorities are identified and get funded?

Discussion Paper

Professor John Toumbourou and Dr Anita Peerson
Faculty of Health, Deakin University, Geelong-Waterfront

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Executive Summary
The Deakin/DH/DHS Strategic Alliance (BSW Region) focuses on improving the health and well-being of people living in the Barwon Southwest Region, Victoria, through a strategic collaboration between Deakin University and two state government departments: Department of Health (DH) and Department of Human Services (DHS).

The Alliance’s key priorities are achieved through three Advisory Groups: community capacity-building; workforce development; and research/evidence/evaluation. These groupings were identified following an evaluation of the university-government partnership in 2009-10 (Mills et al 2010, von Treuer and Mills 2010, von Treuer et al 2010).

The Research/Evidence/Evaluation Advisory Group (Research AG) aims to: foster innovative and collaborative research activity at Deakin University that aligns with the strategic objectives of Deakin University, DH, DHS, and the G21 and Great South Coast communities.

During 2009-11, it has been difficult to provide a strategic direction to the Research AG’s activities largely due to changes in staffing and membership. This has also resulted in cancellation and poor attendance of meetings.

The discussion paper is intended to: i) encourage comment from Research AG and other stakeholders, and ii) identify areas of activity for the Research AG of relevance to Alliance partners in the BSW Region, thus providing a new focus for the Research AG. Given available resources to support the Research AG, we propose that future activities be organised in three priority themes:
1. Determining and accessing partnership funding opportunities
2. Building research and evaluation capacity for Primary Care Partnerships (PCPs), Medicare Locals, and local governments areas (LGAs)
3. Establishing regional research priorities.

Recommendations
• Hold Research AG events during 2011-12 addressing each of the priority themes:
  1. Determining and accessing partnership funding opportunities – 16 August 2011
  2. Building research and evaluation capacity for Primary Care Partnerships (PCPs) and local governments (LGAs) – October-November 2011
• Review leadership and membership of the Research AG to include the Faculty of Health’s key research leaders: Associate Heads of School (Research) from each school (Psychology; Nursing and Midwifery; Health and Social Development; Sports Exercise and Nutrition; Medicine), the Directors of Faculty’s five Strategic Research Centres (SRCs) and the Deakin Institute for Health Research (DIfHR), plus other nominees by the DH and DHS (BSW Region).
Background

Deakin University

The strategic plan (2008-12) and operational plan (2011) of Deakin University emphasise the importance of *Delivering Effective Partnerships*, with diverse partners in industry, government and the community, to support teaching and learning, research, rural and regional communities, and international development.

The new Vice Chancellor (Professor Jane den Hollander) arrived at Deakin University in July 2010. The organisation of Deakin University’s executive and their roles is currently being reconsidered. This includes the strategic direction and priorities concerning ‘community engagement’ with diverse partners, and the creation of a new role (Vice President-Enterprise) in August 2011. The University was visited by an Australian Universities Quality Assurance (AUQA) team in June 2011 to review its performance as a tertiary education provider at all four campuses (Burwood, Geelong, Warrnambool).

In May 2011, Professor John Catford (at that point the Dean, with new title of Pro-Vice Chancellor-Health) provided Faculty of Health staff with an update of current and proposed initiatives. These include:

- The PVC-Health and Faculty Office will relocate from Burwood campus to Geelong-Waurn Ponds.
- Staff from the following schools: Health and Social Development, Psychology, Nursing and Midwifery who are currently located at Geelong-Waterfront campus will re-locate to the Geelong-Waurn Ponds campus in 2013, to form part of the Health Precinct and Technology Park.
- Staff for the new programs – optometry, exercise science and pharmacy will be located at the new REACH building, Geelong-Waurn Ponds, currently being built (2011)
- A private hospital (Epworth Healthcare) and public hospital (Barwon Health Community Hospital) will be developed at Geelong-Waurn Ponds campuses. Planning for the hospitals is underway and will lead to shared teaching and research activities, opportunities for multi-disciplinary students to undertake clinical placements, as well as providing clinical care for Geelong community members
- A West Victoria Academic College is to be established
- The Deakin Institute for Health Research (DfHR) has been established, lead by founding director: Professor Rob Carter. The role of DfHR is to: create and apply high impact translational research, through multi- and inter-disciplinary approaches, in partnership with communities, government and other stakeholders. The DfHR will integrate the Faculty’s current five research centres:
  - Physical Activity and Nutrition (C-PAN)
  - Population Health including GGT University Department of Rural Health (UDRH)
  - Quality and Patient Safety
  - Mental Health and Wellbeing
  - Molecular and Medical Research
  - Other advanced health research centres/initiatives (Catford 2011).
Since 1998, Deakin University has had a formal partnership with a state government department: Department of Human Services, Victoria, known colloquially as the Deakin University – Department of Human Services Partnership (2007) (Figure 1).

During 2007-10, the ‘Partnership’ vision was to be recognised as a leading innovator in brokering and conducting relevant research, fostering a skilled workforce, and improving the overall vitality, equity and quality of life of the Barwon-Southwestern Region (Victoria) by engaging other health and human services sectors. A formal Business Plan (2007-10) was launched articulating the vision, mission and goals of the Partnership. The following entities were created:

- **Strategy** – Teaching and Workforce Development, Research and Evidence-based Practice, Health and Well-being, and Public Health Forums (supported by advisory groups)
- **Beacon projects** – Farmer Health, Workforce Development, and Corio Norlane Neighbourhood Renewal (Deakin University and Department of Human Services 2007).

Professor Judith Ramaley, an expert on ‘government-university partnerships’ (University of Winona, United States), visited Geelong, Victoria (October 2008, August 2009), and indicated the need for ‘transformational change’ and ongoing ‘community engagement’ (Ramaley 2009). She facilitated a workshop to review Partnership achievements and devise an evaluation strategy.

An evaluation of the Partnership (n=38 partner agencies) 2009, provided suggestions to better meet community needs at the local, sub-regional and regional levels in the Barwon Southwest Region (von Treuer et al 2010). The recommendations included: greater investment in time, personnel and resources; prioritise core activities; review current membership; formally recognise and allocate time to
partnership developments by Partnership staff; and acknowledge individual and collective contributions of Partnership members (von Treuer and Mills 2010, von Treuer et al 2010).

In December 2009 and February 2010, the Partnership Executive met and considered it timely to review its current name and objectives, also given a split of the Department of Human Services in July 2009 into two separate departments: Department of Health (DH) (health, aged care) and Department of Human Services (DHS) (welfare, housing, mental health, disability, child protection). It was agreed the Partnership should henceforth be known as the Deakin/DH/DHS Strategic Alliance (BSW Region). The revised model of the Alliance consists of 3 Advisory Groups with new priority areas and membership (ie. Workforce Development, Research/Evidence/Evaluation, and Community-capacity Building), and discontinuation of Beacon projects (Figure 2). The governance arrangements of each advisory group has been strengthened with an Executive member as Chair, and supported by a Deputy Chair and secretariat. The Southwest representation was enhanced by the inclusion of Professor Sue Kilpatrick (former Pro Vice Chancellor-Rural and Regional, DU) on the Alliance Executive.

Figure 2: Deakin/DH/DHS Strategic Alliance (BSW Region): Revised Model
Deakin/DH/DHS Strategic Alliance (BSW Region)

Mission:
- The Alliance between Deakin University and the Departments of Health and Human Services works to enhance and protect the health and social wellbeing of all people living in the Barwon-South Western Region.
- The Alliance members work to support each other in conducting each organisation’s core business.

