

**Wellington Faculty of Health**  
Te Wāhanga Tātai Hauora



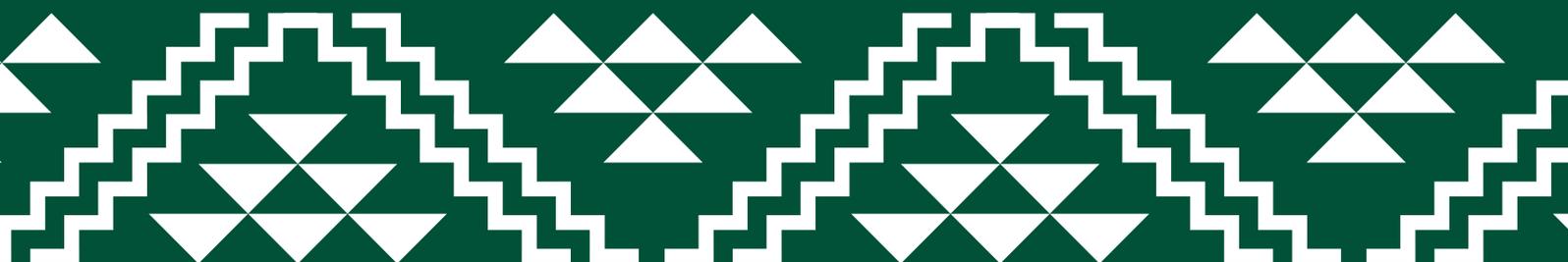
# RESEARCH FOR A HEALTHY FUTURE



**CAPITAL THINKING.  
GLOBALLY MINDED.**  
MAI I TE IHO KI TE PAE

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**“A lot of the solutions to problems that Māori experience reside within whānau.”**

**Dr Clive Aspin**

**(Ngāti Maru, Ngāti Whanaunga, Ngāti Tamaterā)**

Senior Lecturer in Health

# WHĀNAU-BASED STRATEGIES FOR PREVENTING RANGATAHI SUICIDE

Dr Clive Aspin is a public health researcher with a focus on addressing health and social inequities in Aotearoa New Zealand. His most recent work involves investigating the role of whānau in the coronial process for rangatahi suicide via a Health Delivery Research Activation Grant from the Health Research Council.

Alongside a group of leading experts in youth mental health and suicide, Dr Aspin is analysing 10 years of coroners' reports to ascertain whether whānau have been involved, or not, in the decision of the coroner.

This project will shine a light on pathways for future research into rangatahi suicide and provide important suicide prevention strategies.

“Sometimes there are very thorough coronial investigations into the events surrounding a suicide and whānau are invited into the courtroom, but that is not always the case,” says Dr Aspin.

“A lot of the solutions to problems that Māori experience reside within whānau. If whānau were to be involved in the coronial process, we would have a much greater understanding of why a person decided to take their own life by suicide.”

The research comes at a time when youth suicide is reaching crisis levels in Aotearoa, a trend Dr Aspin observed during his time as a senior specialist adviser on the Suicide Mortality Review Committee, a position he held until 2020. Suicide rates among young Māori are now the highest of young people in the world.

The exploration of how these issues affect lesbian, gay, bisexual, and transgender (LGBT) communities is of particular importance to Dr Aspin, who can recall meetings where leading experts believed rainbow communities had no higher rate of suicide than other groups, an assertion that evidence has now proven otherwise.

“I feel very fortunate to be able to do research within the Māori community and within the LGBT community. These are communities with which I identify very strongly,” he says.

“I have personal experience of the disparities that these groups encounter, and I am still around to do this timely and important work. It is a great privilege.”

# RESEARCH AT THE WELLINGTON FACULTY OF HEALTH

The Wellington Faculty of Health at Te Herenga Waka—Victoria University of Wellington was established in 2017 to deliver innovative health and wellbeing research and teaching.

We are building a vibrant and diverse research culture, producing research that draws on interdisciplinary perspectives, seeks to inform health policy and practice, improves health outcomes, and addresses health inequities.

