



MONASH
University

HEALTH SERVICES RESEARCH AND EDUCATION

MONASH
PUBLIC HEALTH AND
PREVENTIVE MEDICINE



Photo credit: Alfred Health

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“The breadth and depth of activities here reflects the capacity, experience and broad clinical interests within our large team.”



Foreword

Leading Australia in Health Services Research and Education

Monash Public Health and Preventive Medicine is a leader in several key aspects of health services research in Australia. The School has a strong record of grant success from the National Health and Medical Research Council, Victorian State and Commonwealth governments and from a variety of commercial sources.

Our research focusses primarily on measuring and improving quality and safety in healthcare. The relevance of our research to practice is assisted by the leadership roles played by several of our senior clinicians at Alfred Health and at other major hospitals. This ensures that our research is timely and relevant, and our findings have direct impacts on health service delivery.

In recent years we have become leaders in clinical registry science, statistical and economic analysis of health data, and clinical trials. These competencies and our own extensive data resources allow us to address some of the biggest challenges in health service provision, from big data management to predicting future healthcare needs.

Ageing populations are emerging as a major challenge to healthcare in many advanced countries. Detailed information from 16,700 Australians over the age of 70 is being collected as part of the [ASpirin in Reducing Events in the Elderly \(ASPREE\)](#) trial, the largest data collection project yet undertaken in older

Australians. This data will be invaluable in assisting health services planning for years to come.

The School also houses several Centres of Research Excellence as well as national and international organisations. These enhance our ability to conduct health services research in a variety of areas such as safer drug treatment, improving transfusion safety, reducing pressure injuries and improving clinical governance.

[Cochrane Australia](#) provides the School high level expertise in evidence synthesis while our Social Sciences stream, including both [Jean Hailes for Women's Health](#) and the [Michael Kirby Centre for Public Health and Human Rights](#), provide consumer-focussed insights into how patients access health services and their experiences within the healthcare system.

Our School is also a key provider of health services education, offering postgraduate courses across research, public health and health services management.

If you are interested in collaborating, studying or funding our research, I encourage you to make contact with us at sphpm-healthservicesunit@monash.edu

Professor John McNeil

Head of School

“Our research helps service providers work towards sustainable models that continuously improve patient outcomes and equity of access whilst reducing resource waste.”



Foreword

Improving Service Delivery and Consumer Experiences

Health Services research focusses on service delivery and consumer experiences. Our research helps service providers work towards sustainable models that continuously improve patient outcomes and Service accessibility whilst reducing resource waste.

Our dedicated Health Services Unit is a focal point within the School, providing expertise to researchers and lecturers who contribute to this vital field. Much of our health services research aligns with priorities set out by the Australian Commission on Safety and Quality in Healthcare, such as increasing transfusion safety, monitoring variance in healthcare provision and safer prescribing. Examples of our work are found throughout this booklet.

We develop and maintain bespoke in-house platforms, resources and infrastructures that support health services research. Our collaborations with specialty networks such as the Monash Bioinformatics Platform and Monash Business School consolidate our ability to perform high-quality analysis with big data and in health economics.

Strong relationships with major service providers including Monash Health and Alfred Health provide us with accessible

real-world platforms in which to identify areas for improvement and test interventions and novel strategies.

Our close relationships with other research groups at the Alfred Medical Research and Education Precinct, such as the Baker Institute and Burnet Institute, inform our education and research, particularly around diabetes and heart disease management and infectious disease management.

Our national collaborations involve clinical trials, registries and program evaluations across the following key clinical areas: cardiac, cancer, trauma, pre-hospital care, emergency, critical care, anaesthetics, endocrine, surgery, musculoskeletal and haematology.

This booklet outlines our key capabilities within Health Services and demonstrates each one in action. We look forward to developing new partnerships in this space.

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Health Services and the Elderly

Description

In the last 50 years the percentage of Australians living to beyond 70 years of age has increased dramatically, accompanied by a steady increase in average lifespan. There has also been a notable increase in the incidence of chronic disease, disability and dementia. The over 70s account for the largest health spend among all age groups.

To study the impact of the ageing population on healthcare needs high-quality longitudinal data. [ASpirin in Reducing Events in the Elderly \(ASPREE\)](#) is a large US NIH funded clinical trial of low-dose aspirin. However, with a series of additional grants it has become one of the most important international resources for the study of problems of ageing. It involves regular follow-up of 16,700 Australians and 2,500 Americans over the age of 70, capturing all hospitalisations and extensive clinical, behavioural and environmental information.

