



INSTITUTE FOR HEALTH  
TRANSFORMATION



# Addressing Australia's Key Health Challenges

Institute for Health Transformation  
**Impact Report 2019**





The Institute for Health Transformation would like to acknowledge the Traditional Owners of the lands on which we work and meet. We pay our respects to their Elders, past and present, and Elders from other communities.

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**Our vision** To enhance health and wellbeing for all

## Our purpose

To address the 21st century's most compelling and complex health challenges through excellence in collaborative research that transforms how we design and deliver prevention and care

## Our values

- Respect
- Collaboration
- Equity
- Inclusion
- Integrity
- Excellence
- Diversity

## Our focus on complex health system challenges

- Adapting to the changing profile of Australians' health needs
- Capitalising on the rapid digitalisation of health
- Supporting better integration of complex and fragmented service systems
- Driving systemic improvements in the safety and quality of health service delivery
- Reducing persistent health inequality
- Improving sustainability of health systems

## Our expertise

- Determinants of health
- Mental health
- Obesity prevention
- Quality and patient safety
- Disability
- Ageing
- Digital health
- Health economics

## How we support you

- Intervention co-design and testing
- Policy, practice and intervention evaluation
- Implementation science
- Health technology assessment
- Systems mapping

## Our approaches

- We activate healthy populations and communities
- We innovate health service delivery and design
- We empower consumers as advocates for health system change
- We drive equity and value in health and care

130 Academic staff



101 PhD students active



11 PhD/Masters completions



\$9.5 M Total external income



4 Research domains



485 Hard copy publications



2 Category 1 fellowships awarded



14 Category 1 project grants awarded





# Message from the Deputy Vice-Chancellor Research

Alfred Deakin Professor Julie Owens



I am very pleased to present the Institute for Health Transformation's Impact Report for 2019: Addressing Australia's Key Health Challenges.

Deakin was delighted to celebrate the establishment of the Institute in May 2019, bringing together key research centres and units with a shared ethos and focus, to further leverage our talent and capability in health systems and services and population health. Deakin's then Vice-Chancellor, Professor Jane den Hollander AO, was joined by the Secretary of Victoria's Department of Health and Human Services, Kym Peake, in launching the new Institute for Health Transformation at the University's Melbourne City offices, Deakin Downtown, with over 100 members, colleagues and partners in attendance.

In this, the Institute's second year of integrated activity, it has been inspiring to see the growth in Deakin's capacity to address a number of Australia's key health challenges, ranging from **adapting to the changing profile of Australians' health needs through capitalising on the rapid digitalisation of health, to improving the sustainability of our health system.**

Two pathways where we have seen this growth in our capabilities enabled is through the strategic support and development of our talented early and mid-career researchers, and in our interdisciplinary partnerships, resulting in even greater external recognition and resourcing by major funding bodies and partners.

In 2019, we saw 11 successful HDR completions, and the awarding of two new Heart Foundation Fellowships and eight Alfred Deakin Postdoctoral and Dean's Fellowships.

This continued excellence in Fellowship success highlights the growing impact of the Institute for Health Transformation through its future research leaders.

Reflecting on the 40+ Deakin-led research projects for health transformation funded in 2019, the range of interdisciplinary, community and industry partners underscores the Institute's purpose of **"excellence in collaborative research that transforms how we design and deliver prevention and care"**. I highly commend the Institute for its innovative approach to partnerships, including launching its Partnership Funding Scheme to support the hosting of round tables, workshops and project development meetings. The many different examples of the outcomes of this strategic pipeline are showcased in this Impact Report.

Examples of the success of the Institute's partnership approach are two national awards in 2019: one for Outstanding Collaboration in Higher Education and Training from the Business Higher Education Round Table (BHERT); and one for Excellence and Innovation in Public Health Team Research from the Council of Academic Public Health Institutions in Australia (CAPIA).

With around 500 original research publications, research income of \$9.5M, and more than 100 active government, community and industry partnerships in 2019, the members and partners of the Institute for Health Transformation are to be applauded for their ground breaking research focussed firmly on achieving positive health and wellbeing for all Australians.

*Julie Anne Owens*

Alfred Deakin Professor Julie Owens  
Deputy Vice-Chancellor Research



# Executive leadership team



Professor Anna Peeters

Director, Institute for Health Transformation



Alfred Deakin Professor Alison Hutchinson

Centre for Quality and Patient Safety



Professor Tony LaMontagne

Determinants of Health



Professor Cathy Mihalopoulos

Deakin Health Economics



Professor Steve Allender

Global Obesity Centre



Ms Kate Morrissy

Executive Officer, Institute for Health Transformation



Professor Trish Livingston

Associate Dean, Research, Faculty of Health



Professor Elizabeth Manias

Associate Head of School, Research, School of Nursing and Midwifery

# Director's report



2019 was an extremely topical and productive year for the Institute for Health Transformation, with national and international spotlights on significant preventable diseases, quality and patient safety and out of hospital care.

Our members contributed substantially to new knowledge, policy and practice in these areas, with a strong focus on developing the partnerships and interdisciplinary capabilities to drive these agendas forward.

In 2019, we punched above our weight in all of the traditional research indicators of HDR completions, research income and publications, as outlined in the Institute at a Glance.

The inaugural ARC Engagement and Impact Assessment 2018-19, which assesses how well universities translate their research into economic, social, environmental and cultural benefits, saw our researchers receive the highest possible ratings in their research disciplines nationally.

Further to these substantial contributions, 2019 saw us deliver several other highlights demonstrating our **Engagement and Impact**:

- We contributed submissions to the Royal Commissions into Aged Care Quality and Safety; the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilities; the National Obesity Plan; the Productivity Commission's Inquiry on the economic impacts of mental ill-health; and many others.
- Our research was represented in two Lancet Commissions – Obesity; and Food, Planet, Health.

- Our work was recognised in two national awards: the Business Higher Education Round Table (BHERT) Award for Outstanding Collaboration in Higher Education and Training; and the Council of Academic Public Health Institutions in Australia (CAPHIA) Award for Excellence and Innovation in Public Health Team Research.

- We had substantial coverage in the media, including for our reports and research papers on the National Food Policy Index; the use of midwives in reducing the rising rate of C-sections; MyStay (a program supporting recovery from knee and hip replacements); disparity in heart health between regional and city populations; the detrimental health impacts of price promotions for unhealthy food and drink; and our work around gambling and harm prevention.

We received \$3.4M in external funding for 2019, including outstanding success in NHMRC grants. Eleven Institute for Health Transformation researchers were leading or chief investigators on NHMRC projects, ranging from assessing the cost-effectiveness of prevention of high body mass index and eating disorders in Australia to upskilling accountants to deliver mental health first aid to their small-medium enterprise clients, who are particularly vulnerable to mental health issues.

One of the projects, funded through the NHMRC Partnership scheme and led by Professor Trish Livingston, brings together partners from the Department of Health and Human

Services, Epworth Healthcare, Smiling Mind, Western Health, Peter MacCallum Cancer Centre, the Prostate Cancer Foundation of Australia, Barwon Health and the Breast Cancer Network in order to develop and evaluate a novel mindfulness program to help Australia's more than one million cancer survivors improve their mental health.

It is really exciting to see this NHMRC funding supporting our mission to transform design and delivery of prevention and care through excellence in partnership research. It's only through such rigorous research, working together with all those involved, that we will deliver substantial and lasting impact for the Australian community.

I would like to end by thanking all the members and partners of the Institute for Health Transformation for what has been an extremely collaborative and innovative year, with particular thanks to our Executive Committee and our newly formed Early and Mid-Career Researcher (EMCR) and Diversity and Inclusion (D&I) Committees. These committees have worked hard throughout 2019 to ensure our continued growth as an Institute that will deliver excellence in research outcome and impact, and to position us as the home of Australia's future health research leaders.

I would also like to acknowledge the Faculty of Health and Schools of Health and Social Development and Nursing and Midwifery for continuing to provide a supportive environment for our research leaders and our partners.

Professor Anna Peeters  
Director, Institute for Health Transformation

# Research domains

Research conducted by the Institute for Health Transformation covers the broad spectrum of health, disability, ageing and end-of-life care.



## Obesity prevention

Domain Director:  
Professor Steve Allender,  
Director, Global Obesity Centre (GLOBE)

Led by the Global Obesity Centre (GLOBE) - a designated World Health Organisation Collaborating Centre for Obesity Prevention with strong links to governments, other research groups and a diverse range of collaborators nationally and internationally – the obesity prevention domain works across eight streams of research activity:

- policies for healthy food environments
- equity in obesity prevention
- supermarkets and other food retail settings
- economics of obesity
- community-based systems intervention
- global obesity
- obesity and risk factor monitoring

Our researchers have expertise in food systems, health economics, implementation science, systems evaluation and systems modelling, and actively:

- conduct innovative population-level research on obesity prevention
- advocate for evidence-based population health and obesity prevention policy
- strengthen the skills of communities, professionals and academics in the science of obesity prevention through the life-course.



## Quality and patient safety

Domain Director:

Alfred Deakin Professor Alison Hutchinson,  
Centre for Quality and Patient Safety  
Research (QPS)

Led by the Centre for Quality and Patient Safety Research (QPS), this domain focuses on improvements to the quality and safety of patient care through applied health services research conducted in a well-established, distinctive and internationally renowned integrated health service partnership network.

Our key services are:

- knowledge generation
- knowledge translation and
- knowledge brokerage in health services

We produce, source, disseminate, adapt and implement relevant evidence in response to service providers' requests and if it would be helpful to inform care. In our partnerships, we are frequently asked to evaluate service delivery or locate best practice evidence for specific issues. We build capacity in our partner organisations, developing people and resources that are products of our research.

We aim to produce world-leading research that has a positive impact on the communities we serve and directly impacts the quality, safety and experience of patient care; realising effective industry partnerships that facilitate translation of high quality research into improved clinical care and patient safety outcomes.



# Health economics

Domain Director:  
Professor Cathy Mihalopoulos,  
Director, Deakin Health Economics (DHE)

Led by Deakin Health Economics, one of Australia's largest teams of health economists, research in this domain focuses on the efficient allocation of health sector and non-health sector resources to achieve policy objectives and inform health service design and implementation.

Research expertise ranges from the design and implementation of economic evaluation and health technology assessment to economic evaluation alongside trials, outcome measurements, economic modelling and critical appraisal of the literature, through to large scale projects in priority setting.

A large health technology assessment team undertakes evaluations of submissions for pharmaceuticals and medical services seeking funding on the Pharmaceutical Benefits Scheme or the Medicare Benefits Scheme.

Current streams of research include the economics of:

- ageing and dementia
- cancer
- cardiovascular disease
- chronic disease management and hospital care
- disability
- health system financing and sustainability
- health technology assessment
- maternal and child health
- mental health
- obesity
- oral health



# Determinants of health

Domain Director:  
Professor Tony LaMontagne

We know that where we live work and play, and how our society operates, has a major impact on our health and wellbeing. These so-called determinants of health are modifiable and so can be changed for the better.

The determinants of health domain contributes to health improvements for Australian and global populations through research across a diverse range of health determinants, including:

- workplace health and wellbeing
- disability and inclusion
- health equity
- infectious and chronic disease risk and control
- Indigenous health and wellbeing
- gambling harm

The team has an extensive and diverse portfolio of research across the social, commercial and financial determinants of health, with a strong focus on health equity and advocacy. Building on expertise in public health and social epidemiology, our researchers work closely with our partners to identify real-world solutions to deep, systemic problems.

# Responding to complex health challenges in Australia



## Introduction

At the Institute for Health Transformation, we're committed to addressing today's most complex and compelling health challenges. Here, we identify the health challenges that we consider most important for the future of health systems not only in this country, but globally. They reflect the broad scope of experience and expertise within our Institute that positions us strongly to drive change at multiple levels of the health system. We aim to deliver real impact and solutions that will strengthen our health system and contribute to the health and wellbeing of all Australians, now and in the future.



1  
Adapting to the changing profile of Australians' health needs



2  
Capitalising on the rapid digitalisation of health



4  
Driving systemic improvements in the safety and quality of health service delivery



3  
Supporting better integration of complex and fragmented service systems



5  
Reducing persistent health inequality



6  
Improving sustainability of our health system



# 1 Adapting to the changing profile of Australians' health needs



## Our health system is experiencing significant demographic and health status changes in the population, including:

- Increased prevalence of chronic disease accounting for 87% of deaths, 61% of total disease burden and 37% of hospitalisations
- 63% of adults (over 11 million) and 28% of children are considered overweight or obese. Unhealthy diets are the biggest contributor to burden of disease in Australia, with more than 99% of all children and 96% of adults not eating the recommended amount of vegetables
- In 2016, more than 25% of the Australian population was born overseas, and more than 21% spoke a language other than English at home
- In 2017, 15% of Australians (3.8 million) were aged 65 and over; this proportion is projected to grow steadily over the coming decades
- Approximately 45% of Australians aged 16–85 experience mental illness in their lifetime
- 18% of Australians (approximately one in five) have a disability
- One in 11 people aged 65 and over have dementia
- Increasing demand for end of life care
- Emerging vulnerable populations (for example, climate refugees) and public health system impacts associated with climate-related disaster and health impacts

## Our research contributes to the national response to these challenges by:

- Preventing obesity in children by activating healthy communities
- Creating healthy food environments
- Generating economic evidence for obesity prevention policies, programs and interventions
- Exploring ways to improve care for pregnant women with obesity
- Investigating and optimising end of life care
- Advancing new models of care for older Australians
- Working with government and other stakeholders to identify the most cost-effective mental health interventions
- Increasing understanding of early intervention to prevent complex mental health illnesses developing
- Increasing understanding of organisational systems' impact on employee mental health and wellbeing
- Supporting guideline development for diabetes in adults, with an emphasis on the special needs of older people with this condition
- Increasing understanding of medication-taking behaviours of older people of non-English speaking backgrounds living in low socioeconomic areas
- Supporting people of non-English speaking backgrounds living with cancer
- Developing health services aimed at improving the health of patients with chronic cardiovascular disease
- Developing national guidelines to improve the management of people with chronic heart failure
- Understanding the health impacts of climate change on vulnerable populations



## Deakin scorecard shows States vary widely in obesity prevention efforts

In 2019, GLOBE led an Australian-first study monitoring supermarket price promotion of junk food and healthy eating options.

