



**LA TROBE**  
UNIVERSITY

Violet Vines Marshman Centre  
for Rural Health Research



# ANNUAL REPORT 2024

## Acknowledgement

We acknowledge the beautiful and unique Country, waterways, skies, plants, seasons and animals of Victoria. We acknowledge Victorian Aboriginal communities, their Elders and their Ancestors. We acknowledge their living cultures and their continuing worldviews, governance, and ways of knowing, being and doing. Our work takes place on the unceded lands of First Nations traditional owners across Australia. We acknowledge their Elders and their Ancestors, and we thank them for their ongoing care of the land, skies and waterways of this country. The VVMCRHR endeavours to honour, respect and position First Nations voices, knowledges, languages and culture through our research, teaching and service and is committed to *marra ngarrgoo*, *marra goorri* – the Victorian Aboriginal Health, Medical and Wellbeing Research Accord.



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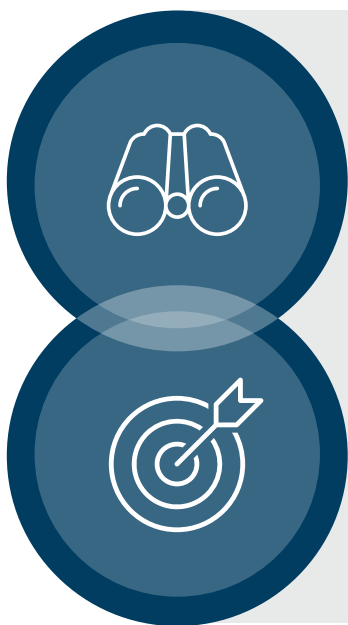
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## ABOUT THE VIOLET VINES MARSHMAN CENTRE FOR RURAL HEALTH RESEARCH

The Violet Vines Marshman Centre for Rural Health Research (VVMCRHR) was established in 2019 with a generous bequest from the VV Marshman Charitable Trust and La Trobe University. We are dedicated to transforming rural health outcomes through research, collaboration and community engagement.

We put the needs of rural communities at the forefront of our work. Based in the La Trobe Rural Health School, we define 'rural' as being outside of a major Australian metropolitan city, and we are proud to work with communities and partners throughout the country and globally.



### VISION

Our vision is to be a world leader in the elimination of disparities in rural health and wellbeing.

### MISSION

Our mission is to narrow the gulf between rural and metropolitan health outcomes by facilitating high-impact research that is rurally focused, collaborative and pragmatic.

## 2024 AT A GLANCE



**281** Rural Health  
Consumer  
Panel (RHCP)  
members



**5** PHD  
completions



**50+** Active  
Members



**33 CURRENT**  
higher degree  
research  
candidates



**\$8.4mil**  
Research  
income



**3 NEW** Community  
Partnership Grants  
awarded (\$150K)



**138**  
Research  
publications

## OUR WORK

Working with health services and community members, we are forging pathways from local insight to local impact. We strive to undertake world-class research that addresses real-world problems and makes a genuine difference to the lives of rural people through the following activities:



## OUR METHOD

- Listening to the needs of our communities through our Rural Health Consumer Panel
- Bringing innovative thought-leaders to rural Victoria through the annual Marshman Oration
- Partnering with rural health services to co-design and test innovative healthcare models in communities
- Fostering the development of emerging researchers and practitioners
  - higher-degree research students (honours, masters and PhDs)
  - adjunct positions
- Supporting community-led health initiatives through our community partnership grants program



## A MESSAGE FROM OUR DIRECTOR AND THE DEAN OF THE LA TROBE RURAL HEALTH SCHOOL

The Violet Vines Marshman Centre for Rural Health Research (VVMCRHR) is dedicated to improving the health of rural communities through strong partnerships with service providers and consumers, alongside pragmatic research that drives real-world change. This annual report highlights our commitment to these values and showcases the impact of our research streams and recognition through several key achievements.

This year, we were pleased to welcome Dr Corina Modderman as Deputy Director. Corina brings a wealth of experience in both management and academia, including serving as Discipline Lead for Social Work. She is also a graduate of the Australian Institute of Company Directors.

In the five years since the establishment of the VVMCRHR, we have celebrated a remarkable growth trajectory. While there is great diversity in the research streams within the VVMCRHR, they share a common goal, which is to eliminate disparities in rural health and wellbeing using a holistic approach that recognises the myriad of influences that contribute to these disparities. It is the shared mission of the VVMCRHR that ties the work of all these research groups together and creates a collective impact that is gaining national and international recognition.

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### Together with our rural communities and service providers, we remain committed to research that makes a lasting difference.

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In 2024, a major milestone was the addition of the Reducing Gender-Based Violence (ReGen) initiative to the centre. Led by Professor Leesa Hooker, the ReGen group secured a \$7.4 million tender to pilot and evaluate family violence programs across Australia. This and other successes allowed us to welcome ten new researchers to our team.

Our flagship Rural Health Consumer Panel (RHCP) continues to expand its influence beyond the annual survey. Rural consumers are now actively participating in grant-review panels and research co-design workshops, shaping the direction of our research. This report highlights the growing impact of the RHCP's voice in developing meaningful rural health initiatives.

In July, the annual oration was delivered by Professor Ian Anderson, a distinguished national leader in Indigenous affairs and higher education, to great acclaim. A proud Palawa man who completed secondary school on Djaara country, Professor Anderson shared his inspiring journey and outlined solutions to bridge the health gap for rural Indigenous

communities through improving access to Indigenous education and healthcare in Australia.