ASPREE in action

All ASPREE participants have completed questionnaires examining social and medical information which will assist our understanding of sleeping disorders, visual and hearing conditions and treatments, dental health, the use of pharmaceuticals and access to health services.

Collaboration with the Garvan Institute in Sydney and the Icahn Institute in New York will allow assessment of the relative impact of genetic versus environmental factors in determining the health of the elderly. ASPREE is uniquely placed to explore those patterns of genes and behaviour that allow an individual to have resilience to various disabling conditions associated with ageing.

Future directions

Planning is underway to seek funding for an additional five years of follow-up and to allow linkage with major clinical registries. A similar longitudinal study to establish the value of statin therapy ([StaREE](#)) will add to the database and provide further evidence of our ability to undertake large clinical trials and cohort studies in this age-group.

Health Services Program Evaluation

Description

Program evaluation drives healthcare service improvements through independent, critical appraisal followed by developing and implementing improved processes. This is an area fraught with pitfalls and inexperienced evaluators may use benchmarking, evidence based quality improvement measures, KPIs, cost models and risk adjusted outcome measures without fully understanding the data or the clinical context. Our School plays an important role in ensuring intellectual rigor in framing health program evaluations.

Program Evaluation in action

Patient falls in acute hospitals are a major and increasing source of harm to patients globally. Our researchers led a review of an Australian falls prevention program called 6-PACK which was published in the [BMJ](#) in 2016. 6-PACK involved a mandatory falls risk assessment tool combined with a choice of one or more of six common-place interventions.

After reviewing 1,831 falls across 46,245 admissions, the team found that despite good compliance among nursing staff, the program did not translate into a reduction in the number of falls or injuries sustained. The results highlight the urgent need for alternative approaches and evidence-based solutions, and have allowed service providers to avoid wasting funds on ineffective interventions.

Future directions

We are continuing to undertake program evaluations on behalf of national and international funding bodies.



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Registry Science

Description

Monitoring variation in healthcare supports best practice and improves quality of care. Clinical registries are a credible, effective and feasible tool to enable clinical benchmarking and inform quality improvement decisions.

We are Australia's largest provider of clinical registries, operating nearly 30 registries that cover cardiac disease, cancer, trauma, critical care, implanted devices and rare diseases. Registry science is the evidence-base that supports registry governance, systems development and operations, data analysis and reporting, quality assurance and external engagement. The registries in our School are run by clinicians and academics who are experts in their fields. They are supported by our dedicated Registry Sciences Unit, a multi-disciplinary team whose expertise drives consistency, quality and practical outcomes.

Registries in action

The [Victorian State Trauma Registry](#) was commissioned by the Victorian Department of Health and Human Services and the Transport Accident Commission in 2001. The registry collects and analyses patient information from the 138 Victorian health services managing trauma patients. Data analysed includes mortality, length of stay and complications, as well as regular follow-up data over two years post-discharge. The registry aims to identify variances in service provision early, allowing for fast corrective actions and reducing preventable deaths and permanent disability from trauma.

Future directions

Our registry portfolio is continuing to expand as several pilot registries come to maturation. Many of our clinical registries are developing or implementing [Patient Reported Outcome Measures \(PROMs\)](#) to enhance our understanding of patient experiences of healthcare. We are starting to implement clinical trials in some of our registries and are using novel data capture techniques to increase the efficiency of data collection. This will improve the quality and usefulness of the information that our registries provide.



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Clinical Trials Management

Description

Our School is an international leader in clinical trials management, investigating improvements to patient care encompassing pre-hospital, emergency and trauma, ICU and anaesthesia. We provide excellence in the design, conduct and analysis of Phase II-IV clinical trials. We manage high-impact, investigator-initiated national and international clinical trials including multicentre studies. We are the lead centre for Australia's largest clinical trial ([ASPREE](#)).

Our world-class facilities are supported by advanced data management units and biostatisticians. We have strong collaborative relationships with Monash Health, Alfred Health, partners at the Alfred Medical Research and Education Precinct, and national and international clinical research networks.

