

# Healthy Development Adelaide

A Research & Innovation Cluster in South Australia

Volume 4, Issue 3

June 2008

## Newsletter

[www.adelaide.edu.au/hda](http://www.adelaide.edu.au/hda)

### Upcoming Events...

- **11-14 June**  
American Society for Reproductive Immunology will be held in Chicago, USA.
- **15-18 June**  
Endocrine Society Annual Meeting will be held in San Francisco, California.
- **22-25 June**  
Fetal and Neonatal Physiological Society Meeting will be held in Maastricht, Netherland.
- **2-5 July**  
International Society for Dental Research Meeting will be held in Toronto, Canada.
- **6-9 July**  
European Society of Human Reproduction and Embryology Meeting will be held in Barcelona, Spain.
- **6-9 July**  
Population Health Congress will be held in Brisbane, Queensland.
- **9-11 July**  
Australian Institute of Family Studies conference will be held in Melbourne, Australia.

For further information visit our events page at:

[www.adelaide.edu.au/hda/events](http://www.adelaide.edu.au/hda/events)

An initiative of the University of Adelaide since 2004



### LATEST NEWS

#### HDA Planning Day

On 3 April, HDA held a Steering Group 'Planning Day'. Other guests involved included the Chairs of the HDA working groups and relevant representatives from government.

The day aimed at exploring relationships between HDA, newly formed Centre for Inter-generational Health (CIH) and the proposed Adelaide Health and Medical Research Institute.

#### Discussions centred around:

\*Changing international landscape in healthy development research - reflections

\*Changing landscapes of health and medical research in South Australia - CIH and HMRI

\*What we do - HDA activities

This was another positive step forward for HDA that highlighted our current partnership with the CIH and continuing to develop our future relationships.

#### 2020 Summit

HDA members comment on their time at the 2020 Summit. *More details on pages 4 and 6-7*

#### Recent Reports

*Shine/Young Report on Health and Medical Research in SA and PMSEIC Report on Aboriginal and Torres Strait Islander focus on maternal, fetal and post-natal Health. See page 5*

**New HDA Member**  
Dr Ming Li - UniSA

**12  
JUNE**

### HDA ORATION

HDA's 4th annual Oration will be presented by A/Professor Barbara Pocock  
Director: Centre for Work+Life, University of South Australia



#### Work + Life Balance?

How Changing Patterns of Work affect Health and Wellbeing in Australia

Thursday 12 June 2008

5.30 - 7.00pm

*Arrival at 5.15pm for 5.30pm start, Cocktail Food & Drinks following Oration*

State Library of South Australia  
Institute Building Lecture Theatre  
(Corner Kintore Avenue and North Terrace)

*Professor Pocock will be presented with the  
Healthy Development Adelaide Award for 2008*

RSVP by 6 June.

✉ [anne.jurisevic@adelaide.edu.au](mailto:anne.jurisevic@adelaide.edu.au) or ☎ (08) 8303 8222

## MEMBER PROFILE - A/PROFESSOR IRENE HUDSON

### SCHOOL OF MATHEMATICS & STATISTICS, UNIVERSITY OF SOUTH AUSTRALIA



Mapping captures the essence of A/Professor Irene Hudson's research interests and experiences, both advancing mathematical statistical theory and application of mapping of *micro systems*, ie. within trees, within the brain and within molecules; and of *macro systems*, ie. global indicators/patterns for flowering and health, with respect to climate change and pollution (exposures).

Hudson's current research can be summarized as follows:

**Molecular / drug design and drug discovery:** We are creat-

ing new indicators of molecular ligand binding. These provide alternatives to extant diagnostics currently used in molecular libraries for drug discovery.

**Non-compliance in clinical trials:** In dialogue with Harvard University we are developing first to date estimators of treatment efficacy in clinical trials, which allow for non-compliance to allocated treatment and non-ignorable censoring.

**Psychometric patient specific drugs:** In dialogue with Helsinki University we are mapping brain function onto temperament/character constructs which reveals that personality is correlated with specific brain regions. This research supports the theory of a biological basis for depression. This work has poten-

tial to provide constructs for drug trial evaluation of depressive patients and progress patient-specific drug design.