In 2024, three new Community Partnership Grant recipients were announced for community-led projects in Lockington, Yea and Bendigo. These grants, originally established in 2019 with a \$500,000 donation from Neil, Ian and Ken Marshman, received an additional \$5000 contribution from the Australian Philanthropic Services (APS) Foundation in 2022, thanks to the recommendation of the Marshman brothers and Sarto Advisory Client Endowment. We are deeply grateful to our benefactors for their ongoing support and look forward to announcing further funding rounds in 2025.

#### **Professor Leigh Kinsman**

Chair of Rural Health Research and Director, Violet Vines Marshman Centre for Rural Health Research

#### **Professor Jane Mills**

Dean, La Trobe Rural Health School  
Pro Vice Chancellor Health Innovation (Regional)



## A MESSAGE FROM OUR ADVISORY COMMITTEE

In 2024, the Advisory Committee maintained its representative composition and continued to provide valuable guidance on the centre's strategic direction and accomplishments. We held two meetings during the year, in February and July, and these were well attended. At the February meeting, we welcomed new additions to the centre, learning about the ReGen and Workforce streams. We also discussed how the centre's mission to improve rural health is connected to its research work through 'the centre's way', which includes health-consumer-centric research design (through co-design principles and a consumer panel), industry partnerships, a solid grant application process, collaboration with broader university programs, and effective community engagement and communication of results. The committee offered its feedback on these key elements.

The focus of the July meeting was on the primary healthcare research and opportunities stream. This included updates on the consumer panel and the placement of community paramedics. We also reviewed the successes and innovative aspects of the community funding stream projects, which are delivering tangible benefits in rural areas while also highlighting research priorities and policy needs. The committee provided suggestions on further translating research findings back

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**It was encouraging to see the centre's growth, driven by successful grant applications and the addition of new teams. It was equally rewarding to witness the centre's progress, with projects being completed, health outcomes improving, and a clearer sense of purpose and process emerging**

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into rural communities and ensuring the sustainability of the centre's approach.

In November, I was invited to participate in the centre's two-day strategic planning session. This session was an excellent opportunity to meet the centre's growing team of researchers and to hear their enthusiasm for advancing rural health outcomes. It also provided a chance to reflect on the centre's founding purpose and the values it upholds. At the end of 2024, the committee conducted an internal review of its performance.

Members were pleased with the administration, representation and overall functioning of the committee.

Throughout the year, it was encouraging to see the centre's growth, driven by successful grant applications and the addition of new teams. It was equally rewarding to witness the centre's progress, with projects being completed, health outcomes improving, and a clearer sense of purpose and process emerging.

**Neil Marshman**  
Chair Advisory Committee







# Rural Health Consumer Panel

The Rural Health Consumer Panel (RHCP) embedded the lived experiences of rural Australians into research, health-service delivery and health policy throughout 2024. By including rural health consumers in all stages of the research process, we have ensured that our approach is grounded in real-world challenges and solutions. This helped enhance rural health research, healthcare services and policy development to better meet the needs of rural communities.

## WHAT WE ACHIEVED

In 2024, the RHCP made a significant impact by authentically embedding the lived experiences of rural communities in every stage of the research cycle. By involving rural health consumers in shaping the direction of research through online surveys, and individual and group discussions, the RHCP ensured that research topics directly addressed the real needs and challenges faced by rural populations. Consumers played

vital roles in enriching research proposals, developing research questions and methods, and acting as co-investigators, bringing valuable insights that strengthened the depth and relevance of the projects. Additionally, the RHCP worked alongside researchers to co-present findings and produce materials such as summaries, infographics and website content, making the research accessible to a

broad range of audiences. In health-service delivery, the RHCP partnered with Grampians Community Health to conduct consultations in Horsham and Stawell, where community members shared their experiences of accessing rural healthcare. This feedback has been crucial in shaping future health-service delivery models, ensuring that rural consumers' voices are central to improving healthcare services in their communities.

*"... consumer feedback helped to confirm some of our 'suspicions' but also raises issues we hadn't considered before ... how we are communicating with consumers and although we thought we had de-jargonised documents, we had not simplified enough ... we need to include consumers early in the research process, ensuring engagement is accessible. It's not something we (scientists) are trained to do ... we need to upskill and embed awareness and skillset when training the next generation of researchers ..."* – La Trobe University researcher

## Rural Health Consumer Panel involvement in the research cycle







### FIRST NATIONS & AFRICAN HEALTH



#### Blak Butterfly: Reforming Emergency Care for First Nations Communities – Centring ‘Culture as Health’

Led by Yorta Yorta sisters Dr Mishel McMahon and Jean McMahon, Blak Butterfly is a powerful and transformative emergency care best-practice framework for First Nations communities in the Loddon Mallee Region (LMR), Victoria. The framework was released in July 2024 for implementation by health services.

Blak Butterfly provides real-world solutions to improve the experiences of Aboriginal people attending emergency departments and urgent care centres. The framework includes 15 components of best practice, ranging from simple building-design measures through to Aboriginal leadership and increasing the Aboriginal health workforce.

The project is the culmination of funding from the Department of Health and 12 months of leadership from First Nations-led researchers who worked closely with 17 health services, five Aboriginal Community Controlled Health Organisations and 24 Aboriginal Hospital Liaison Officers across the LMR and generously participated in over 115 narrative interviews, monthly governance meetings and touch-base sessions to develop real-world solutions.

This is a story of strength and generosity by Aboriginal people and health professionals and reflects the aspirations of local health services and research partners to embrace an inclusive, culturally safe future.