Over the course of a year, the study examined price promotions at one of Australia's largest supermarket chains and found that, when it came to healthy foods from the five core food groups, an average of 15% of products were put on special every week. This was compared to nearly 30% of less healthy, discretionary foods being price promoted over the same period. The average size of the discount was also much greater for less healthy food (26% off), than for foods from the five core food groups (15% off).

Lead author Associate Professor Adrian Cameron said that that price promotions were yet another element of our food environment driving consumers toward poor diets and obesity.

"Most people know in general what food is good for them, but the marketing of unhealthy food pushes

hard against that knowledge and is one of the reasons poor diets and obesity remain so prevalent," Adrian said.

"More than two-thirds of all the food we eat is bought from a supermarket, so we desperately need these stores to be encouraging healthy eating if we want to have an impact on obesity as a country."

Policies to reduce the number and size of price discounts on junk food could improve the healthiness of food purchased from supermarkets. This is particularly important in Australia, where evidence shows we have one of the world's biggest cultures of supermarket specials.

Another GLOBE study monitored price promotions on drinks at Australia's two largest supermarkets, showing that discounts were far more common, and far larger, for sugary drinks compared to other beverage products.

The lead author of that study, PhD candidate and Accredited Practising Dietitian Christina Zorbas, said sugary drinks were the largest contributor to added sugars in Australians' daily diets, and were therefore a key target to improve levels of overweight and obesity.

**Discounts on unhealthy food and drink warrant serious attention as part of a comprehensive strategy to promote healthy diets and reduce obesity.**

- Christina Zorbas



## Prevalence and predictors of suicidal thoughts and behaviours among Australian police and emergency services employees

This study, published in the Australian and New Zealand Journal of Psychiatry, aimed to address the shortage of studies assessing suicidal thoughts and behaviours among emergency personnel or first responders in Australia.

The study drew on findings from the first national survey of Australian police, fire, ambulance and other emergency services personnel called 'Answering the Call,' funded by Beyond Blue, and the largest survey of its kind to date worldwide. Relationships were assessed between suicidal thoughts and behaviours and a variety of personal (for example, mental health conditions, resilience, substance use) and workplace (for example, perceived bullying, support, stigma) factors. The analysis also examined which factors differentiate those who think about suicide from those who act on their suicidal thoughts.

The study found that perceptions of stigma regarding mental health conditions from others in the

workplace, bullying, negative impacts of work on one's private life and low meaning of work were associated with suicidal thoughts, while bullying was also a risk factor for planning and attempting suicide. Higher resilience and social support were associated with lower suicidal thoughts, while intermittent explosive anger and illegal drug use were associated with higher rates of suicidal thoughts. Post-traumatic stress disorder symptoms significantly differentiated who planned suicide, while misuse of prescription drugs and psychological distress differentiated those who attempted suicide from those who reported suicidal thoughts.

"This research provides a more comprehensive description of risk and protective factors for suicidal thoughts and behaviours, showing significantly elevated risk for a number of these factors," said Professor of Work, Health and Wellbeing Tony LaMontagne, whose collaboration with University of Western Australia and Beyond Blue authors on this study grew out of his service on the Advisory

Committee for Beyond Blue's National Police and Emergency Services Program.

**Modifiable risk and protective factors should be targeted in preventive interventions, complemented by reactive interventions needed to support those in distress.**

- Tony LaMontagne

This aligns with the 'integrated approach' Tony has been developing over several years with the police and emergency services sector as well as in other work contexts, and which has been adapted in practice by Beyond Blue, Worksafe Victoria, the World Health Organisation, and others.

The project team for this study included Tony LaMontagne, and colleagues Michael J Kyron, Wavne Ridders, Andrew Page, Jennifer Bartlett and David Lawrence from University of Western Australia and Patrice O'Brien from Beyond Blue.





## 2 Capitalising on the rapid digitalisation of health



Widespread digital disruption in health continues to shift the fundamental expectations and behaviours of the industry and is driven by a range of factors, including:

- Consumers embracing new technology for low-risk decision making relating to their health, with 78% of adults using the internet to find health-related information
- Digital technologies such as smart phones and telehealth providing consumers with greater autonomy in their health and wellbeing
- Breakthroughs in digital health technologies with potential to revolutionise disease diagnosis, prevention and treatment
- Remote monitoring of patients at home creating unprecedented potential to reduce demand on hospital services and increase patient health outcomes
- An explosion of data, harvested in real time from sources within and outside of traditional health settings, representing significant potential to generate knowledge through sophisticated analytics
- Creating co-benefits for the environment through reducing the ecological footprint of health services provision

Our research contributes to the national response to these challenges by:

- Evaluating telehealth solutions
- Designing new technologies to support carers of cancer patients
- Designing new technologies to better manage dementia in acute hospital settings
- Designing digital technologies to support improved patient experience (MyStay)
- Designing new technologies to remotely monitor patient physiology
- Evaluating health technologies and providing advice to government and other decision-makers on cost effectiveness
- Developing an evaluation framework for assessing the proliferation of health related apps
- Exploring opportunities to reach Indigenous populations and people with disabilities
- Harnessing big data to improve the quality of information on obesity and risk factors
- Harnessing big data to understand reasons for hospital readmission in patients with complex health care needs
- Understanding the potential of the Electronic Medical Record for improving care
- Understanding digital health literacy, particularly in the elderly



## Reducing harm for people displaying symptoms associated with a neurocognitive disorder (delirium or dementia)

People experiencing behavioural and psychological symptoms (BPS) related to a neurocognitive disorder like dementia or delirium are at high risk of experiencing preventable harm during their hospital admission.

This study, funded by the Dementia Centre for Research Collaboration, aimed to understand the acceptability and feasibility of a strategy to increase nurses' uptake of best practice guidelines in relation to people displaying BPS associated with a neurocognitive disorder.

*Despite strong evidence that individually tailored, non-pharmacological interventions can reduce symptoms and prevent harm, care delivered in hospitals is frequently inconsistent with best practice.*

- Alison Hutchinson

The objectives were to co-produce a three-part knowledge translation strategy - facilitation, education, and a decision-support tool - to improve nurses' understanding of neurocognitive disorders and support them in translating their knowledge in patient care. The researchers then evaluated the acceptability of the strategy to nurses on the ward, and the feasibility for its use in acute hospital settings.

The decision-support tool was integrated into an app called BRAIN-TRK and was co-developed with experts, nurse end-users and a consumer over three months. BRAIN-TRK included three components: cognition and risk assessment; tailored evidence-based strategies; and monitoring and evaluation of effectiveness.

Over 170 hours of observations of the care provided to patients with BPS showed that the number of best practice interventions used by nurses increased from a median of one pre-intervention to four post-intervention.

The average number of medication errors and falls per month, measured before and during the study period also decreased by 26.8% and 5.8%, respectively.

"The intervention showed it has the potential to improve nurses' knowledge and use of best-practice interventions when caring for patients displaying BPS related to a neurocognitive disorder and we believe future research is warranted to refine the strategy, and test its impact and sustainability," said Alfred Deakin Professor Alison Hutchinson.

Members of the research team include Alfred Deakin Professor Alison Hutchinson, Associate Professor Bernice Redley, Alfred Deakin Professor Tracey Bucknall, Dr Helen Rawson and Dr Emily Tomlinson from the Centre for Quality and Patient Safety and colleagues from Cairnmillar Institute, Monash Health, Monash University and University of Manitoba, Canada.



## Deakin Health E-technologies Assessment Lab (D-HEAL): benchmarking and evaluation of digital health technologies

Digital health applications (be they for personal use or for use by clinicians) have proliferated in recent years, with more than 325,000 mobile health apps available to download. In this market, there's very little authoritative guidance for consumers and health organisations to identify which health apps to use.

While the need for one is increasingly recognised, there are no frameworks that Australian health organisations can use to rapidly review mobile health apps to recommend to consumers. Globally, no regulatory body adequately addresses the risk of misinformation from apps, leaving consumers overwhelmed by choice and at risk of potential adverse clinical consequences.

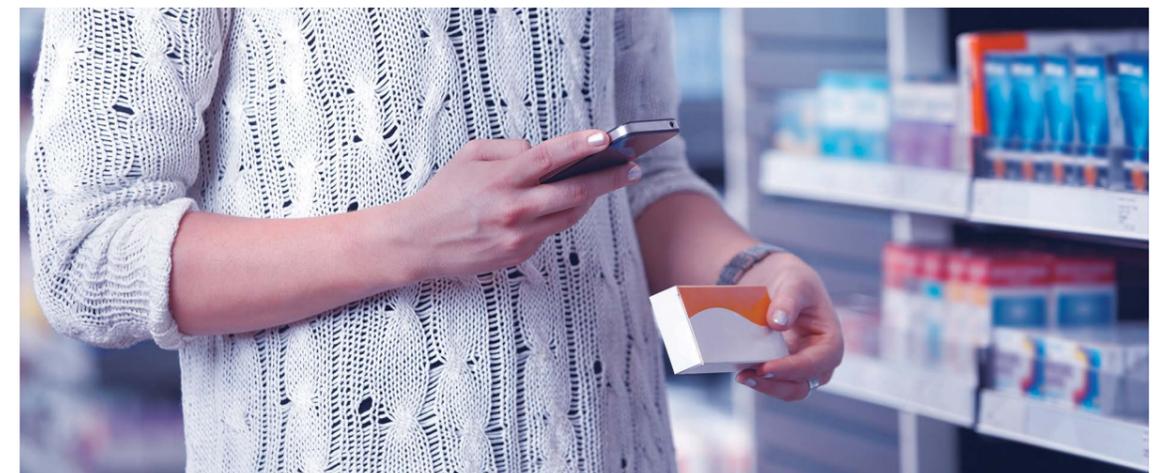
The Benchmarking and Evaluation of Digital Health Technologies project, funded by Medibank Private, commenced late in 2019 and seeks to develop a comprehensive digital health app evaluation framework for the rapid review and recommendation of apps by health organisations in Australia. It will synthesise and test the key elements of existing theoretical frameworks to enable development of an Australian framework for rapid evaluation and rating of the best health apps in priority areas.

*Digital health apps offer the potential to support consumers to better tailor their health-seeking behaviours and take greater direction of their own care. This project will develop a pathway to help realise that potential for Australians, through providing a realistic digital health app evaluation framework that's relevant to the Australian context.*

- Martin Hensher

The long term outcome of the project will be the use of the framework by Medibank and other health and government organisations to review, promote and support the use of high-quality digital health apps across a variety of health conditions.

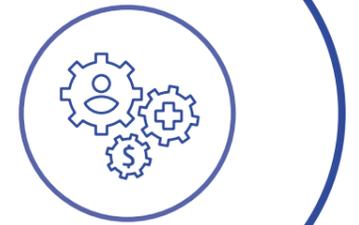
The D-HEAL research team comprises Professor Anna Peeters, Director, Institute for Health Transformation; Associate Professor Health Systems Financing and Organisation Martin Hensher; Dr Paul Cooper; Dieu Nguyen, Senior Research Fellow, Deakin Health Economics; Sithara Wanniarachchi Dona, Associate Research Fellow, Deakin Health Economics; and Mary Rose Angeles, Research Assistant, Deakin Health Economics.





3

## Supporting better integration of complex and fragmented service systems



The need for better integration of our health systems in Australia is driven by a range of factors including:

- Complex structural barriers arising between Commonwealth and State funded services
- Diverse funding streams across private and public (Federal and State) sources that are not linked
- No single line of accountability for the health system in Australia as a whole
- Disparate governance and reporting arrangements
- Poor coordination of service planning and lack of integration between the health sector and the social and welfare sector
- An increase in the complexity of health needs requiring greater coordination between practitioners across tertiary, primary and community settings
- A rise in consumer expectations of accessible, responsive and personalised services that engage consumers in the active management of their own care
- A shift away from services designed around diseases and health institutions towards person-centred models of care that reach across the various silos of wellbeing and healthcare and that take into account the unique circumstances of patients

Our research contributes to the national response to these challenges by:

- Examining models of care within and external to hospital environments
- Measuring consumer experiences and engaging them in driving improvement in care
- Strengthening transitions in and across health service providers
- Supporting continuous improvement in performance, safety and quality of health service delivery
- Optimising discharge planning for people with multi-morbidities
- Evaluating models of care to meet the psychosocial needs of cancer patients and their carers
- Supporting health care interventions to optimise transitional care across primary, acute and community care sectors



## Eating disorders

Eating disorders cost Australia some \$69 billion per year and have huge impacts on sufferers and their families.

