



**HEALTH** RESEARCH  
INSTITUTE

RESEARCH HIGHLIGHTS 2023



# ABOUT US

## UNIVERSITY OF CANBERRA'S HEALTH RESEARCH INSTITUTE

BASED AT THE UNIVERSITY OF CANBERRA, THE HEALTH RESEARCH INSTITUTE (UC-HRI) DELIVERS LEADING RESEARCH TO SUPPORT A HEALTHIER FUTURE FOR CANBERRA, AUSTRALIA AND THE WORLD.

Our team examines how factors may influence your health and wellbeing: where you live and work, how you move through your community, what access you have to community facilities, how connected you are to people around you, and what interactions you have with the healthcare system. Embedded in Canberra, we then work alongside community, government and industry stakeholders to translate our findings into solutions that can be applied in the real world.

**“Our focus is research with impact — research that supports the roll out of bestpractice health policy and design of strategies to achieve positive system-wide changes, in healthcare and beyond”.**

## OUR VALUES

Living and working on Ngunnawal land, the spirit of our work in public health is intrinsically Galambany — as we work together every day to empower, connect, and share knowledge. Our collaborative, interdisciplinary way of working is central to our success in research. We are a workplace that celebrates a diversity of skills, fields, perspectives and experience — and we are stronger and happier for it. The UC-HRI team lives the University of Canberra values every day. They empower us to be ambitious, ethical and impactful. We want to change the world, produce and share new ideas, improve equity and access to healthcare, and work in partnership to create solutions; and by applying these values we can achieve this.







## EVERYONE'S INVITED

Celebrate differences and embrace similarities. Value unique contributions and promote accessibility and equity for all.

## WALK TOGETHER

Connect and collaborate with our community, both near and far. Embody the spirit of Canberra as a meeting place of ideas and creativity. Show what we have to offer.

## NARRAGUNNAWALI

Embrace Indigenous ways of knowing, being and doing in our work and our culture. Get amongst the conversation. Listen authentically and be a driver of meaningful reconciliation.

## DARE TO BE CURIOUS

Find purpose in learning. Step out of your comfort zone. Be brave, stir curiosity and share ideas and discoveries that shape our future.

## CHANGE THE WORLD

Don't be afraid to have an impact. Do things differently. Inspire each other to be innovative.

University of Canberra's values.





**OUR RESEARCH IS INSPIRED BY  
LOCAL ISSUES, NEEDS, CHALLENGES  
- BUT WITH GLOBAL REACH.**



# THE STRATEGIC VISION FOR HRI GLOBAL IMPACT

## WE ARE A LOCAL INSTITUTE STRIVING FOR GLOBAL IMPACT.

Through close collaboration and co-design with researchers, government, industry, healthcare providers and consumers, our researchers support public health solutions that build a healthier future for Canberra, Australia, and the world. In particular this means improving equity of access to good health, wellbeing and healthcare for all — access to health impacts everyone, which means our work has the potential to reach every member of the communities we work with. We have four strategic focus areas that will support this vision:

- A workplace that attracts and retains the best people
- A sustainable balance between research and teaching
- Robust processes to enable and assess impact
- A diverse set of ethical revenue streams

These pillars support our flexible, interdisciplinary team to be proactive in the health ecosystem, identifying and responding to research needs and opportunities as they evolve, and creating impact on policy and practice.



## LOCALLY ANCHORED GLOBAL HUB.





Through strategic collaboration, the University of Canberra's Health Research Institute is building a healthier future for Canberra, Australia, and the world.

**IN THE TOP  
1% OF YOUNG  
UNIVERSITIES  
WORLDWIDE**

**TOP 5 IN THE  
WORLD FOR  
REDUCING  
INEQUALITY**

THE IMPACT RATING 2023







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## ACKNOWLEDGEMENT

The University of Canberra acknowledges the Ngunnawal people, traditional custodians of the lands where Bruce campus is situated.

We wish to acknowledge and respect their continuing culture and the contribution they make to the life of Canberra and the region. We also acknowledge all other First Nations Peoples on whose lands we gather.

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# INTRODUCTION

## FROM THE ACTING EXECUTIVE DEAN, FACULTY OF HEALTH

It is with great pleasure that I introduce the Faculty of Health at the University of Canberra where we educate health and sport professionals and researchers to be leaders in their fields.

The Faculty of Health at the University of Canberra educates clinicians, professionals and researchers to be leaders in the ever-changing sectors of health and sport. With a focus on innovative education methods, the faculty is continuously evolving with the environment and producing high quality, work ready graduates and leading health research.

We teach in a wide range of professions including Nursing, Midwifery, Sport and Exercise Science, Physiotherapy, Nutrition & Dietetics, Pharmacy, Public Health, Psychology, Counselling, Medical Radiation Science, Exercise Physiology, Occupational Therapy, Optometry, Speech Pathology, and Social Work.

Our courses are a blend of theory and practical application to real world settings, and our graduates are highly sought-after. Our UC Health Clinics, integrating healthcare with education, provides real world educational opportunities for students while offering affordable, high quality allied health services for the Canberra community. The UC Hospital, the largest purpose built rehabilitation centre in the ACT, houses a state-of-the-art clinical and practical teaching space for students and serves as

the site for innovative research including the state-of-the-art robotics rehabilitation project in collaboration with Canberra Health Services.

Our research has a significant impact on the health and wellbeing of people living in the Canberra region, Australia and abroad through the work of our institutes and centres: Health Research Institute (HRI), Research Institute for Sport and Exercise Science (RISE), Nursing and Midwifery Research Centre – SYNERGY, a partnership between University of Canberra and ACT Health, and the Centre for Ageing Research and Translation.

The Health Research Institute (UC HRI) is one of our flagship institutes and delivers leading research to support a healthier future for Canberra, Australia and the world. HRI continues to deliver on its ambitious research agenda, and we are delighted to share with you this report that showcases some of our achievements in 2023.

**Professor Stuart Semple**  
*Acting Executive Dean, Faculty of Health*



# DIRECTOR'S MESSAGE

## HEALTH RESEARCH INSTITUTE

First and foremost, I would like to acknowledge and thank the Institute staff and PhD students for their hard work, dedication, and commitment to making a real difference through their translational research.

The people behind the research are what make us great. We are passionate, inclusive, collaborative and ambitious in achieving better health and wellbeing for all. We are a flexible, interdisciplinary team, proactive in the health ecosystem, experts identifying and responding to research needs and opportunities as they evolve and creating impact on policy and practice. Our individual and team staff awards are testimony to the reach and impact of our research and international recognition, as are the numerous testimonies from our stakeholders and consumers.

As the university founded and dedicated to Australia's capital, the University of Canberra has an enduring commitment to provide ideas, talent, and solutions to advance our capital city and its surrounding communities. Our Vice Chancellor has a vision for UC as a civic university, a place deeply grounded in its community and responsive to its needs. The Institute is committed to helping improve the health and wellbeing of our Region, conducting research locally to shape public health globally.

This has been an exceptionally good year for the Health Research Institute which has seen growing national and international recognition of our expertise. The University of Canberra's Health Research Institute is genuinely committed to making a positive impact on Canberra and beyond and we are delighted to share some of our stories with you in this report.

**Professor Rachel Davey**

*Director*



**WE WANT TO BUILD A  
BETTER FUTURE FOR  
THE CANBERRA REGION,  
AUSTRALIA, AND  
THE WORLD.**



# 2023 HIGHLIGHTS

AT A GLANCE



**45** research staff, **4** admin staff, **23** PhD students, **20** honorary adjuncts



Approx **\$20+ million** of continuing research funding



**Over 70%** of our research publications are in the **top 10%** for the disciplines of Public Health and Health Services Research



Global research projects in **>50 countries** across the world



Engagement and collaboration with **over 100+ communities** across Australia with impact on local and national policy



Shanghai Ranking's Global Ranking of Academic Subjects 2023 for Public Health UC-HRI **151-200 band**



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# OUR PEOPLE

IN 2023





# OUR PEOPLE

## DIRECTOR

### Professor Rachel Davey

Rachel is the Foundation Director of the Health Research Institute and Chief Investigator with the \$220 million Digital Health Co-operative Research Centre (DH CRC) where she leads the flagship DH CRC theme “Changing Health Trajectories”. Rachel’s research interests are broad and include; physical activity for health and wellbeing, ecological models that emphasise multiple levels of influence on health behaviours and the design, delivery, and evaluation of public health interventions and health services re-design.

## DEPUTY DIRECTOR

### Professor Luis Salvador-Carulla

Luis is a psychiatric epidemiologist and the lead for the Mental Health Research Unit. His field of interest is decision support tools for the analysis of complex health systems and policy in mental health, ageing, disability, and intellectual developmental disorders. He received the Leon Eisenberg Award of the Harvard Medical School in 2012; the Tom Trauer Award Evaluation and Research Award for his contribution to mental health service research in Australia in 2022, the Research Impact Award of the Faculty of Health and the Research Excellence Award of the University of Canberra in 2023, and the Malaspina Award also in 2023.

### Greta Amorsen

Greta is a research assistant with the WellRes Team. Greta joined the team in 2022 after completing her Bachelor of Arts in Psychology at The University of Melbourne and Bachelor of Science in Psychology (Honours) at the University of Canberra. Her honours thesis titled *Developing Disaster Resilience: The Role of Resources Throughout the Disaster Cycle*, examined community response and recovery from the Black Summer Bushfires. Her research interests include resilience, mental health, and wellbeing in a disaster context and more broadly, the interaction between psychological and environmental factors that facilitate mental health and wellbeing.

### Ingrid Amorsen

Ingrid is a research assistant for the WellRes team. She has a background in psychology with a research interest in the mental health and wellbeing of minority groups. Ingrid has experience with quantitative and qualitative data analysis and has supported the Regional Wellbeing Survey through data cleaning, geocoding and metadata development.

### Associate Professor Nasser Bagheri

Nasser is Associate Professor of Epidemiology and Health Services Research and a recipient of an Australian Research Council DECRA Fellowship. He leads a spatial epidemiology team and the Visualisation and Decision Analytics (VIDEA) lab at the University of Canberra. His research has focused on chronic disease risk assessment, particularly dementia, cardiovascular disease (CVD), diabetes, mental health and multiple sclerosis. He has a particular interest in health care ecosystem approach, spatial variation and quantifying the impact of modifiable risk factors including lifestyle and built environment, on chronic disease risk using big data and complex data set analyses.

Nasser’s research is also focused on decision support tools for the analysis of complex health systems and policy in mental health and dementia. He coordinated the first Integrated Atlas of Dementia Care in ACT region. He has also contributed to the Integrated Atlases of Mental Health for mapping mental health provision which has been used in 34 countries around the world.

### Marcus Blake

Marcus is the technical manager for the Australian Geospatial Health Lab with a background in geospatial data and systems design. His research interest focusses on geographical and statistical methods and their application to census, survey and administrative data. He was formerly employed by the Australian Bureau of Statistics in Enterprise Geospatial Infrastructure section.



#### **Dr Kimberly Brown**

Kimberly is a research fellow at the Health Research Institute, University of Canberra. Kimberly has a background in mental health promotion, and her area of research focusses on the health and wellbeing of people living in rural and regional Australia, including in the areas of natural disasters and farmer wellbeing. Kimberly works on the annual Regional Wellbeing Survey (RWS) and her recent work has focussed on the development of novel resilience indicators for communities impacted by natural disasters, and how these can be made accessible to service providers on the ground.

#### **Dr Suzanne Carroll**

Suzanne's research interests are in improving our understanding of the multiple interrelated influences, environmental and social, that drive or constrain health behaviour and outcomes. Understanding environmental and social influences is essential to inform targeted interventions to reduce population health disparities. Her research involves use of Geographic Information Systems to characterise environments and complex statistical approaches including multilevel modelling and structural equation models to assess relationships.

#### **Dr Michael Dale**

Michael has a background in the sports and exercise sciences, Michael's research interests include the role of access to physical activity resources in the prevalence of sarcopenia and sarcopenic obesity in the elderly, the effect of the built environment on cardiometabolic health, and trends in children's physical fitness.

#### **Dr Manoj Dissanayake**

Manoj is a Visiting Medical Practitioner specialising in Health Informatics. His research interest includes improving interoperability between health information systems, implementation of digital health solutions in low-income countries, terminology standards used in clinical health informatics and improving patient safety in digital health solutions.

#### **Associate Professor Nicole Freene**

Nicole is an Associate Professor in Physiotherapy. She has been practicing as a physiotherapist for more than 25 years, working in hospital settings and primary health care, and was awarded her PhD in 2014. Nicole has a strong interest in the primary and secondary prevention of chronic disease, spending most of her career working in cardiac and pulmonary rehabilitation. She is the founder and co-chair of the Physical Activity in Healthcare Special Interest Group for the Asia-Pacific Society of Physical Activity, founding member and the Cardiorespiratory Lead of the Australian Physiotherapy for Physical Activity group, and board member of the Heart Foundation ACT and Australian Cardiovascular Health and Rehabilitation Association NSW/ACT. Her research focuses on increasing physical activity levels and decreasing sedentary behaviour in adults, both in healthy and cardiac populations, and physical activity promotion by health professionals.

#### **Dr Mary Anne Furst**

Mary Anne co-ordinates the GLOCAL project (Global and Local Observation and mapping of CAre Levels) at the Mental Health Policy Unit at the Health Research Institute. This project applies knowledge gained from assessing local health care services using the ESMS/DESDE service mapping system and integrated atlases of mental health care to provide a knowledge base for evidence-informed policy and planning. She is leading the continuing development of the DESDE service classification tool and its application to specific populations, including services to First Nations people. She is currently investigator in the MChart project which will develop, test, and implement, a multi-applicable, multi-modal and multi-level framework and the related tools to navigate the local mental health system by professionals, managers and planner in the ACT.

#### **Professor Neeraj Gill**

Neeraj is a Professor of Public Mental Health at the Health Research Institute. He is a consultant psychiatrist at the Gold Coast Hospital and Health Service QLD, and Professor at the School of Medicine and Dentistry, Griffith University, Gold Coast, QLD. He is the Regional Vice-President, Oceania, the World Federation for Mental Health and the Secretary of the World Psychiatric Association (WPA) Section on Psychiatry, Law and Ethics.

#### **Susie Giugni**

Susie is the family Liaison Co-ordinator for the project "Good Start in Life for Young Children".

# OUR PEOPLE

## Andrea Gledhill

Andrea has a background in health promotion and health services management. Her areas of interest include chronic disease prevention, health services and systems improvement, public health planning and evaluation focused on the primary care and community sectors. Her areas of interest include obesity prevention, breastfeeding promotion, social prescribing, and systems improvement for mental health services. She is currently coordinating the evaluation of the Social Workers In General Practice (SWIGP) pilot program.

## Dr Susan Hartono

Susan is a qualified graduate biostatistician with a psychology, epidemiology, and business management background. Susan is particularly interested in understanding the influence of behavioural, parenting, sociocultural and environmental factors that drive the health disparities among children, adolescents, and young adults. She also has a special interest in the health of minority populations. Susan's research projects use advanced quantitative methods for longitudinal population data to reach research conclusions.

## Dr Antonia Kish

Antonia is a health, family and child psychology researcher. Her research interests centre around families, child development and wellbeing and the early years. Her PhD research focused on exploring experiences of working parents caring for children with a chronic illness and the impact of this on both parent and child quality of life. Currently, Antonia is a Postdoctoral Research Fellow at the Health Research Institute and has been working on the 'A Good Start in Life for Young Children' project since 2022.

## Dr Jane Koerner

Jane has an academic background in health promotion and epidemiology. She has worked in women's domestic violence and youth homeless services. While undertaking a PhD, Jane lead and collaborated on studies evaluating community-based HIV prevention interventions and lectured in health promotion and international health. Jane's research interests include; infection control, palliative care and aged care. She is currently project manager for the navigation tool for mental Health Care (MChart) study in ACT.

## Vincent Learnihan

Vincent has a broad research interest in the social determinants of health and promotion of healthy and sustainable communities. He has worked internationally both in technical and consulting capacities applying Geographic Information Systems (GIS) to urban planning, transportation, and public health data. His current research areas include the application of GIS to understanding spatial distribution of chronic disease, research into the associated clinical risk factors and health behaviours, and the social and built environment determinants. In 2023, Vincent moved into the role of managing HRLs research data labs, including the Australian Geospatial Health Lab (AGeoH-L) and Visual and Decision Analytics (VIDEA) Lab.

## Dr Gweneth Leigh

Gweneth is an early career researcher with the Mental Health Policy Unit interested in how the design of our built environment affects community health and habits. With a background in landscape architecture, her current research focuses on ways of defining and measuring the quality of public open space to better understand how design features can provide restorative benefits to users. Given the rising rates of anxiety and stress among adolescents, she is particularly interested in how schoolyards can be a preventative health tool for improving student well-being.

## Dr Amanda Lonn

Amanda is a Swedish Heart-Lung Foundation Post-doctoral Fellow (Abroad) from the Swedish School of Sport and Health Sciences, Sweden working on the DASSH Trial (Developing physical Activity and Sedentary behaviour thresholds for the Secondary prevention of heart disease). The DASSH trial investigates the relationship between physical activity, sedentary behaviour and heart disease using two studies to guide future heart disease research, policy and practice".

## Associate Professor Sue Lukersmith

Sue's research focuses on two related streams: implementation research and impact analysis of health services; best practice person-centred, integrated care (including case management and care coordination) for people with disability or chronic conditions. In her research, she uses mixed methodologies including nominal group technique, realist evaluations, classifications and frameworks decision-support systems. Sue is a rehabilitation and health intervention guideline methodologist.



### Celia Maddox

Celia serves as a research assistant providing administrative and technical support for the WellRes research team examining the wellbeing, liveability, and resilience of rural and regional Australians.

### Dr Soumya Mazumdar

Soumya is a health geographer with research interests in two broad domains. The first domain is the built environment and health where he has interests in greenspace, transportation and in social capital. The second domain is health services and the geography of health services. He also has an interest in the methodological aspects of small area geographic mapping. Soumya has a PhD from the University of Iowa, and has worked in Columbia University (New York), Australian National University and in New South Wales Health.

### Associate Professor Itismita Mohanty

Itismita is an Associate Professor of Health Economics. Itismita has extensive expertise in data analysis, econometric, and advanced statistical modelling in health services research, health economics evaluation and policy/program evaluation research. She works with cutting edge research issues applying advanced research techniques, applied and quantitative data analysis, modelling practices in public health and health services. She has a proven track record of Health Systems and Policy Research being effectively transferred into policy and practice in Australia. Her research experience spans over a period of 15 years, working in Australia and India. She completed her PhD in Economics at the University of Sydney in 2009.

### Dr Mel Mylek

Mel is a postdoctoral fellow in the WellRes team at the Health Research Institute, University of Canberra. Her area of research focusses on the health and wellbeing of different groups of Australians, wellbeing and resilience in relation to experience of challenging times such as disasters, and social dimensions of natural resource management in Australia. Mel has recently been awarded an ARC early career industry fellowship focussing on improving the wellbeing, social and financial outcomes for Australia's unpaid carers, through analysing data from the annual Carer Wellbeing Survey. Mel also works extensively on the Regional Wellbeing Survey.

### Associate Professor Theo Niyonsenga

Theo has applied statistical methods to research focusing on, but not limited to, the areas of multivariate data analysis methods such as structural equations modelling, longitudinal and multi-level data analysis, spatial statistics with application to spatial epidemiology.

### Dr Thrishila Parshu Ram

Thrishila is a research fellow for the National Best Practice Unit Tackling Indigenous Smoking (NBPU TIS). The Australia-wide TIS program aims to improve the health and well-being of Aboriginal and Torres Strait Islander people by reducing the prevalence of tobacco use through population health promotion activities.

### Dr Kacie Patterson

Kacie recently completed her PhD titled *A Smartphone Application for Sedentary Behaviour Change in Cardiac Rehabilitation and the Effect on Hospitalisations*. She continues this interest in secondary prevention and physical activity through now being a research assistant on the *Measure It! Trial*.

### Jonathan Ramke

Jonathan is a research officer for the "Good Start in Life for Young Children" project and with a background in Occupational Therapy.

### Associate Professor Sebastian Rosenberg

Sebastian's expertise is in mental health policy, leading the Mental Health Policy Unit at the University of Canberra and the Economics and Systems Science stream at the Brain and Mind Centre. He is a member of the EMPOWER Project Consortium, jointly funded by the EU Horizon Scheme and the National Health and Medical Research Council. Sebastian has numerous journal publications and is a regular contributor to public debate about mental health policy in Australia.

### Professor Jacki Schirmer

Jacki leads the Regional Wellbeing Survey, an annual survey in Australia examining the views of rural and regional Australians about the liveability and resilience of their community, and their own wellbeing and resilience. In addition to leading the Regional Wellbeing Survey, Jacki's personal research interests focus on understanding the social dimensions of natural resource management, particularly how people's access to and use of natural resources affects their health and wellbeing.

# OUR PEOPLE

## Dr Katie Speers

Katie is a post-doctoral research fellow, her PhD investigates the effects of physical activity and cardiometabolic risk factors on the autonomic nervous system of children. She primarily uses heart rate variability and saliva sampling as non-invasive methods for measuring and interpreting the stress response. Katie is interested in understanding the interplay between lifestyle, the autonomic nervous system, and mental health/behaviour.

## Dr Hossein Tabatabaei Jafari

Hossein is a dedicated professional with a diverse background spanning medicine, cognitive neuroscience, and mental health research. He earned an MD in Medicine from Iran University of Medical Science and a PhD in Cognitive Neuroscience from the Australian National University. Hossein's multidisciplinary academic background enriches his quest to comprehend the intricate workings of the human mind and brain. He also delves into investigating environmental indicators that influence aging and mental health issues, reflecting a comprehensive approach to understanding these complex challenges. His dedication lies in conducting research that holds the potential to significantly impact mental health care and treatment. His broad interests encompass a deep exploration of the complexities of mental health issues and an examination of the intricate web of environmental factors contributing to these challenges.