The Alliance experienced significant changes to Executive membership during 2011 and to leadership of Advisory Groups, with a review of Alliance team structures and associated arrangements. At the start of 2011, the Alliance Executive consisted of the following members: Professor John Catford (Dean, Faculty of Health), Jim Higgins (represented by Anne Congleton) (Acting Regional Director, DHS), Chris Faulkner (Regional Director, DH), and Professor Sue Kilpatrick (Pro Vice Chancellor, Rural and Regional, DU). Two recent changes to membership of the Executive include: Professor John Catford (Dean, Faculty of Health) has provided handover to Professor Maxine Duke (Acting Pro-Vice Chancellor-Health) and Professor Sue Kilpatrick has stepped away from the Alliance (both as an executive member and as chair of the Community Capacity-building Advisory Group) to assume a new role: Research Professor-Rural and Regional Issues, Alfred Deakin Research Institute (ADRI), based at Warrnambool.

Alliance team: Associate Professor Mardie Townsend (Associate Dean – International and Development has provided handover to Professor John Toumbourou, new Associate Dean-Partnerships and Workplace, Faculty of Health, DU) (from April 2011), John Hedditch (Regional Manager, Public Health and Planning, DH), Dr Anita Peerson (DU Coordinator, Faculty of Health, DU), Kay Mills (Public health and planning, DH), and Chris Loughnan (Project Officer, DH/DU).

Since March 2010, Dr Anita Peerson has fulfilled the role of DU Coordinator-Partnerships and BSW Region - on behalf of the Faculty of Health, Deakin University. The role encompasses leveraging, brokering and publishing innovative research between Deakin University researchers, departmental colleagues (DH, DHS) and partner agencies on community-identified needs, plus providing secretariat support for the Research/Evidence/Evaluation Advisory Group. This situation also provides ample opportunity to develop partnerships with diverse colleagues and organisations in the BSW Region (industry, government and community), and across Deakin University (divisions, disciplines, schools, faculties, campuses), with benefits for teaching and learning/research.

Current status quo: The previous Memorandum of Understanding (MOU) (2007-10) of the Alliance has been extended from November 2010 until 31 December 2011. The Alliance Executive is currently discussing and negotiating a new MOU (August 2011), in consideration of new Executive and Alliance team members, budget and in-kind contributions from each party (Deakin, DH and DHS), plus key priorities and available resources. Once the MOU has been finalised, it is hoped there will be a formal signing in the near future, involving the Minister for Health (Victoria).

The Department of Health (2011) is developing a new approach to population health in Victoria, involving a metropolitan health plan (May 2011), rural and regional health plan, plus a capital and resources plan (including workforce and ICT sub-plans). These plans (with associated technical papers) will align with the Victorian Health Priorities Framework 2012-2022 which sets out people-focused and
knowledge-focused reform priorities, principles and outcomes, and identifies priority system improvements and enablers (Figure 3).

There are also various existing national and state (Victoria) health program plans that need consideration when setting priorities: Closing the Health Gap, Because Mental Health Matters, alcohol and drugs.

The ‘strategic intent’ of the Department of Human Services (2010:3) is: ‘improve peoples’ lives and reduce their experience of disadvantage. To achieve this we provide housing and community services to support and protect Victorians most in need.’ Existing human services programs also require consideration when setting priorities (eg. disability, child protection, housing).

Figure 3: Outcomes, principles and reform priorities: Victorian Health Priorities Framework 2012-2022 (Department of Health 2011:47)
**Recent scholarship (2010-11)**


Research/Evidence/Evaluation Advisory Group (Research AG)

Vision - To improve BSW health and well being outcomes, particularly for disadvantaged people and populations, by brokering research and evaluation activity which is closely aligned with strategic health and wellbeing priorities at national, state, regional and local levels, and to contribute to the evidence base of health and human service design, planning and practice.

Purpose - To foster innovative and collaborative research activity at Deakin University that aligns with the strategic objectives of Deakin University, DH and DHS and the G21 and Great South Coast communities. The Advisory Group aims to strengthen the link between evidence, policy and practice related to health and wellbeing, building community capacity and reducing disadvantage and inequality. The Advisory Group will also work to position the region to build strategic research alliances and identify opportunities for research aligned to the COAG National Partnerships agendas.

Research/Evidence/Evaluation AG – current status quo
During 2009-11, it has been difficult to provide a strategic direction to the Research AG’s activities largely due capacity constraints, changes in staffing and membership. This has resulted in cancellation and poor attendance of meetings.

Professor John Toumbourou has assumed the role of Chair, in his capacity as Associate Dean, Partnerships and Workplace, Faculty of Health, DU from April 2011. Working with Dr Anita Peerson (DU Coordinator-Partnerships, Deakin/DH/DHS Strategic Alliance (BSW Region), Faculty of Health, DU), Research AG members and other stakeholders, we would like to identify areas of research that are relevant to Alliance partners in the BSW Region.

Deputy Chair: Shelley Bowen (DH) (replacement required)

Linkages with Research Partnerships Office (Research Services Division, DU): Veena Vather (Health)

Key Issues for 2011: Development of a BSW regional research and evaluation program for the health and community services sector.

Research AG Members (August 2011)
- Professor John Toumbourou (Associate Dean-Partnerships and Workplace, Faculty of Health, DU) (Chair)
- Dr Anita Peerson (DU Coordinator-Partnerships-BSW Region, Faculty of Health, DU)
- Dr Kathryn von Treuer (AHoS-Partnerships, School of Psychology, DU)
- Wanda Korndoffer (Director-Innovation, Gordon TAFE, Geelong)
- Clinical Associate Professor Susan Brumby (School of Medicine, DU/Director, NCFH, Hamilton)
- Associate Professor Steven Allender (WHO Collaborating Centre for Obesity Prevention, DU, Geelong)
- Clinical Associate Professor, Dr Tim Baker (Director, CREM-ED, DU-Southwest HealthCare, Warrnambool)
- Professor Trisha Dunning (Chair-Nursing and Midwifery, DU-Barwon Health, Geelong)
- John Hedditch (Manager, Public Health and Regional Planning, DH, BSW Region)
- Sue Morgan (Regional Health Promotion Adviser, DH, BSW Region)
- Michelle Verso (ADRI, DU, Geelong).
The current membership of the Research AG:

- reflects a range of disciplines (eg. psychology, public health, nursing, medicine, health promotion, health policy, anthropology, sociology) and research expertise (eg. diabetes education, youth, public health, men’s health, health promotion, health literacy, primary care, acute care, emergency care, health policy, health workforce, farmer health, rural health, health prevention, regional health issues).

- demonstrates familiarity with the inter-relationships between acute, primary and aged care sectors of the health system and a contribution to population-level approaches to enhance community health and wellbeing in the BSW Region through research and other activities.

- includes personnel with joint appointments between Deakin University and an industry partner: Southwest Healthcare (Warrnambool), Barwon Health (Geelong) and National Centre for Farmer Health (NCFH) (Hamilton). These colleagues have access to the various networks associated with each organisation, with implications for clinical care, health services provision, teaching and research, and evidence-based policy and practice in regional centres (Geelong, Hamilton, Warrnambool) and rural/coastal areas of the BSW Region.