**Safety in Intensive Care Units: Agitation-Sedation Control:** We have shown that wavelets provide a new diagnostic tool to assess agitation-sedation (A-S) models of ICU patients and provide an alternative metric of A-S control, which will assist to reduce hospital length of stay.

**Interplay of climate / disease systems (SIDS):** The health of populations in Australasia will be affected by global climate change. Hudson's research has recently shown that climate may affect parental care practices which may impact on SIDS risk (in NZ).

**Sleep Dynamics:** Hudson with the Centre for Sleep Research, UniSA is building rigorous statistical methods (Kalman filtering, Bayesian Belief Networks and dynamic state space modelling) for the analysis of rail drivers' sleep/wake states. This work has important implications for Work & Safety.

Hudson led the first statistical research group in Australia to create a paediatric diagnostic related groups (DRGs) case-mix cost, length of stay system (1988-1990). To that date only adult DRG's were in place.

A/Professor Irene Hudson

☎ 8302 7060

✉ irene.hudson@unisa.edu.au

17  
JULY

## HDA THEMATIC EVENING



**New Insights in Diabetes**  
*Developmental and Social Origins - What's Next?*  
Thursday 17 July, 4.15 - 7.00pm  
Basil Hetzel Building, Frome Road, University of South Australia



*Chaired by Dr Patrick Phillips*  
*Director of the Diabetes Centre and Endocrinology Unit at the Queen Elizabeth Hospital*

### Professor Julie Owens

*Early life origins of diabetes: new ways to intervene*

Head of the School of Paediatrics and Reproductive Health, University of Adelaide

### Professor Jennifer Couper

*Type 1 and 2 diabetes: overlap or overlay?*

McGregor Reid Professor in Paediatrics, Head of the Discipline of Paediatrics, University of Adelaide  
Head of the Department of Endocrinology and Diabetes, Women's and Children's Hospital

### A/Professor David Torpy

*The South Australian / NT islet cell transplant program*

Discipline of Medicine, University of Adelaide and Senior Endocrinologist, Royal Adelaide Hospital

### Professor Robyn McDermott

*The health of young Indigenous women in far north Queensland: intergenerational implications of obesity, poor nutrition, tobacco and alcohol use, and incident diabetes*

Pro Vice Chancellor for the Division of Health Sciences, University of South Australia

The full program with speaker profiles is attached and can also be found at [www.adelaide.edu.au/hda/events](http://www.adelaide.edu.au/hda/events)

RSVP by Friday 11 July : ✉ [anne.jurisevic@adelaide.edu.au](mailto:anne.jurisevic@adelaide.edu.au) or ☎ (08) 8303 8222

On 10 April 2008, HDA held its first Thematic Evening for the year on *Children's Wellbeing: are we doing enough?*. Speakers covered a range of issues on policy, environmental, parental and nutritional influences on children's learning, behaviour and wellbeing. The topic attracted a very large audience of over 200 people from the University, government, health services and education sectors. The event was chaired by A/Prof Claire Roberts from the Discipline of Obstetrics & Gynaecology at the University of Adelaide.

Ms Leigh Burrows from the Department of Education & Children's Services (seconded to School of Education, Flinders University) presented *Learner Wellbeing in DECS - connecting policy with practice*.

Dr Natalie Sinn from the Nutritional Physiology Research Centre, University of South Australia presented on the *Nutritional influences on children's learning and behaviour*.

Dr Sarah Blunden from the Centre for Sleep Research, University of South Australia presented on *Sleep in children: the under recognised impact of poor sleep on children's wellbeing*.

Dr Rebecca Golley from CSIRO Human Nutrition presented on *Children's diet and lifestyle patterns: influence of parental concerns and attitudes*.



On 23 May 2008, HDA held its 4th annual Research Day that focussed on four priority health areas relevant to healthy development - Periconceptional Influences on Health, Indigenous Research, Inherited Disorders and Health Demography. The event attracted over 100 people attending sessions throughout the day.



## HDA TRAVEL GRANT RECIPIENT CONFERENCE REPORT



**Ms Leewen Rattanaray.** Discipline of Physiology, University of Adelaide and the Sansom Institute, University of South Australia.

I am currently undertaking my PhD through the discipline of Physiology, Adelaide University in the Early Origins of Adult Health Research Group at the Sansom Institute. My research interest is in the area of maternal

nutrition and the effects on development of obesity in the offspring in later life.