## Professor Gavin Turrell

Gavin's primary research interests are in social epidemiology, with a focus on the social determinants of health and health inequalities. His research is population-based and much of it examines how the neighbourhood environment interacts with individual-level factors to influence health and related behaviours and risk factors. Gavin was recently a Chief Investigator on an NHMRC Centre of Research Excellence in Healthy, Liveable, and Equitable Communities, where he led a research program examining whether the built environment is causally related to health and well-being.

## Associate Professor Penney Upton

Penney is an experienced social scientist whose work focuses on the improvement of health and wellbeing across the lifespan. Her work has had significant influence on local and national policy and strategy in both Australia and the UK. As part of this work Penney is committed to the development of best practice and is co-author of the evidence-based practice questionnaire (EBPQ) and the student evidence-based practice questionnaire (S-EBPQ) two psychometrically sound measures which continue to have an impact internationally in both clinical and educational settings.

Penney is the lead UC academic for the National Best Practice Unit Tackling Indigenous Smoking (NBPU TIS) which provides research translation and training to support Aboriginal and Torres Strait Islander led teams implement best practice tobacco control across Australia.

## Dominique Williams

Dominique supports the WellRes Unit's surveys and has training in mental health first aid and works extensively on the Carer Wellbeing Survey, Regional Wellbeing Survey and Living Well in the ACT survey.

## Allison Wood

Allison is a research officer and doctoral student examining effective methodologies for accelerating transition to healthy and sustainable diets in young Australian adults. Her interest sits on the horizon of two significant global crises: poor diets and health amongst young adults, and climate change. Allison's broader professional experience extends from legal and social policy development in the Australian public sector through to teaching at the secondary and tertiary levels and working as a family lawyer and fitness and nutrition coach. She is a member of the board of directors for Nutrition Australia (ACT) and the recipient of three Australia Day medals for excellence in legal policy development and stakeholder engagement.

## Dr Cindy Woods

Cindy is a Senior Research Fellow in the Mental Health Policy Unit, Health Research Institute at the University of Canberra. She is a member of the EMPOWER impact analysis team, jointly funded by the EU Horizon Scheme and the National Health and Medical Research Council, and the Movember Veterans and First Responders Mental Health Grant program external impact analysis and evaluation team. Cindy has numerous journal publications and her research focuses on impact analysis, public health, Indigenous health, mental health, trauma and resilience.

## Vivian Yu

Vivian has practiced across multiple settings including private practices, schools, and early learning centres. Vivian is passionate about research in preventative health and working with families and educators to support children's language development in the home and school environment. Her areas of interest include paediatric language, caregiver coaching, literacy, and augmentative and alternative communication (AAC).



## PUBLIC HEALTH DISCIPLINE

### Dr Ro McFarlane (Discipline Lead in Public Health)

Ro coordinates the HRI's flagship Master of Public Health program. She has significant experience and expertise at the interface between health, biodiversity, environmental sustainability, and food production, often referred to as One Health, Planetary Health and, or Ecological Public Health. Her research focuses on evidence synthesis for policy, education and addressing barriers to implementation of place-based solutions. Current activities include coordinating Health within the Nexus Assessment for the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services and addressing healthy and sustainable food system transition as co-lead of the Future of Food in the Capital Region network.

### Dr Sunil George

Sunil is a public health academic with over eighteen years of experience working as a public health practitioner, researcher and teacher in higher education in various settings in India, Kenya, South Africa, and Australia. He is an expert in mixed methods research with extensive experience of carrying out ethnographic research with socially excluded communities in different settings. His research interests include the impact of social exclusion on access to healthcare for marginalised communities, Indigenous health and wellbeing and health services research.

### Dr Zelalem Mengesha

Zelalem is a public health lecturer and an expert in mixed methods and Q methodological research as well as sexual and reproductive health care. He utilises systemic theories and critical realist approaches to understand inequity in health care access, utilisation and outcomes. His main research interest areas are men's health, sexual and reproductive health, refugee and migrant health, critical public health and health policy.



### Dr William Mude

William is a senior lecturer in Public Health at the University of Canberra, with over ten years of experience in various public health roles across government and non-government organisations in Australia and Canada. He has extensive knowledge and expertise in community-based participatory action research and mixed methods research, which inform his research work. William's research interests are primarily focused on migrants and refugees health, where he aims to make a positive impact by generating new insights and solutions to improve migrant and refugee health outcomes in Australia and internationally.

# OUR PEOPLE



Some of our staff on our Retreat in Fitzroy Falls, NSW.

## ADMINISTRATION TEAM

### Nathasha Munasinghe

Nathasha is an administration officer (research), supporting the Health Research Institute.

### Nicole O'Connor

Nicole is an administrative officer (Research) within the Mental Health Policy Unit and has a background in neuroscience with experience in Indigenous health research in urban and remote communities.

### Nicole Thacker

Nicole joined the HRI in 2023 to help support the administrative team.

### Jonathan Ward

Jonathan is the Business and Project Manager for the Health Research Institute, with a focus on identifying, fostering and maintaining relationships with both internal and external stakeholders, developing funding applications to industry, government and NFP organisations, and promoting the variety of research being done in HRI. Jonathan is also a proud member of the University of Canberra community, being a UC Values Champion since its inception in 2021 to promote the values of the University.

## HIGHER DEGREE BY RESEARCH PHD STUDENTS

### Congratulations to our Graduating PhD Students

Dr Kimberly Brown

**TOPIC:** Exploring associations between wellbeing and regenerative agriculture.

Dr Ibrahim Haider

**TOPIC:** Medication management in aged care.

Dr Susan Hartono

**TOPIC:** Growing up in Australia: the effects of parental immigration status, country of origin, and acculturation on the dynamics of children's body weight status.



Kimberly Brown and Susan Hartono pictured with Prof Jacki Schirmer.



## PHD STUDENTS

**Adugnaw Alem:** Timeliness of aggressive non-Hodgkin Lymphoma care and treatment outcomes.

**Faten Alhabri:** Adopting a balanced diet of traditional foods as a pathway to healthy and sustainable diet among Saudi women.

**Joseph Anumba:** Investigating the relationships between built environment features and adults' subjective wellbeing in the Australian Capital Territory.

**Miranda Batten:** Evaluating the implementation of an aged care intervention.

**Pratika Chawala:** Health Impacts of Particulate Matter: An Individual Exposome Approach Using Wearable Devices.

**Poulomi Chowdhury:** Profiles of health issues, healthcare utilisation and its cost: A study of older workforce by type of economic activities in India. Ibrahim Haider: Medication management in aged care.

**Misganaw Gebrie Worku:** Nutritional status and infectious disease among children.

**Sara Hudson:** Assessing how Indigenous social enterprises impact Indigenous health and wellbeing.

**Sushmitha Kasturi:** Geographic variation in the association between the risks of mental ill-health and cardiometabolic health in young population in Australia.

**Vincent Learnihan:** Neighbourhood risk conditions for mental health and wellbeing: A case study of mid to older aged Australians.

**Gweneth Leigh:** Is the schoolyard sick? Investigating the design impacts of secondary school outdoor spaces on student wellbeing.

**Xi Li:** Socioeconomic disparities in multimorbidity, healthcare utilisation, and catastrophic health expenditure in China: Is the burden heavier on the socioeconomically disadvantaged?

**Edmore Mazani:** Addressing Vaping Among Aboriginal and Torres Strait Islander Youth.

**Tapas Mazumder:** Neonatal mortality in Bangladesh.

**Jeff Mitshabu:** Dietary and Lifestyle transitions in multi-generational Congolese Australians: effects on cardiometabolic risk factors.

**Sundus Nizamani:** It takes two to tango: A couples-based intervention to reduce metabolic risk in parents and offspring.

**Kacie Patterson:** Behavioural interventions for cardiac rehabilitation.



**Jess Seymour:** Investigating the effectiveness and implementation of a very brief physical activity intervention for cardiac rehabilitation participants with coronary heart disease.

**Samjhana Shrestha:** Examining the relationship between the built environment and adult obesity and the contribution of physical activity.

**Swati Singh:** Acculturation, dietary behaviour and body weight status of Indian immigrants in the Australian Capital Territory.

**Alex Tanfield:** The impact on and changing nature of social capital in response to compound disasters.

**Mel Triantafyllou:** Relationships between local residential and within home physical and social environments and wellbeing from birth to early adulthood.

**Thomas Vasey:** Children's Active School Travel: Building a Toolkit to Assist the Design, Implementation, and Evaluation of Safe Routes to School Programs.

**Lucy Walton:** Cardiac Rehabilitation for transient ischaemic attack and mild stroke — implementation and effectiveness.

# OUR PEOPLE

## ADJUNCT HONORARY STAFF

### Dr Danish Ahmad

Danish is a trained physician with advanced training in public health and research data analytics. Trained in clinical medicine from the University of Delhi and public health from the University of Oxford and the University of Canberra, Danish has a career interest in improving the design, delivery and evaluation of health systems to improve population health and wellbeing.

### Associate Professor Amir Aryani

Amir is the Head of the Social Data Analytics (SoDA) Lab in the Social Innovation Research Institute. The Lab applies contemporary and emerging co-op data analytics techniques to provide insight into health and social problems. Amir has experience with large-scale and cross-institution projects in Australia and Europe, and he has participated as investigator and project lead in securing in more than \$37M funding in three areas of research and innovation.

### Professor Margaret Cargo

Margaret's research expertise is in the assessment of context and implementation (i.e., intervention dose, fidelity, adaptation) in complex population health interventions and systematic reviews. She has worked in partnership with government, not-for-profit and the Aboriginal community-controlled health sector to identify and prioritise needs at local, state and national levels. Program planning and evaluation projects have included: prevention of childhood obesity, type 2 diabetes, tobacco control, Aboriginal parental engagement, Aboriginal grief and loss, and built community environments related to heart health.

### Professor Charles Claudianos

Charles is a trained health researcher and medical scientist and an expert across multiple disciplines including mental and public health, neuroscience, molecular science and genomics. More recently his research focuses on neuropsychiatric disorders, neuroscience and mental health. He is also a Consultant/Honorary Professor at the Australian National University and a Visiting Scientist with CSIRO.

### Dr Hazel Dalton

Hazel is Research Leader and Senior Research Fellow at the University of Newcastle's Centre for Rural and Remote Mental Health (CRRMH) in Orange. Since 2016, she has managed research across mental health promotion, including the Rural Adversity Mental Health Program (RAMHP) and collaborative approaches to community wellbeing; innovation in mental health service provision, including integrated care; and rural suicide prevention.

### Associate Professor Dr Anindita Das

Anindita has over twenty years of clinical and research experience in diagnostics, antimicrobial stewardship, infection control, infectious serology and infectious diseases molecular diagnostics both in India and Australia. Dr Das' research at the Canberra hospital include antimicrobial resistance, laboratory diagnostics, hospital acquired infections and infection control.

### Professor Paresch Dawda

Paresch is a General Medical Practitioner, academic and researcher with expertise in clinical leadership, quality and patient safety improvement. His clinical interests include the management of chronic conditions and those with complex needs e.g. frail elderly. This has led to a practice with a strong focus on aged care and palliative care. His non-clinical interests include research, education and training. He also works as an independent consultant advising organisations on developing high-performance health systems.

### Dr Diego Diaz-Milanes

Diego is currently working at the Universidad Loyola Andalucía (Spain) and his area of research focuses on improving mental health care provision by using decision support systems. It includes relative technical efficiency assessment and Bayesian networks development for guiding policy making. He is also interested in health promotion and disease prevention.

### Dr Summer Finlay

Summer is a Yorta Yorta woman who grew up in Lake Macquarie. Dr Finlay is a Lecturer at the University of Wollongong in the School of Health and Society and is employed as a Postdoctoral Fellow at the University of Canberra in the Health Research Institute. She has worked in health at the national level and has strong professional connections across the country in the Aboriginal Community Controlled Health Service sector.

### Professor Carlos Garcia-Alonso

Carlos is the Acting Vice-Chancellor and Deputy Vice-Chancellor of Research at the Universidad Loyola Andalucía in Spain. His main areas of interest are operational research and health systems engineering. Carlos has designed and developed the following software prototypes (main designs): computer-based system for the assessment of autocorrelation geographical analysis (to identify and locate highly significant — prevalence and incidence — spatial areas mainly for health care), computer-based system for the evaluation of relative technical efficiency (health care management) and a simulation model for the assessment of illnesses costs (health care management).



#### Associate Professor James Gillespie

James is Hon Associate Professor in Health Policy in the Menzies Centre for Health Policy and the Sydney School of Public Health, University of Sydney. He has a PhD from the University of Cambridge. His research has covered the history and politics of global health organisation, comparative public policy and of the Australian health care system.

#### Associate Professor John Goss

John has worked as a health economist for over 30 years. For many years he was Principal Economist at the Australian Institute of Health and Welfare where he and his team produced the Health Accounts for Australia. These Health Accounts included a disease dimension and separately estimated health expenditure for Aboriginal and Torres Strait Islander peoples. John continues to collaborate with the AIHW on Disease Expenditure.

#### Dr David Hardman

David is an Australian-based health professional. David is trained as a Vascular Surgeon and practices in Deakin.

#### Professor Richard Madden

Richard is the Head of Classifications at the World Health Organization Collaborating Centre for Strengthening Rehabilitation Capacity in Health Systems.

#### Professor Michael Moore

Michael was previously the CEO of the Public Health Association of Australia and the Vice President/President Elect of the World Federation of Public Health Associations. Michael is a former Minister of Health and Community Care and was an independent member of the Australian Capital Territory Legislative Assembly for four terms from 1989 to 2001. In his retirement he is also a political and social columnist.

#### Dr Rajeev Pathak

Rajeev is a clinical academic and lead of cardiac electrophysiology at The Canberra Hospital. He is the head for the Heart Rhythm Disorders research group at Australian National University. He has established the Electrophysiology services at The Canberra Hospital to provide specialised care for Cardiac arrhythmias. Dr Pathak's interests are in Clinical Cardiology and Cardiac arrhythmias.

#### Adjunct Associate Professor Dr Nalini Pati

Nalini is a Senior Staff Specialist at the Department of Haematology at The Canberra Hospital (TCH) and is an honorary academic haematologist at ANU Medical school. He has been involved in many national and international clinical

trials at Canberra hospital including the studies at Australian Lymphoma Leukaemia Group. He has experience in the design and conduct of several investigator led studies at TCH. Dr Pati chairs the lymphoma MDT streamlining the lymphoma care in ACT. Principal Investigator of many industries sponsored and cooperative group clinical trials and has served on pharmaceutical company advisory boards.

#### Professor David Perkins

David is the Director and Professor of Rural Health Research, Centre for Rural and Remote Mental Health at the University of Newcastle. David has extensive research experience in Mental Health Services, Rural Suicide Prevention, Public Health, Rural Health and Primary Health Care. His career spans senior management and health service research roles in both the UK and Australia.

#### Professor Daniel Rock

Daniel is a psychiatrist by training and epidemiologist with a PhD from the University of Western Australia. He is also a Fellow of the Royal Society for Public Health and an adjunct Professor at the UC Health Research Institute and at the School of Psychiatry and Clinical Neurosciences, University of Western Australia. He is the Principal Advisor and Research Director at WA Primary Health Alliance — WAPHA where he leads the mental health and suicide prevention strategic planning of Western Australia (WA) and participates as member in main governmental MH strategies in Australia such as Fifth National MH and Suicide Prevention Plan Technical Advisory Group, and the National Assessment, Triage and Referral Project Steering Committee, Department of Health, Canberra.

#### Associate Professor Jose Salinas-Perez

Jose is an Associate professor at the Department Quantitative Methods, Loyola University in Spain. He is a geographer specialised in Health Geography.

#### Professor Annette Schmiede

Annette is a well-established leader within Australia's health and aged care sectors through her leadership and governance roles across public and private healthcare, industry, education and health and medical research entities. Currently Annette is the Chief Executive Officer of the \$220million the Digital Health CRC which brings together a unique, multidisciplinary, collaborative taskforce of research, clinical, industry, government and educational organisations.

# OUR PEOPLE

## AFFILIATED MEMBERS

### Associate Professor Petra Buergelt

Petra serves on the Executive Committees of the Collaborative Indigenous Research Initiative and International Transformative Learning Association. Using qualitative and Indigenist research, she is working at the nexus of disaster risk reduction and recovery, Indigenous/ancient worldviews-knowledges-practices and transformation to contribute to creating a paradigm shift from Western to ancient/Indigenous paradigms.

### Professor Girija Chetty

Girija is a Professor in Computing and Information Technology at School of Information Technology and Systems, at University of Canberra. She has more than 35 years of experience in Industry, Research and Teaching from Universities and Research and Development Organisations from India and Australia, including several leadership positions. Her research interests are in multimodal systems, computer vision, pattern recognition, data mining, and medical image computing.

### Dr Lain Dare

Lain Senior Research Fellow at the Institute for Governance and Policy Analysis, at the University of Canberra. Her current research explores the role and mechanisms for more participatory forms of governance within rural and regional communities.

### Dr Tesfaye Gebremedhin

Tesfaye is an Assistant Professor of Economics at the Faculty of Business, Government and Law. Before this appointment, he held a lectureship position in economics at University of Sydney. Tesfaye's major research interests are in development economics, labor economics, applied microeconomics, Economics of education and health economics.

### Professor Raechel Jones

Raechel is the Head of the Canberra Business School. A Professor in Marketing and Service Management, Raechel's expertise includes customer value, technology marketing and Transformative Service. Her research interests include self-service technologies, internet marketing, social media, vulnerable communities and Transformative Service Research.

### Professor Elisa Martinez-Marroquin

Professor, currently in the role of Associate Dean Education.

### Professor Kerry McCallum

Kerry is Director of the News & Media Research Centre. Her research in Political Communication specialises in the relationships between changing media and Australian social policy. She is the co-author of 'The Dynamics of News and Indigenous Policy in Australia' (Intellect, 2017), and is currently lead investigator on the ARC-funded project 'Breaking Silences: Media and the Child Abuse Royal Commission'.

### Dr Milica Mumovich

Milica is Senior Lecturer in the Faculty of Arts and Design, Architecture at the University of Canberra. Specialising in architectural and urban design, place identity and sustainable architecture, Dr Muminovic's research focuses on capturing and understanding the complex aspects of built environment with particular focus on transformations which maintain place identities.

### Associate Professor Hitomi Nakanishi

Hitomi is an associate professor in Urban and Regional Planning, course convener of the Master of urban and regional planning and Bachelor of Civil Engineering Technology at University of Canberra.

### Murray Turner

Murray is a health librarian and researcher who has trained in literature searching at the renowned Erasmus MC Medical Library, Rotterdam, Netherlands. He is familiar with each stage of the systematic and use of scoping review process, particularly with regards to complex database searching, data management, use of systematic review software and evidence synthesis. He has an extensive list of published research across health disciplines including public health. Murray's many years of experience and expertise will be used in designing and performing an extensive and exhaustive search for literature so that the research is based on the best possible information.

### Associate Professor Yogi Vidyattama

Yogi focuses his work in spatial and geographical economic analysis especially in microsimulation modelling, economic growth, income and wealth distribution and inequality. He joined University of Canberra in 2008 and since has been responsible for developing and enhancing NATSEM's spatial microsimulation model.





# AWARDS



# AWARDS

## MALASPINA AWARD

### PROF LUIS SALVADOR-CARULLA AND COLLEAGUES

Congratulations to Prof Luis Salvador-Carulla and colleagues for being awarded the 2023 Malaspina Award.

**“The Malaspina Award is an honour bestowed by the Spanish Embassy in Canberra and the Association of Spanish Researchers in Australia-Pacific (SRAP) to individuals and organisations who have made a significant contribution to the scientific and/or cultural relationship between Spain and Australia.”**

This year, the awards took place at the Australian Academy of Science’s Shine Dome on Friday 17 November 2023, with the University of Canberra’s EMPOWER Consortium led by Professor Luis Salvador-Carulla taking home the institution award. The EMPOWER Consortium is a collaboration between Spanish and Australian researchers which has received joint funding by the European Union HORIZON programme and the Australian National Health and Medical Research Council (NHMRC) within the NHMRC-European Union program. This collaboration has facilitated a continuous exchange of researchers between Australia and Spain since 2013, including joint positions, scientific publications, and joint research projects.

The program has developed into a long-standing research collaboration with a significant number of Universities and Research Centres in Spain (e.g., Fundació Sant Joan de Deu, Universidad Autónoma de Madrid, Universidad Loyola Andalucía, Universidad Pública de Navarra, Asociación Científica PSICOST).



**TOP L-R:** Dr Ángel López-Sánchez (Macquarie University & SRAP President), Prof Luis Salvador-Carulla (UC-HRI and SRAP Honorary President), A/Prof Nasser Bagheri (UC-HRI), Prof Lucy Johnston (Deputy Vice-Chancellor Research and Enterprise, UC), H.E. Ms Alicia Moral-Revilla (Ambassador of Spain in Australia), A/Prof Tom Chen (Faculty of Business, Government & Law, UC), A/Prof Sebastian Rosenberg (UC, HRI).

**ABOVE L-R:** Prof Luis Salvador-Carulla (UC-HRI and SRAP Honorary President), H.E. Mr Gabriele Visentin (Ambassador of the European Union in Australia), H.E. Ms Alicia Moral-Revilla (Ambassador of Spain in Australia), Prof Lucy Johnston (Deputy Vice-Chancellor Research and Enterprise, UC), Ms Ángela Romero-Martínez (collecting the award to Prof Carola Vinuesa), Ms. Anna-Maria Arabia (CEO Australian Academy of Science), Mr Nishant Shandilya (Regional Coordinator, EURAXESS – Australia & New Zealand), Assoc. Prof Sergio León-Saval (University of Sydney, SRAP Honorary President and Secretary of the Malaspina Awards), and Dr Ángel López-Sánchez (Macquarie University & SRAP President).



## LITERATI AWARD

PROF LUIS SALVADOR-CARULLA AND DR TOM CHEN

Prof Luis Salvador-Carulla and Dr Tom Chen were awarded the Literati Highly commended paper award 2023 by Emerald Publishing for their paper **Blended human-technology service realities in healthcare**, in the *Journal of Service Theory and Practice*, in 2022.