Future membership of the Research AG should reflect research expertise in the BSW Region and be relevant to the agenda being determined for this AG.
Requests for Professional Development in the BSW Region: Evaluation and Other Research Skills

Both Anita Peerson (DU) and Sue Morgan (DH-BSW Region) have received requests for professional development in evaluation (and other research) skills from colleagues in the field, BSW Region, Victoria. There are increasing mandatory requirements related to health promotion and health services project and program funding to include an evaluation component. Reports from the field indicate limited skills in undertaking evaluation studies (a particular research method), publishing papers in peer reviewed journals on current and new interventions, conducting research projects, and in specific fields of expertise (eg. youth, drug and alcohol services, women’s health, primary care). Professional development opportunities for managers and staff in LGAs, primary care partnerships, health services, welfare agencies and non-government organisations (NGOs) would be helpful.

Requests have been referred onto DU researchers with public health expertise who are mostly based at DU, Burwood campus, and are less able to engage with colleagues in the BSW Region due to their local commitments and networks (Melbourne). (There is few staff in Geelong and Warrnambool with expertise in public health or evaluation). Of note, the Department of Health (Eastern Metropolitan Region) and Deakin University (Burwood) are currently developing capacity in this space, and there is potential for a joined up effort.

A briefing paper on professional development skills in evaluation was prepared by Peerson and Morgan (2010), and submitted to Professor John Catford and Associate Professor Mardie Townsend (Faculty of Health), September 2010, to ascertain available Faculty of Health resources to address this ongoing need. The issue was revisited by Professor John Toumbourou (June-August 2011) and considered a priority for the Research AG. It is also a broader concern for Deakin University (2011) given its strategic priorities include: teaching, research, rural and regional engagement, and its role as a higher education provider in the BSW Region (Geelong and Warrnambool communities, with links to various partners).

Meanwhile, during July 2011 there are two parallel processes underway:

- Pilot new unit (postgraduate) – HSH745 health program evaluation in 2-2011, Burwood (recent email – Professor Richard Osborne)
- DH (central office- Melbourne) is undertaking a review of how evaluation plans are being completing/using a template by various DH-funded agencies (Vic). Informal discussions with departmental colleagues indicate the consultants’ report is not yet available.

A needs analysis has not yet been undertaken to ascertain the full extent of the range of professional development needs (including research and evaluation skills) or inform possible approaches in the BSW Region, Victoria.
New directions: way forward for the Research AG
The discussion paper is intended to: i) encourage comment from Research AG and other stakeholders, and ii) identify areas of activity for the Research AG of relevance to Alliance partners in the BSW Region, thus providing a new focus for the Research AG.

Challenges for the Research AG
• Create links with identified community needs, by supporting initiatives related to G21 and Great South Coast regional strategic plans and local government (council) plans
• Link future effort with the needs of the Community Capacity-building AG and Workforce Development AG
• Identify health and wellbeing research and development opportunities with Regional Development Australia Board (BSW), Regional Management Forum (BSW), the G21 Alliance and Great South Coast Board
• Engage with national and state priorities
• Set local priorities
• Stay innovative, strategic and tactical – nurture and develop good ideas
• Strengthen partnerships and building capacity to attract supporting resources
• Ensure membership is relevant
• Determine potential research partnership funding
• Get some quick wins.

Given available resources, we have three priority themes:
• Determining and accessing partnership funding opportunities
• Building research and evaluation capacity for Primary Care Partnerships (PCPs), local governments (LGAs), health services, welfare agencies and NGOs
• Establishing regional research priorities.

Recommendations
• Hold Research AG events during 2011-12 addressing each of the priority themes:
  1. Determining and accessing partnership funding opportunities – 16 August 2011
  2. Building research and evaluation capacity for Primary Care Partnerships (PCPs) and local governments (LGAs) – October-November 2011
• Review membership of the Research AG to include the Faculty of Health’s key research leaders: Associate Heads of School (Research) from each school (Psychology; Nursing and Midwifery; Health and Social Development; Sports Exercise and Nutrition; Medicine), the Directors of Faculty’s five Strategic Research Centres (SRCs) and the Deakin Institute for Health Research (DIfHR), plus other nominees by the DH and DHS (BSW Region).
References


Corio Norlane Development Advisory Board 2009 *Healthy Community Plan 2009-2013*. Corio Norlane: CNDAB.


Deakin University 2011 *Strategic plan 2008-12: Delivering effective partnerships*. Geelong, Victoria, Australia.


Great South Coast 2010 *The Great South Coast Regional Strategic Plan*. Warrnambool: Regional Development Australia and Regional Development Victoria.

Great South Coast LGAs 2010 *The Great South Coast Health and Wellbeing Profile*. Warrnambool: GSC. August.


Appendix

*Background Context to the Deakin/DH/DHS Strategic Alliance (Barwon Southwest Region)*

**Alliance - Community Capacity-Building AG: research priorities (2011)**

Chris Loughnan (DU-DH)

**Aim:** To ensure a diverse range of mechanisms can be explored and supported to increase individuals’, organisations’ and communities’ ability to work sustainably together, addressing key local issues in the Barwon South West Region.

Objectives of the Community Capacity-building AG (2010-11) are:

- Map and identify existing community capacity-building activity and opportunities across the BSW Region
- Work with Primary Care Partnerships (PCPs) and other relevant bodies on implementing approved community capacity-building activity that is complementary to PCP strategic priorities during 2010-11
- Design and provide activities that build the capacity of services and staff to engage with community when designing, planning, implementing and evaluating interventions to improve health and wellbeing in the BSW Region
- Organise and present the annual Peter Quail Oration by engaging and informing the community and health professionals about regional health and wellbeing topics.

The current status quo of this advisory group (August 2011) is as follows - the former Chair: Professor Sue Kilpatrick (DU) (replacement to be appointed) and Deputy Chair: Sue Morgan (DH, BSW Region)

Recent activities:

- Workshop held with Alliance members: *Best Practice in BSW Capacity Building* – Camperdown, 23 March 2011
- Public health forums each year – G21 (Geelong), SW PCP (Warrnambool), SGG PCP (Hamilton)
- Peter Quail Oration (2011) – 6 October 2011 (Deakin University, Geelong-Waterfront).

**Key issues for 2011:** Identify a replacement chairperson; undertake an impact evaluation follow up on the recent Community Capacity Building Workshop. A meeting is planned for late 2011 once the impact evaluation report from the workshop is completed.

The research priorities of Community Capacity-Building AG members are varied. At the recent workshop, marketplace presenters addressed themes relevant to their communities (eg. understanding the threats of climate change, oral health for indigenous children, mental health and suicide prevention, engaging disadvantaged groups in neighbourhood planning, solutions addressing food security).
Research priorities

- Advisory group members wish to develop further research network connections with Deakin University relevant to their specific community capacity-building programs. They are looking to engage with key Deakin research facilitators (e.g., Dr. Anita Peerson, Deakin/DH/DHS Strategic Alliance and Veena Vather, Research Partnerships-Health) and have a clearer summary view of Deakin's areas of research expertise.

- Community capacity-based activities informed by the most relevant and up-to-date evidence-based research.

- More partnership models with Deakin researchers in the design and delivery of community capacity-building projects.

- Connections with Deakin research expertise (e.g., evaluation techniques and methods to monitor program effectiveness and identify future needs).

- Exposure to best practice community capacity-building models and structures for developing community action plans (e.g., the ANGEO process and its application for developing action plans for better health).
Aim: to build strategic partnerships to coordinate and support key health and community service sector workforce planning initiatives across the Barwon South West Region.

Chair: John Hedditch (DH, BSW Region)
Deputy Chair: Bernie Marshall (DU)

Recent activities:
- Collaborative Steering Committee established 2010 (>30 members)
- Discussion paper: *Creating a local environment for innovation and reform* (April 2011)
- Supporting BSW Clinical Placement Network, Allied Health Leaders Council, Nursing Executive Network, and BSW Pathways initiatives
- Workshop 1: *Workforce innovation and reform* - Camperdown, 14 April 2011. Two further workshops planned for 2011.