With the support of the Healthy Development Adelaide Travel Grant, I was able to present my current research exploring the effects of maternal over-nutrition on the development of factors regulating nutrition in the liver in the offspring.

I presented my poster titled "Maternal over nutrition does not up regulate hepatic 11 $\beta$ HSD1 mRNA expression of the fetal and postnatal lamb" at the 55<sup>th</sup> Annual Scientific Meeting of the Society for Gynaecologic Investigation held in San Diego, USA from 26-29 March 2008.

The theme of this years meeting was "The New Science of Reproductive Medicine" with a focus on reproductive technologies, exploring frontiers in oocyte and preimplantation development, perinatal medicine, clinical research and obesity and reproduction.

A highlight of the conference was the debate titled "Intervention to Prevent Programmed Obesity/Metabolic Syndrome." This debate drew focus to the importance of the periconceptional period in particular to maternal health and nutrition before conception and its role in programming the health of the offspring, which is the direction of my current research.

From this debate it is quite clear that it is important to educate women about nutrition not only during pregnancy but before they conceive to ensure the healthy development of their offspring.

Attending this conference gave me the opportunity to see current research in the area of obstetrics, gynaecology, gynaecologic oncology, and reproductive medicine specialising in maternal-fetal health with applications to ensure positive outcomes for the offspring.





Professor Gary Wittert: Head, School of Medicine, University of Adelaide

Ensure and efficient/effective use of the health workforce

- ▶ Better respect, empowerment of the non medical workforce
- ▶ Increasing the range and diversity of the health workforce, particularly in primary care/health prevention (eg medical assistants, lifestyle coaches, chronic care patient coordinators)
- ▶ Change paradigm of health workforce with greater emphasis on multi disciplinary teams, care coordinators (particularly in aged care, chronic care, prevention)

Remove funding inequities and distortions to promote quality/equity

- ▶ Move to shift the balance from input based funding to greater emphasis on output/outcome based funding
- ▶ Address number of inequities/distortions: eg capped vs uncapped funding arrangements, community vs residential care, disease management vs prevention, public vs private and demonstrated cost effectiveness of pharmaceuticals relative to alternative care approvals

Establish meaningful Key Performance Indicators

- ▶ Particular shift from focus on input reporting to output/outcomes reporting
- ▶ Reflect the full range of health service delivery

Enhance teaching and research capacity in (particularly public hospitals)

- ▶ Balance focus of biomedical research with health services/translational research
- ▶ Need for inbuilt evaluation mechanisms for program development and
- ▶ Recognition/acknowledgement of need for funding for clinical training in public hospitals

Information Technology

- ▶ Adoption of broader use of IT in models of care and
- ▶ Need for shared records system

Health Literacy/Literacy

- ▶ Recognition of need to improve literacy/health literacy as a means to improved health

Aged Care

- ▶ Adoption of new models of aged care provision (eg European initiatives) ▶ Focus of prevention/healthy lifestyles for aged ▶ Need for new workforce models for aged care provision and ▶ Recognition of dramatic growth in demand by 2020

## RESEARCH HIGHLIGHT

### NURSE EDUCATION PROTECTS CHILDREN



Professor Dorothy Scott, Director:  
Australian Centre for Child Protection

The Australian Centre for Child Protection (ACCP) within University of South Australia has been awarded a \$210,000 grant from the Ian Potter Foundation to support maternal and child health nursing training in prevention of child abuse and neglect.

In partnership with nursing educators and practitioners the Centre will produce DVD training documentary and curriculum

materials for nurse and mid-wifery education and in-service training focussing on skills and knowledge required to underpin best practice in the prevention of child abuse and neglect.

The education package will centre on delivery of nurse home visiting for vulnerable families with infants – an approach being pioneered by Children, Youth and Women's Health Service in SA and already showing promising results.

Professor Dorothy Scott says the grant will draw together ACCP research undertaken by Dr Fiona Arney and its professional education initiative led by Dr Lyn Arnold.

"The training will be designed with the very latest technology applications in mind including options for program pod casting, web streaming and integration into other cutting-edge curriculum materials," she said. "Its flexibility means that it will be suitable for nurse training across a variety of environments which means the training can be used an applied in more settings and for more nurses."