*Artwork by Dr Mishel McMahon*



Read the  
framework  
[here](#)



This is a story of strength and generosity by Aboriginal people and health professionals and reflects the aspirations of local health services and research partners to embrace an inclusive, culturally safe future.



## Vaka Health Foundation

Vaka Health Foundation Ltd (VHF) is an Australian social enterprise with an expanding social footprint that uses scalable mobile technology to deliver education and health to address healthcare challenges and improve health outcomes for all persons, whether they be urban, rural or remote. 'VAKA' means to 'build', 'develop' or 'to be awake, watch or guard'. This action-based word reflects our values and ethos with regard to building better healthcare in Africa.



### Telehealth and Remote Monitoring (Virtual Hospital)

The Vaka Health Foundation is proudly operating the first virtual hospital in Africa, having cared for more than 16,000 patients to date. Our telehealth and remote monitoring (virtual hospital) service is built on five key pillars, each aimed at expanding access to healthcare and improving health outcomes across the continent.

The five pillars of our virtual hospital service are:

1. **Medical Outreach Services**
2. **Telehealth Services**
3. **Remote Monitoring**
4. **Medicines Delivery**
5. **Access to Diagnostics** (including laboratory services, tele-ultrasound and telecardiology).

By leveraging mobile phone technology and audio-only telehealth, we break down geographical barriers that typically limit access to quality healthcare.



Visit the [Vaka Health Foundation website](#)

This service enables patients, especially those in remote areas, to access doctors, while nurses provide remote monitoring for patients with chronic conditions, ensuring improved care and outcomes.

Vaka Health Foundation operates 15 telehealth kiosks in remote areas across Zimbabwe, providing essential healthcare services to communities that would otherwise have limited access to medical care. These kiosks were officially opened by the president of Zimbabwe and serve as a vital tool in expanding healthcare reach, particularly in rural and underserved regions. The telehealth kiosks are equipped with point-of-care technology, allowing patients to access virtual consultations with doctors, receive diagnoses and even follow up on treatments, all from their local kiosk.

### Nursing Information Management System

Over the past year, more than 37,000 nurses have assessed their education and completed continuing professional development (CPD) activities through the Vaka Health Foundation. Vaka Health Foundation offers a fully hosted digital solution that is compatible with 3G, 4G and 5G networks, providing both online and offline capabilities to support CPD activities and deliver clinical-decision support to all healthcare workers.







### Healthcare Workforce Development

The Vaka Health Foundation is committed to training 12 postgraduate nurses from Southern Africa who are in their first year of their fellowship training in healthcare workforce development. Through these programs, we support postgraduate nursing in specialised fields like digital health, chronic disease management, critical care and midwifery.

### Endometriosis Care in Africa

Through the hard work and dedication of Peter Williams, Vaka Health Foundation is taking a leading role in endometriosis care in Africa. As part of our commitment to improving women's health, we have launched the first virtual hospital dedicated to providing specialised care for endometriosis across the continent.

In addition to our virtual hospital services, Vaka Health Foundation is also spearheading screening programs aimed at identifying and addressing endometriosis in underserved regions of Africa. These programs are designed to increase awareness, improve early detection and ensure that women receive the care and treatment they need, no matter where they live.

The inaugural Endometriosis Conference, held on 15 June 2024 at Cresta Lodge Harare, aimed to break



the silence on endometriosis in Zimbabwe and craft a sustainable roadmap for awareness and improved access to treatment. The conference also included a soft launch of the PanAfrican Endometriosis Wellness Center ([www.endoafrica.com](http://www.endoafrica.com)).

### Midwife-Led Community Transformation (MILCOT) Clinic

Vaka Health Foundation has proudly led the development of the Midwife-Led Community Transformation (MILCOT) Clinic in Uganda, a ground-breaking initiative aimed at improving maternal and reproductive health in the region. The clinic has provided vital care to over 300 women, offering services that include prenatal care, safe childbirth and postnatal support.

## IMPROVING ORAL HEALTH

The **Oral Health** research stream continued its commitment to improving oral health knowledge, access and advocacy in rural communities. Through strategic partnerships and targeted initiatives, we delivered training, resources and research that made a difference to community members and healthcare providers.



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### Community-Driven Research in West Wimmera

A key achievement was the expansion of our community-driven research in West Wimmera. This initiative, which began in 2023 with the inclusion of oral health questions in the annual *Top 5 Things* survey, evolved into a dedicated oral health survey completed by 272 residents. The survey provided critical data on oral health knowledge, attitudes and behaviours, which informed training programs and advocacy efforts to improve oral health promotion in the region.

Following this research, we provided oral health training to 30 non-dental healthcare providers in the Wimmera towns of Nhill, Jeparit, Kaniva and Rainbow. Led by Dr Stacey Bracksley-O'Grady and Hamid Ghaderi from West Wimmera Health Service, and partially funded by the Grampians Public Health Unit, this initiative aimed to address the poor oral health status in communities that also lack water fluoridation. Post-training evaluations revealed significant improvements in participants' oral health knowledge, demonstrating the immediate impact of this initiative.

### Addressing Oral Health Disparities Among Refugees

Dr Sudheer Balla's PhD research made significant strides in addressing oral health disparities among Karen refugees in rural Victoria. His work focuses on identifying barriers to dental care and developing a culturally tailored health program. In 2024, he published studies on interventions for culturally and linguistically diverse children and explored Karen refugee parents' healthcare experiences. Interviews with both refugees and dental providers revealed systemic challenges in accessing care. Sudheer presented his findings at major conferences, facilitating important discussions on improving oral health equity for refugee communities. His work is supported by the Violet Vines Marshman Partnership, in collaboration with the Karen Organisation of Bendigo.