*This paper is related to the EMPOWER project funded by NHMRC and Horizon.*



## RESEARCHER OF THE YEAR

PROF LUIS SALVADOR-CARULLA

The Vice-Chancellor's Excellence awards was held in December 2023 to celebrate staff who made significant contributions to the University this year, aligned with the University's values and purpose in our Connected decadal strategy. Professor Luis Salvador-Carulla was awarded the Researcher of the Year Award.

Professor of Mental Health Luis Salvador-Carulla is an award-winning mental health expert and the Deputy Director of the **Health Research Institute (HRI)**. He has developed and intensively participated in international research in mental health, digital health, person-centred medicine, healthy aging, and impact analysis.

**“Over three years, Luis has participated in eight research projects which had an overall budget of over \$10 million, and a direct contribution of over \$5 million to HRI. His team’s tools are utilised in 35 countries, and have earned prestigious awards in Europe and Australia for their impact on public agency planning and advancements in neurodevelopmental disorder classification.”**



Beyond research, Prof Salvador-Carulla mentors and supports staff within the Faculty of Health and beyond, fostering project participation and international collaborations, while enhancing the PhD path for senior students coming from the public sector.

“I am very proud to be part of this work. I think the University is a wonderful environment and the best place I’ve ever worked in. We have been working on Indigenous healthcare with Indigenous communities in North Queensland this last year, to understand their needs, and how to support them to get better services. Our work with the Indigenous communities has been our best achievement this last year,” said Prof Salvador-Carulla.

# AWARDS

## UC EXCELLENCE IN ENGAGEMENT AND IMPACT

The VIDEA Lab team, Faculty of Health, as Australia's first lab to combine expertise from two related areas of knowledge — visual analytics and expert decision-making — therefore providing new opportunities to better plan public health care.



## BEST POSTER PRESENTATION ACRA NSW/ ACT ANNUAL SYMPOSIUM 2023

LUCY WALTON



Lucy Walton was awarded the Best Poster Award at the 2023 Australian Cardiovascular Health and Rehabilitation Association Annual Symposium for her poster titled: *Factors influencing implementation of Cardiac Rehabilitation for transient ischemic attack and mild-stroke (CRAMS): A qualitative analysis.*

## TOP DOWNLOADED PAPER

A/PROF NICOLE FREENE

Congratulations to A/Prof Nicole Freene, joint lead author on the top downloaded paper in *Heart Lung and Circulation Journal* in 2023.

The patient-centred assessment and prescription of aerobic exercise, resistance exercise and physical activity have been addressed, including progression and safety considerations.

### A Clinical Guide for Assessment and Prescription of Exercise and Physical Activity in Cardiac Rehabilitation.

A CSANZ Position Statement

This position statement provides pragmatic, evidence-based guidance for the assessment and prescription of exercise and physical activity for cardiac rehabilitation clinicians, recognising the latest international guidelines, scientific evidence and the increasing use of technology and virtual delivery methods.





# UC RESEARCHER AWARDED ARC EARLY CAREER INDUSTRY FELLOWSHIP FOR AUSTRALIAN CARERS' WELLBEING

DR MEL MYLEK

WRITTEN BY KAILEY TONINI

Dr Mel Mylek, a Postdoctoral Fellow at the University's [Health Research Institute](#), has been awarded \$443,386 as part of the Australian Research Council's (ARC) prestigious Early Career Industry Fellowship.

The grant will enable Dr Mylek to continue her work with Carers Australia and the Australian Government Department of Social Services (DSS) on the [national Carers Wellbeing Survey](#), which aims to build a comprehensive picture of the wellbeing of carers and how Australian services can best support their needs.

There are approximately 2.65 million carers in Australia, who provide unpaid assistance to others living with a disability, long-term health condition, mental ill health or age-related frailty.

The national survey commenced in 2021 and asks carers to share their experiences of being a carer and the support services they engage with. The outcome of the survey is intended to help Carers Australia and DSS improve the tools and services available to carers, and make recommendations to government relating to carers' wellbeing.

**"I am very grateful for this fellowship, which will fund the next three years of the survey and allow us to begin with the longitudinal analysis from 2024. We know the health and wellbeing of carers is much lower compared to other Australians, that they are often more socially isolated and have poorer employment outcomes. Looking at their access to available support services, including the federal government Carer Gateway, My Aged Care and NDIA will help improve the quality and accessibility of these services. Unpaid carers make such a significant contribution caring for others, so we need to ensure they are receiving care too."**

Dr Mel Mylek



**"This survey helps fill a major gap in data about the lived experiences of Australian carers, and shows the diversity of caring relationships, carers and the people receiving care. It has enabled Carers Australia to advocate on behalf of carers based on solid evidence, to ensure their voices and experiences are heard and governments understand their needs."**

Alison Brook, CEO, Carers Australia

The ARC's [Early Career Industry Fellowships](#) scheme provides opportunities for early career researchers to work with leading professors and industry to help solve industry challenges.

In May 2023, 50 Early Career Industry Fellowships were awarded, totalling \$22 million.

# AWARDS



## PHARMACISTS IN AGED CARE

Dr Sam Kosari and team awarded a MRFF grant following the success of on-site pharmacists in residential aged care facility study.

Following the success of our on-site pharmacists in residential aged care facility (RACF) studies, UC was awarded \$1,489,638 over three years by the Medical Research Future Fund (MRFF) to test the scale-up of the model for a national roll-out.

This new model of care integrates on-site pharmacists into RACFs as part of facility care teams.

Study results show that having an on-site pharmacist:

- Reduced the prescription of potentially inappropriate medicines for residents,
- Reduced the dosage of antipsychotic medicines prescribed, and
- Helped improve medication knowledge of RACF staff, resulting in better care.



The next stage of the project, will further test the model in RACFs around Australia, especially facilities in rural and remote areas. Project partners include Choice Aged Care, the Pharmacy Guild of Australia, Pharmaceutical Society of Australia, Society of Hospital Pharmacists of Australia, National Rural Health Alliance, and five RACF groups.

**L-R: Rachel Davey, Mark Naunton, Jane Koerner, Sam Kosari and Michael Dale.**





# RESEARCH

## IMPACT AND ENGAGEMENT CASE STUDIES

**WE HAVE A VIBRANT AND RESPECTED RESEARCH COMMUNITY THAT HAS ESTABLISHED UC AS A RESEARCH-LED INSTITUTION. WE WANT TO BUILD THE BEST ENVIRONMENT FOR US TO EXCEL IN THIS CORE ENDEAVOUR, AND IN SO DOING, ENSURE WE ARE FULLY CONNECTED TO OUR STUDENTS, OUR STAFF AND OUR PLACE.**

# RESEARCH



## MENTAL HEALTH POLICY UNIT

Prof Rachel Davey, Prof Lucy Johnston, Ms Emma Davidson (MLA), Prof Michelle Lincoln and Prof Luis Salvador-Carulla at the Mental Health Policy Unit Annual Meeting.

**WE SUPPORT HEALTHCARE DECISION-MAKERS, EXECUTIVES, POLICYMAKERS AND ADVOCATES TO IMPROVE MENTAL HEALTH OUTCOMES IN THE COMMUNITY**



The Mental Health Policy Unit focuses on using evidence-based decision support systems to support health and social policy. We work with local and international research institutions, governments, health networks, service providers and advocacy organisations to better understand, influence and improve mental health and disability care in the community.

We use benchmarking tools and indicators to analyse data and develop systems to support mental health and disability service planning. As part of this work, we develop **integrated healthcare atlases**.

These are structured service assessment and decision support tools that collect standardised information about specialised mental health services in a particular area and present it visually using Geographical Information Systems (GIS).

We work closely with other ANU research groups including the Centre for Mental Health Research Learning Development Unit and the Visual and Decision Analytics (VIDEA) lab.

The Mental Health Policy Unit held its 2nd annual meeting on the 30th of October 2023, during the Mental Health Month.

The ACT Minister of Mental Health, Emma Davidson, and the Dean of the Faculty of Health, Michelle Lincoln, opened the event and praised the significant work conducted at the MHPU during the last two years.

## MENTAL HEALTH POLICY UNIT

LUIS SALVADOR-CARULLA  
*Mental Health Policy Unit Head*

### STAFF

NASSER BAGHERI

SUE LUKERSMITH

NEERAJ GILL

CINDY WOODS

KATIE SPEER

MARY ANNE FURST

HOSSEIN TABATABAEI-JAFARI

ITISMITA MOHANTY

NICOLE O'CONNOR

### ADJUNCTS

CARLOS GARCIA ALONSO

DAVID PERKINS

ANNETTE SCHMIEDE

DANIEL ROCK

SEBASTIAN ROSENBERG

JOSE ALBERTO SALINAS-PEREZ

MENCIA RUIZ GUTIERREZ COLOSIA

### VISITING RESEARCH FELLOWS

NEREA ALMEDA

DIEGO DIAZ-MILANES

IVAN DURAN

CARLOTA DE MIQUEL



# RESEARCH

## MENTAL HEALTH POLICY UNIT



HRI staff at the MHPU Annual Meeting.



Luis Salvador-Carulla, head of the Mental Health Policy Unit, explained the advances undertaken by the MHPU team in human rights, impact analysis, modelling and benchmarking, digital health, visualisation and mapping of mental health services. This final topic deserved special attention. He described the recent ACT atlas of mental health care 2023 and the indigenous atlases of care produced by the MHPU team during 2023.

Nasser Bagheri, director of the Visual and Decision Analytics Lab explained a series of recent developments at the VIDEA lab including the ACT Atlas of dementia care and the analysis of neighbourhood characteristics and risk of chronic illness. Sebastian Rosenberg chaired a round table on future perspective related to health planning.

Finally, Elizabeth Moore, CEO of the ACT Office of Mental Health and Wellbeing provided a thoughtful summary of the current challenges faced by mental health in the ACT and closed the event.





# RESEARCH

## MENTAL HEALTH POLICY UNIT

### VETERANS AND FIRST RESPONDERS (VFR) MOVEMBER GRANT PROGRAM

#### RESEARCH TEAM

SUE LUKERSMITH

LUIS SALVADOR-CARULLA

RACHEL DAVEY

CINDY WOODS

THEO NIYONSENGA

ITISMITA MOHANTY

#### ADJUNCT STAFF

MENCIA RUIZ GUITIERREZ-COLOSLA

CARLOS GARCIA ALONSO

AMIR ARYANI

JOSE ALBERTO SALINAS PEREZ

DIEGO DIAZ MILANES

#### PROJECT ADMINISTRATIVE SUPPORT

NICOLE O'CONNOR

The project, which looks at mental health and well being among some of our most essential workers: **Veterans and First responders. It aims to identify what works, for whom, and why, in terms of health, mental health and wellbeing, and involves 15 projects in 7 countries around the globe.**

The \$10.4 million grant to the projects is funded by the Movember Foundation, under the Veterans and First Responders (VFR) Movember Grant Program. The projects targets mental health and wellbeing among police officers, paramedics, disaster emergency service workers, firefighters, hospital emergency personnel. The grant program contributes to work done by the Movember group to build mental health awareness in these essential but at risk groups.

Associate Professor Sue Lukersmith, Disability and Health Implementation Research from the MHPU leads the evaluation of the VFR Grant program at the MHPU and Professor Luis Salvador-Carulla, Head of the Mental Health Policy Unit co-leads.

#### WHAT IS VFR MOVEMBER ABOUT?

Military veterans and first responders are demonstrably at greater risk of mental issues when compared to the general population, for both mental ill health and suicide ideation/completion. As well, more men than women are employed in these professions. Research has shown that men are less likely to engage with health seeking behaviours: such as increasing awareness of their own health, developing social support networks, living a lifestyle that maintains their health, positive habits to build mental resilience, and asking for help.

There are programs that support these essential workers in our communities, and assist them to manage stress. Yet there are many gaps in the evidence for what works for whom, when and how — this project aims to fill in those gaps.







## GOALS AND FUNDING

The University of Canberra evaluation and impact analysis team in the MHPU have been funded by Movember to collaborate with the 15 projects over a period of 2.5 years, to analyse/find answers to some of these questions.

## METHODOLOGY

The complexity of this international project has called for the development and use of novel scientific methods and tools, and demands extensive collaboration across 15 project teams in the UK, New Zealand, Canada, Australia, United States, Ireland and Germany

Our goal is to complete this complex evaluation and impact analysis of the 15 highly heterogeneous projects in 2024, identifying those strategies that are most effective, that have a positive impact for VFR workers and their families, that are sustainable and potentially scalable on a broader scale.

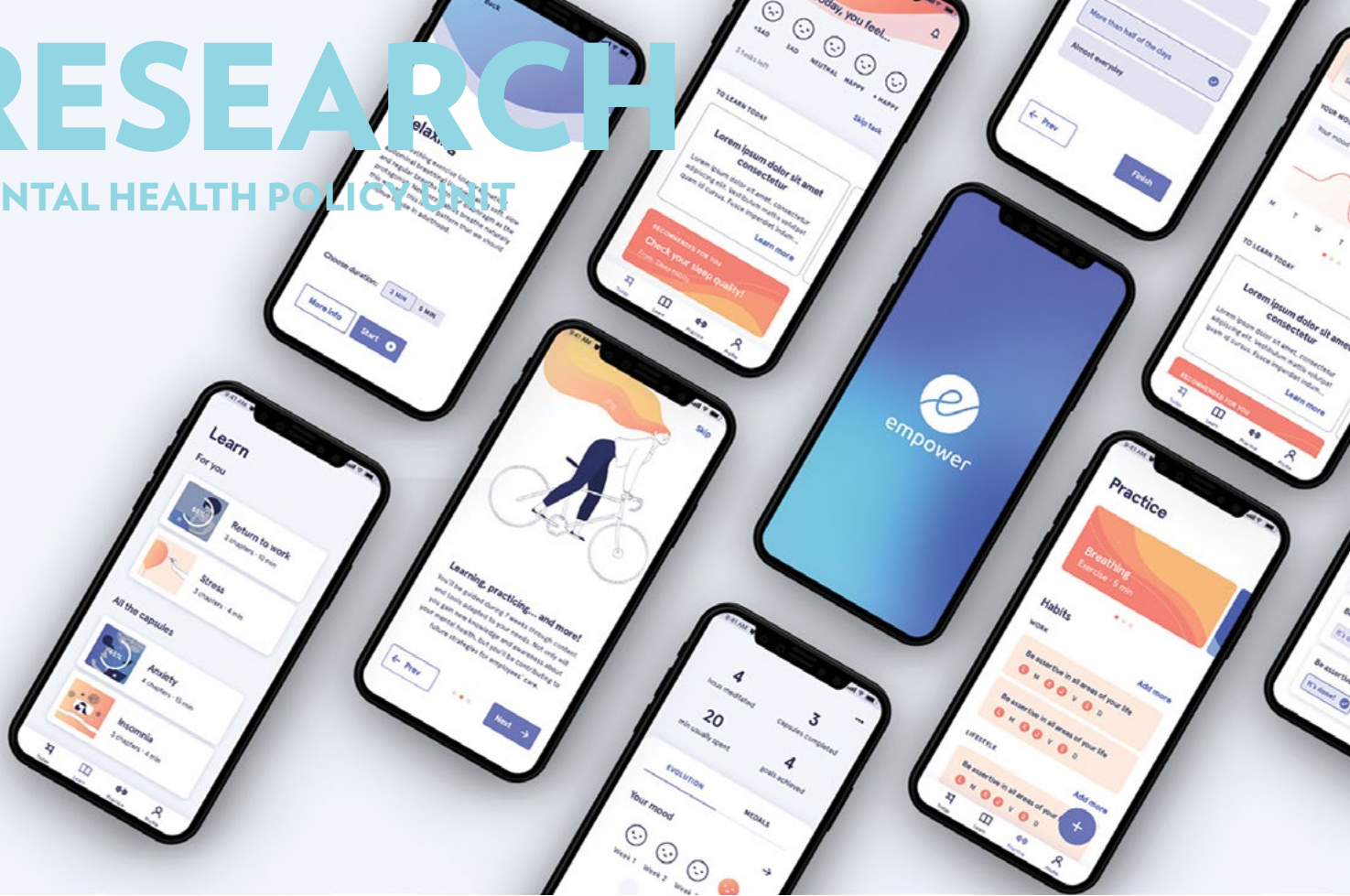
Evaluation and impact analysis uses mixed methodology, drawing on a broad range of skills from the team at the University of Canberra and our collaborators at the University of Loyola (Spain) and Swinburne University (Melbourne).

A significant component for all the projects, Movember and the UC team is organisational learning commencing on day one, and which has continued through knowledge sharing activities initiated by University of Canberra and Movember.



# RESEARCH

## MENTAL HEALTH POLICY UNIT



## EMPOWER

### RESEARCH TEAM

LUIS SALVADOR-CARULLA  
TOM CHEN  
NASSER BAGHERI  
SUE LUKERSMITH

This important Europe-wide research project aims to target the impact of mental health problems at the workplace, by preventing or managing and thereby reducing depression and anxiety at work. The project has significant implications for workplaces internationally.

EMPOWER<sup>1</sup> brings together an international consortium of 12 research groups and partners across 9 European countries, working with the Mental Health Policy Unit at the University of Canberra.

Professor Luis Salvador-Carulla, Co-Deputy Director of the University of Canberra Health Research Institute and Head of the Mental Health Policy Unit, and Associate Professor Sue Lukersmith are co-leads in the impact analysis for the EMPOWER project.



### WHAT IS EMPOWER ABOUT?

Depression and/or anxiety are known to be linked with lost productivity through absenteeism and presenteeism when the person continues to be physically at work but is less productive.

Both absenteeism and presenteeism are known to be major determinants of workplace productivity, health, wellbeing and employee satisfaction. Thus promoting well-being, reducing psychological distress, preventing mental ill health, and reducing their impact at the workplace are important goals across many workplaces internationally.

### APPROACH

EMPOWER used existing effective interventions to develop a culturally and gender-sensitive modular online eHealth platform and app. for users. Intervention strategies focused on different components of mental well-being, including awareness and stigma, workplace conditions and psychosocial factors, stress and common mental health symptoms, early detection, comorbidity, lifestyle and return to work.

<sup>1</sup> The European platform to Promote Wellbeing and eHealth in the workplace (EMPOWER)



## ANALYSIS

Over the past 4 years The University of Canberra team, led by Professor Salvador-Carulla and Associate Professor Lukersmith, has worked closely and collaborated with all partners in the EMPOWER project, including in particular, the European team based at Erasmus, Netherlands which was involved in the quantitative and qualitative evaluation of EMPOWER, and the Coordinating teams at St John of God in Barcelona, Spain and three Country Coordinators in Finland, Poland and Spain.

The UC team at the Health Research Institute is currently completing the impact analysis of EMPOWER, using data from the three European countries where it was implemented.

EMPOWER will be evaluated against 8 domains of impact, based on the Global Impact Analytics Framework (GIAF). The GIAF has been developed and tested by the MHPU team over 10 years. The domains concern the initiation phase of implementation research (planning, pre-engagement, pre-readiness) and the early implementation phase (readiness, usability, dissemination, adoption and penetration).

## FUNDING

The impact analysis by the University of Canberra has been funded by NHMRC – Collaborative Research Grants European Union Scheme (#1195937). The project partners in Europe are funded by the European Union's Horizon 2020 Research and Innovation Programme (No. 848180).



In January 2023, Professor Luis Salvador-Carulla and A/Prof Sue Lukersmith from the Mental Health Policy Unit met with the Australian Ambassador to Spain, Ambassador Sophia McIntyre and spent time discussing the work done at the University of Canberra, including our international research based in Europe, the EMPOWER and the Veterans and First Responders Mover projects in particular.



In June, Sue Lukersmith joined the half yearly General Assembly meeting in Rotterdam, Netherlands hosted by Erasmus University. She presented a progress update on the impact analysis.

# RESEARCH

## MENTAL HEALTH POLICY UNIT

### MCHART

#### A LOCAL NAVIGATION TOOL FOR MENTAL HEALTH CARE: DEMONSTRATION STUDY ACT

##### RESEARCH TEAM

LUIS SALVADOR-CARULLA

RACHEL DAVEY

NASSER BAGHERI

SUE LUKERSMITH

CINDY WOODS

HOSSEIN TABATABAEI-JAFARI

TOM CHEN

ELISA MARTINEZ-MARROQUIN

MARY ANNE FURST

JANE KOERNER

NICOLE O'CONNOR

Navigating services can be difficult for users of mental health care services as well as healthcare professionals. Improving navigation has been identified as a key priority.

The aim of the MChart project is to develop, test and implement a digital navigation tool which will map mental healthcare services. The goal is to make mental healthcare services easier for consumers and healthcare professionals to access.

Phase 1 of MChart-P will develop the navigation tool for mental healthcare service policy makers and planners.

Professor Luis Salvador-Carulla, Co-Deputy Director of the University of Canberra Health Research Institute and Head of the Mental Health Policy Unit is the lead researcher for the MChart project.

##### WHY IS MCHART NEEDED?

Almost half of all Australian adults will face mental ill-health during their lives but Australia's complex and disjointed mental healthcare system is preventing individuals from accessing treatment in an efficient and effective manner.

For the past five years, Professor Luis Salvador-Carulla and his team have been working to map mental health provision in Australia. The team have already completed mapping service provision in one third of the Australian Primary Health Networks which cover 50% of Australia's population. This method has been tested in over 35 countries around the world. Professor Salvador-Carulla's goal is to use this knowledge to produce a navigation tool that best serves consumers and professionals who use the mental healthcare system in Australia.

This collaborative research project brings together industry, academia and government to improve the understanding and navigation of Australia's increasingly complex mental healthcare environment. The MChart project is funded by the Digital Health Cooperative Research Centre (DHCRC) and involves the University of Canberra, Swinburne University of Technology, Capital Health Network, Psicost Research Association, and Bupa. The MChart project aims to create a user-friendly tool to help understand and navigate the mental healthcare system.

Once implemented and tested in the ACT, it is hoped this tool can be scaled up and adopted on a national level.