Deakin Health Economics researchers Professor Cathy Mihalopoulos and Dr Long Le have been working in collaboration with Western Sydney University to evaluate care for eating disorder patients in Australia since 2018.

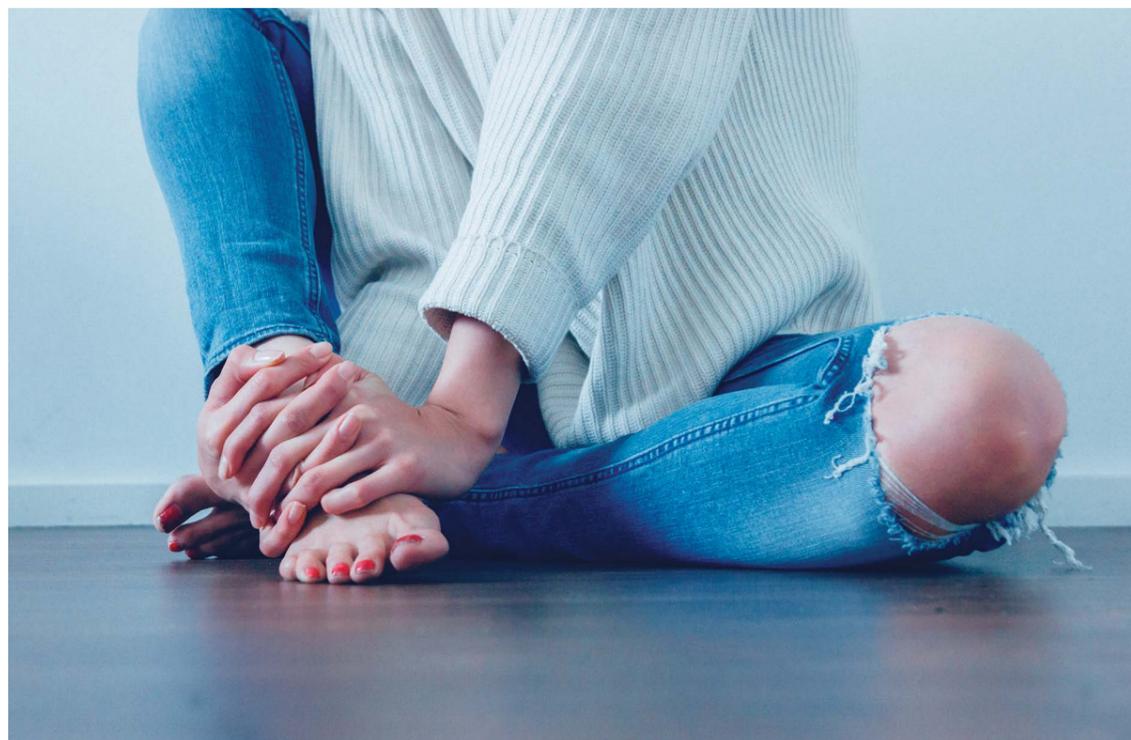
As reported in our 2018 Annual Report, their research findings indicated that psychotherapies for life-threatening and debilitating eating disorders are cost-effective, but public funding is available for less than half the amount of sessions the average person needs. Studies showed an average of 20-30 sessions were required for treatments to be effective, but patients only received Medicare funding for 10.

The research also showed it's vital to keep people in treatment as the more people drop out, the more likely the intervention is not cost-effective.

**This research contributed to the revision of Medicare funding policy in relation to eating disorders in Australia, with new Medicare items introduced on 1 November 2019 that effectively increase the amount of treatment for which eligible patients with an eating disorder can receive a rebate from 10 sessions to up to 60.**

"This is a great step forward for the effective treatment of eating disorders, which are increasing in prevalence and remain the most fatal of all mental disorders," Cathy said.

The project team includes Professor Cathy Mihalopoulos and Dr Long Le. The team's work is funded by numerous sources, including the NHMRC.



## Quantifying the risk of unplanned transfer from subacute to acute care

Patients who require an emergency interhospital transfer from subacute to acute hospital care have high hospital admission rates and in-hospital mortality. Clinical instability during the first acute care admission, such as serious adverse events or increased surveillance, may prompt reassessment of patient suitability for movement to a separate subacute care hospital.

The aim of this study was to describe characteristics and outcomes of emergency interhospital transfers from subacute to acute hospital care, and develop an internally validated predictive model to identify features associated with high risk of emergency interhospital transfer.

A prospective case-time-control study design was used in acute and subacute healthcare facilities from five Victorian health services. Cases were patients with an emergency interhospital transfer from subacute to acute hospital care and for every

case, two inpatients from the same subacute care ward on the same day of emergency transfer were randomly selected as controls.

The main outcome measures were patient and admission characteristics, transfer characteristics and outcomes (cases), serious adverse events and mortality. Medical record audit data was collected for 603 transfers in 557 patients and 1160 control patients.

When adjusted for health service, cases had significantly higher in-patient mortality and were more likely to have unplanned intensive care unit admissions, and rapid response team calls during their entire hospital admission.

When adjusted for health service, vital sign abnormalities in subacute care and serious adverse events during the first acute care admission were the clinical factors associated with increased risk of emergency interhospital transfer. During subacute care, 15.7% of cases had vital signs fulfilling organisational rapid response team activation criteria, yet missed rapid response team activations were common.

**An internally validated predictive model showed that vital sign abnormalities can fairly predict emergency interhospital transfers from subacute to acute care hospitals.**

Further consideration of the criteria and strategies to optimise recognition and response to clinical deterioration in subacute care patients is needed to ensure the safety of this vulnerable population.

This project was funded by Deakin's School of Nursing and Midwifery and undertaken by Professor Julie Considine, Dr Maryann Street, Professor Trisha Dunning, Alfred Deakin Professor Tracey Bucknall, Alfred Deakin Professor Alison Hutchinson, Dr Helen Rawson, Associate Professor Anastasia Hutchinson, Alfred Deakin Professor Mari Botti, Alfred Deakin Professor Maxine Duke and Dr Mohammadreza Mohebbi with partners Eastern Health, Alfred Health, Barwon Health, Epworth HealthCare, Monash Health, QPS and Deakin.





4

## Driving systemic improvements in the safety and quality of health service delivery



Despite concerted efforts, avoidable patient harm and variability in care delivery persist, as evidenced by the following:

- Consistent leadership, management and quality performance problems have emerged from multiple public reviews and inquiries into patient harm over the past 20 years
- Australian research suggests that around one in every 10 patients suffers a complication of care during their hospital stay, with half of those complications being avoidable
- In the financial year 2017–18, admissions associated with hospital-acquired complications (HACs) were estimated by the Australian Commission on Safety and Quality in Health Care to cost the public sector \$4.1 billion, or 8.9% of total hospital expenditure
- The Interim Report into Aged Care Royal Commission (October 2019) highlighted serious quality and safety issues requiring significant improvement within the aged care sector

Our research contributes to the national response to these challenges by:

- Developing a strong interface between research, education and practice through our extensive partnership model with health services
- Implementing best evidence for nurse-led strategies to prevent harms common to older people in acute hospitals through better recognition and response to abnormal vital signs, improving inter-professional communication and preventing medical error
- Evaluating clinical outcomes to improve maternal and neonatal outcomes
- Improving symptom management across clinical settings, predominantly in pain management
- Improving clinical decision making and facilitating the use of research in practice to improve patient outcomes
- Supporting improvement in medication safety in acute and community settings
- Measuring the effectiveness of interventions to improve patient safety and reduce harm



## Safe medication management in hospital settings

Despite an increased focus on patient safety and healthcare quality, errors and adverse outcomes remain prevalent in hospitals. Education about the roles and responsibilities of medication management is required for health professionals, patients and families to increase inclusion and engagement across the health continuum and support transition to discharge.

There is emerging evidence that patients can promote their own safety when they participate in safety activities during their hospitalisation. However, little is known about opportunities for workflow redesign to promote patient participation and accommodate patient preferences for their participation.

Understanding when and how patients can be involved in safety activities is necessary to design effective interventions to improve patient engagement and, potentially, patient outcomes. The overall aim of this project was to investigate the policies influencing medication

administration practices, nurses' workflow, and patients' preferences for information and involvement in medication management in various hospital settings.

The research consisted of three studies. Study one determined the variability in medication administration policies across QPS partnership organisations by completing a policy analysis.

Study two examined nurses' workflow during medication management using observations and interviews, and study three identified patient preferences for information about, and involvement in, medication management throughout their hospitalisation by conducting semi-structured interviews with patients.

The research team discovered that medication management policies across seven Victorian health services varied in relation to medications that require single- and double-checking as well as by whom, nurse-initiated medications, administration rights, telephone orders and competencies required to check medications. The team also demonstrated that nurses work in complex adaptive systems that change moment by moment.

**Acknowledging and understanding the cognitive workload and these complex interactions is necessary to improve patient safety and reduce errors during medication administration. Knowing and involving the patient is also an important part of a nurse's medication administration safety strategy.**

The research also revealed significant diversity in patients' opinions about their own involvement in medication management in hospital, and, where appropriate, their preferences should be identified on admission.

**This project was funded by QPS and led by Alfred Deakin Professor Tracey Bucknall, Professor Elizabeth Manias, Alfred Deakin Professor Alison Hutchinson, Adjunct Professor Janet Weir-Phyland, Professor Julie Considine, Alfred Deakin Professor Mari Botti, Professor Trisha Dunning and Dr Robin Digby with partners Alfred Health, Barwon Health, Eastern Health, Epworth HealthCare, Monash Health, QPS and Deakin.**



## Turn to midwives to reduce rising rate of C-section

**Midwife-led care through pregnancy and childbirth could be key to reducing an increasing number of avoidable caesarean births.**

A first-of-its-kind systematic review, 'Organisational interventions to reduce non-medically indicated caesarean section rates: a systematic review and meta-analyses,' evaluated international research on a range of organisational interventions to reduce caesarean sections.

It found that a midwifery-led model – where a midwife provides continuity of care through pregnancy and childbirth – had the most positive effect on reducing the number of planned caesareans and C-section rates overall.

**Women allocated to midwife-led models of care, which were implemented across pregnancy, labour and birth, and the postnatal period, were, on average, significantly less likely to experience planned caesarean sections and caesarean sections overall, when compared to women who received routine care.**

Women allocated to midwife-led models of care were also significantly less likely to experience an episiotomy, when compared to women receiving usual care.

Lead researcher Alfred Deakin Professor Alison Hutchinson said caesarean rates in Australia had grown from 31% in 2006 to 34% in 2016 and this was worrying, as caesarean sections without medical reasons put women and babies at a greater risk of harm.

Despite emerging evidence of the benefits, and the cheaper cost of birthing when compared to caesarean section, a midwife-led model is not the norm in Australia. At current estimates, less than a quarter of women have access to midwife-led care models and intervention rates in Australia are higher among women with private health insurance.

Professor Hutchinson said her team's research showed that a midwife-led model was a good way of helping to avoid interventions that may not be needed and that this should be used as a strategy to reduce caesarean sections. The researchers recommended that maternity service leaders consider the implementation

of midwife-led models of care from pregnancy to after the baby is born, particularly for women classified as low-risk.

**This work was undertaken by Alfred Deakin Professor Alison Hutchinson, Dr Anna Chapman, Professor Cate Nagle, Professor Debra Bick, Dr Rebecca Lindberg, Professor Bridie Kent and Justin Calache with partners Monash Health, QPS, The Institute for Health Transformation, Deakin University, James Cook University, University of Warwick and University of Plymouth.**





5

## Reducing persistent health inequality



Efforts to reduce inequalities across the Australian health system have not yielded equal advances for all groups as evidenced by:

- Life expectancy between Indigenous and non-Indigenous Australians shows that the gap has widened in child mortality, to more than double, while the life expectancy gap in adults has not changed since 2006
- Healthcare usage and health outcomes in rural communities, particularly in relation to heart disease and cancer
- The digitisation of health has left behind Australians with low levels of income, education, and employment, people aged over 65 years, people with disability, people living in rural areas and Indigenous Australians
- A lack of transformational change at a health system level undermined by current silos of policy and practice across disparate clinical craft groups
- Significant investment in biomedical advancements benefiting some parts of the population without delivering better equity across the population
- Health impacts of climate change exacerbating existing health inequities among vulnerable populations such as people from low socio-economic status and people over 65

Our research contributes to the national response to these challenges by:

- Making health outcomes fairer by creating opportunities to promote wellbeing in rural communities, Indigenous populations and with people with disabilities
- Supporting continuous improvement in performance, safety and quality of health service delivery
- Supporting decision-making for people with severe to profound intellectual disability
- Supporting equal and meaningful civic participation for people with an intellectual disability
- Ensuring that the perspectives of people with disability are the key driver of all our research and teaching activities
- Understanding the needs of rural and remote Aboriginal and non-Aboriginal people with disabilities
- Implementing health services to improve the translation of evidence into practice in regional areas
- Partnerships with health services to understand and address the needs of vulnerable populations to climate change
- Working with Victorian Aboriginal organisations to understand their needs and priorities regarding population nutrition policies



## Fruit and veg reduce heart disease death, but more still dying in bush

If all Australians met dietary and physical activity guidelines equally, there would still be far more people dying of heart disease in the country compared with the city.