Trials in action

Our trials are regularly published in the highest impact journals in the world, including ARISE ([NEJM 2014](#)) and EPO-TBI ([Lancet 2015](#)). Our landmark DECRA trial ([NEJM 2011](#)) found that advanced medical therapy led to better long-term outcomes than an increasingly popular neurosurgery in selected severe traumatic brain injury (TBI) patients. These unexpected results led to changes in the USA Brain Trauma Foundation TBI Guidelines. Effective translation of the DECRA trial was estimated in an [MJA](#) editorial to save Australia more than \$100M annually. DECRA was included in Yale University's 50 most important neurology papers, and Harvard University's 50 most important studies in critical care medicine.

Future directions

We are forming unique collaborations that bring together the skill sets associated with observational research, clinical quality registries, randomised trials, advanced biostatistical trial designs, health economics, and translation of research into practice and policy. We are incorporating emerging techniques, such as biomarkers, and advanced magnetic resonance imaging. We also train national and international clinical leaders in research methods and trials management.

Health Services Implementation

Description

Delivering healthcare improvement is challenging in complex health systems. The [Monash Centre for Health Research and Implementation \(MCHRI\)](#) creates, synthesizes, implements and translates clinical, health services and public health knowledge to deliver health impact. We partner with health services, community, government and industry in research and translation delivering practical scalable programs.

As a collaborative partnership between Monash University and Monash Health integrated into Monash Partners Advanced Health Research Translation Centre, MCHRI is a unique non-disease, non-discipline specific 'implementation laboratory'. We work across broad clinical areas and provide substantive methodological expertise in implementation and improvement science and translation.

Implementation in action

Our healthcare improvement partnership with Warwick University in the UK is led by Professor Helen Skouteris and encompasses research including the ARC [Rethinking Redesign and Improvement in Victoria: Towards a Learning Healthcare System](#), multiple health system embedded NHMRC partnership grants and a Partnership Centre on Health System Sustainability.

Education includes short courses and [Massive Open Online Courses \(MOOC\)](#) (with Warwick University) across Healthcare Improvement, Good Clinical Research Practice, Data literacy, Evidence synthesis, Evaluation and a [Women in Leadership Program](#).

Future directions

MCHRI is co-designing research and education programs on healthcare improvement and innovation in partnership with Health Services. International and national collaborative research, translation and education networks are increasing and discipline expertise is broadening.



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Data Analytics

Description

Our Biostatistics Unit team has significant expertise in data analysis of clinical and epidemiological research. They conduct methodological research into statistical issues arising from healthcare research and new methods to visualise and report clinical registry data.

Within the Unit is the [Biostatistics Consulting Platform](#), subsidised by the Monash Faculty of Medicine, Nursing and Health Sciences (FMNHS) and The Alfred Hospital. The Platform provides a consultation service for Monash researchers located across FMNHS Schools and Departments, to Alfred Hospital researchers, and to other hospitals, institutes and health service groups.

Analytics in action

We are Chief Investigators on several large clinical trials employing innovative randomised trial designs and novel methodologies. The PEPTIC trial will be the largest randomised clinical trial ever in intensive care patients. It is a cluster randomised crossover study of 25,000 patients across 40 units and is designed using methodological advances attained by Biostatistics Unit staff.

REMAP-CAP is a complex 'platform trial' with multiple interventions, domains (e.g. antibiotic, ventilation types) and patient sub-groups. It uses randomisation based on patient response to treatment and frequent interim assessments of the accruing data in a Bayesian framework to determine optimal treatment policy.

Future directions

There is increasing need for more efficient clinical trial design to make better use of limited resources. Our school will continue to monitor, remain abreast and implement the latest advances in trial designs, together with the local and international collaborations that have been established.



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Evidence Based Medicine

Description

[Cochrane Australia](#) has an international reputation for evidence synthesis and implementation science. Expertise includes literature searching, critical appraisal and risk of bias, methods of statistical and narrative synthesis, complex reviews and using GRADE principles to interpret evidence. Our Cochrane systematic reviews summarise evidence and produce guidance for policy makers.

We offer evidence services in the following areas: systematic reviews and meta-analysis; methodological reviews of systematic reviews, overviews and guidelines; critical appraisal of systematic reviews and guidelines; and designing and evaluating strategies to increase the uptake of evidence into practice and policy.