**“This partnership has led to significant achievements in health research and data analytics. Our joint efforts have resulted in high-impact publications and valuable insights for health and data analytics professionals.**

**“We’ve also worked on numerous grant proposals for funding from ARC, NHMRC, DHCRC, and projects with participation from the not-for-profit and government sectors. A notable success is the development of impactful MChart System (A Local Navigation Tool for Mental Health Care), showcasing our commitment to applying data analytics in addressing real-world health challenges. Our partnership with the Health Research Institute at the University of Canberra stands as a beacon of collaborative success.**

**“We look forward to continuing this journey, marked by a shared passion for discovery and a commitment to making a difference in the world of data-driven health research.”**

A/Prof Amir Aryani, head of the Social Data Analytics team, Centre for Transformative Innovation, Swinburne University of Technology

## OUR PARTNERS



# RESEARCH

MENTAL HEALTH POLICY UNIT





# NAVIGATING THE COMPLEXITY OF AUSTRALIA'S MENTAL HEALTHCARE SYSTEM

**A collaborative research project bringing together industry, academia and government will look to improve both the understanding and the navigation of Australia's increasingly complex mental health and wellbeing environment.**

The initiative, coordinated by the Digital Health Cooperative Research Centre (DHCRC) and involving the University of Canberra, Swinburne University of Technology, Capital Health Network, Psicos Research Association, and Bupa Foundation, will ultimately look to create a user-friendly tool to help professionals, planners and consumers more easily navigate the mental health care system.

Almost half of all Australian adults will face mental ill-health during their lives but Australia's complex and disjointed mental healthcare system is preventing individuals from accessing treatment in an efficient and effective manner.

Associate Professor Amir Aryani from Swinburne said the goal was to co-design, develop, implement and review the effectiveness of a care navigation platform — the Local Mental Health Care Operational Navigation Chart (MChart) — to better facilitate the navigation of mental health care services by all stakeholders along the journey.

"This project will develop, test, and implement a multi-applicable, multi-modal and multi-level framework and the related tools to navigate the local mental health system by clinicians, decision-makers and planners (MChart-P), as well as consumers and carers (MChart-C)," Associate Professor Aryani said.

"Once implemented and tested in the ACT, it is hoped this set of tools can be scaled up and adopted on a national level."

Professor Luis Salvador-Carulla, Co-Deputy Director of the Health Research Institute at the University of Canberra said the difficulty with accessing the right services and support is a result of a highly fragmented system and mental health services not being appropriately mapped and this is creating a significant barrier to improving health outcomes.

"For the past five years our team has been working extensively to map the mental health provision in our country. We have already completed the description of service provision in one third of the Australian Primary Health Networks covering 50% of the population, and our method has been tested in over 35 countries around the world," Professor Salvador-Carulla said.

"Our next goal is to use this knowledge to produce the best navigation tool of the mental healthcare system in Australia."

DHCRC CEO Annette Schmiede said the impact of COVID-19 on mental health was still being felt with the higher demand for mental healthcare furthering the need for the radical transformation of the delivery of mental health care in Australia.

"The development of a more professional and capable community mental health sector is one of the central challenges facing mental health reform in Australia now," Ms Schmiede said.

"The navigation platform MChart has a unique potential impact in this environment; to improve efficiency of the care system, reduce waste of care, and increase wellbeing of the population at need."

## ➔ MORE INFORMATION

Go to <https://digitalhealthcrc.com/navigating-the-complexity-of-australias-mental-healthcare-system/>

# INTEGRATED ATLASES OF THE SOCIAL AND EMOTIONAL WELLBEING SERVICES FOR ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AND YOUTH IN YARRABAH AND IN CAIRNS

### RESEARCH TEAM

LUIS SALVADOR-CARULLA

MARY ANNE FURST

### PART OF THE GLOCAL HUB

These Atlases were coproduced by the MHPU in collaboration with Central Queensland University and with community-based organisations in Yarrabah and Cairns (Gurriny Yealamucka Health Services in Yarrabah and DIDYG: Deadly Inspiring Youth Doing Good, in Cairns).

The Integrated Atlases of Yarrabah and Cairns provide a snapshot of the whole health and wellbeing service system in these regions using a healthcare ecosystem approach. Key to this approach is the service classification instrument — Description and Evaluation of Services and DirectoriEs for Long Term Care (DESDE-LTC or DESDE), which provides a standardised and validated method of describing and classifying services in all care sectors. The use of a standardised tool enabled comparison, both with other jurisdictions, and will allow comparisons in the same jurisdiction over time. In order to inform planning we need to know what services are available in any location, what they are doing, and where the strengths and gaps in the system lie. This requires a holistic approach that includes the mapping of services for young people not only in the health sector, but also across all sectors of care — education, social care, housing, justice,

community and cultural, as well as other relevant sectors of service provision.

Key issues were identified in the Atlases, including gaps in service provision, the extent to which services are Aboriginal Community Controlled in each region, the extent to which available services support young people “upstream” to prevent the need for more high intensity “downstream” support, and the composition of the workforce providing support to young First Nations people in these regions, in particular the representation of Indigenous people.

The Atlases were presented to the community based organisations at a Data Sovereignty Workshop in Cairns in December 2022. They can be found on the websites of these organisations. <https://www.gyhsac.org.au/site/user-assets/Research/Atlas%20Yarrabah%20youth%20wellbeing%20Final%20Version%2008042022.pdf> and <https://diydg.org.au/our-partnerships>

Papers co-authored by our team and project partners are under review at ANZJP and Lancet Regional Health.





**“This Integrated Atlas of the social and emotional wellbeing services for Aboriginal and Torres Strait Islander children and youth in Yarrabah provides, for the first time, baseline data to inform decision making about social and emotional wellbeing (SEWB) service delivery in Yarrabah. The Atlas responds to the need to promote and protect the mental health and social and emotional wellbeing of young Aboriginal and Torres Strait Islander people [...] in Yarrabah.”**

## ACKNOWLEDGEMENTS

The authors would like to acknowledge the support of Gurriny Yealamucka Health Service Aboriginal Corporation (Yarrabah), Deadly Inspiring Youth Doing Good Aboriginal and Torres Strait Islander Corporation, and extend our thanks to all participating organisations in Yarrabah and Cairns.

## FUNDING

This project is part of the SIP study funded by NMHRC Grant GNT 1164251.

### ➔ MORE INFORMATION

Go to <https://www.canberra.edu.au/research/centres/hri/research-projects/glocal>

## OUR PARTNERS



UNIVERSITY OF  
CANBERRA



GURRINY YEALAMUCKA  
HEALTH SERVICE ABORIGINAL CORPORATION



DEADLY INSPIRING  
YOUTH DOING GOOD



CQ  
university  
AUSTRALIA

### MENTAL HEALTH MAPPING ACROSS EUROPE

#### REGIONAL ATLAS OF MENTAL HEALTH AND ADDICTION IN ANDALUCIA (SPAIN) LOYOLA UNIVERSITY AND UNIVERSITY OF CANBERRA

**WRITTEN BY** PROF BENEDICTO CRESPO-  
FACORRO, CLINICAL DIRECTOR OF PESMA-A

The execution of this descriptive study *Estudio provisional de la provision de servicios de salud mental y adicciones en Andalucía (2023)* of the situation of mental and addiction healthcare resources/services in Andalusia (Spain) seems to me to be a key document for the development of the next strategic plan for mental health and addictions in Andalusia (PESMA-A).

The PESMA-A is a four-year plan and will focus on the development of services and programs in our region. The work carried out by your unit is pivotal to supporting future strategic decisions that seek the best, most equitable and universal mental health services in Andalusia. We are very satisfied with the excellent collaboration and work done.



Professor Luis Salvador-Carulla met with the Director of the Department of Psychiatry of Trieste, Pier Franco Trincas and the Professor of Psychiatry and the Officer of Public Health in the Friuli-Venezia Veneto Giulia Región Dr Giulio Castelpiera.



Professor Salvador also met with the Deputy Regional Minister of Health of Andalusia (Spain) Mr Miguel Angel Guzman-Ruiz to discuss Mental Health planning in the Andalusia region.





# 2 WELLBEING AND RESILIENCE

**BUILDING SUSTAINABLE COMMUNITIES THROUGH DEEP COLLABORATIONS THAT ARE LOCALLY FOCUSED AND GLOBALLY RELEVANT.**

The Wellbeing and Resilience Unit (WellRes Unit) focuses on improving understanding of the wellbeing and resilience of regions and communities across Australia.

We collect data through our own surveys, interviews and workshops, and also analyse a range of existing data sets. Through this we help a wide range of organisations build understanding of how wellbeing, resilience and liveability are changing for different people and communities across Australia, and of the types of actions that can help.

Our research focuses on:

- Tracking the wellbeing, resilience and liveability of individuals, communities and different groups of people across Australia over time, and understanding what influences that wellbeing.
- Identifying what makes a community or an individual resilient to change, particularly in relation to natural disasters (such as drought, bushfires, floods, storms or earthquake) and other significant stressors (such as impacts from COVID-19)
- In-depth examination of specific activities that can support wellbeing, resilience and liveability, ranging from adoption of natural resource management practices and regenerative farming to work health and safety practices, disaster preparation, and public and private support programs designed to help specific groups of people such as carers or those impacted by disaster

## RESEARCH TEAM

JACKI SCHIRMER  
Wellbeing and Resilience  
Unit Head

GRETA AMORSEN

INGRID AMORSEN

KIMBERLY BROWN

MICHAEL DALE

CELIA MADDOX

MEL MYLEK

DOMINIQUE WILLIAMS

## WELLBEING AND RESILIENCE

# LIVING WELL IN THE ACT REGION

## RESEARCH TEAM

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Wellbeing and Resilience  
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In 2019, the Wellbeing and Resilience Unit of the Health Research Institute launched the *Living well in the ACT region* survey. This survey sheds new light on how wellbeing, resilience and liveability is changing in the ACT region.

In 2023, the survey was run for the seventh time, providing a unique snapshot of how wellbeing has changed in the ACT during four very unique and sometimes challenging years.

The WellRes team worked with the ACT Government to multiple indicators of wellbeing, which have been included as part of the ACT Government's ACT Wellbeing Framework, and are measured via the Living well survey.

The ability to collect data regularly means it has been possible to track how wellbeing — and the many factors that influence wellbeing of Canberrans — is changing. In 2023, key findings identified and included in the ACT Government's reporting for the ACT Wellbeing Framework included that:

- Wellbeing of Canberrans fell initially during the pandemic, but then stabilised — however, in 2022 and 2023, there was a significant decline in wellbeing, particularly amongst those aged 18 to 29, those born overseas, and women
- Access to health services is an ongoing and increasing challenge in the ACT, mirroring challenges seen across Australia

Our team are proud to be able to support wellbeing in the ACT region through our ongoing work with the survey.

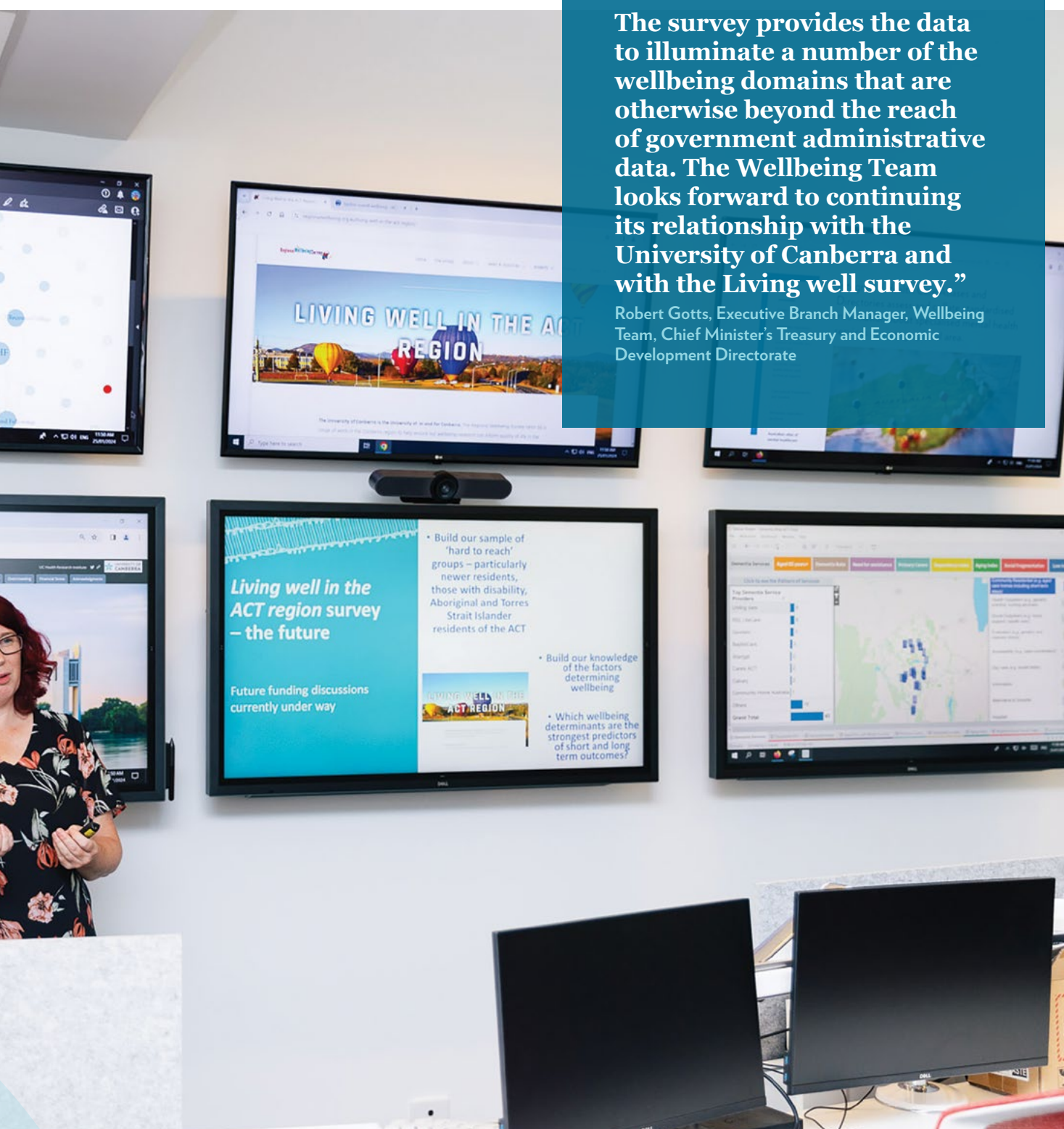




**“The Living well survey is integral to the ongoing development of the ACT Wellbeing Framework. The survey, and the relationship with the University of Canberra, is a valued fixture in the calendar of the ACT Wellbeing Team.**

**The survey provides the data to illuminate a number of the wellbeing domains that are otherwise beyond the reach of government administrative data. The Wellbeing Team looks forward to continuing its relationship with the University of Canberra and with the Living well survey.”**

Robert Gotts, Executive Branch Manager, Wellbeing Team, Chief Minister's Treasury and Economic Development Directorate



### LIVING IN THE ACT/ACT WELLBEING FRAMEWORK

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#### RIOT ACT ARTICLE – YOUR INPUT COULD HELP THE ACT LIVE WELL WITH CLIMATE EXTREMES

WRITTEN BY DIONE DAVID

**How well are you prepared to cope with emergencies, extreme weather events and the results of a changing climate?**

A new survey might have you thinking about this in a whole new light — and it might prove critical to how you cope with the changes projected in the coming years.

Conducted by researchers at the University of Canberra (UC) with funding from the ACT Government, the *Living Well With Climate Change* survey seeks to identify the Territory's vulnerable cohorts and help design actions that reduce the impacts of extreme weather.

It is a follow up on a survey conducted in 2018, prior to the Black Summer bushfires; the results of which surprised many, according to UC Health Research Institute Professor Jacki Schirmer.

"We found there are big differences in resilience to climate change depending on who you are. And contrary to what I think many expected, the people identified as being the most vulnerable to negative impacts from extreme weather like heatwaves and storms were most commonly young people, renters and women — and less often the elderly," she said.

"A lot of Canberra houses are not fit for purpose for weather extremes. They are expensive to live comfortably in during Canberra winters and cold snaps; they get cold quickly and then don't warm up during the day.

"The same goes for heatwaves — they heat up quickly and don't cool quickly at night. That's a real problem when you have an extended heatwave, and particularly if you have a health problem exacerbated by heat.





“Those older people who own their homes outright, particularly older men, tend to fare better; they have enough capital to invest in things to make their homes more liveable.”

Researchers want to know what has changed in this space in the years since the first survey, during which people endured devastating bushfires, floods and storms.

This is to determine what has improved, what has worsened and where investment is most needed.

“What we don’t want to see is a trend where the vulnerable are worse and worse off. For example, lower income earners trending down in their abilities to cope each time there’s an extreme weather event because their insurance premiums come up,” Prof Schirmer said.

“We’re hoping to find the opposite — that people are putting a range of strategies into place to help them cope.”

There are two versions of the survey — a 20-minute one for the time-poor and a more in-depth one-hour version.

Participants are not only in for a chance to win one of ten gift cards worth a total of \$2500, but may also find that the process triggers reflection on how confident they are that they can adapt their homes and lives to climate extremes, and actions they might take in future to improve their outlook.

The survey asks about the types of emergency preparation you do, and whether you’ve talked to other people in your household about what to do in an emergency such as a storm or fire.

More “under the radar” considerations include questions asking about how well suburban gardens cope with drought — a factor linked to wellbeing.

The survey also explores awareness of the various programs available to ACT residents.

“There are a number of government programs providing information and support, but not everyone is aware of them, or of what types of support they provide,” Prof Schirmer said.

“Ultimately, the survey will help us figure out how we can help people in the ACT maintain a high quality of life and live well with a changing climate.”



The survey will probe a range of topics to ascertain your preparedness, including whether you discuss plans as a family. Photo: iStock/kupicoo.



Devastating as the Black Summer Bushfires were, they highlighted how vulnerable many Australians were to wild weather events. Photo: Lisa Herbert.

# RESEARCH

## WELLBEING AND RESILIENCE



## CARER WELLBEING

### RESEARCH TEAM

JACKI SCHIRMER

MEL MYLEK

Carers provide unpaid assistance to people living with disability, illness, chronic conditions or old-age related frailty. It is estimated that the equivalent paid services would cost an estimated \$77.9 billion annually if not provided by unpaid carers. However, carers are known to experience poorer wellbeing compared to other Australians.

Determining how best to support carers in their role, and overall, how to support and improve their wellbeing, requires understanding their baseline wellbeing as well as their experiences as a carer and the supports and services they access.

In 2021, the national Carer Wellbeing Survey (CWS) was launched as a partnership between the University of Canberra, Carers Australia and the Department of Social Services (DSS), to develop a comprehensive picture of the wellbeing of carers, how that wellbeing is changing over time, and how wellbeing of carers can be supported. Over 5000 unpaid carers living in Australia participate in the CWS each year.

The data collected in the CWS is used to inform advocacy for carers, and provides the evidence needed to feed into policy development that supports carers in their role. The results are also used to inform program design for Carers Australia and DSS.



**“CWS informs our advocacy and policy development by highlighting issues, providing figures to support policy measures and giving carers an opportunity to inform policy advice. CWS is an important tool for our organisation and we dedicate significant time and resources to ensure the survey meets our needs and those of carers”.**

Carers Australia





# RESEARCH

## WELLBEING AND RESILIENCE

**“The Regional Wellbeing Survey is one of the largest annual surveys examining wellbeing and quality of life in Australia’s rural and regional areas.”**

## REGIONAL WELLBEING SURVEY

### EXAMINING THE WELLBEING OF PEOPLE IN RURAL AND REGIONAL COMMUNITIES

With thousands of people across Australia surveyed each year, the Regional Wellbeing Survey is one of the largest annual surveys examining wellbeing and quality of life in Australia’s rural and regional areas.

First conducted in 2013, it examines how the wellbeing of people in rural and regional communities is changing, and the impacts of events such as drought, bushfire, and floods on liveability. The results of the survey help to provide insights that support the development of strategies to build wellbeing, resilience and adaptive capacity across Australia.





## EARLY INSIGHTS FOR MORE RESILIENT COMMUNITIES

Many Australian communities have experienced multiple challenges in recent years: some have had drought, bushfire, storm, pandemic and flood damage, all within the space of four or five years. In an era of increasing exposure to natural hazards, it has never been more important to monitor how the resilience of Australia's communities is changing. However, despite wide recognition of the importance of resilience, there remains a significant gap in our ability to monitor whether and how resilience is changing in different communities.

The *Early insights for More Resilient Communities* project, funded by the Southern NSW Innovation Hub as part of the Australian Government's Innovation Hubs Program, aims to change this. The project set out to develop pilot tools that enable communities and the organisations who work with them to rapidly identify changes in resilience as they begin to occur in their region. Through consultation with multiple local, state and national organisations working in disaster-affected communities, as well as review of the international literature, a set of resilience change indicators was developed. This was followed by developing the indicators and a pilot dashboard enabling any user to easily access data for these indicators for their local community, as well as to understand what the data mean for resilience.



### SOCIO-ECONOMIC IMPACTS OF THE FOREST INDUSTRY IN THE MURRAY REGION FORESTRY HUB

#### RESEARCH TEAM

MEL MYLEK

JACKI SCHIRMER

The Murray Region Forestry Hub was formed out of the Federal government's National Forest Industries Plan to facilitate forestry and timber industry growth across Australia.

In 2019–20 a large scale bushfire spread through the Murray Region Forestry Hub region with devastating impacts on the softwood plantation resource, as well as communities, businesses and entire industries in the region. This study examines the social and economic contribution of the softwood forest industry within the Murray Region Forestry Hub region during the post-bushfire salvage operation, to better understand what happens in the industry during a period of increased harvest and processing of fire affected softwood fibre. The results build on previous work examining the social and economic contribution of the industry before the bushfires.

The final report from this project has gained a lot of attention over the last month. It has been the focus of two local newspaper articles and a radio interview.

Maybe the most immediate impact is that the Murray Region Forestry Hub (a representative body for the industry in the region) can demonstrate to Government that their fast action of providing grants to assist with the salvage of the burnt timber was worthwhile/value for money, and helped boost the local economy and provided jobs during a difficult time for many industries (after the bushfires and during COVID). This funding enabled a never-before-seen recovery of burnt timber over a longer period of time than was previously possible (globally). This will help inform decision making into the future if/when another disaster like this happen. Longer term it allows the Hub to lobby the Government for future funding where needed.