The study, 'Comparison of CVD mortality if attainment of public health recommendations was achieved in metropolitan and rural Australia' looked at the most effective lifestyle changes to reduce the number of deaths from heart disease – Australia's biggest killer. It examined a range of lifestyle factors, including eating five serves vegetables and two serves of fruit daily, eating enough fibre, limiting salt and fat intake, reducing alcohol intake, not smoking, and completing 30 minutes of exercise five times a week.

It found if everyone could meet the recommended fruit and vegetable intake that would see the biggest decline across the nation. The gap between the rural would be reduced by 40%, which is a significant effect and shows the importance of lifestyle factors to reduce heart disease mortality across all population groups.

**But the study also revealed that no matter what lifestyle targets were met, a larger proportion of people in regional areas would continue to die from heart disease.**

Lead researcher Dr Laura Alston from GLOBE concluded there was so much more to this issue than rural lifestyles.

"Often we hear the message that if we could all meet these benchmarks then rural populations would be just as healthy as those in the cities, but what our data shows is that even if those in our regions ate according to dietary guidelines and did as much exercise as possible, they would still be worse off when it came to death from heart disease," she said.

"There needs to be more research into the factors behind this health gap. We need to look at the bigger picture, beyond a focus on people meeting individual guidelines. We need to better understand the important environmental factors too, so no matter where you live it's a health promoting environment."

**The project team includes Dr Laura Alston, Ms Jane Jacobs, Professor Steven Allender and Dr Melanie Nichols.**



## More than ticking a box: LGBTIQ A+ people with disability talking about their lives

**Centring the experiences of LGBTIQ A+ people with disability in inclusive reforms will focus the development of inclusive practices that benefit more LGBTIQ A+ people, and people with disability as well.**

The purpose of the 'Understanding experiences in healthcare and community to improve services for all' project was to explore the experiences of LGBTIQ A+ people with disability in Victoria, especially in relation to accessing health and social services and connecting with LGBTIQ A+ and disability identities and communities. In doing so, the project aimed to identify and propose recommendations for improvements to ensure services are more inclusive and responsive to the contemporary needs of LGBTIQ A+ people with disability.

The Deakin University team committed to an additional goal for the project: to include LGBTIQ A+ people in meaningful ways and, from this, to grow their capacity to engage with, and produce, research about the health and wellbeing of LGBTIQ A+ people and people with disability.

**To this end, Deakin employed four LGBTIQ A+ people with disability as peer researchers who were engaged to assist in recruitment, data collection, analysis and dissemination.**

People with disability are more likely to have poorer overall physical and mental health than people without disability (Dispenza et al., 2016), while people with intellectual disability have lower life expectancy and higher rates of avoidable deaths at over twice the rate of the general population

(Reppermund et al., 2020; Trollor et al., 2017). Studies have also shown that lesbian, gay and bisexual people have increased likelihood of disability, poor mental health, and substance use than their counterparts (Fredriksen-Goldsen et al., 2013).

Research on LGBTIQ ageing demonstrates the cumulative effects of this marginalisation over the life course, as older LGBTIQ people have higher rates of disability, depression, anxiety and loneliness than the general community, as well as less social support (Crameri et al., 2015).

The overwhelming finding of this research is that there is a clear and urgent need for disability services to better understand the needs of LGBTIQ A+ people, and for LGBTIQ A+ services to better understand the needs of people with disability. Accordingly, centring the experiences of LGBTIQ A+ people with disability in inclusive reforms will focus the development of inclusive practices that benefit more LGBTIQ A+ people and people with disability as well.

The acronym LGBTIQ A+ stands for lesbian, gay, bisexual, trans, intersex, queer, asexual, or other terms (such

as non-binary or pansexual) that people use to describe or express their sexual and gender identities. Sexual and gender identities are complex, dynamic and constantly evolving and, as we address in this report, situationally particular in response to external factors (e.g., see Latham, 2017b). There is no one preferred term used by all sexually and gender diverse people; people often have multiple, overlapping identities, and many people and communities also have unique ways of describing their identities, histories and experiences (National LGBTIQ Health Alliance, 2016).

**This project was funded by a consortium of interested parties led by Pride Foundation Australia, which also includes Snow Foundation, Broadtree Foundation and the Victorian Government Department of Health and Human Services, and the Equality Branch of the Victorian Department of Premier and Cabinet. It was led by Dr Amie O'Shea, with Dr J. R. Latham from the Alfred Deakin Institute, peer researchers Sherrie Beaver, Jake Lewis, Ruby Mountford, and Mellem Rose, and contributions from Dr Anita Trezona and Associate Professor Patsie Frawley.**





## 6 Improving sustainability of our health system



### Sustainability of our health services under threat from a range of factors, including:

- Projected healthcare workforce shortages
- The impacts of climate change, which are global in scope and unprecedented in scale and include rising pollution, shifting weather patterns that threaten food production, catastrophic weather events and rising sea levels
- The predicted human health and economic costs of climate change are significant and unsustainable. Climate change is already responsible for 400,000 deaths globally each year, together with the carbon economy amounting to 5 million deaths. By 2030, this is projected to increase to a total of 6 million deaths per year, 600,000 of which will be attributable to climate change (DARA report, 2012)
- In Australia, healthcare services have experienced dramatic increases in service demand from climate change-related extreme weather events, including heatwaves, storms, floods and fires
- The ongoing contribution of health systems to climate change is becoming ever more apparent, with the Australian health system responsible for approximately 7% of our greenhouse gas emissions
- The exponential growth in healthcare costs, with spending growth of approximately 50% in real terms over the past decade. Achieving a balance between quality of care and affordability of care is a challenge facing all health services globally.

### Our research contributes to the national response to these challenges by:

- Evaluating health interventions and advising Government on priorities for value based healthcare
- Supporting improvements in medication safety
- Developing methods to rapidly respond to health emergencies
- Exposing waste and over-servicing in health
- Making the best use of the workforce, infrastructure and technologies
- Developing workforce models of care
- Increasing the productivity, responsiveness and capacity of the health workforce
- Evaluating new workforce models and new roles for health professionals
- Redesigning existing health professional roles
- Building research partnerships for ecological determinants of health
- Evaluating co-benefit interventions for health and sustainability



## Better use of oral therapists key to universal dental care

A simple change in how public dental care is delivered could save millions in taxpayer funds and reduce waitlists that force disadvantaged Australians to wait years for dental treatment.

In Australia, oral conditions are the second most common cause of acute, potentially preventable hospitalisations, and currently nearly a third of children aged five to six have never visited a dental practitioner.

This study looked at making better use of oral health therapists in the delivery of public dental services. It showed that if the Federal Government's national scheme to increase dental care access for children was administered by oral health therapists, it could save \$67 million from the program's annual expenditure.

An oral health therapist undertakes a three-year bachelor degree, compared to five to seven years of training for dentists. Their work is narrower in scope and focussed on

prevention, including check-ups, teeth cleaning, simple fillings and some teeth removal. On average, the cost is 30% less for carrying out these procedures.

While the oral health therapy workforce provides high-quality and cost-effective dental services within their scope of practice, the current Australian dental workforce mix requires dentists to deliver routine services that could be provided by an oral health therapist at a reduced cost.

Lead author Tan Nguyen, from Deakin Health Economics, suggested the potential cost-savings could be re-invested in other public dental initiatives such as school-based dental check programs, or resource allocation to eliminate adult dental waiting lists in the public sector, which can run up to three years or more.

**There are more sustainable ways to deliver public dental services, and this economic analysis shows a better use of resources is possible.**

- Tan Nguyen



## Climate change and mental health

Mental health impacts of climate change can be direct or indirect and include 'eco-anxiety' (chronic fear of environmental damage or ecological disaster); 'ecoparalysis' (feelings of powerlessness and inability to act on climate change); and 'solastalgia' (distress and sense of isolation arising from the gradual loss of solace from one's changing environment).\*

In 2019, researchers from the Health Nature Sustainability Research Group - Dr Rebecca Patrick, Dr Claire Henderson-Wilson, Ms Teresa Capetola and Ms Sue Noy - joined forces with Tony LaMontagne, Professor in Work, Mental Health and Wellbeing, to open up a new stream of public health research focused on climate change and mental health.

Findings from the researchers' 'Environmental Workplace Mental Health Promotion' study suggest that eco-anxiety and trauma are present among employees of the environmental sector. Passion for the cause and opportunities for contact with nature were health promoting, however this was moderated by the potentially negative impacts of 'over-commitment' to environmental work goals.

The environmental sector has been engaged with the project from its inception, and an interactive feedback process is informing the development of workplace mental health prevention and control strategies for workers in the sector.

This research was the platform for two new studies. One is examining young people's mental health promotion in a climate impacted world, with preliminary findings indicating there are health benefits in participating in climate action for young people (i.e. active coping).

The other is an upcoming National Survey on Climate Change and Mental Health: Australian Temperature Check in partnership with Monash Centre for Health Research and Implementation and supported by the ABC and The Climate and Health Alliance.

The body of research provides critical 'temperature checks' on emerging climate-related mental health issues in Australia and will inform the

policy advocacy and campaigns of our partner The Climate and Health Alliance, including its Framework for a National Strategy on Climate, Health and Wellbeing.

\*Burke 2017; Hayes et al 2018



# Our partnerships



The Institute for Health Transformation has more than 100 well-established external partnerships across and beyond the healthcare sector. These external partnerships are a critical factor in the Institute's success in translational research.

## Health service providers

The Centre for Quality and Patient Safety Strategic Research Centre brought to the Institute well-established (since 2009) health service partnerships across the public and private health sector. Jointly funded Deakin Chairs of Nursing and Midwifery are embedded within six major Victorian health services - Monash Health, Western Health, Eastern Health, Epworth Health, Alfred Health, and Barwon Health.

Together, they govern 29 acute and subacute care hospitals and 11 residential aged care facilities. The partner health services employ approximately 30,000 nurses and midwives and provide care for more than three million Victorians annually. The strength of the partnership provides:

- access to patients and the health workforce at scale
- extensive experience in research translation at the frontline
- intimate and current knowledge of health system issues needing improvement

Outside of this structured partnership, we have key partnerships with the Royal Children's Hospital, Austin Health and Royal Melbourne Hospital. Victorian regional health services partners include Bairnsdale Regional Health, Ballarat Health, Bendigo Health, Colac Area Health, Wimmera Health Care Group and health services represented in the Western Alliance (Barwon South West and Grampians Region).

Outside of Victoria, collaborative research has been undertaken with Gold Coast Hospital, Western Sydney Local Health District, and South Western Sydney Local Health District.

In primary care, there has been collaborative research with Kardinia Health, StarHealth, and Western Victoria Primary Healthcare Network, which oversees 1000 primary care providers.

## Peak bodies

Research collaborations with peak bodies include:

- Aged Care & Housing Group Inc
- Alcohol Education & Rehabilitation Foundation Ltd
- Australian Bladder Foundation Grant
- Australian Diabetes Educators Association
- Australian Federation of Disability Organisations (AFDO) Ltd
- Black Dog Institute
- Breast Cancer Network Australia
- Cancer Australia
- Cancer Council Victoria
- Cerebral Palsy Education Centre
- Deeble Institute
- Dementia Australia (Alzheimer's Australia) Vic Inc
- Diabetes Australia
- First Peoples Disability Network (FPDN)
- Gay and Lesbian Foundation of Australia (GALFA)
- Health Issues Centre
- National Heart Foundation of Australia
- Nurses Board of Victoria
- Pride Foundation Australia
- The Victorian Healthcare Association Limited
- Uniting AgeWell
- Victorian Advocacy League for Individuals with Disability Inc (VALID)
- Victorian Health Promotion Foundation (VicHealth)
- Victorian Responsible Gambling Foundation

## Commonwealth and Victorian Governments

- Australian Bureau of Statistics
- Australian Government Department of Health
- Department of Health and Human Services - Victoria
- Department of Health and Ageing
- DHHS Victorian Cancer Survivorship Program Grants Scheme
- National Disability Insurance Scheme Launch Transition Agency
- National Mental Health Commission
- NSW Government - Office of Responsible Gambling
- Safer Care Victoria
- Victoria Police
- Wannon Region Water Corporation (Wannon Water)

## Health insurers

- Australian Unity
- BUPA
- GMHBA
- Medibank Private
- Teachers Health Foundation

## Other research organisations

- ARC Industrial Transformation Research Hubs
- Australian Catholic University
- Baker Heart and Diabetes Institute
- Curtin University
- Griffith University
- Macquarie University
- Melbourne Ageing Research Collaboration MARC
- Monash University
- Murdoch Children's Research Institute
- National Ageing Research Institute (NARI)
- The Australian Prevention Partnership Centre (TAPPC)
- The Burnet Institute
- The Florey Institute of Neuroscience and Mental Health
- The George Institute for Global Health
- The Lowitja Institute Aboriginal and Torres Strait Islander Health CRC
- The Menzies Institute
- The Sax Institute
- The University of Melbourne
- The University of Sydney
- The Western Alliance Academic Health Science Centre, a partnership with Federation University, the West Victorian Primary Health Network and 11 public and private health services in Geelong and Western Victoria
- University of Canberra
- University of Queensland

## Philanthropy

- Equity Trustees - The Baker Foundation
- Ian Potter Foundation Grant - Research
- State Trustees Australia Foundation Dementia Care Research Grants Program
- The Rosemary Norman Foundation

## International partnerships

- City University London
- Eskilstuna municipality, Sweden (SL&RR)
- Fiji National University
- Food and Agriculture Organization of the United Nations
- Kristina Areskoug, Jonkoping University (international PASH survey)
- National Institutes of Health
- Norwegian Institute of Public Health - Research
- Temple University and Communication First (United States Federal grant)
- University of Bayreuth
- University of Copenhagen
- University of Ottawa
- University of Southern Denmark
- World Health Organisation (WHO)

Please note that this list includes partners current in 2019. It may not include partnerships that have been developed since.