Evidence in action

Cochrane Australia produces reviews and provides methods expertise to a range of national and international organisations. Recent examples include:

- systematic reviews for the Australian Prevention and Control of Infection in Healthcare Guidelines
- implementation strategy planning for ACSQHC Clinical Care Standards
- expert advisors to the Indonesian Academy of Sciences (AIPI) for an evidence summit on reducing maternal and neonatal mortality in Indonesia
- overviews to inform the review of the Australian Government Rebate on Private Health Insurance for Natural Therapies

Future directions

Cochrane Australia will continue to run sessions on conducting, appraising and interpreting systematic reviews; applying GRADE; and undertaking complex reviews and overviews of systematic reviews. These include workshops for government, health service organisations, regulatory bodies and industry groups.

Quality Improvement

Description

Our team of risk management experts and patient focussed specialists design and conduct research to improve the quality and safety of healthcare for Australians. Our work focuses on four main areas: monitoring quality of care, improving information transfer, reducing medication error and increasing patient safety. We have attracted funding from the Australian Council for Safety and Quality in Health Care (now the Australian Commission on Safety and Quality in Health Care) and NHMRC. We also apply our expertise to the management of several Clinical Quality Registries.

Quality improvement in action

The [Prostate Cancer Outcomes Registry Victoria \(PCOR-Vic\)](#) captures data about treatments, procedures, interventions, and quality of life of Victorian men diagnosed with prostate cancer. We have grown the registry from a six-hospital pilot to maturation, covering 80% of the Victorian population through 33 different health services.

Our reports have provided feedback to doctors and health service providers regarding specific patients and patterns showing unusual features of management or outcomes. These reports have triggered reviews of treatment processes, improved documentation and provoked changes to treatment programmes. Our data has also provided insights as to the combination of reasons that help explain the worse prostate cancer outcomes in Gippsland, compared with other regions in Victoria.

Future directions

PCOR-Vic has extended to capture the identical dataset across Australia and New Zealand with data collection occurring in all jurisdictions. In 2017, the PCOR-Vic team were selected to co-lead a global prostate cancer outcome registry to which sites across PCOR-Vic will be contributing data. This will enable us to compare quality of care with world-renowned cancer treatment centres in the United States and Europe.



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Health Technology Assessment

Description

Rising demands for healthcare and costs of implementing new healthcare technologies must be offset by the most efficient allocation of scarce resources. Patient safety must also be considered in decisions to adopt new technologies.

Our School draws upon a combination of analytical, economic and clinical skills to translate efficacy data from clinical trials, clinical device registries and program evaluations into 'real world evidence' of benefit and cost-effectiveness. We regularly work with government to evaluate healthcare products for reimbursement purposes. We also work with service providers to rigorously evaluate the programs, interventions, service delivery models and develop business cases for change.

Health technology assessment in action

The [Australian Breast Device Registry \(ABDR\)](#) is a federally funded initiative to monitor ongoing patient outcomes for Australians with surgically implanted breast devices. The registry was established in the wake of a scandal arising in France which saw hundreds of thousands of sub-standard silicone implants sold.

This registry tracks the performance and safety of devices and benchmarks best practice for the surgeons inserting them, potentially allowing safety issues to be identified early. The registry holds data on nearly 19,000 patients from 350 surgeons.

Future directions

The ABDR is leading an international collaborative project harmonising the datasets from five different breast implant registries in order to combine and amplify the data to identify under-performing implants earlier. We continue to explore similar collaborative opportunities in the health technology assessment space.



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Health Economics

Description

Our in-house experts conduct the spectrum of health economic evaluations, from assessing targeted interventions to system-wide changes. Such evaluations drive healthcare improvement and reduce resource waste.

We have a strong understanding of health systems and funding, both in Australia and overseas, as well as skills in epidemiological, demographic and economic modelling that underpin cost-effectiveness analyses. We work closely with colleagues at the Monash Business School and collaborate widely across government, the health sector and industry.

Economics in action

We have undertaken economic evaluations of drugs for funding under Australia's Pharmaceutical Benefits Schedule (PBS), as well as for similar schemes in Europe and Asia. These have enabled sustainable investment by governments in drugs that save lives and improve health. We have also assessed the value of system-wide redesign in hospital networks, as well as population-scale health promotion strategies.

Future directions

Our research into novel data collection and analytical methodologies informs our health economics practice. This, together with a culture of embracing new technology, ensures we are at the frontier of the field and we look forward to challenges and opportunities that lie ahead.