Professor Scott says the nurse home visiting program for vulnerable families was an important start in nurse education to support child protection because international evidence shows that it can yield major short and long term benefits.

"Maternal and child health nurses have special access to families and therefore are in a strong position to help families during the critical early years," she said.

"In Victoria 98 per cent of all families with a baby use the maternal and child health service. In South Australia 95 per cent of families receive an initial home visit by a nurse following the birth and 12 per cent of families are now being offered a two year Family Home visiting program.

*For the full story go to*  
[www.unisa.edu.au/researcher/issue/2008/may/mainstory.asp](http://www.unisa.edu.au/researcher/issue/2008/may/mainstory.asp)



*The Shine/Young Report was released on 1 May 2008.*

The Review of Health and Medical Research in South Australia, by Professor John Shine AO and Mr Alan Young, outlines three key directions for building on South Australia's world-class health and medical research:

- Establishment of the South Australian Health and Medical Research Institute
- Development of a new flagship research facility to house the institute
- Ongoing building and maintenance of the Health and Medical Research Fund.

In response, the Minister for Health has committed in principle to:

- Establish the South Australian Health and Medical Research Institute
- Develop a business case for the establishment of a new flagship research facility

- Further development of Health and Medical Research Fund.

Closely aligned to the establishment of the Adelaide Health and Medical Research Institute, and the ongoing support for the further development of the Health and Medical Research Fund, the following recommendations were also presented for consideration:

1. Develop strategic research policies and priorities
2. Work towards achievement of greater share of national and potentially international research funding

3. Provide ongoing support for Centre for Intergenerational Health

4. Research as an integrated activity

5. Intellectual Property Management

6. Research Database Infrastructure

7. Ensure translation of research findings into policy and practice

*The Shine/Young Report and its recommendations can be found at [www.health.sa.gov.au](http://www.health.sa.gov.au)*

## THE PMSEIC WORKING REPORT ON ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH FOCUSING ON MATERNAL, FETAL AND POST-NATAL HEALTH

The Prime Minister's Science, Engineering and Innovation Council (PMSEIC) Working Group Report describes the current status of maternal, fetal and post-natal health of Aboriginal and Torres Strait Islanders; discusses the role and rationale for research; assesses organisation of research resources and suggests mechanisms to translate research to improve health and build Aboriginal and Torres Strait Islander research capacity. This report identifies immediate actions to reduce the gap in maternal and infant mortality.

### Recommendation 1 – Immediate Action

Steps must be taken to close the gap in infant and maternal mortality and low birth weight in Aboriginal and Torres Strait Islander communities by 50% within the next 10 years. This will require a concerted national program to address major risk factors prevalent in the community which adversely impact on health of the mother and her baby. Immediate action needs to be taken to address poor nutrition, smoking and alcohol as the major risk factors:

#### Nutrition

- Ensure access to healthy food at affordable prices
- Deliver educational and promotional programs on healthy eating and cooking

#### Smoking

- Develop innovative approaches to programs targeting Aboriginals and Torres Strait Islanders
- Deliver culturally appropriate images and messages used in promotional materials

#### Alcohol

- Investigate the extent and consequences of binge drinking during pregnancy
- Implement a culturally appropriate and nationally coordinated education program to prevent alcohol consumption during pregnancy
- Determine the prevalence of Fetal Alcohol Syndrome, which is largely under-diagnosed, and develop an inter-sectoral response

### Recommendation 2 – Research that Makes a Difference

In recent years, there has been an upheaval in the way we think about the biological mechanisms underlying healthy development of the fetus. Australia leads the world in this research. It is important and timely that these new developments in basic and clinical research connect with existing population-based research to improve the maternal and fetal health of Aboriginals and Torres Strait Islanders. Recommendation for a Virtual Research Centre of Aboriginal and Torres Strait Islander Maternal and Child Health is established to:

- Harness very best and new research in Australia to improve Aboriginal and Torres Strait Islander maternal, fetal and post-natal health
- Coordinate, monitor, evaluate and translate research into policy and practice
- Improve national surveillance and provide regular reports on trends and outcomes in maternal and infant health
- Build national workforce capacity in Aboriginal and Torres Strait Islander health and research
- Develop evidence-based clinical guidelines relevant to conditions affecting maternal and fetal health

### Recommendation 3 – Consultation

Recommendation that the NHMRC in partnership with relevant community organisations conducts a national consultation process about the establishment of the Virtual Centre. Aboriginal and Torres Strait Islander communities are critical stakeholders in this process.