# Highlighted partnerships



## The Lowitja Institute Aboriginal Health and Wellbeing

The Institute for Health Transformation was pleased to partner with the Lowitja Institute, the University of New South Wales and First Peoples Disability Network on this important project to explore the wellbeing of Aboriginal and Torres Strait Islander people with disability.

The project aimed to identify how participation by Aboriginal and Torres Strait Islander people with disability in cultural and community activities strengthens their health and wellbeing. It used a mixed methods approach to collect data on participation by Aboriginal and Torres Strait Islander people with disability in community and cultural events.

Key findings of the work included:

- Parity in cultural and community participation by Aboriginal and Torres Strait Islander people with disability occurs across all of the delimited geographical areas investigated, including metropolitan, inner regional, outer regional, and remote/very remote areas.
- There is variation by participation in cultural and community events by Aboriginal and Torres Strait Islander people across metropolitan, inner regional, outer regional, and remote/very remote areas, that is independent of their disability status. In other words, geographic region is the source of variability in cultural participation, not disability. This is a significant finding, as it reinforces 'Culture is Inclusion' at a disaggregated regional level.
- There is a positive correlation between self-reported mental health outcomes and community and cultural participation. Participants reported that taking part in cultural activities helped them to restore balance in their lives and gave them a sense of pride and belonging. Participation in cultural activities provided opportunities for participants

to teach, as well as learn, about culture. Intergenerational family relationships were key to participants' introduction to, connection with, and knowledge of, culture. This finding addresses the central research question.

- While cultural and community participation was demonstrated to have an affirmative quality in supporting the health and wellbeing of Aboriginal and Torres Strait Islander people with disability, community participation was not facilitated within consistent 'business as usual' strategies of providing health and wellbeing to Aboriginal and Torres Strait Islander people. Instead, the initiation and/or inclusion of Aboriginal and Torres Strait Islander people with disability in community activities was reliant on the ad hoc support of a small number of people within their community, and often evaporated when the person organising the activity left that community.

Other barriers to cultural participation included those directly associated with disability, such as physical pain and mobility restrictions and the need to rely on others for transport; and broader social issues such as racist attitudes and discrimination, lack of finances, and lack of education and information about health and wellbeing.

The project team included Professor Leanne Dowse (UNSW), Scott Avery (First Peoples Disability Network) and Associate Professor Angela Dew (Institute for Health Transformation, Deakin).

## The Food Policy Index

GLOBE, in conjunction with The Australian Prevention Partnership Centre and the Obesity Policy Coalition, has created the Food Policy Index to assess the extent to which each jurisdiction in Australia is implementing globally recommended policies, and to identify priority actions at the State/Territory and Federal level.

The Food Policy Index covers key policy areas, including specific aspects of food environments (such as food composition, labelling, promotion, prices and provision) that have been shown to have an important impact on population diets and obesity, as well as infrastructure support (including leadership, governance, monitoring and funding) that helps facilitate effective policy implementation.

In 2019, the collaborative work in this area continued with the launch of the 2019 Food Policy Index 'Progress Update' that summarised and assessed the actions taken by Australian governments in relation to the recommended policies identified in the 2017 report. The development and dissemination of the reports involved extensive collaboration with policy makers in each State/Territory as well as the Federal Government.

## Health economics

DHE has continued its incredibly strong and fruitful partnerships with key collaborators in 2019. Two notable examples include the ongoing strong partnership with the Cancer Council Victoria (CCV) and the Australian Prevention Partnership Centre (The Prevention Centre).

In 2019, Dr Nikki McCaffrey, who has a joint appointment with CCV, completed work investigating the impact of reduced smoking rates on the local health care system, as well as the cost-effectiveness of the Quitline services for Victorians. Dr Paul Crosland and Jaithri Ananthapavan continued DHE's partnership with the Prevention Centre. Notable projects for 2019 included collating the evidence on the financial and economic impact of chronic disease and premature death attributable to modifiable risk factors across four areas: health care expenditure, non-health care government expenditure, productivity impacts and monetised health impacts; and Jaithri is developing a cost-benefit analysis framework for use in health prevention research.

## RESPOND - Reflexive Evidence & Systems interventions to Prevent Obesity & Non-communicable Disease

GLOBE is working with twelve local government areas (LGAs) in Victoria's north-east to take an innovative whole of community systems approach to reduce the region's childhood obesity rates. The project is funded through a NHMRC Partnership Project Grant and involves more than 10 partners, including the Victorian Department of Health and Human Services, Victorian Department of Education and Training, VicHealth, Goulburn Valley Primary Care Partnership, Central Hume Primary Care Partnership, Upper Hume Primary Care Partnership, Lower Hume Primary Care Partnership, and their member agencies.

RESPOND provides a cutting-edge approach to support communities to successfully address the complex drivers of childhood obesity. It includes training those working in community health and education to apply systems science methodologies to the prevention of obesity, and the establishment of Australia's largest low-cost and high participatory childhood obesity and risk factor monitoring system.

In 2019, all 193 primary schools across the twelve LGAs were invited to participate, with 91 schools (56%) taking up the invitation. A total of 3,889 students in Grade 2, Grade 4 and Grade 6 participated and were invited to have their height and weight measured and to complete a self-report behavioural survey examining their physical activity, sedentary behaviour, diet quality, sleep behaviours and wellbeing.

The results demonstrated a strong need for the preventative approach, with 35.2% of participating children classified with overweight or obesity.

Community training and activation has also begun in the first set of communities (Wodonga, Mansfield, Yea, Euroa, Yarrawonga, Cobram, Chiltern and Alexandra), with approximately 70 community health workers attending the systems training workshops, 23 community-based group model building workshops held, over 350 community participants involved and hundreds of community actions identified and at various stages of implementation.





## University of Copenhagen, Denmark

The Institute for Health Transformation is pleased to be part of Deakin's partnership with the University of Copenhagen, Denmark. This partnership supports strategic and mutually beneficial opportunities to advance the next generation of genuinely world class industry, digital learning, and research leaders. It reflects Deakin's LIVE the Future agenda by providing Deakin with a framework for a bold, innovative future with a significant international partner ranked #28 in the world and #6 in Europe, and ensures engagement is mutually respectful and grounded in all aspects of Deakin life – our teaching, research, values, and enterprise. Our team has established strategic collaborations, including new programs of research, joint PhD projects, increased student mobility, staff exchange, and Thinkers in Residence.

Since inception of the partnership there have been inbound and outbound successes, with Deakin University Executive, researchers and educators visiting University of Copenhagen in November 2016, April 2017, and May 2018. A teaching exchange involved 14 University of Copenhagen staff visiting Deakin in

August 2017 and 20 Deakin staff and Executive attending a joint research symposium in May 2018.

The partnership with University of Copenhagen has expanded, with many projects continuing the collaboration. During her academic study leave in 2019, the Institute for Health Transformation's Professor Bodil Rasmussen collaborated with researchers from the University of Copenhagen and the University of Southern Denmark to successfully obtain a Nordisk Novo- Steno Collaboration Grant focused on empowering people with diabetes with digitally supported interventions. This grant builds on the collaborative project focusing on an online educational program that addresses difficult life situations in people with diabetes and other complex conditions. This program is currently being designed by a Deakin team to support students in their transition to the University. Other academics have also spent time at the University of Copenhagen, including the Institute's Alfred Deakin Professor Tracey Bucknall.

The next stage of this collaboration includes building on the 20 joint PhD students to progress new scholarships for funding by University of Copenhagen in the areas of chronic

disease management across the Danish and Australian health care systems; healthy ageing; mental health; and patient reported outcomes.

## Thinkers in residence

The Institute for Health Transformation was excited to continue our Thinker in Residence Program in 2019, with support from the Faculty of Health, welcoming the following guests to Deakin:

- Veronica Graham, the Victorian State Government's public health nutritionist, shared her experience in translating research into improvements in policy and practice. Veronica has extensive experience in public health, child health, and hospital, clinical, community and population nutrition gained through work in regional and metropolitan Victoria, as well as international experience in the World Health Organisation, Japan and Canada. Veronica also helped us to explore our existing and potential research connections and advised on actions that can assist us scale and sustain our research in the real world.

- Professor Michel Vezeina, from Laval University and Quebec National Public Health Institute, worked with Professor Tony LaMontagne, Director of our Determinants of Health domain, on research to better integrate occupational health with workplace health promotion and public health.
- The Disability and Inclusion team in our Determinants of Health domain was joined by Professor Gerard Quinn, a leading authority on international and comparative disability law and policy and Director of the Centre for Disability Law and Policy at the National University of Ireland (Galway). During his time with the team, Gerard and Dr Jo Watson completed a book chapter focused on legal capacity and ageing. Gerard's visit culminated in a two-day 'thinking retreat' attended by several members of the Disability and Inclusion team and facilitated by Gerard and Professor Kelley Johnson (Honorary Professor). During these two days, the team explored 'new framings' for its work, as it began the process of aligning research and teaching activities with the Institute's future strategic direction.

## Business Higher Education Round Table (BHERT) Award for Outstanding Collaboration in Higher Education and Training

In August 2019, QPS received a prestigious BHERT Award for its Partners in Nursing and Midwifery Research Network, recognising its outstanding contributions to enhancing the quality of learning and teaching in higher education by members of tertiary education institutions and industry partners.

The unique university-health services partnership, focussed on improving the quality and safety of health care, was established in 1996 with Epworth Health, and has since expanded to include five other Victorian health services - Monash Health, Western Health, Eastern Health, Alfred Health and Barwon Health - working alongside the teaching and research teams at QPS and Deakin's School of Nursing and Midwifery.

In accepting the award, Deakin's Acting Executive Dean for the Faculty of Health, Professor Maxine Duke, said it was a fantastic recognition of the deep commitment to nursing and midwifery research from Deakin and its industry partners.

"No other nursing network in the world has the same ability to translate its research with this level of immediacy and scalability. It also provides a feedback loop where industry partners contribute to the development of Deakin's curricula and ensure the University prepares nurses and midwives with the skills, knowledge and attitudes required to meet industry workforce expectations.

"This partnership gives our world-class nursing and midwifery academics the ability to use the evidence and expertise they've built to positively influence the care of over three million Victorians annually in 29 hospitals and 11 residential aged care facilities, as well as impacting the practice of more than 30,000 nurses and midwives.

"Through this network, industry has co-funded multiple research positions for nurses and midwives and clinical training opportunities for students, resulting in considerable benefit for all through research, research training and translation of evidence to practice."



# Highlighted partnership events



## Deakin Food Policy Dialogue – encouraging health eating at a local level

Prepared by Dr Tara Boelsen-Robinson and Associate Professor Adrian Cameron, GLOBE

On 24 September, the Global Obesity Centre (GLOBE), Deakin University, in partnership with the Obesity Policy Coalition, presented the Deakin Food Policy Dialogue meeting. We were pleased to host 105 attendees at Deakin Downtown from local or State Government, university or research institutions and community and advocacy organisations.

This was the third year of the event and this year’s topic looked at “locally driven changes to food environments,” with an emphasis on the potential of local governments to impact on community diets.

This one-day meeting presented the latest international and local research on creating healthier food environments through local government activities, policies, and actions. The aim of the meeting was to create a space for sharing knowledge, identify policy opportunities, and determine what further tools and evidence are required to support action in this area. Discussions were facilitated between researchers and public health practitioners from local government and community organisations about how we can work more closely together to improve food systems at a local level.

### Key learnings and takeaways from the day

What makes local interventions work?

- Environmental sustainability of interventions becomes a key consideration, and is often more important than health, when considering local government healthy food and beverage interventions. Incorporating it into healthy eating programs can be particularly effective when applying for funding and resources

and dealing with community and LGA interests.