## JANUARY 2019–DECEMBER 2020

**219**

**TOTAL OUTPUTS**

**6,710**

**SOCIAL MEDIA MENTIONS**

**497**

**NEWS & BLOGS MENTIONS**

**6,548**

**TWEETS BY  
5,140 UNIQUE  
TWEETERS IN  
106 COUNTRIES**



**141**

**FACEBOOK POSTS  
ON 106 UNIQUE  
FACEBOOK PAGES  
IN 18 COUNTRIES**



**450**

**NEWS STORIES BY  
258 UNIQUE NEWS  
OUTLETS IN  
39 COUNTRIES**



## TOP COUNTRIES





# TŌFĀ MAMAŌ—DEVELOPING A THEORETICAL APPROACH TO PACIFIC RESEARCH

When Dr Aliitasi Su'a-Tavila was collecting data for her PhD, it became clear that undertaking effective research in a Pacific context was difficult while also adhering to academic research protocols and ethics.

“When I was interviewing the paramount chiefs as part of my PhD, I really couldn't ask their families to remain quiet or leave the room while we underwent interview recording as it wasn't my space. Despite my awareness of confidentiality issues when doing academic research, it would be really inappropriate in that context,” she says.

“There is a lack of Pacific research models and frameworks to guide Pacific research, despite the growing number of Pacific academics nationally and internationally.”

Dr Su'a-Tavila is now developing a theoretical approach for undertaking research from a Pacific perspective, which can then be translated into a decision-making tool or model and applied to different contexts.

The approach will be built around the Samoan concept of tōfā mamao. This means in-depth knowledge and wisdom that is held by the paramount chiefs and applied when decision-making is held at its highest level through deliberation.

“We need to look at everything from the recruitment of participants to the collection and analysis of data and ask: What is the most culturally appropriate way to do it? This is a blending of the academic and cultural lens,” she says.

Dr Su'a-Tavila will interview the paramount chiefs, examine the decision-making undertaken when they exercise tōfā mamao, and interview leading Pacific academics in New Zealand.

She hopes it will be possible to develop the findings into a Pacific health model of practice and will draw on her own experience working in the area of family violence to apply it to justice contexts as well.

“Tōfā mamao is a powerful concept that has great potential to strengthen the cultural sophistication of a Pacific research process,” she says.

**“We need to look at everything from the recruitment of participants to the collection and analysis of data and ask: What is the most culturally appropriate way to do it?”**

**Dr Aliitasi Su'a-Tavila**

Senior Lecturer in Pacific Health

**“Everything I am interested in researching has come to the fore. We are now looking at these issues as people deal with them in real time.”**

**Dr Ally Gibson**  
Lecturer in Health Psychology



## **SHIFTING INTIMACIES: MOBILE DATING DURING A PANDEMIC**

Dr Ally Gibson had just started work on a proposal to explore how people use mobile dating across different age groups when the COVID-19 pandemic hit New Zealand.

As the country navigated a complete lockdown, the opportunity to reframe her project in a new context presented itself.

“All of a sudden, we had people talking on dating apps about whether they would wear masks when they met in person, or when their last COVID-19 test was. I realised I couldn’t not think of this project through the lens of the pandemic,” she says.

“I want to understand how people are negotiating different perceptions of risk and of the virus in their dating experiences.”

Dr Gibson’s work is funded by a Marsden Fast-Start Grant. She will explore meanings, activities, and stories attached to using dating technologies while living through a pandemic. The research will span people from different age groups, ethnicities, sexualities, and other backgrounds within Aotearoa New Zealand.

She says it is a significant time to be an early career researcher in the field, with the pandemic bringing issues of health and wellbeing to the foreground on a national and international level, and academic response being of huge importance.

“I think people were seeking a deep connection through mobile dating even more so, and perhaps even attaching more meaning to it,” she says.

“Everything I am interested in researching has come to the fore. We are now looking at these issues as people deal with them in real time.”

# BUILDING A THEORY OF BELONGING, PLACE, AND WELLBEING IN CONTEMPORARY MOTHERHOOD

Loneliness, ambivalence, and guilt are hallmarks of contemporary motherhood, but popular narratives promote becoming a mother as the best time in a woman's life.

Dr Eva Neely, a lecturer in Health Promotion, is looking at how we can explain this disparity and what can be done to reduce it.

"I am trying to understand women's transition into motherhood through examining how belonging changes in first-time motherhood—can this theorising help us understand what women need in more depth?"

Her research, funded by a Marsden Fast-Start Grant, will explore the experience of first-time mothers through three perspectives: the people they know, the places they spend time in, and the materials or things they use in everyday life.

She will follow 20 women from pregnancy through to 12 months after birth to build a nuanced understanding of how access to, and use of, people, places, and things change over time.

"Through looking at the maternal process in this way, I hope we can understand motherhood less in an individualistic way and more as a collective endeavour," she says.