Key Issues for 2011:
- Strengthening partnerships with Health Workforce Australia (HWA) (Adelaide), central DH (Melbourne) and DHS
- Establishing a BSW Innovation and Reform Think Tank
- Creating shared understandings
- Reviewing service models and configurations
- Developing BSW Workforce Strategy and Action Plan
- Advocating for support resources.

The work of this AG is still being developed, and research priorities are to be determined.
Alfred Deakin Research Institute (ADRI) - DU, Geelong-Waterfront

Michelle Verso (Project Manager)

Institute staff
Professor David Lowe (Director); Professor Mark McGillivray; Associate Professor Simon Feeny; Dr Jonathan Ritchie; Dr Sharon Crozier-De Rosa; Dr Quentin Farmar-Bowers; Dr Sasi Iamsiraraoj; Dr Tony Joel; and Dr Samuel Koehne – are undertaking research in non-health related areas (eg. history, sustainable development, social theory, demography).

Associate Professor Peter Kelly, Professor Mark McGillivray; Professor Sue Kilpatrick and Dr Santosh Jatran have health-related research interests: rural health, youth, measures of multi-dimensional well-being, primary care, ageing; migrants, infant and child mortality, social capital, rural workforce.

Regional Research: ADRI is currently establishing a Regional Research and Information Centre (RRIC) that will provide synthesis and interpretation from high quality data analyses around the core concepts of prosperity, sustainability and liveability in the state of Victoria. This is a priority project for the G21 Region, and ADRI is working with G21, Regional Development Victoria, other Victorian regional universities and stakeholders to bring the Centre to fruition.

Current health-related research projects
- **Sport and Development in the Pacific**: Australian government-funded sports programs in the Pacific contribute to development in the form of better health, income and education achievements
- **Human Well-being: Concept and Measurement**: ways of conceptualising and measuring achieved well-being in developed and developing countries
- **Primary health care**: associations and causal pathways between socio-demographic characteristics and primary care attributes
- **Making connections**: migrants, social capital and growing regional communities
- **Small towns study**: two towns in each of the five local government areas of the Greater Geelong region, providing an individualised profile of specific health and wellbeing needs
- **Staying Healthy**: behaviours and services used by farmers and fishers.

Other non-health projects
- **Cultural Diplomacy** (Australian-Indian relations)
- **Decolonisation of Melanesia** (1950s-early 1980s)
- **Uses of history in Melanesia** (life stories of community leaders, and from within parliament in nationalist and post-independence settings)
- **Supporting Pacific Development** (donor efforts through aid, trade, foreign investment, labour mobility, technology, security and environment sustainability).
- **Integrated land management**: A review of policies and governance for integrated landscape management in a changing environment.
- **Public perception of, and response to, desalination in Australia**: Surveying national attitudes to identify general attitudes to desalination as a response to climate change.
- **Capacity Building and Social Enterprise: Individual and Organisational Transformation in Transitional Labour Market Programs**: A research project that looks at Mission Australia’s social enterprise
Transitional Labour Market Program at the Charcoal Lane restaurant in Fitzroy which provides training and support for unemployed Aboriginal and non-Aboriginal young people.

- **Supporting young people through good practice therapeutic support in Primary School Networks**: An investigation into good practice services and interventions that support young people aged 8-12 years in remaining engaged with their Primary Schooling so that they make a successful transition to Secondary School.

- **Feminism, Nationalism and Imperialism**: Investigation of how increasingly potent fin-de-siècle notions of feminism, nationalism and imperialism affected representations of femininities in the print culture of Australia, Britain and Ireland.

- **German History**: Exploring how German politicians come to terms with the Nazi past when invoking history in public speeches and parliamentary debate; and examining the official National Socialist position on religion during the period in which the Nazi Party rose to power (1919-33).

Numerous publications and conference presentations by ADRI core members and affiliated members (2010-11).
Centre for Rural Emergency Medicine (CREM) – Warrnambool
Clinical Associate Professor, Dr Tim Baker (Director)

Areas of research interest
- Models of service provision in rural emergency care
- Connecting rural patients to specialist care
- Health literacy in emergency situations
- Minimising alcohol-related injury.

Main disciplinary approaches
- Database construction
  - Adding 6 rural hospitals to the statewide VEMD system
  - Research assistants at each site
  - Training (IT and triage)
  - Auditing data quality
  - Adapting survey tools to suit rural emergency department (ED) environment
- Comparison of local results with population-based cohort studies
  - Victorian State Trauma Database
  - Victorian Ambulance Clinical Information Service database
  - Victorian Emergency Minimum Dataset (VEMD)
  - Victorian Injury Surveillance Survey
- Assessing attitudes and knowledge of identified stakeholders with questionnaires and focus groups.

Current/proposed projects
Title: Poor health literacy for emergency healthcare in rural communities
Investigators and their affiliations: Dr Tim Baker (CREM), Dr Scott McCoombe (National Centre for Farmer Health), Dr Anita Peerson (Deakin University)
Funding source: Unfunded
Project timeframe: 12 months
Status: Pending funding
Description: Timely medical treatment dramatically improves outcome in many medical emergencies. Unfortunately many patients with critical illness delay their presentation to rural emergency departments. This project aims to identify patients attending the Western District Health Service emergency department who place their health in jeopardy by presenting with triage category 1 or 2 problems after a delay of more than four hours, or by private car. Demographic information from the Victorian Emergency Minimum (VEMD) dataset will be compared with a matched cohort of patients who presented appropriately. A random sample of patients with poor health literacy will be given a short questionnaire and invited to a focus group.

Title: Head Injury Outcomes in Rural and Urban Areas of Victoria
Investigators and their affiliations: Ben Fisk (CREM) with support from Victorian State Trauma Database, Dr Tim Baker (CREM), Professor Sue Kilpatrick (Deakin University)
Funding source: Syd Allen scholarship
Project timeframe: 3 years
Status: Current PhD project
Description: The aim of this study is to identify if there are differences in traumatic head injury outcomes between rural and urban areas of Victoria, and if so, to investigate the reasons for these differences. VSTORM data will be used to report the preliminary results of the incidence and outcomes of traumatic head injury in Victoria, using GOSE6 as the primary functional outcome measure. Data will be categorised according to rurality using the ASGC (ARIA+) 6 point remoteness scale. Multivariate analysis will adjust for patient variables including age, gender, co-morbidities, severity of head injury, and severity of additional injuries. Differences in outcome will then be investigated to determine which system factors may have influenced the results. It is planned that further investigation will explore the impact of helicopter transfers as well differences in paramedic experience on head injury outcomes in Victoria.

Title: Rural paramedics’ choice of destination hospital for paediatric patients
Investigators and their affiliations: Kate Cleverely (CREM), Dr Tim Baker (CREM), Professor Sue Kilpatrick (Deakin University)
Funding source: PhD project supported with funds from Deakin School of Medicine and CREM
Project timeframe: 3 years fulltime /6 years part time
Status: PhD project
Description: This project aims to describe how paramedics choose a destination hospital for their paediatric patients in rural Victoria. The project will involve three phases, requiring a mix of both quantitative and qualitative research to be undertaken. Phase 1 will determine current paediatric patient characteristics and their destination hospitals, and the extent of paediatric secondary transfer in rural Victoria using data from the Victorian Ambulance Clinical Information Service (VACIS) and Computer Aided Dispatch (CAD) databases. Phase 2 will involve a focus group of between eight and 12 paramedics, and have a series of indicative questions to help initiate discussion. Results from the Phase 2 session will be used to formulate a series of interview scenarios that will be utilised in Phase 3. The aim of this phase is to test the factors that have been identified in the focus group.