- Initiatives are more likely to succeed when they are community driven and supported.
- Leadership is a key factor when it comes to successful local government healthy food and beverage initiatives. Likewise, having champions to lead interventions is also important.
- It’s important to effectively identify resources and use them wisely.
- Leverage points for councils may be unexpected and it’s important to think carefully and laterally about what councils have control over. Examples from gambling highlighted by Susan Rennie (Mayor of Darebin) included using parking restrictions and licensing of ATMs to restrict venues’ ability to provide poker machines. An example from nutrition was making local government funding contingent on certain behaviours (for example, sporting clubs receive grants only if they aren’t sponsored by unhealthy industries).
- Using a systems thinking approach is important to identify points for intervention, as well as thinking about the full consequences of an intervention.
- It’s important to ensure connections with research to facilitate rigorous evaluation of interventions and dissemination of results.
- Finding a common language for research and local government is important.

## Arts-based Approaches Symposium - inclusive disability research

Prepared by Associate Professor Angela Dew, Disability and Inclusion

Co-hosted by Associate Professor Angela Dew, from the Determinants of Health Disability and Inclusion research

stream and Deakin’s School of Health and Social Development, and Associate Professor Jondi Keane, School of Communication and Creative Arts, the symposium on inclusive arts-based research approaches was held at the Performance Space, Library at the Dock, Docklands on 1 November.

A diverse audience of 40 people with disability, performers, service providers, and academics spent a day exploring the use of the arts in disability research. Presentations included the use of photo-voice, dance and drama, showcasing research at Deakin University and associated community groups.

Along with Dr Jo Raphael, from Deakin’s School of Arts and Education, five members of the Dandenongs Fusion Drama group had the audience up and active with a series of exercises they use in teaching Deakin student teachers to use drama with school students to learn about inclusion of people with disability.

Dr Melinda Smith, who received an Honorary Doctorate from Deakin University in 2019, performed a powerful dance piece titled ‘The colour of time: An inclusive collaboration’ and Dr Olivia Millard, School of Communication and Creative Arts, presented AllPlayTM Dance research involving the Queensland Ballet and dancers with autism spectrum disorder and with cerebral palsy.

Associate Professor Dew’s PhD student Diane Macdonald from UNSW Sydney and one of her participants, Melissa Thorpe, showcased photo-voice research involving six women with physical disability taking photos of their lived experience.

Feedback from audience members was overwhelmingly positive, with an academic who has a physical disability and uses a wheelchair commenting: “This is the most inclusive event I have attended,” and another attendee saying, “I thought it was a great day, pushing all of us outside of our normal ways of seeing, thinking and experiencing.”



Deakin Food Policy Dialogue



Arts-based Research Approaches Symposium

# Awards, honours and achievements



Dr Laura Alston was accepted into the World Heart Federation Salim Yusuf Emerging Leaders program, an exclusive (<25 participants per year) international training program on cardiovascular health policy research, health systems and implementation science. Laura was also awarded a Heart Foundation Postdoctoral Fellowship to continue her research into rural food environments, the role of health services in improving rural health, and preventing diet-related chronic diseases like heart diseases.

Associate Professor Adrian Cameron was awarded one of 15 Heart Foundation Future Leader Fellowships to continue his work in supporting healthy supermarket interventions.

The ACE-Obesity Policy Study team from DHE and GLOBE, led by Ms Jaithri Ananthapavan, was awarded the CAPHIA 2019 Award for Excellence and Innovation in Public Health Team Research.

Professor Elizabeth Manias received a Fellowship with the American Academy of Nursing, acknowledging her outstanding contributions and achievements in nursing and their impact on health.

Alfred Deakin Professor Tracey Bucknall was inducted into Sigma Theta Tau's International Honour Society of Nursing's International Researcher Hall of Fame in recognition of her lifetime achievements and contributions to research, as well as her mentoring of nurse researchers.

Monica Schoch received a national award for her service to the Renal Society of Australasia (RSA)

acknowledging "recognition by her peers for outstanding contribution to the Renal Society of Australasia".

Professor Alison Hutchinson received Deakin's highest honour, Alfred Deakin Professor, for her outstanding and sustained contribution to furthering the University's research and teaching and learning aims in the field of nursing.

Dr Amie O'Shea won the inaugural Early Career Researcher Award at the Australian Social Policy Conference 2019, for her paper on sexuality and relationship rights for people with acquired brain injury.

Dr Lidia Engel was a keynote speaker at the Financial Counselling Australia conference and she also joined the scientific committee of the Australian Coalition to End Loneliness.

Professor Cathy Mihalopoulos was an invited keynote speaker at the Society for Mental Health research conference as well as the 54th Otago Foreign Policy School's 'Economic Policy in a 21st Century World: Challenges and Opportunities'.

Dr Vicki Brown won an Alfred Deakin Postdoctoral Fellowship and was also an invited speaker at the World Congress on the Developmental Origins of Health and Disease (DoHAD)

The Alcohol Culture Change Project, backed by VicHealth and led by Professor Catherine Bennett, won the UniSport Australia Community Leadership Award' for its work to improve drinking culture around university sport.

A number of Institute researchers and staff were recognised with Vice Chancellor's Awards:

Professor Catherine Bennett, Professor Jo Williams, Dr Robyn Ramsden and Ms Delwyn Hewitt for Outstanding Contribution to Student Wellbeing and Safety – Alcohol Culture Change Project

Professor Anna Peeters (with Ms Ella Dimasi, Ms Em Massey, Mr Chris Livaditis, Mr Chris Jones and Mr Spiro Fatouros) for Outstanding Contribution to Campus Environments – Deakin Food Charter

Ms Diane Russack (with Mr Ryan Pane, Ms Kate Crawley, Ms Ashleigh Porter, Ms Danielle Teychenne, Mr Ben Letson, Mr Ashfaq Ali Yacoob Ali, Mr Brendan Henderson, Ms Kelly Mcdonald, Ms Katharine Smith, Ms Eilidh Rittmeyer and Ms Carolyn Schofield) for Outstanding Contribution to Staff Inclusion and Engagement – The Health Connect Initiative

Dr Elizabeth Oldland, Professor Judy Currey, Professor Julie Considine (with Ian Story) for Teaching Team of the Year



TOP-RIGHT  
Associate Professor Adrian Cameron

ABOVE  
Professor Alison Hutchinson

RIGHT  
Professor Elizabeth Manias



## Media coverage from different outlets is vital to increasing the impact our work and building the reputation of our researchers and the Institute.

In its first official year of operation, the Institute for Health Transformation's media profile grew strongly, with key research around obesity prevention, expert commentary on two royal commissions and midwife-led care attracting national and international coverage in online and print publications and on radio and television. Many stories were covered widely by regional newspapers and radio stations, demonstrating that the work of the Institute is reaching communities outside capital cities.

## Highlights

Media in January kicked off with a 'global call for joint action on obesity, undernutrition and climate change,' as a Lancet Commission on Obesity study found that obesity, hunger and climate change were the biggest threats to the global population. Lancet Obesity Commissioner and GLOBE Director Professor Steven Allender featured in much of the international and national coverage, while the suggested link between climate change and obesity resulted in related radio, TV, print and online coverage for Associate Professor Gary Sacks' research showing that if a proposed carbon tax was extended to Australian agriculture, it could have a significant effect on reducing dietary-related disease, as well as greenhouse gas emissions. Gary and health economist Ms Jaithri Ananthapavan's, report that revealed a tax on alcohol may be the most cost-effective policy in the fight against obesity also garnered wide media attention.

In February, the Australian Financial Review recognised the 'soft launch' of the Institute with an extensive piece covering Director Professor Anna Peeters' presentation at the AFR Healthcare Summit. Anna's presentation was also covered in various industry media, while the Lancet Obesity Commission report continued to attract media commentary.

March saw the Government approve a Royal Commission into abuse and violence in the disability sector. Associate Professor in Disability and Inclusion Patsie Frawley provided

expert comment in several radio interviews and an article in The Conversation on the Commission's draft terms of reference and their implications for people with a disability. Professor Samantha Thomas also joined radio hosts to talk about the impact of sporting clubs' deals with gambling companies on children's perceptions of gambling. Obesity prevention continued as a hot topic, with the official launch of GLOBE's RESPOND intervention in the Ovens Murray and Goulburn region of Victoria.

Associate Professor Gary Sacks had another busy month in April, with the release of the George Institute for Global Health's 'FoodSwitch: The state of the food supply' report resulting in major headlines about which of Australia's supermarkets provides the healthiest food choices. The Food Policy Index report card, a joint project between GLOBE and the Obesity Policy Coalition that assessed government progress toward implementing globally recommended food policies to tackle obesity, generated fierce discussion about the monitoring of school canteens to ensure they offer healthier food options. Gary provided expert commentary on making school canteen menus healthier and contributed to the wider conversation on national radio and in print and online publications around increasing the promotion of healthy food to children. It was also a busy month for Associate Professor Melissa Bloomer, who appeared in a number of radio talkback sessions during National

Advanced Care Planning week to discuss how people should share their final wishes with family and friends and visit their doctor to organise an advance care plan.

In May, Professor Anna Peeters gave expert commentary during radio interviews on the potential inverse effects of fasting, after a US study revealed fasting from dawn to dusk for at least 30 days could improve conditions like diabetes and fatty liver disease. There was also continuing coverage of the FoodSwitch and Food Policy Index reports.

June saw further media interest in obesity prevention research, with Associate Professor Kathryn Backholer's research into how supermarket discounting of sugary drinks may contribute to rising obesity rates attracting national and international coverage.

In July, a QPS study led by Alfred Deakin Professor Alison Hutchinson that revealed midwife-led care could be key to reducing an increasing number of avoidable caesarean births was covered widely in national online, print and radio media. QPS' My Stay program, led by Alfred Deakin Professor Mari Botti, also attracted wide media coverage, while a study from DHE on how the better use of oral health therapists in the delivery of public dental services for children would significantly improve efficiencies attracted much media interest, as did Professor Samantha Thomas' work on the increasing numbers of women gamblers.

During August's BeMedicineWise week, Professor Elizabeth Manias provided commentary on avoiding common mistakes when taking medicine. Obesity prevention was once more making headlines on radio and TV, online and in print with GLOBE's Australian-first study monitoring supermarket price promotions finding junk foods were discounted twice as often as healthy foods. August also saw the beginning of the olive oil Health Star debate, which continued into September, with Professor Anna Peeters contributing expert opinion on whether olive oil should receive a higher rating under the Health Star Rating system.

Associate Professor Gary Sacks was back in the news in September with his co-authored report into how politicians turned lobbyists can be

bad for Australians' health, while Dr Laura Alston's findings that regional Australians are more likely to die from heart disease than those in city areas was featured in print, radio and online around the country.

In October, Associate Kathryn Backholer provided commentary on the Geelong Advertiser's 'Alarming McDonald's investigation,' which showed Geelong's northern suburbs were paying the highest price for their burgers, an issue that went national in the Advertiser's sister publications. On the back of the Royal Commission into aged care, Dr Helen Rawson's The Conversation article on why aged care needs to reflect multicultural Australia received wide coverage and was republished in online publications around the country.

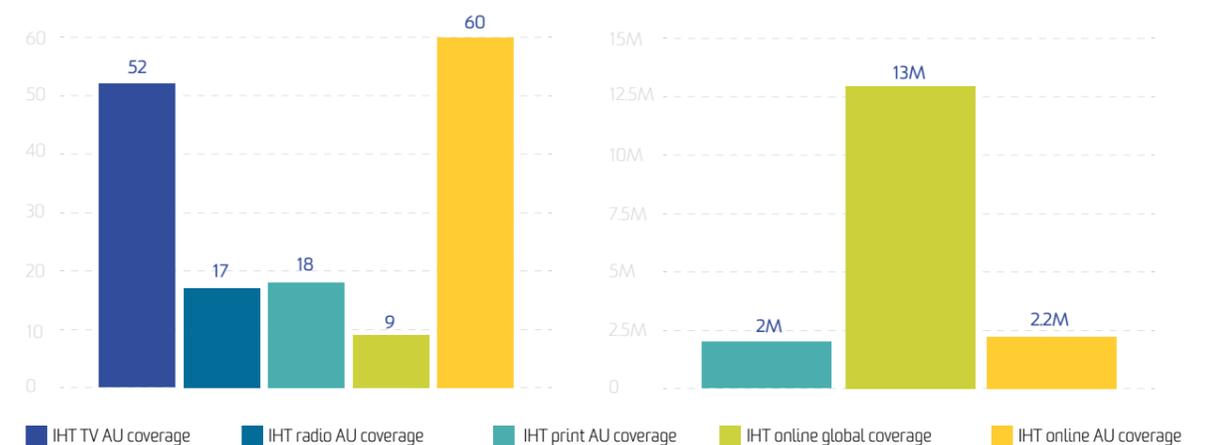
November saw DHE Director Cathy Mihalopoulos give several interviews to radio stations around the country commenting on DHE research that found increasing Medicare rebates for eating disorder treatments is very cost-effective. DHE's Dr Long Le also received coverage around his research that found eating disorders have similar quality of life impacts to other common mental health disorders like anxiety, depression and schizophrenia.