### Community Engagement and Outreach

Our researchers have undertaken a range of community engagement, advocacy and outreach activities across rural Victoria. In Heathcote, residents received oral health packs donated by Dental Health Services Victoria (DHSV) during *Community Smiles Day*. Heathcote Health will use insights from community oral health surveys to guide future oral health initiatives. In aged care, West Wimmera Health Services staff participated in oral health training focused on improving care for residents in aged care facilities.

One of our dental honours projects provided members of *YoBendigo*, a youth-led organisation, with a greater understanding of the importance of oral health. Inspired by this learning, they have taken the initiative to develop engaging TikTok videos aimed at promoting better oral health among young people.

We have stepped up our advocacy work by becoming members of the Victorian Oral Health Alliance (VOHA) and the National Oral Health Alliance (NOHA). Having a seat at these tables allows us to advocate for improved oral health outcomes for rural people and highlights the impact of our research. In partnership with VOHA and NOHA, we have contributed to budget submissions and senate select committee submissions, and we hold regular meetings with politicians, service providers and policymakers.

### International Engagement

Our international engagement extended to Papua New Guinea, where we provided communities with essential information and training on the risks of oral cancers associated with betel nut chewing. This outreach is part of our ongoing efforts to address global oral health challenges.



“We have stepped up our advocacy work by becoming members of the Victorian Oral Health Alliance (VOHA) and the National Oral Health Alliance (NOHA). Having a seat at these tables allows us to advocate for improved oral health outcomes for rural people and highlights the impact of our research.”



Victorian  
Oral Health  
Alliance



NATIONAL  
ORAL HEALTH  
ALLIANCE

## Collaborations with the Department of Families, Fairness and Housing

We worked closely with the Department of Families, Fairness and Housing (DFFH) to pilot dry toothbrushing programs in 13 early learning centres across the region. Additionally, we developed resources for young people in out-of-home care, distributing over 100 oral health packs throughout the Loddon region and helping to improve access to essential oral hygiene tools and education. This work led to a successful application to the Borrow Foundation (a UK-based philanthropic organisation) to support a two-year project that aims to improve oral health outcomes for children and young people in out-of-home care in rural Victoria.

*Pictured below: Marnie Elliot, Agency Performance and System Support Team; Dana Tsakos, Child Protection Team; Virginia Dickson-Swift Principal Research Fellow VVMCRHC; Karen Whitty- Child Protection Team; Damian Worley, Executive Director, Loddon Area, North Division DFFH; Annette Toohey, Community Partnerships Team*



## INNOVATION IN PREVENTATIVE AND PRIMARY HEALTH

The **Preventative and Primary Health** research stream focuses on understanding and addressing the factors influencing health outcomes in rural communities. We aim to develop innovative healthcare models, strengthen community health partnerships and increase preventative health initiatives in rural and remote areas.

### Project Highlight: CP@Clinic – Expanding Impact in Rural Communities

CP@Clinic is an innovative program designed to improve access to primary care in rural and regional communities by integrating community paramedics into healthcare settings. The program leverages paramedics' skills to provide preventative healthcare and health-promotion services to underserved populations, particularly those with chronic conditions and multimorbidities. By addressing social determinants of health and delivering patient-centred care, CP@Clinic connects individuals to the healthcare system who might otherwise face barriers to access.

### Impact and Success

In a successful feasibility study, participants shared that CP@Clinic has made a meaningful difference to their lives and health, while paramedics expressed enthusiasm for this innovative career pathway. The program has positively impacted community members by reconnecting them with the healthcare system, particularly those with complex health needs and limited trust in traditional care models. By integrating social determinants of health into its approach, CP@Clinic ensures comprehensive, patient-centred support.

Paramedics have benefited from the introduction of this new career pathway, which provides them with greater professional opportunities and expands their role in preventative care. Community health services have gained access to a highly trained and emerging workforce, enabling them to extend their service offerings and meet the needs of their populations more effectively. At a systemic level, CP@Clinic presents an evidence-based solution to workforce shortages, particularly in primary care, optimising the skills of well-trained healthcare professionals in ways that directly benefit rural communities.



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### Collaboration and Partnerships

Collaboration has been at the heart of CP@Clinic's success. The program works closely with an advisory group composed of national representatives from organisations such as the Australian College of Paramedicine, Monash University, Murray PHN, Safer Care Victoria, Ambulance Victoria, Gateway Health, Bendigo Community Health Services and the National Rural Health Alliance. A dedicated consumer panel consisting of nine individuals representing service users at Sunraysia Community Health Services and Gateway Community Health has provided valuable insight into the needs of rural, regional and remote populations.

Additionally, CP@Clinic has fostered a strong community of practice, which meets monthly under the leadership of the chief paramedic officer. This group includes community paramedics, community health-service leaders and the core project team, ensuring ongoing knowledge-sharing, strategic alignment and the continuous improvement of the program.

### Key Milestones and Future Growth

One of the most significant milestones achieved this year was securing four years of government funding to scale up CP@Clinic across Victoria. This investment underscores the program's success and its potential to improve healthcare access in rural areas. The funding will enable CP@Clinic to expand its reach, strengthen workforce capacity and continue enhancing the health outcomes of underserved communities.