Title: Rural Urgent Care Centre Database
Investigators and their affiliations: Dr Tim Baker (CREM), Samantha Dawson, (CREM) Dr Margaret Garde (Otway Division of General Practice)
Funding source: CREM program funding from Department of Health Victoria and Alcoa of Australia
Project timeframe: 14 months
Status: Currently collecting data
Description: Urban emergency departments record comprehensive information for every patient seen. Rural Urgent Care Centres often collect little more than total attendance numbers. The Small Hospital ED (SHED) database collects demographic and clinical data on patients receiving care at six small rural hospitals. By January 2012, almost 20,000 cases will be in the database. This will allow a detailed study of activity and performance in small regional hospitals.

Title: Rural critical care – who does it and how often?
Investigators and their affiliations: Dr Tim Baker (CREM)
Funding source: Unfunded
Project timeframe: 14 months
Status: Pending funding
Description: The number of critical care procedures (intubation, chest tube insertion, and defibrillation) performed each year in rural small towns is unknown, as is the proportion performed by ambulance, general practice, and hospitals. Without this basic information it is impossible to plan effective and efficient critical care coverage. It is also impossible to know if there are enough cases to keep all these types of clinicians currently skilled in the performance of these procedures. Data from the Small hospital ED database will be combined with data from the Victorian Ambulance Clinical Information Service database to answer these questions.

Title: Using Emergency Department data to map trends in alcohol-related harm and its sources in the community

Investigators and their affiliations: Dr Peter Miller (Adult Mental Health and Wellbeing Research Group), Dr Tim Baker (CREM), Associate Professor Tanya Chikritzhs (external), Dr Ben Richardson (non-SRC member), Dr Lucy Zinkiewicz (non-SRC member), Professor John Toumbourou, Dr Stephen McKenzie (ECR), Ms Kerri Coomber (ECR), Mr Nic Droste (ECR), Associate Professor Petra Staiger.

Funding source: Internal Adult Mental Health and Wellbeing Research Group funding

Project timeframe: 8 months

Status: Ethics approved

Description: Alcohol-related harm is significant public health problem and a substantial burden on Emergency Departments, Ambulance services and other community and social agencies. The research project will build on the current research to investigate the practicality of systematically collecting ‘last drinks’ data in a rural ED. (The department in this project will be at South West Healthcare Warrnambool).

Information collected from people involved in alcohol-related incidents will involve 4 questions:
1. whether the person has consumed alcohol?
2. where the person had last consumed alcohol?
3. where the person had consumed most of their alcohol?
4. if the last place of consumption was a licensed premises, the name of the premises.

This data would be collected by administration personal as a part of the normal questions asked following medical triage. The benefits of using ED data, in contrast to Police data, are substantial. ED presentations represent a final health ‘bottom line’ in terms of the cost to society which, while still an under-estimation, gives a clear picture of the most serious incidents occurring in the community.

Title: Point of Care Troponin testing in seven health services in the Barwon South Western Region, Victoria, for patients presenting with a suspected acute coronary syndrome

Investigators and their affiliations: Dr Tim Baker (CREM), Professor Richard Harper (Co-Cardiac Clinical Lead, Cardiac Clinical Network), Dr Jeffrey Lefkovits (Co-Cardiac Clinical Lead, Cardiac Clinical Network), Hella Parker (Program Manager, Cardiac Clinical Network)

Funding source: Department of Health, Victoria

Project timeframe: 8 months

Status: Funded, and recruiting project officer

Description: The overall aim is to introduce an acute coronary syndrome pathway, point of care troponin testing and a cardiologist advice line to Southwest Victoria and evaluate its impact. There will be a cross sectional survey of cases meeting ACS ICD 10 codes presenting to selected rural emergency departments over a 12-month period. For each case, data regarding patient demographics,
presentation characteristics, diagnostic category, waiting times and transfer destination will be recorded in the patient’s electronic hospital record. Utilisation and satisfaction with the advice line will be studied by collection of information from the call sheets, as well as questions asked by the research fellow in the following few days. Utilisation of the point of care testing will be done by collecting the patient identification number of the patient tested and taking information from their VEMD data. Impact on key performance indicators and inter-hospital transfers will be analysed by a case control study of patients at each health service before and after the implementation of the advice line and point of care testing.

**Perception of research priorities in the BSW region, Victoria**
There are more than 10 Urgent Care Centres in the BSW region, treating ~30,000 patients/year, but little is known about how they interact with their community, who they treat, how sick the patients are, and what the quality of care is like. Despite this lack of information, economic pressures are forcing government to rethink the way emergency services in BSW operate. Major changes to service delivery without a research base pose a high risk of unsuccessful outcomes.

**Publications**
Research in Progress — Funded Prior to 2010

**A randomised controlled trial of individualised medicine education for people with type 2 diabetes**

*Progress summary:* The aim of the research is to determine whether personalised medicine self-management education delivered by diabetes educators improves medicine-related self-care and adherence. Assisting people with type 2 diabetes to take their medicines appropriately should reduce the likelihood of medicine-related adverse events and improve metabolic outcomes. The randomised controlled trial is due to be completed in 2011 when data will be analysed. Sixty-six people with type 2 diabetes have been recruited, 33 in the intervention group and 33 in the control group. Participants were randomly allocated to the control group that received usual care or the intervention group that received individualised medicine education relevant to each oral hypoglycaemic agent (OHA) or insulin the individual is prescribed. The medicine adherence score, attitudes to diabetes medicines, knowledge of diabetes medicines, and metabolic control in both groups is measured at baseline and six months after the intervention. In addition, people’s actual medicine knowledge and medicine administration behaviours relevant to their OHA/insulin is observed to compare actual knowledge and behaviours with self-reported behaviours.

*Significance:* The information will be used to revise current diabetes medicine self-management education information and inform the curriculum for diabetes educator courses.

**Developing guidelines for nursing management of diabetes in residential aged care settings**

*Progress summary:* The aim of this project is to develop guidelines for nursing management of diabetes in Residential Aged Care settings (RACs) based on the best available evidence. They guidelines will have a focus on individualised care considering the individual’s level of risk, life stage, physical, mental and spiritual status, and their Advanced Care Directives. The NHMRC (1999) guidelines for developing evidence-based guidelines will be used, but like the *Guidelines for Managing Diabetes at the End of Life,* there is no Level I or II evidence. Thus, a set of Guiding Principles was developed, which are currently being reviewed by experts in diabetes in older people.

The guidelines are being developed in three continuous iterative stages:
1. Appointment of a key interdisciplinary Advisory Group consisting of relevant stakeholders.
2. Review of the relevant literature. Key relevant papers will be sent to the Advisory Group to assess the level of evidence using a standardised assessment tool.
3. Focus groups to obtain feedback about the useability and appropriateness of the guidelines will be held with (1) people with diabetes, (2) health professionals who will use the guidelines for example registered nurses and aged care workers and (3) managers of aged care departments and facilities.