The year finished with obesity prevention still in the news and Professor Anna Peeters providing expert commentary on the Senate Select Committee on the obesity epidemic in Australia's recommendations around a sugar tax on beverages and restrictions on junk food advertising.

## Total media exposure

Jan 1, 2019 - Dec 31, 2019

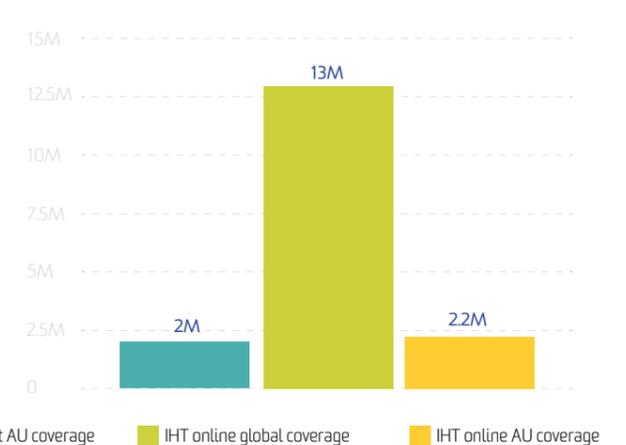
The Media Exposure widget provides insight into how media coverage is trending over time.



## Potential reach

Jan 1, 2019 - Dec 31, 2019

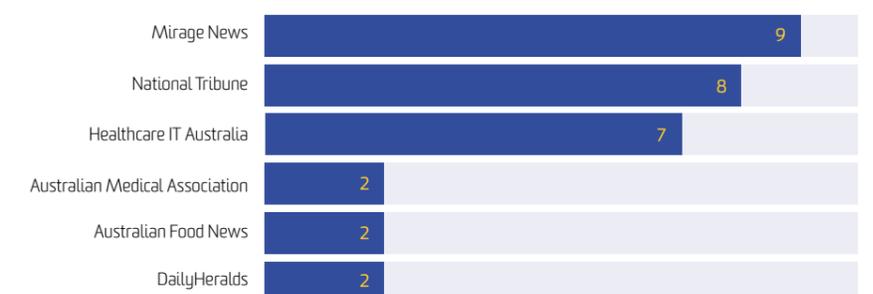
The Potential Reach widget provides insight into the number of potential viewers that have been exposed to a set of media coverage.



## Top sources online

Jan 1, 2019 - Dec 31, 2019

The Top Sources widget provides insight into how coverage is broken down by media outlet.



# Research outcomes



## PhD/Masters completions

| Name               | Thesis title  |
|--------------------|---|
| Laura Alston       | Policy priorities to reduce disparities in ischaemic heart disease among rural Australians (PhD)                    |
| Amy Bestman        | Pathways to electronic gambling machine venues in New South Wales (PhD)   |
| Jennifer David     | The role of public health advocacy: strategies to prevent and reduce gambling related harm (PhD)                    |
| Natalie Heynsbergh | Feasibility, useability and acceptability of a smartphone application to support carers of people with cancer (PhD) |
| Jianqiu Kou        | Closed loop medication administration using mobile nursing information system (PhD)                                 |
| Catherine Lin      | Using IS/IT to support the delivery of Chinese medicine (PhD)   |
| Jaimie McGlashan   | The use of network analysis to evaluate community-based obesity prevention interventions (PhD)                      |
| Helen Miller       | The problem with 'responsible' gambling: government, industry and consumer approaches (PhD)                         |
| Zaid Sako          | Addressing data accuracy and information integrity in mHealth using ML (MAppSC)                                     |
| Ashlyn Sahay       | The impact of nurse-to-nurse interactions on patient safety outcomes: a qualitative study (PhD)                     |
| Jillian Whelan     | Can a rural Australian community lead and sustain obesity prevention? (PhD)   |

## Internally funded fellowships/scholarships awarded in 2019

### Dean Fellowships

| Name            | Project title  |
|-----------------|--|
| Jennifer Browne | The role of population food and nutrition policies for Aboriginal and Torres Strait Islander health and well-being                     |
| Robin Digby     | Unexpected death and serious patient deterioration in hospital: an examination of communication and decision-making in sentinel events |
| Hannah Pitt     | Developing comprehensive public health policy responses to the normalisation of gambling in children                                   |
| Jill Whelan     | Sustaining Community-led Obesity Prevention Efforts (SCOPE)  |

### Alfred Deakin Postdoctoral Research Fellowships

| Name               | Project title   |
|--------------------|---|
| Victoria Brown     | Interventions for early childhood obesity prevention: exploring the value of commonly used outcomes to better inform economic evaluation and priority-setting |
| Alemayehu Mekonnen | Clinical impact of potentially inappropriate medication use in older patients discharged from hospital  |

### PhD Scholarships (funded via Deakin University Postgraduate Award)

| Name                     | Project title  | Supervisor             |
|--------------------------|--|------------------------|
| Mohammed Amin            | Design and evaluation of a physical activity program aimed at improving metabolic syndrome in Ghanaian adults with Type 2 diabetes | Andrea Driscoll        |
| Emmanuel Ita Bassey      | Implementing social strategies in visual rehabilitation services: enhancing social capital   | Kevin Murfitt          |
| Andrew Dwight Brown      | Comparing approaches to community engagement in obesity and HIV prevention   | Steven Allender        |
| Sudipta Chowdhury        | Improving management of multimorbidity for patients during transition of care  | Elizabeth Manias       |
| Lily Maria Grigsby-Duffy | An equity lens on company food and nutrition policies  | Gary Sacks             |
| Natasha Hall             | The economics of opiate use in Australia   | Catherine Mihalopoulos |
| Oliver Huse              | Food system transformation and policy evaluation in Asia   | Kathryn Backholer      |
| Rebecca Jedwab           | Measuring nurse motivation, engagement and well-being with implementation of technology  | Bernice Redley         |
| Mataya Kilpatrick        | Supporting antimicrobial stewardship activities in specialised paediatric settings   | Elizabeth Manias       |
| Christian Nyemcsok       | Pathways to 'the punt': developing public health responses to the normalisation of gambling in adolescent boys.                    | Samantha Thomas        |
| Stephanie (Kate) Sprogis | Evaluating the pre-Medical Emergency Team tier of Rapid Response Systems   | Julie Considine        |
| Thomas Stubbs            | Tobacco control in Southeast Asia and its impact on youth  | Samantha Thomas        |
| Benjamin Wood            | A cross-country analysis of the food industry's corporate political activity   | Gary Sacks             |



## Externally funded research fellowships awarded in 2019

| Project team                                      | Project title   | Funding scheme  |
|---|---|---|
| Laura Alston (Supervisors Allender S, Versace V). | Reducing the burden of cardiovascular diseases for Future Rural Dwelling Australians                                      | Postdoctoral Research Fellowship - National Heart Foundation of Australia |
| Adrian Cameron                                    | An evidence base to support healthy supermarket interventions by retailers, policy makers and the public health community | NHF Future Leader Fellowship - National Heart Foundation of Australia     |

## Externally funded research awarded in 2019

### Deakin-led Category 1 Research projects

| Project team  | Project title   | Funding scheme                            |
|---|---|---|
| Livingston P, White V, Orellana L, Botti M, Jefford M, Girgis A, Austin D, Mihalopoulos C, Ugalde A, Russell L, Smith A, Rasmussen B, Chambers R. | Improving the mental health of cancer survivors with an online mindfulness program: a partnership model to impact on cancer care  | NHMRC - Partnership Project               |
| Noblet A, Tanewski G, Berk M, Walker A, LaMontagne A, Reavley N, Nielsen K.   | Protecting the mental health of small-medium enterprise owners: evaluating real-world approaches to mental health first aid and client-relationship building training for small business advisers | NHMRC - Partnership Project               |
| Nguyen T, (Supervisors Mihalopoulos C, Calache H, Long L).  | Assessing Cost-Effectiveness of Oral Health Interventions (ACE Oral Health)   | NHMRC - Postgraduate Research Scholarship |
| Mihalopoulos C, Le L, Hay P, Ananthapavan J, Lee YY.  | Assessing the Cost-Effectiveness of Prevention of High Body Mass Index and Eating Disorders and in Australia: The ACE-HiBED project   | NHMRC - Ideas Grant                       |

### Partner-led Category 1 Research projects

| Project team<br>(Institute for Health Transformation researchers marked in yellow)                                    | Project title   | Funding scheme                       |
|---|---|--------------------------------------|
| <b>Balandin S</b> , Hemsley B, Dann S.,   | 3D printed food for people with swallowing disability | ARC - Discovery Projects             |
| Bammer R, Desmond P, Bush A, Breakspear M, Drummond K, Amukotuwa S, Nowak A, <b>Watts J</b> , Law M, Bladin C, (UoM), | Centre of Research Excellence in Neuroimaging         | NHMRC Centres of Research Excellence |

|   |   |   |
|---|---|---|
| Berk M, Mahli G, Ng C, Hopwood M, Fernandes B, Gwini S, Amerena J, <b>Chatterton ML</b> , Williams L, <b>Mihalopoulos C</b> .     | The Candesartan Adjunctive Major Depression Trial - CADET: a double-blind, randomised, placebo-controlled trial   | NHMRC Clinical Trial  |
| Berk M, Malhi G, Ng C, Hopwood M, Fernandes B, Gwini S, Amerena J, <b>Chatterton ML</b> , Suppes T, Williams L.                   | The Candesartan Adjunctive Bipolar Depression Trial – CADET   | MRFF Rare Cancers, Rare diseases, Unmet Need                          |
| Boydell K, Lenette C, <b>Dew A</b> , Ussher J, Lappin J, Wells R, Bennett J.  | Women marginalised by mental health, disability or refugee status   | ARC Discovery Projects  |
| de Graaff B, Campbell J, Nicholl H, <b>Hensher M</b> , Wills K, Palmer A.   | ANCHOR Project: health economics and epidemiology of myalgic encephalomyelitis/chronic fatigue syndrome   | MRFF Targeted Health System and Community Organisation Research Grant |
| Dietze P, Jauncey M, Strang J, Lenton S, <b>Kerr D</b> , Salmon A, Agius P.   | Intranasal naloxone for the reversal of opioid overdose: a double-blinded, double-dummy controlled non-inferiority trial in Sydney's Medically Supervised Injecting Centre                                  | NHMRC Project Grant   |
| Eades S, Sanci L, Vance A, Ewen S, Banks E, Pirkis J, McAullay D, McGaw J, Patton GC, <b>Mihalopoulos C</b> .                     | Bringing family, community, culture and country to the centre of health care: culturally appropriate models for improving mental health and wellbeing in Aboriginal and Torres Strait Islander young people | MRFF Million Minds Mission  |
| Fuller-Tyszkiewicz M, Paxton S, Griffith S, Sukunesan S, McLean S, Yager Z, Rodgers R, <b>Mihalopoulos C</b> , Meyer D, Parker A. | Leveraging digital technology to reduce the prevalence and severity of eating disorders in Australia  | MRFF Million Minds Mental Health Research Mission                     |
| Gardiner P, Dunstan D, Gray L, Owen N, Healy G, Comans T, Fjeldsoe B, Schaumberg M, <b>Moodie M</b> .                             | Taking a whole of day approach to optimising activity to prevent dementia in people with type 2 diabetes  | Dementia Research Grant NHMRC   |
| Gilroy J, Lincoln M, <b>Dew A</b> , Jensen H, Bulkeley K, Gibson C.   | Planning for a better life under the National Disability Insurance Scheme   | ARC Discovery Indigenous  |
| Gunn J, Fletcher S, Ng C, Chen T, Chondros P, Mangin D, <b>Mihalopoulos C</b> .   | STOPS: a randomised trial of a Structured Online intervention to Promote and Support antidepressant de-prescribing in primary care  | NHMRC Project Grant   |
| Kay-Lambkin F, Heinsch M, Carlson J, Teesson M, Christensen H, Baillie A, Haber P, Morley K, <b>Mihalopoulos C</b> .              | The eCLIPSE Project: implementing evidence-based eHealth interventions for comorbid mental health and alcohol/other drug use problems into health and community settings                                    | NHMRC Partnership grant   |
| Parsons M, Butcher K, Campbell B, Churilov L, Davis S, Anderson C, <b>Moodie M</b> , Levi C, Markus H, Coultts S.                 | Extending the time window for Tenecteplase by effective reperfusion of penumbral tissue in patients with large vessel occlusion (ETERNAL)   | NHMRC Clinical Trial  |