Image: Murray Region Forestry Hub



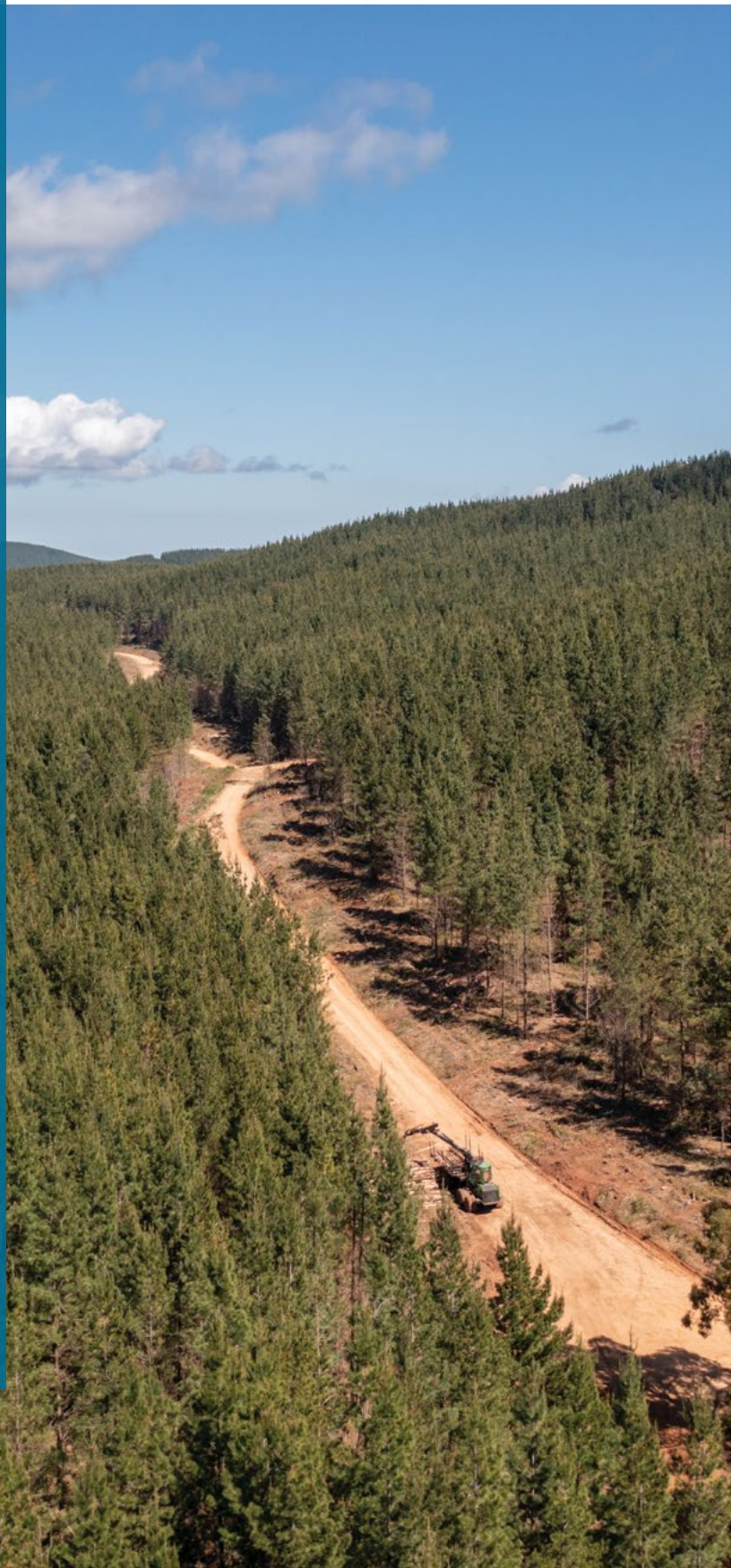


**“The study is a world first. The industry has not previously examined the socio-economic impacts of a successful post-bushfire recovery process. The report unequivocally demonstrates the positive impacts of the collaboration of the industry and its community during this salvage period.**

**It was so successful that wood fibre was being recovered up to two years after the devastating 2019–20 bushfires. The report calls out the significant contribution of the NSW, Victorian and Federal governments for their quick response to the needs of the industry, through a number of grants that enabled better wood storage outcomes and further processing efficiencies to deal with the challenges ahead.**

**The industry could not have achieved what it did and continues to do so, without the significant contribution of the NSW, Victorian and Federal Governments.”**

Ms Carlie Porteous, Murray Region  
Forestry Hub



# RESEARCH



## 3 PUBLIC HEALTH AND HEALTH SERVICES

HRI addresses the issues of building a more cost-effective and sustainable health service system through research which draws on expertise in health and healthcare services, design, IT, health policy and management.

Developing and future-proofing 'next-generation' healthcare delivery approaches towards delivering premier quality care and better patient outcomes, while improving efficiency and cost-effectiveness.

Research in this area will meet the growing societal demands for a transformed, patient-centric healthcare system, with optimised operations, efficacy, safety, quality, equity and sustainability.



# GOOD START TO LIFE

The early years of a child's life significantly impacts their health and wellbeing not only during childhood but across the lifespan. Studies published to-date have reported positive lifelong effects of early intervention programmes, not just on educational attainment, but also on income and interaction with the criminal justice system.

Research has also demonstrated the effectiveness of high-quality, focused preschool programmes in reducing the effects of social disadvantage, developing children's social competence, physical and emotional health, and preparing children for a successful transition to formal schooling. In recent years, the health, education and social services sectors have emphasised the importance of the early years of childhood and has renewed its commitment to policies and programmes that support early childhood health, wellbeing and development.

The Good Start in Life Study will evaluate a multi-sector, multi-component, and integrated services/supports for improving the health and wellbeing of children who are at risk of developmental vulnerability.



## RESEARCH TEAM

### CHIEF INVESTIGATORS

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CHRISTINE PHILLIPS  
JANE HERBERT  
JACQUELINE MCKECHNIE

### ASSOCIATE INVESTIGATORS

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JACINTA EVANS  
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**Family Liaison Coordinator**  
JONATHAN RAMKE  
**Research Officer**  
CATE HILLY  
**Clinical Educator – Occupational Therapy**  
VIVIAN YU  
**Speech Pathologist**



# RESEARCH

PUBLIC HEALTH AND HEALTH SERVICES

**“The overall significance of the project is to guide public health policy efforts in promoting health and wellbeing for early childhood (birth to 5 years) and to inform local intervention efforts focused on the community and broader systems level.”**





## MOLLY RHODIN

### DIRECTOR, COOINDA COTTAGE EARLY CHILDHOOD CENTRE, CHARNWOOD

The Good Start project provided a range of speech pathology, occupational therapy and early childhood supports to Molly and her team at Cooinda Cottage over the past 3 years.

**Benefits and impact:** The Good Start in Life project was such a rich tool for our medium size service that has educators and teachers with varied professional experience and knowledge. The most beneficial aspect of the project was the infusion of knowledge from the project team so highly relevant to our daily work implementing inclusive curriculum for up to 80 children per day. The collaboration was transparent and reciprocally responsive, benefiting knowledge and practical application as early childhood education qualifications do not cover many aspects that my team learnt from the project team. Having a pool of highly motivated, respectful, and diligent people who took their role seriously and professionally enabled our curriculums to tighten and benefit children further — the mix of personalities and suggestions was transformative, almost like a combination laksa!

**“From someone who has been in the sector for over 30 years, this has been a very special experience. My team has learnt a great deal, of themselves, of others and how beautifully a village can collaborate for the benefit of children and social outcomes.”**

Molly Rhodin



## LEANE TOWNROW

### DIRECTOR, KIRINARI EARLY CHILDHOOD CENTRE, BRUCE

The project provided a range of speech pathology, occupational therapy and early childhood supports to Leane and her team at Kirinari over the past 3 years.

**Benefits and impact:** The Good Start in Life project has been invaluable for me and the educators at Kirinari. As a standalone centre, we often feel just that, alone. The Good Start project has connected us to our community in a supportive and enabling way. We now feel more confident in assisting our families to connect with additional support and we are more confident in having conversations, that can often be quite difficult.

**“Susie (Good Start’s Family and Community Liaison Coordinator) has been a great support to me in my first 2 years as Director at Kirinari. I really appreciate the guidance and advice she has given.”**

Leane Townrow

# RESEARCH

## PUBLIC HEALTH AND HEALTH SERVICES

### CAITLIN WINTER

FORMER FAMILY LITERACY  
COORDINATOR, LIBRARIES ACT,  
CURRENTLY TEAM LEADER, CONNECTED  
BEGINNINGS, YERRABI YURWANG

The Good Start project provided weekly allied health support, during term time at Libraries ACT's Sensory Story Time.

**Benefits and impact:** The Good Start in Life project partnered with Libraries ACT from the end of 2021-current and have been crucial to the Family Literacy Coordinator's outreach success. We partnered with the Good Start in Life to launch a wrap-around offering of Sensory Story Time, a story time session designed for families with children who have autism or developmental delays. Having the Good Start in Life presence ensured families and Library staff were connected in with the various child health support services available in the area, and the allied health students were able to have informal developmental chats with parents about the specific needs of their children. Good Start in Life were also the first to initiate playgroups in the region post covid restrictions and serviced a great need for families and children to reconnect and establish relationships. The anecdotal impact of having the allied health students present was insurmountable, as most families contend with extended waiting lists for appointments and limited offerings of what they could do to support their children in the meantime.



Caitlin Winter

**“Good Start in Life serviced this gap and improved relationships with families who may have felt hesitant to engage with allied health or family services prior to the program.”**

Caitlin Winter



### KASIA ZAPASNIK-GRODECKA

PROGRAM MANAGER AT CAPITAL  
REGIONS COMMUNITY SERVICES (CRCS)

The Good Start in Life project provided allied health and early education support to several CRCS facilitated playgroups.

**Benefits and impact:** Capital Region Community Services (CRCS) have been working collaboratively with the Good Start in Life project since 2020. The collaboration between CRCS Families and the Good Start in Life project first and foremost provided children (0–5 years) and their families with playgroups, community connections and early intervention opportunities, addressing developmental vulnerabilities. Through the Good Start in Life project, CRCS Families were able to have Occupational Therapists from the University of Canberra attending CRCS Playgroups, and offering free occupational therapy advice to families. It has been great working with the Good Start in Life project and their staff, which created many opportunities of professional growth when sharing knowledge and expertise whilst increasing quality services provided to vulnerable children and their families in the ACT.

**“CRCS Families will miss the Good Start in Life project and its staff members. CRCS Families want to take the opportunity and say thank you”.**

Kasia Zapasnik-Grodecka



## ANONYMOUS PARENT, 3-YEAR-OLD CHILD

Receiving support through the Play and Participation Screening Service at one of the project's Early Child Education and Care (ECEC) services

**Benefits and impact:** I would first like to thank the Australian Government for putting in place such a useful curriculum. The Good Start program has been very beneficial to me as a parent in so many ways. I have been able to have a greater understanding and usefulness of play and having my child engage in pretend play.

During the program, I was assisted with referrals to the other professional teams that can assist my child. With the help of Cate (Good Start's Occupational Therapist and Susie, Good Start's Family and Community Liaison Coordinator); the referral was much easier and very comprehensive as Susie detailed every information needed, which was handed over to the walk-in clinics.

The enthusiasm from Cate and crew gave I and my husband the motivation to carry on. On financial grounds, the program was quite helpful because I was not working at the time my child started the program. Not worrying about how to make payment was a huge help and a big relief for the family.

**“We couldn’t but just appreciate the efforts of Cate, Susie, and all the OT students who have been involved in this journey. From the place of inner gratitude, I say thank you.”**

Anonymous Parent



# RESEARCH

## PUBLIC HEALTH AND HEALTH SERVICES

### GOOD START SURVEY FEEDBACK

#### Educators

*"I learnt so much about communication with children and how [to] deal with situations."*

**Mandeep, Cooinda**

*"It was an enjoyable experience that created opportunities for reflection of own practice and knowledge. The role modelling and repeating of example conversations with the children was helpful and easy to follow. The handouts were simple and helpful."*

**Kelly, Cooinda**

*"I was able to reflect about my knowledge and skill of communications and interactions with children."*

**Anita, Cooinda**

*"The educators have taken lots from their interactions with the project and are putting this into their everyday practice."*

**Taryn, Cooinda**

*"The children that needed help got some guidance through the program."*

**Smita, AIS**

*"Good to be able to have any questions or concerns of staff answered, [as well as advise] on individual children."*

**Shampa, AIS**

*"I do feel that the speech service is very valuable. It assists educators with concerns and helps support children in need."*

**Shampa, AIS**

*"Good to talk to other professionals to help us in everyday practices. Not enough opportunity! We need them more."*

**Lydia, SDN Bluebell**

*"Helpful insight from the Good Start Occupational Therapist on how [to] support children's learning and conversations with OT that have contributed for own reflection."*

**Livia P, CIT**

*"Professional insight from the Good Start Occupational Therapist about how to better set the environment for kids' needs."*

**Livia C, CIT**

*"We got help to know about children's development in their speech and different methods to work on their communication skills."*

**Manvir, McKellar**

#### Directors

*"From someone who has been in the sector for over 30 years, this has been a very special experience. My team has learnt a great deals, of themselves, of others and how beautifully a village can collaborate for the benefit of children and social outcomes."*

**Molly, Cooinda**

*"We have seen the confidence of staff increase, and improved outcomes for children."*

**Lisa, AIS**

*"It is a valuable addition to our available programs."*

**Lisa, AIS**

*"Loved Susie's role (the Family and Community Liaison Coordinator)... providing access to resources we were unaware about."*

**Tara, SDN Bluebell**

*"Educators have been engaging with the project and learn[ing] from them [on how] to support families."*

**Stella, CIT**

*"Great partnerships to support families..."*

**Stella, CIT**



# NOT ONE SIZE FITS ALL

## UC STUDY AIMS TO DETERMINE PHYSICAL ACTIVITY THRESHOLDS FOR PEOPLE WITH HEART DISEASE, TO PREVENT REPEAT CARDIAC EVENTS

WRITTEN BY EMMA LAROUCHE

A new study by University of Canberra researchers aims to determine physical activity thresholds for people living with heart disease, to prevent repeat cardiac events and help more people live longer, healthier lives.

Funded by an [ActiGraph Digital Endpoint Accelerator Research \(DEAR\) Grant](#) and a University of Canberra Faculty of Health Seed Grant, the research team is using ActiGraph accelerometers, which are wearable devices worn around the waist and wrist to determine physical activity frequency, duration, and intensity.

The team comprises researchers from the University's [Health Research Institute \(HRI\)](#) and [UC Research Institute for Sport and Exercise \(UCRISE\)](#). They are joined by Amanda Lonn from the [Swedish School of Sport and Health Sciences](#), who received a [Swedish Heart Lung Foundation](#) post-doctoral fellowship to spend two years at the University.

Associate Professor of Physiotherapy, Dr Nicole Freene, who specialises in cardiac rehabilitation and physical activity [research](#), says current physical activity guidelines, which encourage us to achieve at least 150-minutes of moderate-to-vigorous intensity physical activity per week, may not be suitable for those with clinical conditions like heart disease.

"Physical activity plays a vital role in preventing repeat cardiac events, and the levels that someone living with heart disease may need to improve health outcomes may be different to a healthy person, and we want to get a better understanding of that," Dr Freene said.

"Researchers haven't been able to determine the accurate relationship between physical activity and health outcomes to develop disease-specific physical activity guidelines for people with heart disease, which may differ from the public health guidelines."

### RESEARCH TEAM

#### DASSH CUT-POINT

NICOLE FREENE

AMANDA LONN  
[Swedish Heart-Lung  
Foundation Post-doctoral  
Research Fellow](#)

BRAD CLARK

KATE PUMPA

THEO NIYONSENGA

MARIA BACK  
[Linköping University, Sweden](#)

TZE HAO WONG

REN TAN

AHMED KHAN

RACHEL DAVEY

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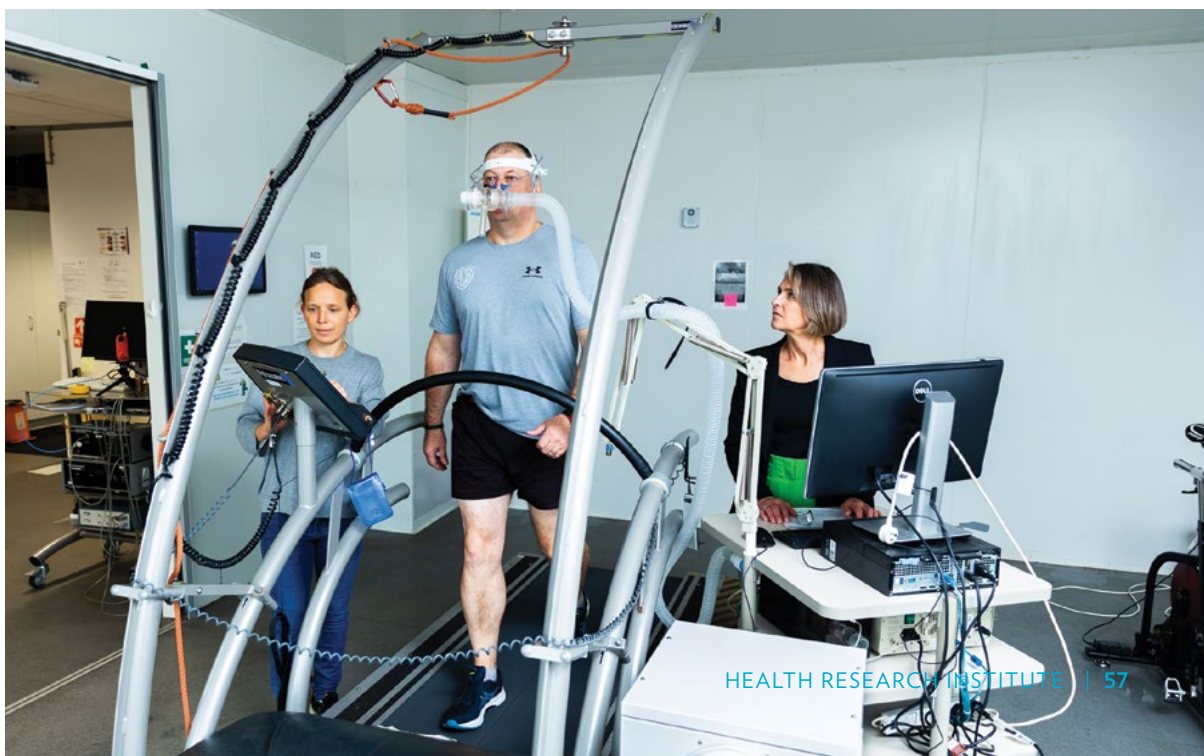
SUZANNE CARROLL

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# RESEARCH

## PUBLIC HEALTH AND HEALTH SERVICES



L-R: Brad Clarke, Amanda Lonn and Nicole Freene.

The team is seeking participants who are living with coronary heart disease to participate in the trials from now until the end of 2024. They would be required to attend a single, two-hour session where accelerometers and measurement of oxygen consumption (intensity) will be used to determine more accurate measurement of physical activity intensity levels for people with heart disease.

“They will spend 15 minutes walking at an incremental pace on a treadmill and then do other daily living activities, like sweeping the floor or watching television, while we measure oxygen consumption and physical activity using accelerometers,” Dr Freene said.

“Since participants have a history of heart disease, they will need to obtain medical clearance before they attend a session, which can be done through their GP or cardiologist.”

With heart disease affecting more than four million Australians, it’s hoped the outcomes of the trial will have an impact at home and around the globe.

“It’s really important that individuals living with heart disease are physically active, as they are more likely to die from any cause, or experience repeat cardiac events, if they are inactive,” Dr Freene said.

“We want to generate new knowledge to be able to determine exactly how much physical activity they need to do to reduce their risk of having a heart attack and enjoy better quality of life overall.”

### ➔ MORE INFORMATION

Go to [www.canberra.edu.au/about-uc/media/newsroom/2023/september/not-one-size-fits-all-uc-study-aims-to-determine-physical-activity-thresholds-for-people-with-heart-disease,-to-prevent-repeat-cardiac-events](https://www.canberra.edu.au/about-uc/media/newsroom/2023/september/not-one-size-fits-all-uc-study-aims-to-determine-physical-activity-thresholds-for-people-with-heart-disease,-to-prevent-repeat-cardiac-events)





# REDUCING THE RISK OF REPEAT STROKES WITH CARDIOVASCULAR REHABILITATION

Cardiovascular disease (CVD), which includes stroke and heart disease, is the biggest killer in Australia. One third of strokes are repeat events. These repeat strokes are more likely to result in death and are costly, for individuals, families, and the healthcare system.

Exercise-based cardiac rehabilitation is a well-established and widely available secondary prevention program for CVD, reducing disease risk and death from heart disease. Despite similar risk factors, research has found that less than 2% of Australian cardiac rehabilitation programs include people with stroke, with majority missing out.

Associate Professor Nicole Freene and her research team from the Health Research Institute have partnered with Canberra Health Services, supported by the Stroke Foundation, to investigate the effectiveness of a 6-week integrated (transient ischaemic attack (TIA), mild-stroke, heart disease) exercise-based cardiovascular rehabilitation program (CVR) at the UC Health Clinics.

The study commenced in April 2022 with the aim to recruit 140 participants. Currently, 120 people have been recruited. Participants are being randomised to the intervention (CVR) or a 6-month wait-list control group. The intervention involves minor adaptations to a traditional comprehensive cardiac rehabilitation program. It consists of an hour of exercise and an hour of education, once weekly, for 6-weeks, targeting lifestyle-based secondary prevention strategies for both stroke and heart disease. Functional exercise capacity (distance completed in the 6-minute walk test) is the primary outcome. Additionally, interviews with participants and health professionals investigating barriers and enablers to program participation and delivery are being conducted, aiming to inform possible future implementation strategies.