## REDUCING GENDER-BASED VIOLENCE

The **Reducing Gender-Based Violence (ReGEN)** research stream is committed to building a body of evidence to prevent and reduce the effects of gender-based violence, particularly in rural and regional health and social settings. By developing evidence-based interventions and educational resources, we seek to empower communities, health services and organisations to tackle gender-based violence in meaningful and effective ways.



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### Partners in Prevention of Sexual Violence Project

The Partners in Prevention of Sexual Violence Project will evaluate community-led primary and secondary prevention of sexual violence interventions. This project aims to deliver high-quality evaluations of interventions designed to address the drivers and reinforcing factors of sexual violence and determine what elements are most effective at preventing sexual violence. The Partners in Prevention of Sexual Violence Project builds on research led by Professor Leesa Hooker and her team in 2020–2021 in the Primary Prevention of Sexual Violence and Harassment against Women Project.

The ReGEN research group has partnered with community organisations across the country to deliver and evaluate their programs over the next three years. The programs will be delivered in various settings and regional/rural locations, including schools, universities, youth homelessness shelters, juvenile justice centres and sporting clubs.

The Federal Department of Social Services has funded the project.

### Supporting the Readiness of Regional Sports to Prevent and Respond to Gender-Based Violence (RRPV)

In 2024, we collaborated with local organisations and sports groups to launch a comprehensive social marketing campaign aimed at empowering rural sports clubs to address gender-based violence. This RRPV project, based in Central Victoria, developed educational resources, including posters and videos, designed to raise awareness about gender-based violence in community sports settings.

The campaign, developed following extensive community consultations, identified five different

scenarios along a spectrum of behaviours, from gender stereotyping to sexual violence. These materials are now available on the [Sports Focus website](#), providing sports clubs with clear guidance on how to identify and respond to inappropriate or abusive behaviours. The campaign fills a critical gap, offering resources tailored to the needs of regional sporting communities and ensuring that all club members – not just leaders – are equipped to address these issues.

#### Impact and Success

ReGEN collaborated with key partners, including Sports Focus; Loddon Mallee region sports groups; Family Safety Victoria; Bendigo Community Health; Thorne Harbour Health; the Department of Families, Fairness and Housing; the Department of Justice and Community Safety; Bendigo Youth Council; Safe and Equal; No to Violence; and Sport and Recreation Victoria.

We made a difference by developing practical and accessible tools for sporting clubs, ensuring they have the guidance needed to address behaviours that can escalate into gender-based violence. Our campaign supports safer environments for women and girls in sport, while also raising awareness and improving responses in community sports clubs, allowing survivors of sexual violence to receive the support they need. We embedded state-based drink-spiking training into the Responsible Service of Alcohol curriculum, providing vital education for hospitality workers across Victoria. Additionally, women and girls were actively involved in the research, contributing to shaping positive changes in their communities.

#### Launching the RRPV Campaign

A key moment in the RRPV project was the launch of the educational campaign during the 16 Days of Activism held at La Trobe University's Bendigo campus. The event brought together representatives from 14 different organisations, including 11 sports groups, local government and higher education.

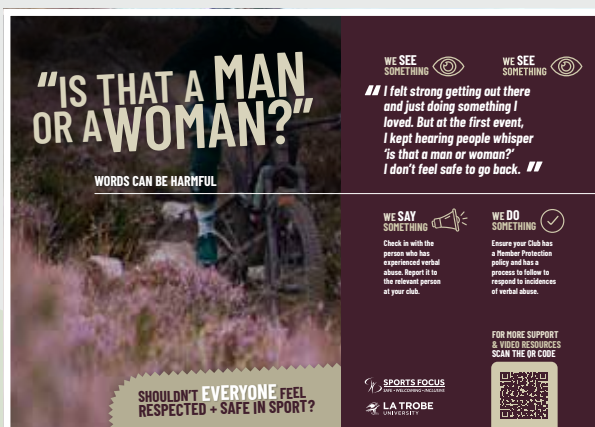


**“Sporting clubs can play a really powerful role in creating safe, respectful and welcoming environments that work to prevent gender-based violence. We are excited to roll out these resources.”**

The campaign, presented by project leaders and community advocates, was received with great enthusiasm. Attendees expressed a strong interest in implementing the resources in their sports clubs and broader communities. As one participant noted: “Sporting clubs can play a really powerful role in creating safe, respectful and welcoming environments that work to prevent gender-based violence. We are excited to roll out these resources.”

This project is a powerful example of how research and community collaboration can drive meaningful change in rural areas, creating safer spaces for women, girls and all sports participants.

View the resources on [Sport Focus’ website](#)





## BUILDING A STRONG RURAL HEALTH WORKFORCE

The **Workforce** research stream has delivered a range of projects that provide evidence for key factors influencing rural health education and employment. We aim to increase student support, develop telehealth competencies and improve workforce distribution in rural areas.



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### Supporting Mature-Aged Rural Health Students

In 2024, we completed a project focusing on co-designing supports that mature-aged health students on rural campuses need to successfully participate in their courses. This project involved bringing together 36 participants from three Victorian rural campuses, including campus staff and mature-aged health students, to identify and determine what student supports were needed. This research was a collaboration between La Trobe University and The University of Melbourne researchers. It has been presented at rural health conferences and has also been reported in publications. As a result, the Deputy Vice-Chancellor (Academic) of La Trobe University agreed to implement the findings of the study in conjunction with the Pro Vice-Chancellor Student Experience and Heads of Campus on all rural campuses.