*Significance:* Managing diabetes in RACs is a major component of management, however no nursing guidelines for managing diabetes in RACs currently exist in the proposed format, most address the needs of community-dwelling older people. People living in RACs have significantly different care needs and are generally more vulnerable than community dwelling people. The project has national significance and further research to test the guiding principles is planned.
Research projects funded in 2010

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<td>Rasmussen, B</td>
<td><em>Self-management strategies used by women with Type 1 diabetes in their transition to motherhood</em></td>
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Research in Progress – commenced in 2010

*Review of the Australian Diabetes Educators Association Credentialling and Re-credentialling program*

**Progress summary:** The Australian Diabetes Educators Association (ADEA) is recognised nationally and internationally as a principal organisation providing education, support and direction for health professionals providing education and care to people with diabetes and their family, carers and colleagues. The pivotal function of the ADEA is providing members the prospect to demonstrate proficiency in their role as a Diabetes Educator (DE) by undertaking a professional credentialling process. The voluntary process of ADEA Credentialling entitles members to use the nominal Credentialled Diabetes Educator ® (CDE) and is valid for three years. The Re-Credentialling (CPD) process comprises a required points system.

**Significance:** The ADEA Credentialling program has not been reviewed for over ten years. It is outdated and not consistent with current teaching and learning theory. The review will ensure the Credentialling and Re-Credentialling processes are appropriate, relevant and contemporary and will therefore assist the ADEA to appropriately endorse and promote the professional recognition of CDEs. Importantly, the review provides the opportunity to examine the consistencies (or otherwise) between the ADEA Credentialling and Re-Credentialling Program and those determined by the National Registration Authority for the primary disciplines to maintain their registered status.
Self-management of diabetic women in transition to motherhood: survey development (with Dr Bodil Rasmussnen and others)

Progress summary: The aim of this project is to develop and validate a questionnaire of the perceived risks, and strategies young women with type 1 diabetes transitioning to motherhood use to manage diabetes during the transition. The questionnaire will be designed to elicit national data to inform a framework of strategies to minimise risks and enhance health outcomes of young adults with type 2 diabetes during developmental, social, professional and personal life changes. This framework will focus on promoting health and capacity-building for young adults and help health professionals set priorities and goals of care that recognise the various factors operating during life transitions. The approach to the development of the questionnaire is based on Dillman’s four-stage pre-testing process (2000). The questionnaire items will be extracted from data derived from extensive qualitative investigation of key issues that affect transitional experience of young people (i.e. the process of concept clarification).

Significance: The current application is part of an ongoing research program to improve the quality and safety of the care provided to young people with type 1 diabetes. It will provide a tool to inform a health capacity-building framework for young people with Type 1 diabetes to adopt appropriate risk-management behaviours and comply with diabetes management during significant life events, and reduce behaviours that are known to destabilise metabolic control, by making choices that lead to productive lives with minimal impact on their diabetes. The validated survey tool will also enhance health professionals’ awareness of the problems young women with diabetes face during the key life transition to motherhood.

My care, my experience (with Professor Stephen Gill and others).

The My Care, My Experience program aims to enhance the quality of both the patient and staff experience at the Inpatient Rehabilitation Centre. A variety of initiatives will be implemented including 'above and below the line' behaviours, leadership rounding, the AIDET communication strategy, patient rounding, and 90 day action plans. The effectiveness of the program will be evaluated using patient and staff assessments including the Victorian Patient Satisfaction Monitor, the Patient Experience Tracker, and the Staff Experience Tracker. Professor Dunning played a key role in 2010 in the focus group study which is designed to explore the experiences, perceptions, and needs of patients and their family who attended the Inpatient Rehabilitation Centre. Data were collected in May/June and a publication presenting the results is in preparation.

Research Projects completed 2010

Developing an evidence-based model for managing diabetes at the end of life

Executive summary: The research was funded by the Nurses Board of Victoria Inaugural Ella Lowe grant. The focus of the project was people with diabetes requiring palliative care in the last stages of life. The main goal during these phases is to improve and maintain the individual’s quality of life and dignity while positively influencing the course of the life limiting illness through appropriately assessing and managing symptoms and contributing disease processes to achieve optimal outcomes. Importantly, palliative care now includes managing chronic diseases such as diabetes. In this context, optimal outcomes include ensuring the patient is comfortable, alleviating pain and unpleasant symptoms, and enabling a peaceful death. That is, diabetes as part of caring for people with a progressive life threatening illness where end of life care may be required for days or months. The
research is significant because diabetes-specific care goals and outcomes at the end of life are not well described and there is very little evidence about optimal diabetes management for patients.

**Audit of people with type 2 diabetes’ experience using Byetta**

**Executive summary:** Byetta (Exenatide), an insulin mimetic, is a relatively new medicine for regulating blood glucose. The research is significant because, although there is substantial phase one, two and three data to support the safety and efficacy of Byetta, there is limited phase four information about using the medicine in routine clinical care, or people with diabetes’ personal experiences with and perceptions of Byetta. The aims of the project were to determine: a) metabolic outcomes at baseline and after 12 months on Byetta, b) patient perceptions of and c) satisfaction with Byetta after 12 months.

**Significance:** The project provided new information about Byetta that includes the patient’s perspective. In addition, the project provided education about the research process for the Diabetes Referral Centre staff.

**Exploring the diabetes knowledge of staff in Barwon and Ballarat public residential aged care facilities**

**Executive summary:** There is evidence that diabetes care amongst Australian community-dwelling older people is suboptimal but the level of diabetes care of older people in aged care institutions is unclear. While there are guidelines for managing diabetes in community dwelling older people, there is scant understanding of the specific issues related to the relevance of these guidelines to older people with diabetes in residential aged care (RAC) settings. Respondents caring for residents with diabetes in RACs had suboptimal general and aged care-specific diabetes knowledge, which could preclude them from delivering optimal care. System issues and unpredictable resident behaviours made care difficult including administering medicines.

**Significance:** The information obtained in the project will provide direction for interventions to build the capacity and capability of residential aged care services to support high quality diabetes care and meet aged care service standards. The information underpins CNAHR’s research strategy and the development of the guidelines for nursing management of diabetes in residential aged care.

**Education models for managing diabetes in older people**

**Executive summary:** Health care providers and diabetes consumer organisations indicate there is a need for health care providers to have a good understanding about diabetes, the impact of aging on glucose homeostasis, and the resultant consequences for individuals, their families, health service utilisation and costs. Thus, the Australian Diabetes Educators Association (ADEA) commissioned CNAHR to develop three self-directed learning modules that address managing diabetes in older people. While this is a separate project and independently funded, it builds on the findings from the *Exploring the diabetes knowledge of staff in Barwon and Ballarat public residential aged care* project. It also links in with the *Developing guidelines for managing diabetes in residential aged care settings* project, which is currently in progress. The content of the three education modules was designed to help aged care workers (ACW), nurses (RN) and diabetes educators (DE) deliver evidence-based, holistic age-appropriate care for older people with diabetes living in community settings and in residential aged care facilities (RAC).
Significance: This is an area of increasing importance due to the increasing prevalence of diabetes and the ageing population and the significant knowledge deficits identified in the Deakin/Ballarat RAC staff knowledge survey.

Point prevalence survey of complementary and alternative medicines (CAM) use undertaken at The Geelong Hospital and the McKellar Centre in 2010

Executive summary: Population studies show over 70% of the Australian population uses CAM and often do not tell their conventional practitioners about their CAM use. Reasons for non-disclosure include because they are concerned about eliciting a negative response, believe conventional practitioners do not need to know, because they are not trained in CAM, and, significantly, because practitioners do not ask them about CAM use. Data about CAM use in hospital is less well documented, but it is possible people admitted to The Geelong Hospital (TGH) or the McKellar Centre are currently using or used CAM recently and may be at risk of adverse events in hospital.