Health Informatics

Description

Our team of health informatics experts blend information, computer, social, behavioural and management sciences to optimize patient safety and experiences within the healthcare system. We have experience in IT system design, we support health services that have rudimentary resources and investigate emerging technologies that may aid in the development of sustainable health systems.

Informatics in action

A number of our clinical quality registries provide clinical benchmarking reports to health services that help identify variance in healthcare provision, allowing them to identify negative trends and address them quickly. The [Victorian Cardiac Outcomes Registry](#) is one such example. We are also teaching the next generation of health informaticians through our health data management subjects offered within the Monash Master of Public Health. These units teach students best practice in collecting, cleaning and reporting data from project establishment to translation and integration into clinical care.

Future directions

We intend to strengthen and expand our educational offerings as well as informing and developing best practice guidelines for producing and utilising health informatics in research and clinical care. We are also exploring emerging technologies including neural networks and machine learning, and are seeking commercialisation opportunities in that space. Finally, our School is continuing to invest in an evolving IT infrastructure.



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Patient Reported Outcome Measures

Description

Patient Reported Outcome Measures (PROMs) are questionnaires that patients complete about their perceptions of the effects of healthcare on their health, quality of life, and daily functioning. PROMs yield vital information about the quality of healthcare and health services.

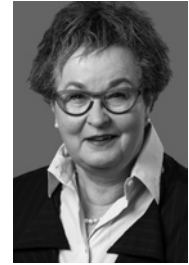
Our PROMs experts use qualitative and quantitative research methods to develop PROMs that are relevant to patients' values, concerns, and preferences and take account of inequalities in health service delivery. Data from these PROMs can be used to promote improvements in healthcare quality, monitor progress of care, interpret registry data, and inform patient-centred health policies.

PROMs in action

We consult patients to develop and validate PROMs that are acceptable, meaningful, and brief. For example, we had a central role in the development, design, content and wording, of a PROM for patients following cardiac procedures, funded by Medibank Private. We are also collaborating with the [International Consortium for Health Outcomes Measurement \(ICHOM\)](#) to develop PROMs for people with musculoskeletal conditions, with the aim of improving the quality of care for people with osteoarthritis.

Future directions

In Australia, PROMs constitute an emerging method of accelerating the assessment of quality in healthcare from the perspective of the user rather than of the provider. We aim to contribute to establishing PROMs in routine measurement at jurisdictional, regional, and national levels. PROMs may also come to be incorporated into software algorithms to support patients and providers in decision-making.



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Epidemiological Modelling

Description

Our unit uses cutting edge research methodologies to project the burden of disease across time, space and demographic groups, including predicting the likely trajectory of diseases. We have expertise in calculus, linear algebra, software engineering, health economics, statistics, epidemiology and Bayesian inference. Modelling information can help predict future health needs and allow optimal and timely redistribution of resources.

We currently have active projects in tuberculosis (TB), HIV, sexually transmitted infections, emerging infections, Ebola, neglected tropical diseases, demographic modelling, the population-level effects of aspirin and the burden of colorectal cancer.

Modelling in action

The Epidemiological Modelling Unit is the lead site for the development of the 'AuTuMN' software platform for programmatic modelling of TB control in high-burden countries. This platform has recently been implemented in Fiji, the Philippines and Bulgaria to improve understanding of the TB epidemic in these countries and to inform programmatic responses under a contract from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Future directions

The Unit has previously focused primarily on communicable diseases, but is building expertise in non-communicable diseases and demographic modelling. We also aim to expand our capacity in monitoring health-related and demographic data and linking this to modelling future disease trends.

Personalised Medicine and Genomic Analyses

Description

Human genomics is a rapidly growing field with the potential to change healthcare service delivery through enabling personalized approaches. We can sequence DNA at low cost, but novel analytical methodologies are required to interpret and translate each human genome alongside medical data.

The [Monash Public Health Genomics Program](#) leads this research. Our multi-skilled group comprises bioinformaticians, genetic epidemiologists, biostatisticians and computer scientists. We are taking on increasingly larger datasets containing thousands of genomes alongside health records and longitudinal outcome data. The program is supported by the [Monash Bioinformatics Platform](#) and [Monash eResearch Centre](#).