### Successful Workplace Transition for Early-Career Physiotherapists

Rachael McAleer, VVMCRHR PhD scholarship recipient, has successfully completed her doctoral studies exploring the attributes needed in early-career physiotherapists to support successful workplace transition. She conducted a content analysis of physiotherapy job advertisements, looking at attributes sought and the characteristics of transition programs, and also surveyed and interviewed physiotherapy managers and senior physiotherapists. The findings highlighted that recruitment expectations, practice reality and the support offered to aid transition were not aligned. Addressing the complex transition process for early-career physiotherapists requires a deeper understanding of the attributes necessary for early-career physiotherapists. Transition interventions need to be aligned with attributes and workplace realities.

### Advancing Telehealth Education and Practice

A number of projects relating to telehealth have been underway. Collaborations with the University of Plymouth have continued, with research focusing on what competencies are needed by allied health students to use telehealth on placement and in future practice. Another systematic review was accepted for publication in January 2025, while ethics for a survey of health students at La Trobe University and RMIT has been approved, and data collection commenced in Semester 2, 2024. The same survey will be conducted with health students from the University of Plymouth in the second half of 2025. Collaborations with Bendigo Health have continued, and a rapid umbrella review of systematic reviews looking at telehealth-delivered allied health interventions was published in 2024. Kahlia Borserio will commence doctoral studies in 2025 as a collaboration with Bendigo Health's Virtual Care Office, looking at the benefits of remote monitoring for rural people with chronic disease in the Loddon Mallee region.





## HOW WE'RE MAKING A DIFFERENCE

### STAFF PROJECT CASE STUDY

The Integrated Health Systems (IHS) project, initiated in the Mallee region, aimed to address the health disparities experienced by children and young people in out-of-home care (OOHC). These children are disproportionately affected by abuse, neglect and a lack of coordinated healthcare, which can have long-lasting negative effects on their wellbeing. Dr Modderman, lead chief investigator since 2020, oversaw the project, which sought to close this gap by introducing a health navigator – a registered nurse tasked with coordinating care – and establishing a dedicated OOHC paediatric clinic at Mildura Base Public Hospital.

The project's impact has been transformative and, as a result, children residing in care in rural Northern Victoria received comprehensive health assessments, ensuring that their health needs were identified, addressed and followed up on. The creation of the health navigator role facilitated collaboration between child-protection practitioners and healthcare providers, allowing for the development of comprehensive health profiles for these children. The newly established paediatric clinic provided over 50 appointments for rural children in care, reducing wait times and increasing access to care.

The project's focus on Aboriginal children was equally impactful. Through collaboration with Mallee District Aboriginal Services, Aboriginal children received care that incorporated spiritual health and Aboriginal child-rearing practices. Additionally, the project engaged carers and professionals through workshops, enhancing health literacy among child-protection staff.



In recognition of its success, the IHS project was awarded the prestigious 2024 Victorian Protecting Children Robin Clark Making a Difference Award. This achievement highlights the project's profound effect on improving health outcomes for children in OOHC, setting a precedent for coordinated, community-centred healthcare interventions in rural areas. The project's legacy continues with further research publications and advocacy, ensuring that children and young people receive the care they deserve.





## STUDENT PROJECT CASE STUDY

The centre provides supervision and mentoring to over 50 students undertaking higher-degree research within the VVMCRHR. Our aim is to develop the next generation of researchers passionate about making a difference to rural health outcomes.

*I am Michelle Hood, a PhD student affiliated with the VVMCRHR in the La Trobe Rural Health School, Bendigo. I am a social worker with a background in nursing, and my PhD research is focused on the experience of being a carer during end-of-life processes and navigating the health system.*

*With the support of my supervisory team, we are conducting a qualitative study to understand the experiences of informal carers while caring for someone who is at the end of their life. This study aims to capture their first-hand accounts of living through end-of-life care and the interactions they have with the health system during this time.*

*We are employing a dual ethnographic approach, which includes in-depth interviews with carers to inform ethnographic accounts of their experiences and interactions. Additionally, the research incorporates an auto-ethnographic account of my own lived experience as a carer during the end-of-life stage, providing a personal perspective on navigating the healthcare system.*

*Self-care strategies, such as artwork, are also included throughout the research.*

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**This research not only gives carers in rural and regional communities a voice regarding their interactions with the system but also lays the foundation for improving the quality of care, raising awareness and providing education about carer vulnerability.**

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# COMMUNITY PARTNERSHIP GRANTS PROGRAM

The centre offers grants of up to \$50,000 for community organisations to work with the VVMC on small projects to improve health and wellbeing in rural areas.

## 2024 Recipients

We're thrilled to be partnering with the 2024 recipients of the Violet Vines Marshman Centre's Partnership Funding program. We look forward to supporting these innovative initiatives.



**The Karen Organisation of Bendigo**

The aim of this project is to codesign an oral health promotion intervention targeting the parents of children (aged 0–12 years) from the Karen refugee community. The use of a codesign approach will ensure that the focus of the intervention aligns with the needs of the parents from the Karen refugee community.



**Yea and District Memorial Hospital**

In July 2024, Yea and District Memorial Hospital implemented an innovative mobile health clinic (Health on the Move) using a model of care led by nursing and allied health staff that is being piloted at the Yea Saleyards. The aim of this project is to evaluate that model and to use translational research outcomes to refine the model for broader scale-up.



**Lockington and District Bush Nursing Centre Inc**

The rural community of Lockington faces challenges regarding social isolation, which significantly impacts the mental health and overall wellbeing of its residents. This project aims to address this issue by implementing a multifaceted approach that fosters social connections and support networks within the community.