*The full report can be found at [www.innovation.gov.au/ScienceAndResearch](http://www.innovation.gov.au/ScienceAndResearch)*



Professor Barbara Pocock: Director, Centre for Work + Life, University of South Australia

Arriving back in Adelaide, picking up the newspapers and listening to talkback radio about the 2020 Summit, made me wonder if I had been at the event I was hearing cynically dismissed by so much of the media. For all that only 1000 Australians could be there, and for all the imperfect processes of managing a huge conversation, I found the Summit an inspiring and creative event. I felt like this kind of conversation, in a big room with a big group around a big agenda and holding a long time line in view, is what we need more of – and one that many politicians would run a million miles from.

The Prime Minister clearly did not.

Sure, the Summit conversations will not change Australia overnight and it will be politically managed, but it was exciting to be - for the first time in my 25 years of public life - at a significant national event with more women than men in the room (that was not a women's conference), where Indigenous issues made up a big part of conversation in every stream, with one stream entirely devoted to these issues and probably at least 100 Indigenous Australians in the larger Summit population, and where so many young people seemed to be everywhere, oozing talent.

And it felt good to be part of a talk about the future, where public discussion of ideas and a long term view was not only welcome, but *required*. It was fantastic to see a different crowd in residence on the Hill even if only for two days: a noisy, motley mob, who ate unpretentious food, and milled about in continuously reforming little lunch and smoko groups.

I had morning tea with a Buddhist monk and the head of Child Protection in the Northern Territory simultaneously. I had a very stimulating conversation with Bob Katter about Indigenous issues. I walked up the hill to the summit with a farmer from Victoria and I walked away from it in the company of a heart specialist from Brisbane. I caught my car to the airport with a careers counsellor from a Queensland farming organization, and I flew home next to a church leader. I got to ask Mike Rann what social inclusion really meant. It was that kind of mixed up show, and given that the event was dripping with goodwill, conversations were lively and to the point, and they took us out of our comfort zones. I spent very little of the time with anyone I knew.

The crowd looked a bit like a group I might see at the parents evening at my local school, or in my supermarket: all ages, and all styles of dress and look. (That said, I live in Parkside, not Port Adelaide). But this group were long way from the suited up mob who usually clip-clop those parliamentary corridors. For me, the event pulled oxygen into Canberra – perhaps ever so briefly, and perhaps with limited long term effect – but the effort was important: a citizen's conversation about our country, what it faces and what it needs to be talking about and doing.

The Summit saw serious discussion on issues that lifted our sights in several ways:

- \* from medium term concerns to larger, long term issues - like how we should be governed, how we need to rethink local, state and federal relations to manage health, education and water, what we can do to deal with inequality, and how climate issues are going to reshape how we live;
- \* and away from a narrow talk about the economy to talk about larger social aspirations – a decent and functioning society *and* a decent economy.

I was part of the stream titled 'Strengthening communities, supporting families and social inclusion'. It was led by Tanya Plibersek and Tim Costello. These two people are fine leaders and I know it sounds schmalzy, but I felt lucky to be around them, to see their passionate leadership and their complete absence of performance: they wanted to get on with things, and they wanted us to also, and they weren't calculating political appearances, press present or not.

We saw Julia Gillard, Jenny Macklin, Tanya Plibersek, Penny Wong, Maxine McKew and Nicola Roxon on the podium and in the groups. They are an impressive group of relatively young leaders in this new government and they look a long way from the grey-faced, past-their-prime, factionally-hobbled usual suspects. They were funny, smart and young. And that's just (some of) the women who are leaders in the new government. They are impressive.

There were those who arrived in the 'Strengthening communities' stream with multiple copies of their single idea and proceeded to treat the event like a Labor/Liberal Party conference caucus. And there were those who turned sour when their idea or cause did not end up in lights. But most people did not act like this. Most actively engaged in lively discussion – around themes like violence, children, homelessness, the gap between Indigenous and non-Indigenous life expectancy, preventative health, and the need for community services that are properly funded and community members who actually link up. Those looking for detailed responses to complex problems like the sexual abuse of children would have been – and were – disappointed: this was not going to happen at a meeting of 1000 people dealing with such a broad canvass.