Genomic analysis in action

The Monash Public Health Genomics Program is conducting one of the largest genomics projects in Australia – the genomic analyses of over 14,000 healthy elderly Australians enrolled in the [ASPREE](#) trial, with deep longitudinal phenotype and clinical outcome data. This data could advance our understanding of the ageing process and the role our genes play in protection against disease. Such knowledge could one day alter demand for health services and the type of treatments and services delivered.

ASPREE genomic data will inform [The Medical Genome Reference Bank](#) in collaboration with the Garvan Institute, and [The Resilience Project](#) in collaboration with the Icahn Institute at Mount Sinai School of Medicine in New York.

Future directions

Our steadily growing team will expand into other large projects such as the [StaREE](#) clinical trial and [Monash Clinical Registries](#), and will continue to be driven by emerging analytical methods. In addition, the program will expand research into the ethical, legal and social issues associated with genetic data in our population.



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Insurance Systems and Services

Description

Our group conducts applied research at the intersection of insurance and health. We aim to develop and apply evidence that helps insurers, employers and government agencies to prevent injury and illness affecting work and to improve recovery and rehabilitation from work incapacity.

We have expertise in insurance system design and management, injury rehabilitation, occupational health, and translation of evidence into policy and practice. Our team includes an interdisciplinary group of researchers with backgrounds in public health, psychology, physiotherapy, epidemiology, occupational health and with significant experience within government and private sector insurance organisations.

Insurance research in action

We currently have active projects in worker's compensation, life insurance, motor vehicle accident compensation and social welfare systems. We have many examples of translating research into action. Most recently, researchers in our group have supported workers' compensation insurers to develop approaches for identifying injured workers at risk for slow recovery, and providing healthcare and rehabilitation services tailored to the needs of those workers.

Future directions

The group is focusing on some of the major challenges at the intersection of insurance, work and health. These include the prevention and rehabilitation of mental illness affecting the workplace; return to work / stay at work programs; the impact of ageing on workforce health and productivity; and the interaction of insurance systems across Australia.



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Ethics

Description

The [Michael Kirby Centre for Public Health and Human Rights](#) is housed within our School. The team has a strong translational focus, influencing policy and programs to ensure that human rights are upheld throughout public health practice and delivery, both here and abroad.

We have worked with the United Nations, governments and clinicians on diverse projects in Australia and internationally. Past projects have focussed on refugee health, obesity and law, privacy protection and research, and establishing and evaluating a legal service in a clinical setting among others.

Ethics and law in action

We have projects in Australia and India developing innovative rights-based responses to family violence. We are examining whether standard medical ethics provides sufficient guidance to clinicians in resource poor settings such as Sudan. We have formed partnerships with universities in Myanmar and India to develop postgraduate degrees to train researchers in the ethical and legal requirements for research.

Future directions

We will maintain a focus on ethical issues relevant to resource poor clinical settings, responses to violence and research ethics and are open to new regulatory and ethical challenges.





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Social Sciences Research

Description

To address inequalities in health and healthcare it is essential to understand people's sociocultural, political, and economic circumstances. We conduct research and provide technical advice using our theoretical and methodological expertise in epidemiology, ethics, gender studies, implementation science, law, medicine, nursing, psychology, public health, sociology, and statistics. Fields include health, illness, and complex, stigmatised conditions.

We are consulted on safety, quality and accreditation; health services organisation; program design and evaluation; and health policy. We offer flexible education in health services development and management. The Social Sciences Research program contributes to policy and practice with the goal of improving health and social outcomes.

Social sciences research in action

Recent projects include:

- analysing key design characteristics of electronic gambling machines that encourage persistent game utilisation or addiction, in order to frame evidence-based harm-reduction policies and interventions
- establishing the need for and implementing pro bono legal clinics for patients in metropolitan and regional public and private hospitals ([HeLP Patient Legal Clinic](#) project)
- reviewing Victorian Health Services' capacity for contraception, pregnancy advice, and termination of pregnancy; recommendations were included in Victoria's first sexual and reproductive health strategy.

Future directions

The Social Sciences Research program will build on its strengths to develop expertise in new methods and under-researched populations, while responding to the opportunities and challenges presented by technological developments. It will continue to apply a social model of health and to be aware of the significance of gender in the experience of health, illness, and healthcare.



Photo credit: Alfred Health



FURTHER INFORMATION

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