Whilst quantitative data collection remains ongoing, interviews with participants have been completed and analysed. Enablers to participation in the CVR program were: availability of programs for stroke survivors, patient-centred intervention delivered in interactive settings, the group environment, motivation to reduce risk of stroke recurrence, and effective information distribution about programs. Experiences are described below by participants:

## RESEARCH TEAM

NICOLE FREENE  
ALLYSON FLYNN E  
LISABETH PRESTON  
SHAHLA COWANS  
CHRISTIAN LUECK  
THEO NIYONSENGA  
ITISMITA MOHANTY  
RACHEL DAVEY

**“I was pretty freaked having a TIA. Like any 73 year old, I thought I was invincible. And I was, and I’m still a bit freaked about the fact that can mean I can have something much more serious at any time, so I wanted to find out more.”**

Female, 73 years old, TIA, employed

# RESEARCH

## PUBLIC HEALTH AND HEALTH SERVICES

**“I also then got fitter which, and so I felt that the program was motivating me... I mean after the first week when I decided I would do extra exercise at home it then wasn’t for that reason that I did it, it was because I was becoming motivated...”**

Male, 73 year old, mild-stroke, retired

**“They were always very aware if you were struggling... there was a variety of things they got you to do which is good, and if you struggled with one thing they tried to get something that was very similar for you to do to make sure you didn’t miss out on that.”**

Female, 64 years old, TIA, employed

**“I think the program is a fantastic idea, and it gives support to those people who have experienced, obviously a heart attack or a stroke.”**

Male, 49 years old, mild-stroke, employed

**“The whole trial programme was really good...Not only for heart health, but general wellbeing. It’s really given us a general wellbeing, I think... I found it very beneficial... not only healthwise because of the exercises, but education wise I found it was very good.”**

Female, 78 years old, TIA, retired

Barriers to participation included impairments, such as cognition, fatigue, hearing and vision, impacting uptake and ongoing participation. Furthermore, location and transport also posed barriers due to limitations on driving post stroke or TIA, and poor access to public transport. Perceived progress was both a barrier and enabler.

### IMPLICATIONS

Future prioritisation of service development to enable access to CVR programs for people with mild-stroke and TIA will enable better participation in lifestyle-based secondary prevention. Regulation of program referral processes to currently existing cardiac rehabilitation programs through use of local and national stroke audits, and education, targeting health services and health professionals, could help establish clear referral pathways in current stroke services. Education, communication and marketing targeted at increasing awareness and information delivery on CVR in the community setting (GP, health clinics) may enhance future participation.

We await the outcomes on program effectiveness. Overall, results will guide future research, policy, and practice, potentially reducing the risk of repeat strokes and informing future lifestyle-based secondary prevention strategies. By reducing the risk of further strokes using existing cardiac rehabilitation programs, we aim to help more Australians live longer and better after TIA and mild-stroke and avoid hospital readmissions.





## THE MEASURE IT! TRIAL

Low levels of physical activity are associated with an increased risk of repeat cardiac events in people with coronary heart disease, Australia's biggest killer. Increasing physical activity levels following a cardiac event, regardless of previous activity levels, has been shown to significantly reduce a person's risk of dying. While physical activity has an important role to play in addressing premature mortality in people with heart disease, there is a significant gap between recommended and actual physical activity levels in this cohort.

Preliminary work by the research team, led by Associate Professor Nicole Freene, has found that regular physical activity measurement by health professionals alone can drive physical activity adherence in insufficiently active adults. Awarded funding under the Medical Research Future Fund (MRFF) Cardiovascular Health Mission Scheme, The Measure It! Trial is currently underway. The trial will recruit 190 insufficiently active cardiac rehabilitation attendees from five cardiac rehabilitation programs in the ACT and NSW.

The Measure It! Trial aims to investigate the effectiveness of a very brief (less than five minute) physical intervention delivered by cardiac rehabilitation clinicians on physical activity levels in people with heart disease attending cardiac rehabilitation. The intervention includes self-report and objective measure of physical activity (wearable activity tracker steps) plus physical activity advice. The trial will also evaluate the implementation of the intervention into clinical practice.

While data collection and analysis are still underway, early feedback from cardiac rehabilitation clinician's delivering the intervention is positive:

**“the five-minute intervention was quite useful to have... and I think having access to a structured, evidence-based argument can help as well... for those patients who might be prone to falling off the wagon, I think if someone is there asking them (about their physical activity) they're going to realise it's important”.**

Cardiac rehabilitation participants in the study have also found the intervention useful:

**“it helped because I know someone was there looking over what I do...checking whether I'm on the right track or not...so it helped, yes, definitely”.**

The Measure It! Trial will conclude at the end of 2024. Findings from this trial will inform future health service delivery, potentially leading to a highly scalable, low cost, efficient and effective intervention to increase cardiac rehabilitation attendees' physical activity levels.

### RESEARCH TEAM

NICOLE FREENE  
RACHEL DAVEY  
STEVEN MCPHAIL  
ROBYN GALLAGHER  
BREANNE KUNSTLER  
ZEPHANIE TYACK  
RICHARD KEEGAN  
THEO NIYONSENGA  
CHRISTIAN VERDICCHIO  
WALTER ABHAYARATNA

## UC30 PILOT PROJECT FINDS REDUCTION IN SITTING TIME FOR STUDENTS, WITH PLANS FOR 2023 FOLLOW-UP STUDY

### RESEARCH TEAM

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NICK BALL

ANDREW FLOOD

JAQI BOUSIE

MARK NAUNTON

LYNN CHEONG

REZA MORTAZAVI

STEVE ISBEL

MYRA LEUNG

FARAN SABETI

WRITTEN BY EMMA LAROCHE

**A physiotherapy study conducted at the University of Canberra has found that a series of interventions can reduce the time students spend sitting during lectures and study time.**

Alice Martin, who this week graduated with a Bachelor of Physiotherapy (Honours) with first class honours, carried out the UC30 project under the supervision of Associate Professor Nicole Freene. In 2021, Ms Martin began exploring what interventions would be used in the study.

“Associate Professor Freene is very passionate about population health, and I’m interested in looking at how we can tackle health issues through preventative measures,” she said.

“There is a real issue with sedentary behaviour across adult populations in Western countries, which seems to be increasing in university students, so it’s a really good time to capture students before they head into the workforce and

try to introduce habits that will reduce sitting time or sedentary behaviour.”

The pilot study was carried out in two phases, starting with a co-design process to develop ways to interrupt sitting time.

“Students and staff from the Faculty of Health were involved in two workshops and then we took the ideas from those workshops to six Faculty of Arts and Design students to bring them to life, producing a logo, posters, videos and PowerPoint slides, which formed the main component of our intervention,” Ms Martin said.

By the end of 2021, pre-intervention data in the form of a validated questionnaire, in which participating students provided responses about their self-reported sedentary time, had also been collected.

Physiotherapy lecturers were trained to use the UC30 interventions across four course units during Semester One, 2022.

The interventions consisted of PowerPoint slides, with facts and positive messaging, used at 30-minute intervals during selected lectures and tutorials. Lecturers were also encouraged to play videos produced for the study during the short breaks in content delivery.

Posters were displayed in areas that Physiotherapy students were likely to frequent, such as lecture theatres, corridors near tutorial rooms, and in cafés and bathrooms in common areas.

“We thought it was really important to use positive language, rather than fear tactics, as it seems to be more effective in the area of preventative health research,” Ms Martin said.

The attending students then completed the same questionnaire and post-intervention data was collected.







“Overall, there wasn’t a statistically significant change in total sedentary time, but we had a really exciting result — when we looked at self-reported study time separately, there was a 51-minute reduction in sitting,” Ms Martin said.

“Based on our results, it could be that the interventions reduce student sitting time by up to one hour a day when they’re studying, which is really exciting because that’s where our intervention was really aimed — to reduce sitting time during study.”

Staff and students provided feedback on the pilot project, highlighting positive outcomes from the interventions.

“Students were really excited about improvements to their learning, engagement and concentration,” Ms Martin said.

Associate Professor Freene and the research team will be conducting a follow-up study with all Faculties across the university in the near future.

“It looks like UC30 reduces students’ sitting time while studying, but we need to test this further,” Associate Professor Freene said.

“The UC30 intervention will be gradually implemented in each Faculty over the next two years as part of UC’s Sport Strategy. If results are positive, UC30 will improve the health and learning of our students, aiming for it to be sustainable over the longer term.”

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➔ **MORE INFORMATION**

Go to [www.canberra.edu.au/about-uc/media/newsroom/2023/march/uc30-pilot-project-finds-reduction-in-sitting-time-for-students,-with-plans-for-2023-follow-up-study](http://www.canberra.edu.au/about-uc/media/newsroom/2023/march/uc30-pilot-project-finds-reduction-in-sitting-time-for-students,-with-plans-for-2023-follow-up-study)

## SOCIAL WORKERS IN GENERAL PRACTICE

### MAKING A DIFFERENCE TO HOW PEOPLE IN CANBERRA ACCESS SOCIAL SERVICES IN PRIMARY CARE

#### RESEARCH TEAM

ANDREA GLEDHILL

RACHEL DAVEY

**Primary care plays a vital role in the delivery of health services in the community, providing care across the biopsychosocial spectrum, to people at all stages of life and to people with wide and varied socio-economic experiences.**

The General Practice setting and the health professionals who work in this space, strive to provide the highest quality services, linking people with specialist and hospital services and acting as a conduit to facilitate access to social and community services, serving their communities to improve health outcomes.

In the Australian context, there is a growing interest in exploring how models of integrated and multidisciplinary care operate in a primary care setting. The Australian Government has prioritised this area for policy development over the next ten years, identifying possibilities for funding reform to incentivise multi-disciplinary team-based approaches and address gaps in care for population groups at risk of poorer outcomes.

The Social Workers in General Practice (SWiGP) program has been established to trial the integration of Social Workers (SW) as a member of the general practice team across primary care settings in the Australian Capital Territory (ACT). The ACT Primary Health Network – Capital Health Network (CHN) has provided funding to four general practices, at various locations across the ACT, to employ a Social Worker within the practice setting. The University of Canberra Health Research institute has been commissioned to provide an independent evaluation of the SWiGP pilot implementation.

Funded by the ACTPHN, four ACT General Practices will employ social workers to provide an integrated social work service to patients of these practices across an 18-month period – with the intention of allowing time to develop and evaluate service delivery models that meet the needs of the practice population, as identified by the individual practices. HRI have been engaged

by the ACTPHN to complete an evaluation of the SWiGP program in conjunction with each of the practices, social workers and identified general practice leads for the program at each location.

The aim of the SWiGP program is to improve how primary care supports consumers who are identified as having non-medical areas of need, which that are otherwise challenging to address through stand-alone primary care services. The addition of dedicated psychosocial care, care coordination and case management within a primary care setting may have a broad range of applications including cancer, chronic conditions (arthritis, heart disease, diabetes and others), chronic pain, Post Traumatic Stress Disorder (PTSD), low acuity substance use disorders, as well as transition of life stages and other socio-economic concerns that may impact overall wellbeing and patient activation with medical care. The social worker will work within identified needs of the patient cohort in each of the practice settings to improve access to support patients with facilitated service navigation to broader community services and support systems and the application of integrated care to support these biopsychosocial needs. Social workers will work within their current scope of practice as outlined by the Australian Association of Social Workers.

The aim of the SWiGP program is to improve how primary care supports consumers who are identified as having issues relating to areas of need that are otherwise challenging to address through stand-alone general practice services. This may also lead to:

- Enhanced existing primary care services through system integration
- Support the general practice workforce through interdisciplinary collaboration
- Improved individual patient capacity for system navigation through the health and social care system
- Improved health outcomes



The SWIGP evaluation will explore the pilot implementation the program across a 12 month period of operation, identify the benefits of this to the primary care setting and determine the factors that contribute to SWIGP being acceptable and locally appropriate for the ACT primary care

Entering its second year of operation, the integration of social workers within general practice settings has demonstrated direct impacts for people accessing the program services. Each of the funded primary cares services have a unique patient population and social workers are providing support across the full scope of social work practice. Emerging themes show a particular impact for those people who are impacted by social vulnerability and life transitions. Alison\* was referred to the Social Work in General Practice (SWIGP) program at her local GP after disclosing that she was experience family violence in the home. She wanted support in leaving the home environment safely and to have services in place to ensure the ongoing safety and security for herself and her children. Case examples and stakeholder testimonials are given below.



## CASE STUDY SOCIAL WORK IN GENERAL PRACTICE

**Alison\* was referred to the Social Work in General Practice (SWIGP) program at her local GP after disclosing that she was experience family violence in the home. She wanted support in leaving the home environment safely and to have services in place to ensure the ongoing safety and security for herself and her children.**

The Social Worker supported Alison across a 12-month period, providing supported liaison with housing services, aiding the family to secure rental accommodation with subsidised rental costs which allowed Alison to access secure accommodation for her family. The Social Worker was also able to help Alison access the Escaping Violence program, allowing her to access funding that would assist with the transition to a new home.

With the support of the SWIGP program within the general practice setting, Alison was able to access this support within the environment of a health service where she had an existing relationship and trust.

The emotional and financial burden of leaving a family violence situation is often overwhelming and single point of access to a multidisciplinary team within her normal primary care provider eased the burden of this process.

Alison felt 'excited and happy' to have her children with her and felt safe and settled after the move into her new accommodation.

*\*Not her real name*

# RESEARCH

## PUBLIC HEALTH AND HEALTH SERVICES



### CASE STUDY CLIENT

**“I found the social worker to be friendly, supportive, and trustworthy. I was grateful to have assistance with filling out paperwork and speaking to my eldest daughter over the phone. I feel like I was well supported and in very good hands.**

**“The social worker has given me a lot of help in navigating the aged care area. She has provided counselling support for my emotional health, I have found her to be a good listener, knowledgeable and very helpful. I now have a much better idea of what happens in the system and how things work.”**

Social Work client

### CLIENT TESTIMONIALS

WORKING WITH SOCIAL WORKERS TO FACILITATE MY AGED CARE APPLICATIONS

**“I think ultimately having an allied health service, such as social work, within general practice can really help to avoid fragmentation of care.**

**“As it is right now, if you’re overweight, you go to the weight loss, doctor, and if you have pelvic pain, you go to see a specialist pelvic pain doctor and so on.**

**“I think we should move away from that, and we need to sort of go back into providing cradle to grave, holistic care for the whole patient. We can’t adequately provide good care in silos because we don’t exist as a single part of ourselves. Ultimately it puts further financial burden on patients and on the health care system more broadly.**

**“Our patients don’t exist as just parts, they don’t have just a heart or just a toe. They’ve got hearts, lungs, brains — physiological systems that don’t work in isolation... and quite often some complex biopsychosocial factors that make them who they are.**

**“General practice is an opportunity to look at all of that together when the right services are available to the patient in the same place and with timely access.”**

General Practitioner from SWIGP pilot practice



# IMPACT OF RESEARCH ON POLICY IN ACUTE PSYCHIATRIC WARDS IN QUEENSLAND

**WRITTEN BY** PROF NEERAJ GILL, PROFESSOR, PUBLIC MENTAL HEALTH, MENTAL HEALTH POLICY UNIT, HEALTH RESEARCH INSTITUTE, THE UNIVERSITY OF CANBERRA

## RESEARCH TEAM

NEERAJ GILL AND COLLEAGUES

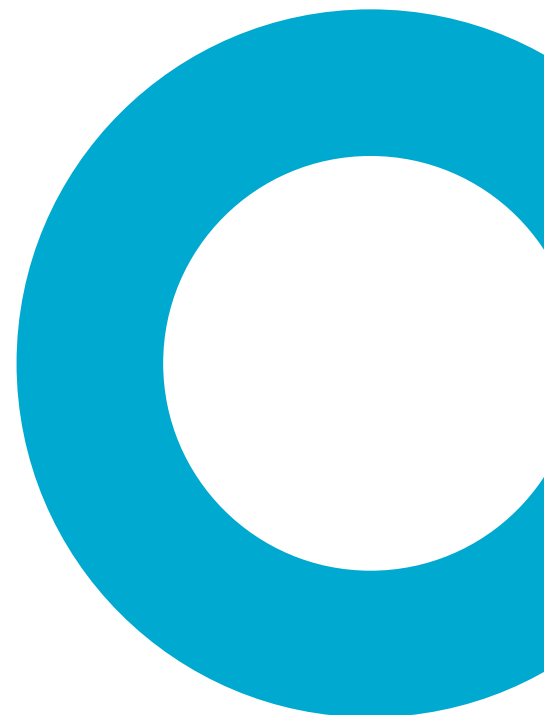
In December 2013, the Queensland Government implemented a policy to lock all acute adult psychiatric wards. This policy was criticised as 'draconian' and 'a step back in history' by the Royal Australian and New Zealand College of Psychiatrists and the Queensland Mental Health Commission (QMHC). However, after a change of government and many electoral cycles, the policy continued.

In May 2020, Prof Neeraj Gill published an essay in the Griffith Review, in which he argued that this policy changed the milieu of psychiatric wards from therapeutic to custodial. (<https://www.griffithreview.com/articles/psychiatry-and-the-socio-political-order/>). In September 2021, Prof Gill published a research paper in the Australian and New Zealand Journal of Psychiatry (ANZJP), as lead author with other co-authors, critically examining this policy. The article recommended that this policy be removed to provide the mental health services with a discretion to lock the wards when needed, rather than a mandatory locking at all times. (<https://pubmed.ncbi.nlm.nih.gov/34159793/>).

In April 2023, the ABC News published a news item on Queensland's blanket locked doors policy, citing Prof Gill's ANZJP article (<https://www.abc.net.au/news/2023-04-18/qld-locked-door-policy-inpatient-mental-health/102226478>).

On 18th August, 2023, Prof Gill led a symposium organised by the QMHC calling for creating less restrictive and more recovery-oriented alternatives to locked wards policy at the TheMHS (The Mental Health Services) Conference, Adelaide.

A week later, on 25th August 2023, Queensland Health announced their decision to end the locked wards policy with effect from 1st July 2024, to provide discretion to the mental health services to lock the wards as required, and as recommended by the ANZJP research paper. (<https://www.abc.net.au/news/2023-08-25/qld-mental-health-locked-ward-policy-government/102771350>).



### RESEARCH TEAM

GWENETH LEIGH

MILICA MUMINOVICH

RACHEL DAVEY



## HOW SCHOOLYARDS BECAME ‘BOY YARDS’

**SCHOOL, EQUALITY, EDUCATION, GENDER, DESIGN, FEATURE**  
WRITTEN BY GWENETH LEIGH

Many things mark the transition from primary to high school. New uniforms, larger canteens, different classroom structures and changing friendship groups are but a few of the many rites of passage when students move into high school.

But a big change is the secondary schoolyard. To the newly minted high schooler, graduating from the playground to the playing field is an exciting step away from childhood and a leap closer to L-plates.

Secondary schoolyards fascinate me — which is why I’m writing a PhD about them. For the past three years, I have interviewed and surveyed students, principals, and designers to understand whether these spaces are meeting the well-being needs of our older youth.

At a time when student mental health is declining, research indicates that spending time outside can do a body good. The schoolyard provides a daily dose of green space. But it’s questionable whether their designs provide the types of outdoor spaces students want or need — particularly as its design brief has barely changed over the past forty years.

And just as you won’t find me typing my thesis on a Remington typewriter while wearing bell-bottom trousers and listening to a disco record, outmoded design standards have no place in an era of Covid and climate change.

During my research, “There is nowhere to go” and “It’s boring” have been some of the more frequent schoolyard complaints students shared with me. But what I didn’t expect were the parents’ reactions to girls entering high school. “My daughter stopped playing sport at recess,” shared one mother. “Girls in dresses can’t do cartwheels,” said another.





# RESEARCH

## PUBLIC HEALTH AND HEALTH SERVICES

One Year 8 boy affirmed the parent concerns I was hearing. “All the boys play footy and handball and the girls don’t really do that.”

Growing evidence indicates that as students age, differences emerge in how boys and girls engage with schoolyard space. Some attribute this to badly designed schoolyards, where a sport-dominated focus and lack of natural diversity create a lack of desire to use them.

In their 2023 [study](#) looking at recess behaviours, Marcella Raney and co-authors found that in less diverse schoolyards, boys remain interested in the sports programming of ovals and ball courts while older girls lost interest, opting to be more social and sedentary. Focus group discussions with girls reveal [feelings of exclusion](#) by boys and a [lack of attraction](#) to schoolyard elements.

[Our own research](#) affirms these trends. Our survey of 284 students in years 7 to 10 at one Canberra school revealed the schoolyard to be more aligned with the preferences of boys, but desired little by girls. Between years 9 and 10 alone, girls recorded a 31 per cent decrease in schoolyard likeability (compared to a drop of 6.5 per cent for boys). In fact, girls are more negative than boys in their perceptions of schoolyard accessibility, likeability and personal connection.

Adolescence plays a contributing role in some of these trends. Girls demonstrate [worsening mental health](#) compared to boys, with these disparities often continuing into adulthood. Changes to body image and self-esteem during puberty are attributed to increasing student reluctance to participate in traditional sports programming due to a [lack of physical skills and confidence](#). But this doesn’t mean that time outside is any less valued, as one female Year 9 student shared with me. “I don’t like school in general,” she said. “But if I went out for a bit, it changes my mood somewhat. So I don’t disrespect anyone else. I just disrespect myself.”

Given the well-being benefits afforded by time outside, girls have potentially more to gain from improvements to schoolyard spaces. But this means exploring alternatives to the sport-heavy models, where big money spent on big grass ovals

may come at a big cost of minimising schoolyard choices for girls.

The question of how to best meet the schoolyard needs of girls is one that continues to stump designers, managers, and researchers. The answers are there — but we need additional voices at the table. Students are schoolyard experts, and their ideas are many.

In 2021 my student ideas competition [The Schoolyard I’d Like](#) captured teenage visions of the ideal secondary schoolyard. From Versailles-inspired mazes and oversized play structures to intimate landscape ‘pods’ and gazebos for hanging with friends, students sought spaces that promoted relaxation, imagination and meaningful connection with each other. While all entrants desired spaces that were fun and exciting, entries from boys focused on active play while schemes from girls were more driven by comfort, respite, learning and nature. The competition illustrated the need to further understand these differences in schoolyard perception and use.

Our surroundings teach us about society and how our lives fit within it. The way in which we design, occupy, and use shared spaces such as the schoolyard teaches us about our relationship with the environment — and with each other. When I asked older female students where they like to go in the schoolyard, I frequently heard a similar response to what one Year 9 student told me: “Me and my friends sit on the basketball court...just on the edge, so the boys can still play football.”