I didn't see most of my ideas make it in the hastily drawn together summit communiqué – but there were many good ones there, including a few that had not had much (or any) discussion in any group I was part of. The final Summit documentation is yet to appear and it will probably be long. I think I was most stimulated by ideas from other streams.

It was good to see the productivity group give children's development, and parent and children's centres a big tick, and to recognise that public policy needs to recognise and support people moving through jobs, education, and household changes. However, education is about more than productivity and I felt there were some important people with Big Ideas missing from this discussion especially those with expertise around work – people like David Peetz, John Buchanan and Sara Charlesworth.

I thought the health group came up with some very important ideas focussing on prevention, supporting a ban on marketing of junk food to children, simple things like more easily recognised healthy food and better workplace-based health programs.

The future of the economy group focussed on government and how to get it functioning better. This was one of probably the most widespread 'ah-ha' realisations of the summit – that our current forms of government are failing us in every area of significant public policy: health, education, climate. This was a Big Idea that most wanted to see grow legs - along with the endorsement by acclamation for a republic, for closing the health gap between Indigenous and non-Indigenous Australians, and for a new approach to climate change, including through new initiatives around building sustainable cities and transforming the ecological footprint of the built environment, down to micro strategies like personal carbon footprint tools. All do-able in a rich country like ours.

There were of course many differences: perhaps most ventilated in the post-Summit media in relation to Indigenous issues. Does any sane, reasonably well-informed Australian really think the key issue in Indigenous policy is deciding between 'symbolic' gestures (like a treaty or constitutional amendment) and practical measures to deal with child abuse, health and housing? Yet that is what the media wanted us to buy as the main issue here. Given how the Prime Minister's 'Sorry' has hit home, and how important most people think it is to get social policy right for Indigenous Australians, we need to do both. And we need to make them both a priority after the lost years of the last decade.

In the *Strengthening Communities* stream, the crunching of many individual ambitions into a single statement meant many individual perspectives took a bruising, as they did too when we had to choose top ideas through a wacky voting system that meant many good ideas with lots of support hit the cutting room floor. However, the ideas of a national development index, with an annual progress measure and policies to shift it, had wide support, as did more investment in community infrastructure, especially for early childhood education and care, as well as a greater effort to reduce violence in our communities and an hypothecated tax on house purchases to fund public housing and end homelessness. The idea of social support services being delivered through community hubs had wide support, as did the banks' offer of micro-finance for low income earners. There was also support for a national disability insurance scheme and paid parental leave.

Many of the summit's Big Ideas are ideas that bear Rudd Government fingerprints: they are already out there. But they will require wide public support to be delivered. The billions of dollars needed to properly renovate early childhood education and care or provide decent paid parental leave will require political courage and public support. They will require a multi-term plan. The Summit created momentum for them, and I hope they help extend the horizon and creativity of policymaking in the years ahead, and give momentum to ideas whose time has well and truly come.

It was a momentum-creating event, and I hope it runs a few of the cynics over as it unfolds.

### My Summit Ideas

Just for the record, my ideas for the summit were all about how to make work 'work' better for Australian communities, for social inclusion and for equality. I had four suggestions which I put out on 9th April 2008:

1. **Share the work around:** deal with the twin evils of overwork and underwork (and growing inequality between the two) by sharing the work around by capping long hours at the European standard of 48 a week (including overtime). Give tax breaks to companies that introduce initiatives that reduce working hours. **Pay for overtime:** stop unpaid overtime.
2. **Improve leave arrangements,** and support workers who combine work with care, by: a. granting a paid holiday and paid sick leave to all, including casuals, now 26 per cent of workers b. introduce a government funded minimum period of 14 weeks paid maternity leave at minimum wage with top up to usual earnings through bargaining (only a century late!) plus 3 weeks paid paternity leave (on a 'use it or lose it' basis); c. allowing workers to set up time banks, which they control, where they can bank all forms of leave and time to give them more control over working time (facilitating their care, education and life interests), as well as the opportunity to negotiate changes in the hours and place of work.
3. **Improve quality, accessible, affordable care options by:**
  - a. Providing two years free early childhood education and care (of around 18 hours a week) to all children 3-5 years, especially Indigenous children.
  - b. Increasing social networks through services for children under 3 (and their parents) through integrated 'one stop shops' of childcare, health and community service, co-located with schools.
4. **Build better communities** by better integrating housing, jobs, education, community services, transport and care services, in new developments which include quotas for affordable housing.