## Deakin-led Cat 2- 4 Research projects

| Project team  | Project title   | Partner                                      |
|---|---|--|
| Allender S.   | Healthy Weight Systems Science Project  | East Metropolitan Health Service             |
| Ananthapavan J, Moodie M, Tran M, McCaffrey N.  | Economic evaluation of the WA LiveLighter campaign  | Cancer Council of Western Australia (Inc)    |
| Backholer K.  | Junk food sponsorship in children's sport research project  | VicHealth                                    |
| Backholer K, Bhatti A, Lim CP, Peeters A, Bell C, Freeman B, Allender S, Johnstone M, Zorbas C, Martin J. | Creating novel methods to monitor the marketing of products that increase the risk of cancer to children: an intelligent systems approach | Cancer Council Victoria.                     |
| Backholer K, Peeters A, Cameron A, LaMontagne T, Kavanagh S, Zorbas C.                                    | Effectiveness of interventions delivered by local council to address the social determinants of health                                    | The Sax Institute                            |
| Backholer K.  | Exploring healthy sponsorship models in children's sports   | VicHealth                                    |
| Browne J, Backholer K, Allender S, Brown A, Egan M.   | Food and nutrition policies for Aboriginal Victorians: evidence and advocates for change  | VicHealth Impact Research Grant              |
| Carrington M, Cao T, Haregu T, Gao L, Moodie M, Yiallourou S, Marwick T.                                  | The Cholesterol Partnership   | Baker Heart and Diabetes Institute           |
| Engel L.  | Improving service knowledge and access among older people from Culturally and Linguistically Diverse (CALD) backgrounds with dementia     | National Ageing Research Institute           |
| Engel L, Mulhern B, Whitehurst DGT, Janssen B, Haagsma J.   | An exploratory analysis of the Pain/Discomfort dimension of the EQ-5D-5L in people living with physical and mental health conditions      | EuroQol Research Foundation                  |
| Hagger V, Rasmussen B, Lake A, Hamblin S.   | Diabetes on campus: a tailored settings-based approach to supporting transition to university for young adults with diabetes              | Australian Diabetes Educators Association    |
| Hensher M, Moodie M, Hutchinson A, Baker T, Crosland P.   | Evaluation of the Western Victoria Primary Health Network After Hours Telehealth Pilot  | Western Victoria Primary Health Network      |
| Hensher M.  | Support to the development of a new National Health Information Strategy  | Australian Institute of Health and Welfare   |
| Le H, Gold L.   | Economic evaluation of a women's domestic violence court advocacy service   | Parenting Research Centre and NSW Government |
| Le H, Gold L.   | Economic evaluation of an intensive family support program for vulnerable families with complex needs in Northern Adelaide                | Parenting Research Centre                    |
| Lee YY.   | World Health Organization Mental Health Economics Consultancy   | World Health Organization                    |

|   |  |  |
|---|--|--|
| Majmudar I, Mihalopoulos C, Engel L, Muldownwy A, Panayiotou A, Majmudar I. | The economics of loneliness and social isolation in an ageing population in Australia  | Melbourne Ageing Research Collaboration MARC   |
| Livingston T.   | Feasibility and acceptability of Culturally and Linguistically Diverse Groups (CALD) participating in mindfulness therapy during their cancer journey            | Department of Health and Human Services - Victoria   |
| Livingston T.   | Assessing the experience of consuming and stakeholders of Breast Cancer Network Australia's Seat at the Table program  | Breast Cancer Network Australia  |
| Martin P, Chiswell M, Laureano J.   | Healthcare communications training   | Department of Health and Human Services - Victoria   |
| Martin P, Chiswell M, Laureano J.   | Your Thoughts Matter - Bairnsdale Regional Health Service  | Bairnsdale Regional Health Services  |
| Martin P, Chiswell M, Laureano J.   | Your Thoughts Matter - Wimmera Healthcare Group  | Wimmera Health Care Group  |
| Mihalopoulos C.   | Evaluation of alternative delivery model of Good Sports  | Alcohol and Drug Foundation  |
| Mihalopoulos C.   | Consultancy  | Victorian Royal Commission in Mental Health  |
| Moodie M, Ananthapavan J, Tran M.   | The impact and risk factors of Non-Communicable Disease (NCD) towards Malaysia's Gross Domestic Product (GDP)  | World Health Organisation  |
| Moodie M, Sacks G, Ananthapavan J.  | The economic and financial impact of eliminating alcohol advertising associated with sport and phasing out alcohol brand sponsorship of sport in Australia       | Alcohol Education & Rehabilitation Foundation Ltd (also Foundation for Alcohol Research and Education Ltd) |
| Moodie M.   | Cost of major non-communicable diseases in the Cook Islands  | World Health Organisation  |
| Murfitt K, Crosbie J.   | Employment participation literature review   | National Disability Insurance Scheme Launch Transition Agency  |
| Nguyen T, Calache H, Tonmukayakul U, McInlay S, Milczarek-Todoroska L.      | Exploring the enablers and barriers of minimal intervention dentistry within a public dental program for children  | Alliance for a Cavity Free Future  |
| O'Shea A, Patsie Frawley P.   | Creating information resources for LGBTIQ+ people with intellectual disability Information, Linkages and Capacity Building project                               | National Disability Insurance Agency   |
| O'Shea A.   | Experiences of LGBTIQ people with disability   | Gay and Lesbian Foundation of Australia (GALFA)  |
| Pathirana P.  | Creating Smart Search Engine on SQL/no-SQL databases   | Aurecon Group Pty Ltd  |
| Peeters A, Backholer K, Bennett C, Strugnell C, Sacks G, Cameron A.         | Effectiveness of health promotion interventions delivered by local councils for healthy eating, physical activity, alcohol harm prevention and smoking cessation | The Sax Institute  |



|   |   |  |
|---|---|--|
| Peeters A, Watts J, Hensher M.  | Review of GMHBA's chronic disease prevention and health promotion programs                                  | GMHBA  |
| Pitt H, Thomas S.   | The receptivity of young people to gambling marketing strategies on social media platforms                  | Victorian Responsible Gambling Foundation          |
| Rasmussen B, Holton S, Wynter K, Crowe S.                                     | Evaluation of the Working Together Project  | Department of Health and Human Services – Victoria |
| Roennfeldt H, Hwang J, Le L, Simmons M, Dawson S, Lee S.                      | Co-designing a guide to educate and inspire hope in young people presenting to ED in a mental health crisis | SMHR grant   |
| Sacks G, Peeters A, Cameron A, Backholer K.                                   | Queensland Health and TAPPC rapid review: healthy eating and physical activity                              | The Sax Institute                                  |
| Sweet L, Ugalde A, Russell L.   | Operationalising smoking cessation care in Victorian health services  | Cancer Council Victoria                            |
| Zavarsek S, Younie S, Gospodarevskaya E, Ip F, Richards – Jones S, Firipis M. | Commonwealth Health Technology Assessment, Research Support and Other Services Panel                        | Australian Government Department of Health         |

## Partner-led projects

### Category 2-4 Research Projects

| Project team<br>(Institute for Health Transformation researchers marked in yellow)   | Project title   | Funding scheme  |
|--|---|---|
| Dowse L; Avery S, <b>Dew A.</b>  | Wellbeing through cultural participation: an affirmative strategy for the inclusion of Aboriginal and Torres Strait Islander people with disability | The Lowitja Institute Aboriginal and Torres Strait Islander Health CRC        |
| Hammond D, Adams J, Barquera S, Bhawra J, <b>Cameron A</b> , Dubin J, Goodman S, Jauregui A, Kirkpatrick S, Penney T, Potvin Kent M, Roberto C, <b>Sacks G</b> , Thrasher J, Vanderlee L, White M. | International food policy study: evaluating the impact of food labelling, marketing, and fiscal nutrition policies                                  | Canadian Institutes of Health Research  |
| <b>Manias E</b> , Tobiano G, Chaboyer W, Teasdale T, Thalib L.   | Discharge medication safety strategies: what is the patients' role?   | Gold Coast Health and Gold Coast Hospital Foundation – Research Grants Scheme |
| Martin R, Calache H, <b>McNamara K</b> , Christian B, Loton C, Dyson C.  | Community Pharmacy Oral Health Education Program - Dry Mouth  | Alliance for a Cavity Free Future   |
| <b>Redley B.</b> UC.   | Evaluation of SmartCare   | University of Canberra  |
| Wong Shee A, Versace V, <b>Mc Namara K</b> , <b>Ugalde A</b> , Clapham C, <b>Ananthapavan J.</b>   | Identifying research priorities to optimise allied health care – informed by consumers: a modified Delphi study                                     | Western Alliance  |
| York F, Brijnath B, <b>Engel L.</b>  | Recognising and responding to homelessness  | Lord Mayor's Charitable Trust   |

# Financials



Institute for Health Transformation  
Period ended 31 December 2019

|                                     | Full Year 2019 |             |                | Full Year Variances 2019 |                 | Full Year      |
|-------------------------------------|----------------|-------------|----------------|--------------------------|-----------------|----------------|
|                                     | Actual         | 2019 Budget | Outlook 2      | Act v BD                 | Act v OL2       | 2018 PY        |
| <b>- PROFIT AND LOSS</b>            | <b>77,013</b>  | <b>(0)</b>  | <b>127,726</b> | <b>77,013</b>            | <b>(50,713)</b> | <b>236,827</b> |
| - Income                            | 1,689,055      | 1,689,055   | 1,689,055      | 0                        | 0               | 1,000,000      |
| + Other Income                      | 1,689,055      | 1,689,055   | 1,689,055      | 0                        | 0               | 1,000,000      |
| - Expense                           | 1,612,042      | 1,689,055   | 1,561,329      | (77,013)                 | 50,713          | 763,173        |
| - Employment                        | 1,105,118      | 1,457,287   | 1,147,529      | (352,169)                | (42,411)        | 594,580        |
| Academic Employment                 | 796,551        | 1,105,665   | 748,481        | (309,114)                | 48,070          | 335,347        |
| General Employment                  | 291,356        | 346,344     | 382,048        | (54,988)                 | (90,692)        | 258,960        |
| Other Employment                    | 17,211         | 5,278       | 17,000         | 11,933                   | 211             | 273            |
| - Non-Employment                    | 506,924        | 231,768     | 413,800        | 275,156                  | 93,124          | 168,593        |
| 6500 Staff Recruitment              | 14,950         | 0           | 14,950         | 14,950                   | 0               | 6,253          |
| 6510 Staff Development and Training | 15,408         | 60,000      | 6,650          | (44,592)                 | 8,758           | 38,376         |
| 6515 Staff Costs - Other            | 3,201          | 0           | 0              | 3,201                    | 3,201           | 0              |
| 6750 Postage and Shipping           | 946            | 0           | 612            | 946                      | 334             | 76             |
| 6860 Library                        | 455            | 0           | 455            | 455                      | 0               | 0              |
| 7000 Marketing                      | (7,033)        | 23,268      | (1,691)        | (30,301)                 | (5,342)         | 79,374         |
| 7010 Telecommunications             | 663            | 0           | 663            | 663                      | 0               | 3,679          |
| 7115 Unallocated Credit Card        | 0              | 0           | 197            | 0                        | (197)           | 0              |
| 7150 Equipment and Supplies         | 9,247          | 17,000      | 5,940          | (7,753)                  | 3,307           | 2,903          |
| 7160 IT                             | 744            | 5,000       | 0              | (4,256)                  | 744             | 132            |
| 7200 Travel                         | 23,316         | 46,500      | 11,897         | (23,184)                 | 11,418          | 17,325         |
| 7205 Entertainment                  | 0              | 50,000      | 0              | (50,000)                 | 0               | 3,037          |
| 7219 Catering and Meals             | 9,282          | 20,000      | 2,343          | (10,718)                 | 6,939           | 50             |
| 7600 Merchandise - Cost of Sales    | 1,819          | 0           | 1,819          | 1,819                    | 0               | 0              |
| 7900 Other Expenses                 | 433,581        | 10,000      | 369,620        | 423,581                  | 63,962          | 17,388         |
| 6210 Maintenance and Repairs        | 346            | 0           | 346            | 346                      | 0               | 0              |

# Acknowledgements



The Institute for Health Transformation acknowledges the immense contribution of our founding Strategic Research Centres: the Centre for Population Health Research (CPHR) and the Centre for Quality and Patient Safety (QPS).

Commencing in 2003, CPHR included six research units encompassing a broad range of population-based health research initiatives, including Epidemiology, Health Economics, Health Systems Improvement, Work Health and Wellbeing, Global Obesity Centre and Disability, Inclusion and Advocacy.



Throughout its long and impressive history, the CPHR contributed to health improvements for Australian and global populations through its extensive and diverse portfolio of research activities, and this work continues now under the banner of the Institute for Health Transformation.

The Deakin University Partners in Nursing and Midwifery was established in 1996 and was a pioneering academic-industry partnership.

Evolving to a Strategic Research Centre in 2009, it now embeds researchers from Deakin's Institute for Health Transformation's Centre for Quality and Patient Safety Research (QPS) within six major Victorian health services – Alfred Health, Barwon Health, Eastern Health, Epworth HealthCare, Monash Health and Western Health.



Together the partners govern 29 acute and subacute care hospitals and 11 residential aged care facilities, employ approximately 30,000 nurses and midwives, and provide care for in excess of three million Victorians annually. The research pillars of patient safety, patient experience, and health workforce continue to be developed and expanded as part of the Institute for Health Transformation. In addition to a highly skilled team of researchers, QPS brings an intimate and current knowledge of health system challenges and provides abundant unique opportunities for translation and impact of research on the frontline of service delivery.

Thank you to all our researchers, who collectively contributed to our success in 2019.

When this photo was taken late in 2019, we did not expect the challenging year ahead brought on by COVID-19. We acknowledge the resilience and adaptability of all our members during 2020 and look forward to gathering together as a group before too long.





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