## GRANT RECIPIENT UPDATE

### Towards Zero – Echuca Regional Health

As the Senior Dentist working within the public Dental Clinic at Echuca Regional Health (ERH) and on behalf of my team, I am extremely grateful for the opportunity to partner with the Violet Vines Marshman Centre for Rural Health Research (VVMC) for our Towards Zero (TZ) project. We applied for this grant in 2022 and were successful, enabling much-needed seed funding to support program implementation. Echuca is a small community in the Loddon Mallee region. Being a regional, cross-border community, it was certainly humbling to be recognised as a service worthy of the grant.

A few years ago, the oral health team at ERH identified a gap in early intervention care in relation to the values and evidence surrounding pregnant women. A pilot program that sought to embed routine oral health checks with antenatal women began and was found to be highly successful in increasing the screening rates and early detection of oral health concerns. The program subsequently provided an opportunity to promote oral healthcare in newborns. Successes in the program led to the development of Towards Zero. TZ targets the parents and guardians of newborn babies, who are provided with education and screening by our

oral health educators (OHEs) from when their babies are six months old until they are 36 months of age. The aim is to reduce the incidence of tooth decay in the community at that early age. Although it is vital and important, there was a need for funding in order to employ qualified staff and for resources such as stationery, transport and merchandise for families.

It has been a great experience working with the VVMC team, who have been very supportive of our project. Many factors, such as the ease of access to funds, encouragement provided at every level and even checking in with us to see if networking with other VVMC award recipients would benefit each of our projects, made partnering with the VVMC very rewarding.

As a result, today, TZ has grown a great deal, and the response from the community has been fantastic.

#### Dr Anjali Ragade

Senior Dentist, Echuca Regional Health

PhD Candidate – Violet Marshman Centre for Rural Health Research

*ERH dental clinic staff involved with the project (L–R) Carmel Beck (practice manager), Dr Anjali Ragade (senior dentist), Beccara Lloyd (OHE), Monique Whitehead (OHE and Smile Squad co-ordinator), Mum Jess and baby Huxley, Rachael Grant (OHE) and Marcia Spiers (OHE).*





# RESEARCH DISSEMINATION AND TRANSLATION

## A YEAR OF CONNECTION

The centre has been involved in numerous events and outreach activities to foster engagement, collaboration and community connection:



Professor Ian Anderson delivered the Annual Marshman Oration, Transforming Indigenous Health in Rural Australia



We presented the Ophelia Health Literacy Development Masterclass, facilitated by Distinguished Professor Richard Osborne and Senior Research Fellow Dr Melanie Hawkins, a workshop that brought together 40 attendees, which included La Trobe staff, health service partners and members of the Rural Health Consumer Panel



Our team gathered on Djaara Country for a retreat and planning session, facilitated by Lucy Byrne



ReGen was launched (29 November)



## ON THE ROAD



### Community Smiles Day

As part of our commitment to improving oral health outcomes for rural communities, we recently participated in Community Smiles Day, hosted by Heathcote Health. This event provided an excellent opportunity to connect with the local community and promote vital oral health practices.

We shared the key message – *Spit, don't rinse!* – encouraging community members to spit out excess toothpaste after brushing rather than rinsing with water, which allows fluoride to stay on teeth longer for enhanced protection against dental decay.

In addition, Stacey, Fiona and Emma promoted the Rural Health Consumers Panel, encouraging community members to have their voices heard and contribute to shaping healthcare services in rural areas.



### Dental Health Services Conference

Some of our wonderful colleagues and partners from West Wimmera Health Service and researchers from our oral health stream presenting at the Dental Health Services Victoria (DHSV) Innovations conference in Melbourne.



## ReGEN heads to Thailand for the Nursing Network on Violence Against Women International Conference

In November, the ReGEN Research Group had a strong presence at the Nursing Network on Violence Against Women International (NNVAWI) conference in Phuket, Thailand. Professor Leesa Hooker presented on TRANSFORM, a pilot project (partnered with the Safer Families at The University of Melbourne) to co-design and test improved family violence identification and response processes in the maternal and child health setting. Felicity Young, the ReGEN manager, presented on a project evaluating the prevention of sexual violence on campus program (Flip the Script with EAAA), and she also presented on establishing the ReGEN's sexual violence lived experience group in the context of a co-design project.

*Left: ReGEN staff and former colleagues from the Judith Lumley Centre and Charles Darwin University at the NNVAWI conference.*

## Rural Scotland dental visit

A/Prof Virginia Dickson-Swift recently visited Toward Primary School in rural Scotland, where the kids had just finished their after-lunch toothbrushing program. She gave them all a small gift (Australian animals), which was very exciting, and then had a lovely chat about animals in Australia. The whole school community is on board with the toothbrushing, which happens every day (and has for years). It's a well-oiled machine, and despite having no fluoride in the water and issues with access to dentists (like many communities in rural Australia), the kids have lower rates of dental caries.



## National Rural Health Conference, Perth, September 2024







## AWARDS

### OUT-OF-HOME CARE PROJECT WINS STATE AWARD

Congratulations to Dr Corina Modderman and team for receiving the prestigious Robin Clark Making a Difference Award from the Victorian Department of Families, Fairness & Housing for their project, The Integrated Health Systems for Children in Out-of-Home Care.