### Australian Rotary Health Research Fund

Applications are now open from the Australian Rotary Health Research Fund for Mental Health Research grants and Geoffrey Betts Post Doctoral Fellowships. Applications close 8 August with further details at [www.arhrf.org.au](http://www.arhrf.org.au)

### L'Oreal Australia for Women in Science Fellowship 2008

The Fellowships are awarded to women who have shown scientific excellence in their career to date. Application is open to post-doctoral researchers who completed their PhD within the last five years. Three Fellowships will be awarded, each for \$20,000. Applications close 20 June with further details at [www.scienceinpublic.com/loreal](http://www.scienceinpublic.com/loreal)

### Thrasher Research Fund

Medical research grants to improve the lives of children. The fund supports clinical/translational paediatric research. Concept papers are accepted on a rolling basis with no specific deadline for submission. Further details at [www.thrasherresearch.org](http://www.thrasherresearch.org)

### The Macquarie Group Foundation

The foundation focuses its resources in five core areas – the arts, education, the environment, health and welfare. They are committed to projects specifically aimed at supporting indigenous communities. Applications open all year round with further details at [www.macquarie.com/foundation](http://www.macquarie.com/foundation)

### The Harold Mitchell Foundation

The foundation aims to create positive change by recognising new opportunities in the arts and health. Applications open all year round with further details at [www.haroldmitchellfoundation.com.au](http://www.haroldmitchellfoundation.com.au)

### The Mazda Foundation

The Foundation periodically identifies a priority area of focus. The current priority area of focus is on the health risks for young people arising out of obesity, such as diabetes, and other related health issues. The Foundation will each year identify potential candidates for grants in the Foundation's nominated priority area. Although organisations should no longer apply to the Foundation for a grant, if an organisation has a project which relates to the Foundation's current priority area, it may register a request to be considered by the Foundation by lodging a Project Notification form. Further details at [www.mazdafoundation.org.au](http://www.mazdafoundation.org.au)

## NHMRC BUDGET UPDATE

*Reported by CEO Warwick Anderson on 14 May 2008*

Warwick Anderson welcomed the support of the Rudd Government for health and medical research in Australia. We are delighted with the funding allocation to medical research. Funding of \$617 million will be available to support high quality health and medical research throughout Australia; said Professor Anderson.

The following questions and answers summarise key facts on NHMRC funding from the budget.

### What did NHMRC receive in the 2008 - 2009 budget?

- ✦ NHMRC will have an administered appropriation of \$621.719 million. This includes non research funding of \$3.8 million (for National Institute of Clinical Studies).
- ✦ The administered appropriation of \$617 million for research is increase of \$123 million from the 2007-08 budget for research funding.

### Why did the Medical Research Endowment Account appear to drop from \$644 million in 07/08 to \$617million in 08/09?

- ✦ There has been no reduction in funding for research. The financial year 07/08 included an additional \$150 million for Australian Fellowships to be administered beyond 2007-08. So in fact the Medical Research Endowment Account has increased significantly from \$494 million to \$617 million if this is taken into account.

### How has the 'efficiency dividend' affected NHMRC?

- ✦ The efficiency dividend, ie savings that need to be achieved by government departments and agencies, has increased from 1.25% to 3.25% which represents \$1.147 million for the NHMRC. There will be no redundancies as savings will be achieved through non staff areas.

### What other non NHMRC research budget measures were announced in the budget for 2008 - 2009?

- \$326 million on Future Fellowships for top mid-career researchers.
- \$209 million to double the number of Australian Postgraduate Awards for PhD or Masters students.
- \$10 billion fund to refurbish hospitals and build new facilities including research facilities.
- \$11 billion Education Investment Fund for capital works, university research and teaching.

*For more information on any of these items, please send an email to [subscribersregister@nhmrc.gov.au](mailto:subscribersregister@nhmrc.gov.au)*