Significance: The research provides detailed information about CAM use in TGH and the McKellar Centre that was previously unknown, and reveals knowledge deficits among Barwon Health staff. The findings highlight the need for staff education about CAM and include important information for the review of Barwon Health CAM policies, due in 2011.

ADEA member satisfaction survey 2010

Executive Summary: The Australian Diabetes Educators Association (ADEA) commissioned CNAHR to conduct a survey to determine member satisfaction with the ADEA. CNAHR developed a questionnaire in consultation with the ADEA, staff of CNAHR entered the questionnaire into Survey Monkey, and the ADEA informed members about the survey on the ADEA website. The researchers downloaded the completed questionnaires from Survey Monkey and analysed the data using descriptive statistics and thematic analysis of responses to the open questions. A report was prepared for the ADEA, including a summary of the key findings from the survey.

Significance: The survey represents a significant piece of work because it will enable the ADEA to develop a membership profile, which will be used in discussion with other professional associations and Government agencies. This is the first time such detailed data were collected. Subsequently the ADEA commissioned CNAHR to undertake the survey in subsequent years, commencing in 2011.

Responding to medical emergencies: system characteristics under examination (RESCUE) point prevalence study (with Professor Tracey Bucknall and others)

Summary: This multi-centre project was lead by Professor Tracey Bucknall (Cabrini Hospital, Melbourne). It was a prospective observational study to assess the prevalence of patients who fulfilled MET criteria and to investigate their subsequent outcomes. A total of 1688 patients at ten sites consented to participate in the point prevalence survey, including 220 patients from Barwon Health (Geelong). Susan Streat coordinated the data collection at Barwon Health. The study identified that between 1/30 and 1/20 hospitalised patients fulfilled MET criteria in a 24 hour period. Activation of MET occurred in only 1/20 patients that fulfilled MET criteria. The presence of MET criteria was associated with a marked increase in 30-day mortality. This study highlighted the need of further research on the pre-MET call decision-making process and the influences impacting on MET call decisions.
National Centre for Farmer Health (NCFH) – Hamilton
Associate Clinical Professor Susan Brumby (Director)

Areas of research interest: Farmer health, agricultural health and medicine, obesity, psychological distress, respiratory disease.
Main disciplinary approaches: Mixture of health, medical, nursing, health promotion, agriculture, psychology – we are multidisciplinary and cross sectoral research group.
Preferred research methods: We are not into RCTs but are doing quasi-experimental studies with interventional and control groups addressing farmers (and their families) in real world settings.

Current/proposed projects: details are available at the NCFH website: www.farmerhealth.org.au
Research is currently being conducted into the following areas:
Farming fit? Depression and obesity in farm men and women - a 2-year research grant to study mental health status and obesity in farm men and women. This is a Western District Health Service and Deakin Medical School collaborative study, funded by a beyondblue research grant. This project is due for completion in June 2011.
Farming fit? Dispelling the Australian agrarian myth
Reducing psychological distress and obesity in Australian farmers by promoting physical activity
Evaluation of Sustainable Farm Families Future Directions by Roberts Evaluation
This project will provide ongoing evidence-based information to support and inform future health, well-being and safety directions for the mixed, grain, sugar, cotton and grazing industries. The project focuses on extending our understanding of the initial SFF program implemented in 10 communities across Victoria, SA, NSW and Queensland during 2003-06. We revisited the same communities and undertook a longitudinal health, well-being and safety study during 2009-10. Importantly we will provide health assessments, information, education and referral. This project is funded by the Collaborative Partnership for Farming and Fishing Health and Safety managed by Rural Industries Research Development Corporation, and delivered in partnership with La Trobe University, Centre for Sustainable Regional Communities, Bendigo.
An independent evaluation was undertaken by Roberts Evaluation and can be found below. The final report for this project has been submitted and accepted by RIRDC and will be published in due course.

Alcohol and farming communities - development, implementation and evaluation of a program to reduce alcohol and related problems among farm men and women, by increasing the skills and knowledge of rural health professionals who work with farm men and women. This project is a partnership between Western District Health Service and Deakin University, School of Psychology and funded by an Australian Research Council Linkage Grant.
The Alcohol Intervention Training Program (AITP): A response to alcohol misuse in the farming community »

Chest pain - a project looking at farmers’ understanding of what to do when they have chest pain. Survey research is been carried out among farm men and women. This is a collaborative project between the National Centre for Farmer Health and the Centre for Rural Emergency Medicine.
Farmers with acute chest pain are uncertain how and when to seek help: A pilot study
Research priorities in the BSW Region, Victoria
Research capacity of people working at the coal face and applying research or understanding is lagging. Health services don’t make time for it – because it takes time and researchers often don’t understand the logistics and pressure of service delivery.

Publications (2010-11)
The CNDAB took over from the Neighbourhood Renewal program in July 2010, funded by the Department of Human Services (Victoria) during 2002-10. It has formal governance arrangements recognised by federal, state and local governments, and consisting of community residents (50%) and agencies providing services in the Corio Norlane area (including Deakin University) (50%) (Figure 4). The CNDAB meets on a 2-monthly basis to discuss activities related to its priorities. Of note, the CNDAB attained status of the WHO Alliance for Healthy Cities (late 2010), quite an achievement for an area experiencing social disadvantage.

Chair: Dr Mark Kennedy (Medical Director-Corio Medical Clinic, and public health advocate)
Deputy Chair: Grant Boyd (CEO-Bethany)

Reference groups: Central Norlane; Norlane Community; Cloverdale Neighbourhood; Rosewall Neighbourhood

Community and Government Partnerships: Norlane Regeneration Project; Shell Community Advisory panel; Corio Norlane Regeneration and Community Schools; Northern Heath Services redevelopment; Deakin Research partnership; Corio Norlane Urban Redevelopment Project; Northern Shore Train Station Task Force; Northern Water Plant Project.

Figure 4: Corio Norlane Development Advisory Board (CNDAB 2009)
Priorities

- Health and wellbeing
- Education
- Crime and safety
- Northern Futures
- Housing and Physical Environment
- Arts and Participation

The CNDAB was earlier a Beacon project of the Alliance and now sits at arms length from it. Dr Anita Peerson (DU) was requested by Professor Sue Kilpatrick and Associate Professor Mardie Townsend to undertake the role of liaison between DU and CNDAB, working with Sandra McClelland and Marion de Groot (Research Partnerships Office, DU), and directly reporting to Professor Kilpatrick on CNDAB-related issues, given her strategic role as a DU Executive member of the CNDAB. Since June 2011, Professor Kilpatrick has stepped away from an executive role on the CNDAB.

Meanwhile, Dr Anita Peerson (DU) is participating in the CNDAB Health and Well-being subcommittee (auspiced by Barwon Health) and Stead Park Re-development (Corio) Project Control Group (auspiced by the City of Greater Geelong), and has briefly contributed to the Corio Norlane Urban Redevelopment Project (now involving School of Architecture and Building, DU).

There have been recent changes in approaches to community engagement at Deakin University and also the lack of funding available to support CNDAB as an entity (despite ongoing goodwill and commitment to fulfil strategic objectives). It is vital to reconsider Deakin’s University’s representation and input to CNDAB, given its commitment to addressing social disadvantage and attracting potential students from low socio-economic backgrounds (Deakin University 2011a).

**CNDAB Healthy Community Plan 2009-2013: CNDAB action areas and health-related priorities**

The community health plan takes a social determinants of health approach to reduce health inequalities and social disadvantage, and improve the health status of local Corio Norlane community members.