The time has come to move beyond the vintage schoolyard, its conventional play choices and social hierarchies. To a world where schoolyard choices are not about playing soccer or sitting on the sidelines but offering a broad range of environments and experiences to reflect and celebrate the rich diversity, skills, and interests of its students — both boys and girls. Are schoolyard designers ready? Game on.





Submissions from the “The Schoolyard I’d Like” competition. Top: Gazebo design — Amber (15) and Sabrina (14). Bottom: Maze and fountain — Ellie (15), Jenna (16) and Sophia (15). Pictures: Supplied.



## NATIONAL BEST PRACTICE UNIT – TACKLING INDIGENOUS SMOKING

### RESEARCH TEAM

PENNEY UPTON

THRISHILA PARSHU RAM

RACHEL DAVEY

**Tackling Indigenous Smoking (TIS) is an Australian Government funded program that aims to improve the health of First Nations Australians by reducing the prevalence of tobacco use. Local organisations run community-led population health promotion activities designed to prevent the uptake of smoking, promote quitting and address emerging issues such as vaping.**

The program provides national support to organisations through the National Best Practice Unit Tackling Indigenous Smoking (NBPU TIS), a consortium led by First Nations' owned business Ninti One in partnership with Australian Indigenous HealthInfoNet (Edith Cowan University) and the University of Canberra Health Research Institute (HRI).

As research and evidence lead for the unit, the HRI team is at the forefront of driving positive change in tobacco control through translating published research into practice and supporting TIS teams to produce their own evidence of what works best in local communities. Placing a strong emphasis on meaningful engagement and real-world impact, over the past year the HRI team have actively shared relevant evidence and resources through digital communication systems (e.g., e-newsletters, social media, a [dedicated website](#)) and in-person training. By engaging with teams in-person we support practical skill development. The primary impact of this work is on the TIS workforce, empowering them to deliver best practice tobacco control activities. A secondary impact comes from the community change generated by the delivery of those evidence-based activities, as described in the Case Study, 'Championing Community Change'.

### ENGAGING ORGANISATIONS WITH RESEARCH EVIDENCE

Last year we introduced Connie the Clever Cockatoo, our evidence avatar. Connie continues to assist us to deliver regular evidence updates to the TIS teams to support them in the development of tobacco control activities. Her dedicated page 'Tobacco Control News' is a popular section of the TIS website with regular pageviews that have increased over the past year (particularly when the evidence concerns emerging topics such as vaping!).

#### ➔ MORE INFORMATION

Go to <https://tacklingsmoking.org.au/tis-team-activities/news/>







## NATIONAL TIS WORKERS WORKSHOP

In March, a National TIS Workers Workshop was held in Garramilla (Darwin) on Larrakia Country. This workshop was one of the largest gatherings of TIS workers, tobacco control experts, and other stakeholders in the TIS program.

During the workshop, the HRI team led an interactive World café™ rebranded as a First Nations 'Nation-to-Nation café'. Based on the principle of shared wisdom and a collaborative approach to evidence-based problem solving, the focus of the session was the rise of youth vaping and how teams were working to change youth attitudes and behaviour.

A total of 198 Tobacco Action Workers, TIS co-ordinators and other public health professionals participated in the café.

Discussions stressed the challenge of vaping as a 'wicked' public health problem. However, it also served as a powerful platform for TIS teams across Australia to actively engage with us and each other, share impactful strategies and transform this challenge into an opportunity to gather evidence of what works best among local communities. Participants appreciated the engagement provided by the café style as it provided opportunities to learn from each other as well as from the NBPU TIS.

**“Loved the nation-to-nation café style, was great being able to discuss with other orgs and teams about what they were doing and have lots of ideas.”**

**“The National Workshop was a huge success and I benefited greatly. Thank you for your hard work, dedication and commitment in bringing this together.”**

**“Congratulations to the NBPU team for putting together a wonderful and informative workshop, much appreciated.”**

# RESEARCH

## PUBLIC HEALTH AND HEALTH SERVICES



**“It was great to learn about the different ways to gather monitoring and evaluation data.”**

Tackling Indigenous Smoking Worker,  
South Australia

### TAILORED TRAINING IN SOUTH AUSTRALIA

Earlier this year the HRI team delivered a comprehensive training session for the TIS team from the Aboriginal Health Council of South Australia (AHCSA) who service the Port Augusta Indigenous Region (IREG) with their consortium partner, Nganampa Health Council.

The training was focused on developing research skills to support the team to collect monitoring and evaluation data for youth programs, smoke-free activities, and social media campaigns. Participants were supported to evaluate their strengths, both individually and as a consortium, identify challenges in program evaluation, and identify solutions.

The team also explored ways to use the data collected for continual quality improvement (CQI). The positive impact of the training day, which was agreed to be ‘good for team building’ was reflected in feedback from the team, who plan to invite us back for more training in 2024.



### SUPPORTING CENTRAL AUSTRALIAN TEAMS

In October we delivered a three-day tailored training workshop to the TIS Teams of Central Australian Aboriginal Congress Aboriginal Corporation (CAACAC) and Anyinginyi Health Aboriginal Corporation (AHAC). We focused on how to use and collect research evidence for health promotion practice. Participants had the opportunity to share their tobacco control experiences and knowledge, as well as to update their research and activity delivery skills. The teams found the training to be relevant, interesting, and enjoyable.

**“The workshop was delivered in a way where we all talk about how we deliver our program to the community.”**

**“All content was useful.” “All of it was practical.”**

Tobacco Action Workers, Northern Territory

**“Our TIS team at the Aboriginal Health Council of SA has been working with Penney Upton and the Health Institute Research team for a number of years. The support we have been given, in particular to M&E collection and evaluation methods has been extremely beneficial to our team. We do a lot of work in remote South Australia, where English is not the first language for local people and this can bring challenges with M&E collection, however, Penney’s care and understanding of Aboriginal people, communities and the nuances around them, gives our team — and in effect the people we are working with — ‘real life’ support with this insight and understanding.”**

Tim Lawrence, TIS Team Leader, Aboriginal Health Council of SA



## CASE STUDY CHAMPIONING COMMUNITY CHANGE

Winda-Mara Aboriginal Corporation, situated in the far southwest Victorian towns of Heywood, Hamilton, and Portland, is making significant strides in addressing high smoking rates within local Aboriginal communities. The organisation's TIS team takes a comprehensive approach to population health promotion, recognising that 'one size does not fit all'.

One standout initiative is the promotion of Quit Champions, local First Nations people whose personal stories of quitting are shared and celebrated on social media, radio ads and podcasts as well as through posters placed in prominent health service locations including Hospitals and Medical Centres. The success of Quit Champions lies in the relatability of their stories, fostering community recognition and connection. These champions serve as powerful motivators for individuals looking to quit smoking, with their stories not only educating but also inspiring others.

The story of Brian, a transport driver at Winda-Mara is a shining example of how this initiative engages community. After 40 years of using tobacco, Brian successfully stopped smoking and became a Quit Champion for the TIS program. Brian designed his own poster with the tag line 'I want to live, do you? (below). Brian's willingness to openly share his story has made him a powerful advocate for the TIS program. His story's online presence gained substantial community engagement, with 100 views, 56 reactions, and 19 shares on Facebook, demonstrating the effectiveness of Winda-Mara's approach to sharing the TIS message to create a healthier and more informed community.



**“The Australian Government is investing up to \$60 million per annum in the Tackling Indigenous Smoking (TIS) program to reduce smoking and vaping prevalence among First Nations people. The translational research by HRI has been a key enabler to the widespread innovation and beneficial community impact of evidence-based prevention activities that are delivered through a national network of regional TIS teams. The expert advice of HRI has also been a respected resource for Department of Health and Ageing policy and program areas in their efforts to reduce the detrimental health impacts of smoking and vaping in the Australian community.”**

Katherine McHugh, Preventative Health Section, First Nations Health Division, Department of Health and Aged Care

# RESEARCH

## PUBLIC HEALTH AND HEALTH SERVICES

### DISCIPLINE OF PUBLIC HEALTH

#### TEACHING TEAM

RO MCFARLANE  
Discipline Lead

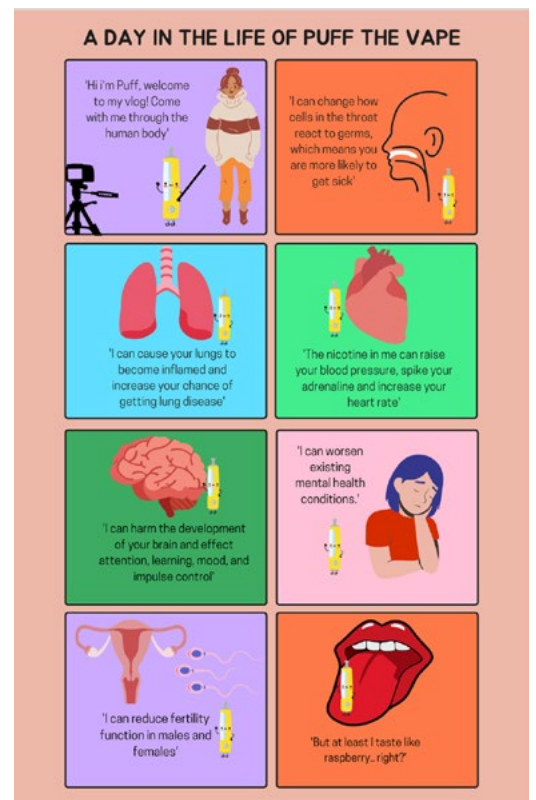
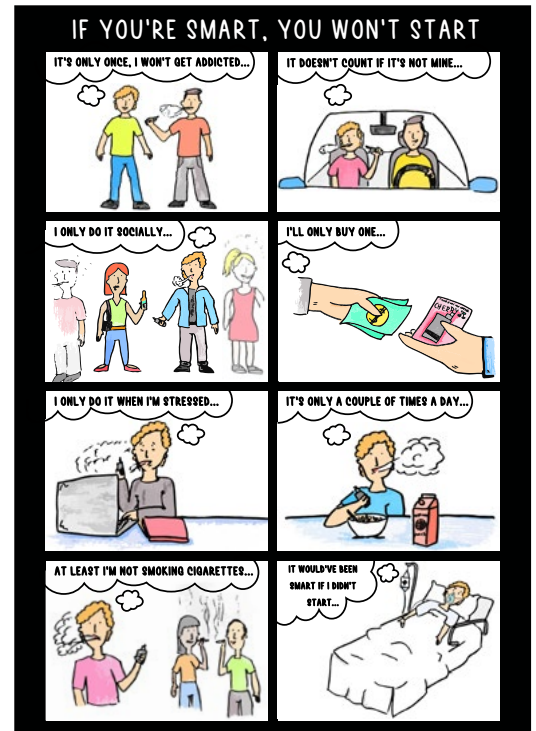
WILLIAM MUDE

SUNIL GEORGE

ZELALEM MENGESHA

Health promotion comics that were produced as part of the Health Promotion and Practice unit in Sem 1 2023, have been selected by ACT Health to be a part of the evidence based teacher professional learning packages focussed on vaping and health — one is aimed at early high school level (Year 7 and 8) and one at late primary (Year 5 and 6).

Each package consists of a number of modules to build teacher knowledge and confidence to embed the content in their lesson planning and curriculum linked classroom resources, activities and worksheets. This is the result of our collaboration with Health Promotion team at ACT Health. As a result the work of our students will be featured in the teacher training resources and is a great form of acknowledgement for our undergraduate students across the various disciplines who designed these comics as part of their assessments.





A photograph of a person walking up a modern staircase. The person is seen from behind, wearing a dark coat and carrying a red and blue bag. The staircase has a wooden handrail and metal steps. The background is blurred, showing other people moving. The text "CURRENT RESEARCH PROJECTS" is overlaid in large white letters.

# CURRENT RESEARCH PROJECTS

# CURRENT RESEARCH

1. Supporting mental health through building resilience during and after bushfires: lessons from the 2019–20 bushfires in southern NSW and the ACT.  
*Funded by the Medical Research Future Fund.*
2. Environmental and social determinants of health in the Australian Capital Territory: program interventions aimed at reducing the burden of disease and avoidable hospital admissions.  
*Funded by the Medical Research Future Fund.*
3. A good start in life for young children: reducing vulnerability and health inequity.  
*Funded by the Medical Research Future Fund.*
4. Indigenous engagement and leadership in the evaluation of Indigenous health and wellbeing programs: Taking steps to improve government and non-government commissioning practices.  
*Funded by the National Health and Medical Research Council*
5. EMPOWER  
*Funded by the National Health and Medical Research Council*
6. A national e-Infrastructure for high-resolution population spatial modelling.  
*Funded by the Australian Research Council.*
7. Novel modelling to improve decision-making for neighbourhood design to reduce chronic disease risk  
*Funded by National Health and Medical Research Council*
8. A very brief intervention for physical activity behaviour change in cardiac rehabilitation: the 'Measure It!' trial  
*Funded by the Medical Research Future Fund*
9. Integrating Pharmacists in Residential Aged Care Facilities to improve the quality use of medicines.  
*Funded by the Capital Health Network through the ACT's Primary Health Program.*
10. Dasman Diabetes Institute Geohealth Lab and Enablement Project.  
*Funded by the Dasman Diabetes Institute.*
11. Spatial management of health risk: Applying geospatial technology for risk visualisation, hotspot identification, and analysis of geographic variation.  
*Funded by the Digital Health Cooperative Research Centre.*
12. Individual-level predictive models for management of postoperative pain.  
*Funded by the Digital Health Cooperative Research Centre.*
13. National Best Practice Unit for Tackling Indigenous Smoking.  
*Funded by the Commonwealth Department of Health and Ninti One.*
14. Cotton industry social and wellbeing sustainability indicators.  
*Funded by the Cotton Research and Development Corporation.*
15. Validation of a novel skin antibiotic for treatment of impetigo.  
*Funded by ANU Connect Ventures.*
16. Evaluation of the veterans and first responders mental health grant program.  
*Funded by Movember.*
17. Atlas of Dementia Care.  
*Funded by University NSW.*
18. ACT Government — Living well survey.  
*Funded by the Australian Capital Territory Government.*
19. Developing systems and approaches to monitoring the impact of the COVID-19 pandemic on the Australian health system.  
*Funded by the Australian Institute Health and Welfare*
20. Road Safety Research Fund  
*Funded by the NRMA — ACT Road Safety Trust*
21. Ride Score — Safe Routes To School  
*Funded by the Australian Sports Commission*
22. DJPR 2020 Regional Wellbeing Survey  
*Funded by Victorian Department of Jobs, Precincts and Regions*



# H PROJECTS

- 23. Does telehealth improve access, equity and sustainability in regional and rural populations?  
*Funded by Illawarra Shoalhaven Local Health District*
- 24. NRRRA Regional Wellbeing Survey 2021 additions  
*Funded by National Recovery and Resilience Agency*
- 25. South West Slopes Forestry Hub bushfire socio-economic assessment  
*Funded by South West Slopes Forestry Hub*
- 26. Cardiac Rehabilitation for transient ischaemic Attack and Mild-Stroke (CRAMS): a randomised controlled trial  
*Funded by ACT Health*
- 27. MHHRQ: Intersections of Mental Health and Human Rights in Queensland  
*Funded by Queensland Mental Health Commission*
- 28. Geospatial Analysis of ACT Alcohol related Emergency Department (ED) Presentations  
*Funded by ACT Health*
- 29. Victorian agricultural worker health and safety  
*Funded by Victorian Department of Jobs, Precincts and Regions*
- 30. Provision of data tables from the 2021 Regional Wellbeing Survey  
*Funded by NSW Mental Health Commission*
- 31. Wellbeing and Disability Research Analysis  
*Funded by Chief Minister Treasury and Economic Development Directorate, ACT Government*
- 32. Identifying the reasons behind increase in involuntary psychiatric treatment in Queensland  
*Funded by NSW Mental Health Review Tribunal*
- 33. A smartphone app for sedentary behaviours change in cardiac rehabilitation and the effect on hospital admissions: the To Do — CR randomised control trial  
*Funded by Digital Health Cooperative Research Centre*
- 34. Evaluation of Social Workers in General Practice Program  
*Funded by Capital Health Network*
- 35. Early Warning of Resilience Loss  
*Funded by Agriculture Innovation Hubs*
- 36. A Local Navigation Tool for Mental Health Care (MChart): Demonstration study in ACT  
*Funded by the Digital Health Cooperative Research Centre*
- 37. Recreational fishing and human wellbeing: insights from existing data and development of best practice approaches to future measurement  
*Funded by Fisheries Research Development Corporation*
- 38. Evidence-based guidelines to understanding post-disaster impacts and supporting local community groups to maintain wellbeing and positive social conditions.  
*Funded by the Murray Darling Basin Authority*
- 39. “A Local Navigation Tool for Mental Health Care (MChart): Demonstration study in ACT”.  
*Funded by the Digital Health CRC*
- 40. Socio-economic impacts of the softwood plantation industry within the Central West NSW Forestry Hub region.  
*Funded by NSW Forestry*

# SELECTED PUBLICATIONS

## FROM HRI STAFF 2023

1. Ahmad, D., McFarlane, R. A., Smith, J., Saxena, D., Somerset, S., & Mavalankar, D. (2023). Evaluation of a virtual, simulated international public health peer-to-peer exchange learning experience. *Frontiers in Public Health*, 11, 1144716.
2. Alblooshi, S., Taylor, M., & Gill, N. (2023). Does menopause elevate the risk for developing depression and anxiety? Results from a systematic review. *Australasian Psychiatry*, 31(2), 165–173.
3. Bandara, T. N., Higgs, C., Zapata-Diomed, B., Gunn, L., Turrell, G., & De Livera, A. (2023). The longitudinal effects of the built environment on transportation and recreational walking, and differences by age and sex: systematic review protocol. *Archives of public health*, 81(1), 184.
4. Barrett, E.M., Thurber, K.A., Learnihan, V., Lovett, R., Thandrayen, J., Thomas, D.P., Colonna, E., Banks, E. and Maddox, R., 2023. Estimating population coverage of Tackling Indigenous Smoking teams, a placed-based health intervention in Australia. *Australian and New Zealand Journal of Public Health*, 47(1), p.100012.
5. Batten, M., Koerner, J., Kosari, S., Naunton, M., Lewis, J., & Strickland, K. (2023). Assessing implementation fidelity of an on-site pharmacist intervention within Australian residential aged care facilities: A mixed methods study. *BMC Health Services Research*, 23(1), 1166.
6. Batten, M., Lewis, J., Naunton, M., Strickland, K., & Kosari, S. (2023). Interprofessional collaboration between prescribers, managers, nursing staff and on-site pharmacists within residential aged care facilities: a mixed-methods study. *Age and Ageing*, 52(8), afad143.
7. Bertelli MO, Boniotti V, Bianco A, Vannucchi G, Buonaguro EF, Micai M, Fatta L, Rossi M, Pecchini E, Bizzari V, Conte M, Lombardi G, Corti S, Scior K, Azeem MW, Hassiotis A, Baghdadli A, Scattoni ML, Salvador-Carulla L, Javed A, Munir K. Caution needed in ascribing subthreshold symptoms as autism spectrum disorder: Commentary on “autistic traits distribution in different psychiatric conditions: A cluster analysis on the basis of the adult autism subthreshold spectrum (AdAS SPECTRUM) questionnaire”. *Psychiatry Res*. 2023 Nov 19;331:115617. doi: 10.1016/j.psychres.2023.115617. Epub ahead of print. PMID: 38043410.
8. Bertelli, M. O., Bianco, A., Salvador-Carulla, L., & Javed, A. (2023). WPA Working Group on Defining and Managing Autism Spectrum Disorder: spreading knowledge for the next generations of psychiatrists. *World Psychiatry*, 22(1), 168.
9. Carroll, S. J., Dale, M. J., & Bail, K. (2023). “Out and proud.... in all your shaking glory” the wellbeing impact of a dance program with public dance performance for people with Parkinson’s disease: a qualitative study. *Disability and Rehabilitation*, 45(20), 3272–3283.
10. Carroll, S. J., Dale, M. J., & Turrell, G. (2023). Neighbourhood socioeconomic disadvantage and body size in Australia’s capital cities: The contribution of obesogenic environments. *Plos one*, 18(1), e0280223.
11. Cesnik, R., Toohey, K., Freene, N., Kunstler, B., & Semple, S. (2023, April). Physical Activity Levels in People with Cancer Undergoing Chemotherapy: A Systematic Review. In *Seminars in Oncology Nursing* (p. 151435). WB Saunders.
12. Chowdhury, P., Mohanty, I., Singh, A., & Niyonsenga, T. (2023). Informal sector employment and the health outcomes of older workers in India. *Plos one*, 18(2), e0266576.
13. Cuesta-Briand, B., Rock, D., Tayba, L., Hoimes, J., Ngo, H., Taran, M., & Coleman, M. (2023). GP perspectives on a psychiatry phone line in Western Australia’s Great Southern region: implications for addressing rural GP workload. *Australian Journal of Primary Health*.
14. Komenda, S., Brunevskaia, N., Moritz, P., Landskron, S. J., Zrnic Novakovic, I., Oberleiter, S., ... & Zeilinger, E. L. (2023). Concepts of good mental health and wellbeing in people with intellectual disability: Study protocol for a systematic review. *Frontiers in Psychiatry*, 14, 1148702.
15. Deeks, L. S., Kosari, S., Peterson, G. M., Sudeshika, T., & Naunton, M. (2023). Factors contributing to pharmacists leaving employment in general practice in Australia: an exploratory study. *International Journal of Pharmacy Practice*, riad023.
16. Deeks, L. S., Naunton, M., Peterson, G. M., Sudeshika, T., Freeman, C., Sharma, R., ... & Kosari, S. (2023). Pharmacists in Australian general practice: Discussion of the findings of an evaluation from 2016 to 2021. *Journal of Pharmacy Practice and Research*.
17. Diaz-Milanes D, Almeda N, Gutierrez-Colosia MR, Garcia-Alonso CR, Sadeniemi M, Salvador-Carulla L. Impact of the workforce allocation on the technical performance of mental health services: the collective case of Helsinki-Uusimaa (Finland). *Health Res Policy Syst*. 2023 Oct 23;21(1):108. doi: 10.1186/s12961-023-01061-y. PMID: 37872626.