### CENTRE SUCCESS AT LA TROBE AWARDS

Dr Lauren Booker	<b>Winner</b> Vice Chancellor's Research Excellence Award – Early Career Researcher
Dr Lauren Booker	<b>Winner</b> La Trobe Rural Health School Research Award – Early Career Researcher
Dr Laura Hemming	<b>Highly Commended</b> La Trobe Rural Health School Research Award – Early Career Researcher
REGEN team	<b>Winner</b> La Trobe Rural Health School Research Award – Impact
Professor Carol McKinstry	<b>Highly Commended</b> Vice-Chancellor's Strategic Priority Awards – Leadership Excellence

Dr Lauren Booker with Professor Kinsman





## FEATURED PUBLICATIONS

The following publications have been selected, as they highlight the breadth and depth of our research. Many of these publications are co-authored by our researchers, students, the university and community partners.

- **C Quilliam, N Crawford, C McKinstry, A Buccheria and S Brito. "Study supports for rural mature-aged university health students: A Stakian multicase study", *BMC Medical Education* 24 (1), 163**  
Success for rural mature-aged health students is vital for addressing rural health workforce shortages. This study, using rural standpoint theory, found that tailored support is needed, including acknowledging diverse experiences, fostering connections, affordable education and adapted courses. Involving students and stakeholders is crucial for effective support implementation.
- **M Conlin, D McLaren, E Spelten and S MacDermott. "Community-driven health promotion: Evaluation of a rural microgrant program", *Health Expectations* 27 (6), e70098**  
Microgrants can empower communities in health promotion but lack extensive evidence. This study evaluated a rural Australian microgrant program, revealing partial success in community empowerment and improved relationships with health promoters. Key activities and suggested improvements can guide replication and adaptation for similar organisations.
- **M McMahon, M Chisholm, W Vogels and C Modderman. "Aboriginal youth mentoring: A pathway to leadership", *AlterNative: An International Journal of Indigenous Peoples* 20 (3), 388–396**  
This study evaluated a mentoring program for Aboriginal youth on Yorta Yorta Country, emphasising the importance of First Nations-led delivery and evaluation. Culturally embedded approaches and On Country experiences foster healing, learning, identity strength and community belonging, highlighting Country as a vital stakeholder in mentoring programs.
- **M McEvoy, G Caccaviello, A Crombie, T Skinner, SJ Begg, P Faulkner et al. "Health and wellbeing of regional and rural Australian healthcare workers during the COVID-19 Pandemic", *International Journal of Environmental Research and Public Health* 21 (5), 649**  
This study examined the impact of COVID-19 on regional/rural healthcare workers in Victoria, Australia, revealing moderate to severe psychological distress but high resilience. Issues included depressive symptoms, anxiety, burnout, poor sleep and lifestyle challenges. The findings will inform policies to better support healthcare workers during future pandemics.
- **LD Kinsman, G Mooney, G Whiteford, T Lower, M Hobbs, B Morris et al. "Increasing the uptake of advance care directives through staff education and one-on-one support for people facing end-of-life", *BMJ Open Quality* 13 (4)**  
This project aimed to increase advance care directive (ACD) completion among terminally ill patients through education, support and online resources. ACD completion rose to 97%, and ICU admissions dropped from 14% to 0%, although hospital admissions remained unchanged. The approach effectively promoted person-centred end-of-life care.
- **J Adams, V Dickson-Swift, E Spelten, I Blackberry, C Wilson and E Yuen. "Mobile breast screening services in Australia: A qualitative exploration of perceptions and experiences among rural and remote women aged ≥ 75 years", *Australian Journal of Rural Health* 32 (5), 1031–1040**  
This study explored why women aged ≥75 in rural and remote areas continue using mobile breast cancer screening despite being outside the target age range. Participants valued the service but lacked information on ongoing screening. Improved communication about risks, benefits and service availability is recommended.

- **G Petrou, A Crombie, S Begg, T Skinner, P Faulkner, A McEvoy, C Parker et al. "The moderating role of psychological resilience in the relationship between fear of COVID-19 and psychological distress, in a cohort of rural and regional healthcare workers", *International Journal of Mental Health Nursing* 33 (5), 1336–1348**

This study found that high fear of COVID-19 was linked to increased anxiety and depression among Australian rural healthcare workers, especially those with low resilience. Resilience moderated the impact of fear on psychological distress. Longitudinal research is needed to explore causal relationships and inform mental health support strategies.

- **LA Booker, J Spong, B Hodge, M Deacon-Crouch, M Bish, J Mills et al. "Differences in shift and work-related patterns between metropolitan and regional/rural healthcare shift workers and the occupational health and safety risks", *Australian Journal of Rural Health* 32 (1), 141–151**

This study found differences in work patterns and risks between metropolitan and regional/rural healthcare shift workers in Australia. Metropolitan workers faced increased anxiety, shift work disorder, workplace accidents and commuting car accidents, while regional/rural workers had more night shifts and on-call duties. Strategies are needed to improve safety and well-being in both settings.

- **F Young, L Hooker and J Ison. "Best-practice research and co-design with lived experience experts of domestic and sexual violence", *Journal of Advanced Nursing* 80, 51–52**

This study established a sexual violence lived-experience group to co-design a service-user feedback model. Using trauma-informed recruitment and onboarding, 12 experts were engaged as casual employees. Challenges and best practices were identified, highlighting the importance of ethical collaboration for impactful, community-informed research and improved trauma-informed care.

- **F Dangerfield, K Ball, V Dickson-Swift and LE Thornton. "Planning healthy food environments: An analysis of local government municipal public health and wellbeing policy in regional Victoria", *Health Promotion Journal of Australia* 36 (1), e898**

This study examined how regional local governments in Victoria, Australia, prioritise and implement improvements to food environments in their public health policies. The findings revealed limited concrete actions in regional plans. There is an opportunity to enhance these plans, emphasising healthier food behaviours and improving food environments to promote better community health.