- **Promote health and wellbeing** – health lifestyle (eating and exercise); improve access to health and wellbeing services; reduce the misuse of drugs and alcohol; promote sexual health; promote good mental health; preventative health and health promotion

- **Enhance education and training** – improve academic achievement; increase attendance and engagement; inform and facilitate the Corio Norlane Education Regeneration Project and Community Schools Pilot Project; promote the importance of early years development

- **Lift employment and expand the local economies** – supporting economic growth; linking labour supply and demand; strengthening education and training

- **Reduce crime and improve safety** – proactive policing; reduction of the use of drugs and alcohol; assist victims of crime, including family violence; young people; creating safer neighbourhoods; safer homes

- **Enhance housing and the physical environment** – improve housing; improve parks and gardens; reduce energy usage and costs

- **Increase access to services and improve government responsiveness** – respond to the needs and priorities of Corio Norlane through place-based agencies; strengthen the capacity of the community
to manage and sustain themselves; improve services and advocate for the redistribution of resources to areas of high need; improve access to public and active transport

- Increase civic participation – increase pride in the community; increase social connectedness (CNDAB 2009).

A CNDAB+DU research planning forum was held (29 October 2009) to identify research priorities in the Corio Norlane community: understanding disadvantage; community pride; community engagement; leadership; employment/transport; health; transport; education; joined up coordinated response/efforts; open space, environment and infrastructure. These have the potential to involve multi-disciplinary academic staff with research expertise, but may require a more coordinated and strategic approach in consultation with Veena Vather and colleagues at the Research Partnerships Office, DU.

Publications
Corio Norlane Development Advisory Board 2009 Healthy Community Plan 2009-2013. Corio Norlane: CNDAB.
G21
www.g21.com.au

G21 - Geelong Region Alliance is a not-for-profit and formal alliance of government, business and community organisations (N=>300 community leaders), collaborating to improve the lives of people within the Geelong region across five municipalities: Greater Geelong, Colac Otway, Surf Coast, Queenscliffe and Golden Plains. It provides a forum on regional issues for better co-ordinated research, consultation and planning. It is also the Strategic Planning Committee for the Geelong region, responsible for leading the development/implementation of the region’s strategic plan, working with Regional Development Australia (RDA), the Regional Management Forum (RMF) and the Victorian Premier’s Ministerial Regional Development Committee the region’s needs and priorities (G21 2011a, b).

CEO: Elaine Carbines

Priorities
- Addressing disadvantage
- Apollo Bay Harbour Precinct
- Armstrong Creek Urban Growth Area
- Australian Centre for Emerging Infectious Diseases
- Avalon Airport (including International terminal)
- Convention and Exhibition Centre
- Geelong Cruise Ship Destination
- Geelong Future Cities Project
- Geelong Ring Road Connections
- Geelong Ring Road Employment Precinct
- Portarlington Safe Harbour
- Redevelopment of Skilled Stadium (Stage 3)
- Regional Research and Information Centre (RRIC)
- Transport links to Melbourne (G21 2011a).

Pillars: Arts and culture; Economic development; Education and training; Planning and services; Health and well-being; Transport; Environment; Sport and recreation.
Each pillar has a director leading it. The Transport, Health and Wellbeing, Environment and Economic Development pillars also have various working groups to progress G21 objectives. The various pillars are currently working collaboratively to address disadvantage, social and health inequities, and sustainability.

Health and wellbeing priorities
- Understanding populations, planning and impacts of change
- Connect people, communities and services
- Build healthy, resilient and innovative communities
- Strengthen community infrastructure and service systems
The Health and Wellbeing has a range of working groups addressing specific issues (eg. primary health care workforce and infrastructure, social connectedness, freedom from violence, physical activity, food security drugs and alcohol, service coordination, diabetes clinical network).

**Research**
- Community health and well-being profile (G21 2009)
- Small towns study – each LGA
- Early years report (children 0-5 years).

**Publications**
The Great South Coast region is located in the southwest Victoria (Colac and Apollo Bay, and to the South Australian border), with a diverse environment and economy. Soil, freshwater and marine resources support agricultural, fishing and forestry industries. An ageing population and dispersal of youth from the region and towns (Colac, Camperdown, Hamilton, Warrnambool, Portland) has led to concerns about workforce and service provision (GSC 2010).

CEO: Karen Foster

Strategies and strategic goals
- Position for economic growth – agriculture, forestry and fishing; manufacturing, new and renewable energy; tourism
- Improve our connections – transport; power and telecommunications; social networks and infrastructure
- Sustain our natural assets – natural resources; climate change impacts; settlement and land use
- Strengthen our communities – skills, jobs and education; health and wellbeing; health liveable communities
- Increase collaboration – governance and resources; project prioritisation; measuring our results

The various projects have been local identified and regionally prioritised, and will be resourced via local, regional, state and federal collaboration (Figure 5).

Health and wellbeing issues
- Ageing population and health inequalities.
- Poor health status of aboriginal people and people with disabilities.
- Physical inactivity and unhealthy eating levels.
- High injury rates and preventable chronic illness levels.
- High rates of domestic violence.
- Sustainability of service systems.
- Fragmented service delivery models (GSC LGAs 2010).

Health and wellbeing priorities
- Develop an innovative health and wellbeing strategy.
- Provide places, spaces and settings to encourage healthy, active living (parks, urban spaces, regional trails, waterways, schools, workplaces, community infrastructure).
- Implement a whole of community initiative to halt rising trends in overweight and obesity.
- Improve mental health and wellbeing outcomes across the region.
- Introduce interventions to reduce risky behaviours associated with alcohol, drug and tobacco use.
- Build health leadership and partnership capacity in order to develop regional responses to state and national health reforms.
- Develop a regional strategy to address increasing workforce shortages in the health and community services sector.
- Improve access to health and community services.
- Develop sustainable service models and infrastructure.
- Partner with aboriginal communities to *Close the Gap* in life expectancy (GSC LGAs 2010).
- Increase access to chronic disease prevention; detection and management; oral health; and positive healthy ageing, particularly for vulnerable groups of the population (GSC 2010a).

In July 2011, the governance arrangements for a GSC Health and Wellbeing Council were being established, to include a Deakin University representative.

**Figure 5: Great South Coast strategies (GSC 2010)**

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**Great South Coast Health and Wellbeing Unit**

A Great South Coast Health and Wellbeing Unit (DU, Warrnambool) taking a population health perspective, is being proposed with the support of Professor Jane den Hollander (DU Vice Chancellor) and Associate Professor Greg Woods (Warrnambool Campus Leader, DU). The proposal is currently under conceptual development with key stakeholders: Deakin University, City of Warrnambool, South West Primary Care Partnership (SW PCP), Southwest Healthcare, Southern Grampians and Glenelg Primary Care Partnership (SGG PCP), plus other stakeholders (e.g. Department of Health (BSW Region)).
With a move towards Medicare Locals as part of national health care reform, particularly in primary care (Department of Health 2010, 2011, Council of Australian Governments 2011), this new initiative has the potential to: facilitate community-based learning; address determinants of health; and foster joint teaching and research activities between DU staff and local industry/community colleagues (eg. research training, program evaluation, student placements) in the GSC Region.

Publications
Great South Coast 2010 *The Great South Coast Regional Strategic Plan*. Warrnambool: Regional Development Australia and Regional Development Victoria.
Great South Coast LGAs 2010 *The Great South Coast Health and Wellbeing Profile*. Warrnambool: GSC. August.