18. Leigh, G., Muminovic, M., & Davey, R. (2023). Enjoyed by Jack but endured by Jill: an exploratory case study examining differences in adolescent design preferences and perceived impacts of a secondary schoolyard. *International journal of environmental research and public health*, 20(5), 4221.
19. Fiolet, R., Woods, C., Reilly, R., Herrman, H., McLachlan, H., Fisher, J., ... & Chamberlain, C. (2023). Community perspectives on delivering trauma-aware and culturally safe perinatal care for Aboriginal and Torres Strait Islander parents. *Women and birth*, 36(2), e254–e262.
20. Fjaestad, S. L., Mackelprang, J. L., Sugiyama, T., Chandrabose, M., Owen, N., Turrell, G., & Kingsley, J. (2023). Associations of time spent gardening with mental wellbeing and life satisfaction in mid-to-late adulthood. *Journal of Environmental Psychology*, 87, 101993.
21. Florindo, A. A., Onita, B. M., Knebel, M. T. G., Júnior, R. D. S. W., Teixeira, I. P., & Turrell, G. (2023). Public Open Spaces and Leisure-Time Walking: A Longitudinal Study With Brazilian People in the COVID-19 Pandemic. *Journal of Physical Activity and Health*, 20(11), 1027–1033.
22. Foster, S., Giles-Corti, B., Bolleter, J., & Turrell, G. (2023). Denser habitats: A longitudinal study of the impacts of residential density on objective and perceived neighbourhood amenity in Brisbane, Australia. *Cities*, 143, 104565.
23. Freene N, Talbot R, Goh CH, Koh WH, Chong S, Wong YJ, Patterson K, Zainuldin R. If you measure it, it matters!: a survey of factors influencing implementation of physical activity promotion in cardiac and pulmonary rehabilitation in Australia. Patient Education and Counseling. 2023 Dec 1;117:107994.
24. Freene, N., McPhail, S. M., Tyack, Z., Kunstler, B., Niyonsenga, T., Keegan, R., ... & Davey, R. (2023). Very brief intervention for physical activity behaviour change in cardiac rehabilitation: protocol for the 'Measure It!' effectiveness–implementation hybrid trial. *BMJ open*, 13(11), e072630.
25. Furst, M. A., Salinas-Perez, J. A., Gutiérrez-Colosía, M. R., Mendoza, J., Bagheri, N., Anthes, L., & Salvador-Carulla, L. (2023). Patterns of mental health care provision in urban areas: A comparative analysis for local policy in the ACT. *Plos one*, 18(4), e0284241.
26. Galbally, M., Eggleston, K., Northwood, K., Siskind, D., Berk, M., Suetani, S., ... & Every-Palmer, S. (2023). Renewal of academic psychiatry without addressing gender equity will render it Jurassic rather than endangered. *Australian & New Zealand Journal of Psychiatry*, 57(3), 315–321.
27. George, M. S., Gaitonde, R., Davey, R., Mohanty, I., & Upton, P. (2023). Engaging participants with research findings: A rights-informed approach. *Health Expectations*, 26(2), 765–773.
28. George, M. S., Niyosenga, T., & Mohanty, I. (2023). Does the presence of health insurance and health facilities improve access to healthcare for major morbidities among Indigenous communities and older widows in India? Evidence from India Human Development Surveys I and II. *Plos one*, 18(2), e0281539.
29. Gronholm, P. C., Gill, N., Carter, G., Watson, D., Helmchen, H., Thornicroft, G., & Sartorius, N. (2023). Assessing the priority of human rights and mental health: the PHRAME approach. *BJPsych Open*, 9(2), e56.
30. Haider, I., Kosari, S., Naunton, M., Koerner, J., Dale, M., Nizamani, S., & Davey, R. (2023). The role of on-site pharmacist in residential aged care facilities: findings from the PiRACF study. *Journal of Pharmaceutical Policy and Practice*, 16(1), 82.
31. Haider, I., Kosari, S., Naunton, M., Niyonsenga, T., Koerner, J., Peterson, G., & Davey, R. (2023). Impact of on-site pharmacists in residential aged care facilities on the quality of medicines use: a cluster randomised controlled trial (PiRACF study). *Scientific Reports*, 13(1), 15962.
32. Hartono, S., Niyonsenga, T., Cochrane, T., & Kinfu, Y. (2023). Effect of migrant parents' bodyweight perception on children's body bodyweight: A longitudinal analysis of population cohort study. *SSM-Population Health*, 21, 101318.
33. Hinck, P., Gutierrez-Colosía, M., Duval, C., König, H. H., Simon, J., Fischer, C., ... & Konnopka, A. (2023). The identification of economically relevant health and social care services for mental disorders in the PECUNIA project. *BMC Health Services Research*, 23(1), 1045.
34. Islam, S. M. S., Maddison, R., Uddin, R., Ball, K., Livingstone, K. M., Khan, A., ... & Veerman, L. J. (2023). The burden and trend of diseases and their risk factors in Australia, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet Public Health*, 8(8), e585–e599.
35. Jafari HT, Bagheri N, Lueck C, Furst MA, Perez JS, Salvador-Carulla L. (2023). Standardized systematic description of provision of care for multiple sclerosis at a local level: a demonstration study. International Journal of MS Care 25 (3), 1–26.
36. Jamalishahni, T., Turrell, G., Foster, S., Davern, M., & Villanueva, K. (2023). Neighbourhood socio-economic disadvantage and loneliness: the contribution of green space quantity and quality. *BMC public health*, 23(1), 1–17.
37. Jones, R., Jackson, D., Woods, C., & Usher, K. (2023). Social issues, crisis, and care coordination: First responders experience responding to people affected by methamphetamines. *International Journal of Mental Health Nursing*, 32(3), 755–766.

# PUBLICATIONS

38. Kamstra, P., Farmer, J., McCosker, A., Gardiner, F., Dalton, H., Perkins, D., ... & Bagheri, N. (2023). A novel mixed methods approach for integrating not-for-profit service data via qualitative Geographic Information System to explore authentic experiences of ill-health: A case study of rural mental health. *Journal of Mixed Methods Research*, 17(4), 419–442.
39. Kasturi, S., Oguoma, V. M., Grant, J. B., Niyonsenga, T., & Mohanty, I. (2023). Prevalence rates of depression and anxiety among young rural and urban Australians: a systematic review and meta-analysis. *International journal of environmental research and public health*, 20(1), 800.
40. Lamb, K. E., Daniel, M., Chaix, B., Kestens, Y., Coffee, N. T., & Thornton, L. E. (2023). Socioeconomic differences in associations between living in a 20-min neighbourhood and diet, physical activity and self-rated health: Cross-sectional findings from ProjectPLAN. *Health & Place*, 84, 103119.
41. Lee, G. Y., Hickie, I. B., Song, Y. J. C., Huntley, S., Ho, N., Loblay, V., ... & Occhipinti, J. A. (2023). Towards Youth Mental Health System Reform: An Evaluation of Participatory Systems Modelling in the Australian Capital Territory.
42. Li, X., Mohanty, I., Zhai, T., Chai, P., & Niyonsenga, T. (2023). Catastrophic health expenditure and its association with socioeconomic status in China: evidence from the 2011–2018 China Health and Retirement Longitudinal Study. *International Journal for Equity in Health*, 22(1), 194.
43. Lukersmith, S., Salvador-Carulla, L., Chung, Y., Du, W., Sarkissian, A., & Millington, M. (2023). A Realist Evaluation of Case Management Models for People with Complex Health Conditions Using Novel Methods and Tools—What Works, for Whom, and under What Circumstances?. *International Journal of Environmental Research and Public Health*, 20(5), 4362.
44. Maddox, R., Drummond, A., Kennedy, M., Martinez, S. A., Waa, A., Henderson, P. N., ... & Whop, L. J. (2023). Ethical publishing in 'Indigenous' contexts.
45. Maddox, R., Drummond, A., Kennedy, M., Martinez, S.A., Waa, A., Henderson, P.N., Clark, H., Upton, P., Lee, J.P., Hardy, B.J. and Tautolo, E.S. (2023). Ethical publishing in 'Indigenous' contexts. Tobacco Control Published Online First: 13 February 2023. doi: 10.1136/tc-2022-057702.
46. Marjadi B, Flavel J, Baker K, Glenister K, Morns M, Triantafyllou M, Strauss P, Wolff B, Procter AM, Mengesha Z, Walsberger S, Qiao X, Gardiner PA. Twelve Tips for Inclusive Practice in Healthcare Settings. *Int J Environ Res Public Health*. 2023 Mar 6;20(5):4657. doi: 10.3390/ijerph20054657. PMID: 36901666; PMCID: PMC10002390.
47. Mazumdar, S., Jaques, K., Conaty, S., De Leeuw, E., Gudes, O., Lee, J. B., ... & Harris, P. (2023). Hotspots of change in use of public transport to work: A geospatial mixed method study. *Journal of Transport & Health*, 31, 101650.
48. Mengesha Z, Hawkey AJ, Baroudi M, Ussher JM, Perz J. Men of refugee and migrant backgrounds in Australia: a scoping review of sexual and reproductive health research. *Sex Health*. 2023 Feb;20(1):20–34. doi: 10.1071/SH22073. PMID: 36261118.
49. Mengesha Z, Weber D, Smith M, Harris P, Haigh F. 'Fragmented care': Asylum seekers' experience of accessing health care in NSW. *Health Promot Int*. 2023 Oct 1;38(5):daad123. doi: 10.1093/heapro/daad123. PMID: 37864803.
50. Mengesha, Z., Weber, D., Smith, M., Harris, P., & Haigh, F. (2023). 'Fragmented care': Asylum seekers' experience of accessing health care in NSW. *Health Promotion International*, 38(5), daad123.
51. Mersha, A. G., Kennedy, M., Eftekhari, P., Lee, K. K., Upton, P., Segan, C., ... & Gould, G. S. (2023). Using the Behaviour Change Wheel and modified Delphi method to identify behavioural change techniques for improving adherence to smoking cessation medications. *BMC public health*, 23(1), 1362.
52. Turrell, G., Thrimawithana, T., Itsiopoulos, C., Greaves, R. F., & Zakaria, R. (2023). Method validation for a greener approach to the quantification of 25-hydroxy vitamin D3 in patient serum using supported liquid extraction and liquid chromatography-tandem mass spectrometry. *Clinical Chemistry and Laboratory Medicine (CCLM)*, (0).
53. Milton AC, Mengesha Z, Ballesteros K, McClean T, Hartog S, Bray-Rudkin L, Ngo C, Hickie I. Supporting Children's Social Connection and Well-Being in School-Age Care: Mixed Methods Evaluation of the Connect, Promote, and Protect Program. *JMIR Pediatr Parent*. 2023 Jul 25;6:e44928. doi: 10.2196/44928. PMID: 37490323; PMCID: PMC10410534.
54. Mohajer, S., Li Yoong, T., Chan, C. M., Danaee, M., Mazlum, S. R., & Bagheri, N. (2023). The effect of professional portfolio learning on nursing students' professional self-concepts in geriatric adult internship: a-quasi-experimental study. *BMC medical education*, 23(1), 1–13.
55. Moscarelli, M., Min, J. Y., Kopelowicz, A., Torous, J., Chavez, O., Gómez-de-Regil, L., ... & Ahmed, A. O. (2023). The scale for the assessment of the passively received experiences (PRE) in schizophrenia and digital mental health. *Schizophrenia research*, 251, 91–93.
56. Mude, W., Mwenyango, H., Preston, R., O'Mullan, C., Vaughan, G., & Jones, G. (2023). HIV Testing Disruptions and Service Adaptations During the COVID-19 Pandemic: A Systematic Literature Review. *AIDS and Behavior*, 1–15.



57. Mulyaningsih, T., Mohanty, I., Gebremedhin, T. A., Miranti, R., & Widyaningsih, V. (2023). Does access to water, sanitation, and hygiene improve children's health? An empirical analysis in Indonesia. *Development Policy Review*, 41(5), e12706.
58. Nyanhanda, T., Mwanri, L., & Mude, W. (2023). Double Burden of Malnutrition: A Population Level Comparative Cross-Sectional Study across Three Sub-Saharan African Countries—Malawi, Namibia and Zimbabwe. *International Journal of Environmental Research and Public Health*, 20(10), 5860.
59. Occhipinti, J. A., Hynes, W., Geli, P., Eyre, H. A., Song, Y., Prodan, A., ... & Hickie, I. B. (2023). Building systemic resilience, productivity and well-being: a Mental Wealth perspective. *BMJ Global Health*, 8(9), e012942.
60. Okullo A, Saad J, Ashrafi D, Bagheri N, Haxhimolla H. (2023). Outcomes of robotic modified Freyer's prostatectomy in an Australian patient cohort. *BJUI Compass*.
61. Ong, K. L., Stafford, L. K., McLaughlin, S. A., Boyko, E. J., Vollset, S. E., Smith, A. E., ... & Brauer, M. (2023). Global, regional, and national burden of diabetes from 1990 to 2021, with projections of prevalence to 2050: a systematic analysis for the Global Burden of Disease Study 2021. *The Lancet*.
62. Paterson, C., Roberts, C., Li, J., Chapman, M., Strickland, K., Johnston, N., ... & Toohey, K. (2023). What are the experiences of supportive care in people affected by brain cancer and their informal caregivers: A qualitative systematic review. *Journal of Cancer Survivorship*, 1–22.
63. Patterson K, Keegan R, Davey R, Freene N. Implementing a sedentary behaviour change smartphone app in cardiac rehabilitation: a qualitative analysis guided by the Theoretical Domains Framework and COM-B. *Journal of Cardiovascular Nursing* doi: 10.1097/JCN.0000000000000983.
64. Patterson, K., Davey, R., Keegan, R., Niyonsenga, T., Mohanty, I., Bowen, S., ... & Freene, N. (2023). Testing the Effect of a Smartphone App on Hospital Admissions and Sedentary Behavior in Cardiac Rehabilitation Participants: ToDo-CR Randomized Controlled Trial. *JMIR mHealth and uHealth*, 11, e48229.
65. Pokhilenko, I., Janssen, L. M., Paulus, A. T., Drost, R. M., Hollingworth, W., Thorn, J. C., ... & Evers, S. M. (2023). Development of an instrument for the assessment of health-related multi-sectoral resource use in Europe: the PECUNIA RUM. *Applied Health Economics and Health Policy*, 21(2), 155–166.
66. Pokhilenko, I., Kast, T., Janssen, L. M. M., Evers, S. M. A. A., Paulus, A. T. G., Simon, J., ... & Drost, R. M. W. A. (2023). International comparability of reference unit costs of education services: when harmonizing methodology is not enough (PECUNIA project). *Expert Review of Pharmacoeconomics & Outcomes Research*, 23(1), 135–141.
67. Rosenberg, S., Carulla, L. S., & Rosen, A. (2023). Mental health reform in Australia—unfinished business. *BJPsych International*, 1–3.
68. Rosenberg, S., Lawson, K., & Hickie, I. (2023). Centralisation versus regionalisation: Designing the Sixth National Mental Health Plan. *Australian Journal of Public Administration*, 82(2), 290–301.
69. Rosenberg, S., Salvador-Carulla, L., Lukersmith, S., Bagheri, N., & EMPOWER Consortium. (2023). Digital mental health and employment—Lessons from the Australian experience. *The European Journal of Psychiatry*, 37(1), 36–43.
70. Salinas-Perez, J. A., Gutierrez-Colosia, M. R., Garcia-Alonso, C. R., Furst, M. A., Tabatabaei-Jafari, H., Kalseth, J., ... & Salvador-Carulla, L. (2023). Patterns of mental healthcare provision in rural areas: A demonstration study in Australia and Europe. *Frontiers in psychiatry*, 14, 993197.
71. Salvador-Carulla L. Santiago Ramon y Cajal, mental functions and neuropsychiatry. *Span J Psychiatry Ment Health*. 2023 Jan–Mar;16(1):2–4. doi: 10.1016/j.sjpmh.2023.02.001. Epub 2023 Aug 26. PMID: 37916571.
72. Salvador-Carulla L. Santiago Ramon y Cajal, mental functions and neuropsychiatry. *Span J Psychiatry Ment Health*. 2023 Jan–Mar;16(1):2–4. doi: 10.1016/j.sjpmh.2023.02.001. Epub 2023 Aug 26. PMID: 37916571.
73. Salvador-Carulla, L., Furst, M. A., Gillespie, J., Rosenberg, S., Aryani, A., Anthes, L., ... & Salinas-Perez, J. A. (2023). Regional evolution of psychosocial services in Australia before and after the implementation of the National Disability Insurance Scheme. *Australian & New Zealand Journal of Psychiatry*, 57(6), 875–883.
74. Schubach, K., Niyonsenga, T., Turner, M., & Paterson, C. (2023). Experiences of sexual well-being interventions in males affected by genitourinary cancers and their partners: an integrative systematic review. *Supportive care in cancer*, 31(5), 265.
75. Smallwood, R., Usher, K., Woods, C., Sampson, N., & Jackson, D. (2023). De-problematising Aboriginal young peoples' health and well-being through their voice: An Indigenous scoping review. *Journal of Clinical Nursing*, 32(9–10), 2086–2101.
76. Soleimani, M., & Bagheri, N. (2023). Spatio-temporal analysis of head injuries in northwest Iran. *Spatial Information Research*, 31(3), 329–344.
77. Soroori, E., Kiani, B., Ghasemi, S., Mohammadi, A., Shabanikiya, H., Bergquist, R., ... & Tabatabaei-Jafari, H. (2023). Spatial Association Between Urban Neighbourhood Characteristics and Child Pedestrian-Motor Vehicle Collisions. *Applied Spatial Analysis and Policy*, 1–20.
78. Sudeshika, T., Deeks, L. S., Naunton, M., Peterson, G. M., & Kosari, S. (2023). Evaluating the potential outcomes of pharmacist-led activities in the Australian general practice setting: a prospective observational study. *International Journal of Clinical Pharmacy*, 1–9.

# PUBLICATIONS

79. Sudeshika, T., Deeks, L. S., Naunton, M., Peterson, G. M., & Kosari, S. (2023). Interprofessional collaboration within general practice teams following the inclusion of non-dispensing pharmacists. *Journal of Pharmaceutical Policy and Practice*, 16(1), 49.
80. Sudeshika, T., Naunton, M., Peterson, G. M., Deeks, L. S., Guénette, L., Sharma, R., ... & Kosari, S. (2022). Interprofessional collaboration and team effectiveness of pharmacists in general practice: a cross-national survey. *International Journal of Environmental Research and Public Health*, 20(1), 394.
81. Teixeira, I. P., Barbosa, J. P. D. A. S., Barrozo, L. V., Hino, A. A. F., Nakamura, P. M., Andrade, D. R., ... & Florindo, A. A. (2023). Built environments for physical activity: a longitudinal descriptive analysis of Sao Paulo city, Brazil. *Cities & health*, 7(1), 137–147.
82. Vacher, C., Skinner, A., Occhipinti, J. A., Rosenberg, S., Ho, N., Song, Y. J. C., & Hickie, I. B. (2023). Improving access to mental health care: a system dynamics model of direct access to specialist care and accelerated specialist service capacity growth. *Medical journal of Australia*.
83. Vaughan, G., Nyanhanda, T., Rawal, L., Kaphle, S., Kelly, J., & Mude, W. (2023). Cultural Identity as a Determinant of Health among South Sudanese in Sydney, Australia. *Health & Social Care in the Community*, 2023.
84. Verdicchio, C., Freene, N., Hollings, M., Maiorana, A., Briffa, T., Gallagher, R., ... & Redfern, J. (2023). A clinical guide for assessment and prescription of exercise and physical activity in cardiac rehabilitation. A CSANZ position statement. *Heart, Lung and Circulation*, 32(9), 1035–1048.
85. Villanueva, K., Badland, H., Alderton, A., Higgs, C., Turrell, G., & Goldfeld, S. (2023). Examining the Contribution of the Neighborhood Built Environment to the Relationship Between Neighborhood Disadvantage and Early Childhood Development in 205,000 Australian Children. *Academic Pediatrics*, 23(3), 631–645.
86. Whiteford, H., Bagheri, N., Diminic, S., Enticott, J., Gao, C. X., Hamilton, M., ... & Skinner, A. (2023). Mental health systems modelling for evidence-informed service reform in Australia. *Australian & New Zealand Journal of Psychiatry*, 57(11), 1417–1427.
87. William M Gardner, Christian Razo, ... Bagheri N., Bagherieh S, Amin A et al. Prevalence, years lived with disability, and trends in anaemia burden by severity and cause, 1990–2021: findings from the Global Burden of Disease Study 2021. *The Lancet Haematology* 10 (9), 2023
88. Win Kyaw, M., Cheng, H. C., Obermair, H., Woods, C., Perry, C., & De Costa, C. (2023). Australian medical students' and junior doctors' perceptions of gender discrepancies in obstetrics and gynaecology. *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 63(2), 247–253.
89. Wood, S. M., Alston, L., Beks, H., Mc Namara, K., Coffee, N. T., Clark, R. A., ... & Versace, V. L. (2023). The application of spatial measures to analyse health service accessibility in Australia: a systematic review and recommendations for future practice. *BMC Health Services Research*, 23(1), 1–19.
90. Wood, S. M., Alston, L., Beks, H., Mc Namara, K., Coffee, N. T., Clark, R. A., ... & Versace, V. L. (2023). Quality appraisal of spatial epidemiology and health geography research: A scoping review of systematic reviews. *Health & Place*, 83, 103108.
91. Yashadhana, A., Alloun, E., Serova, N., de Leeuw, E., & Mengesha, Z. (2023). Place-making and its impact on health and wellbeing among recently resettled refugees in high income contexts: A scoping review. *Health & place*, 81, 103003.
92. Yunan, Z. Y., Freyens, B., Vidyattama, Y., & Mohanty, I. (2023). Spread of corruption in Indonesia after decentralisation: a spatiotemporal analysis. *Oxford Development Studies*, 1–18.







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