Dr Neely says being an emerging researcher can be daunting, particularly working in a new research area, but the hopes of social change are always high on the agenda.

"Current maternal health promotion focuses on lifestyle advice such as what not to eat and how to exercise, but I think health promotion theory is a lot richer and has a lot more to offer in terms of increasing our social responsibility to mothers," she says.

"It's exciting to work towards shifting thinking and creating change."



**"I am trying to understand women's transition into motherhood through examining how belonging changes in first-time motherhood—can this theorising help us understand what women need in more depth?"**

**Dr Eva Neely**  
Lecturer in Health Promotion

# RESEARCH HIGHLIGHTS 2019–2020

## 100 PERCENT SUCCESS RATE OF MARSDEN GRANT APPLICATIONS IN THE SCHOOL OF HEALTH IN 2020

### Fast-Start Grants

- Dr Eva Neely—‘Where is my ‘village’? Building a theory of belonging, place, and wellbeing in contemporary motherhood’
- Dr Ally Gibson—‘Shifting intimacies: Navigating the ‘game’ of mobile dating’

### Standard Grant

- Professor Antonia Lyons, co-leading with Dr Ian Goodwin and Professor Tim McCreanor (both from Massey University)—‘Limbic capitalism and the digital landscape of young people’s lives’

## YOUTH19 RESEARCH COLLABORATION SHEDS LIGHT ON YOUTH HEALTH AND WELLBEING

The Youth19 Rangatahi smart study, the latest in the Youth2000 survey series, released significant findings into youth health and wellbeing. It is co-led by Associate Professor Terry Fleming from the School of Health, and is a collaboration between Te Herenga Waka—Victoria University of Wellington, Auckland University of Technology, the University of Auckland, and the University of Otago.

These include:

- Mental wellbeing: While more than two-thirds of students reported good wellbeing, 23 percent reported significant symptoms of depression—almost doubled for many groups since 2012.
- Smoking, vaping, and alcohol: Cigarette smoking is now rare in secondary school students, and binge drinking has declined since 2012. A third of New Zealand secondary school students have tried vaping, despite most being non-smokers.
- Period poverty: 12.5 percent of students who had had their first period missed out on menstrual items due to cost, and 7.5 percent had missed school because they couldn’t access menstrual products.



*Associate Professor Terry Fleming*



Professor Bev Lawton (front row, second from right) and staff from Te Tātai Hauora o Hine—the Centre for Women’s Health Research.

## HE TAPU TE WHARE TANGATA—ELIMINATING CERVICAL CANCER

Te Tātai Hauora o Hine—the Centre for Women’s Health Research has released significant findings as part of its Health Research Council-funded cervical cancer study, He Tapu Te Whare Tangata.

### Acceptability study

This acceptability stage of the study looked at whether Māori women who have not been screened regularly would accept human papillomavirus (HPV) self-testing and found that three out of four study participants would be likely or very likely to do a self-test for HPV, and nine out of 10 reported being likely or very likely to attend a follow-up appointment if required.

The most frequently cited barrier to current screening was whakamā—embarrassment, shyness, or reticence. A lack of time and fear of discomfort or pain were also leading barriers.

### Randomised controlled trial

A randomised controlled trial in Te Tai Tokerau / Northland region revealed that offering an HPV self-test to under-screened Māori women led to a 59 percent uptake of screening, almost three times greater than for those offered the standard screening method used in Aotearoa New Zealand.

## FUNDING TO TACKLE DATA ON SOCIAL SERVICES AND WELLBEING

A three-year project co-led by Professor Colin Simpson was awarded more than \$2.5 million under the Ministry of Business, Innovation and Employment (MBIE) Endeavour Fund’s research programme category to tackle New Zealand’s critical need for better linking of, and access to, data on social services and wellbeing.

Professor Simpson’s co-leader is statistician and social research design expert Andrew Sporle, a founding member of Te Mana Raraunga, the Māori data sovereignty network, with Māori data sovereignty an important element of the project.

# CONNECTING COMMUNITIES WITH KAI DURING COVID-19

During the COVID-19 lockdown, the closure of food banks and other charitable food providers meant that access to food became a struggle for many, but two Lower Hutt organisations developed a new model of community-led food resilience that connected households with kai and aroha.

Doctoral candidate Kahurangi Dey (Ngāti Pūkenga, Ngaiterangi) will explore the emergent food network that formed around the Common Unity Project and Kōkiri Marae as they received and redistributed resources in the Lower Hutt community during the COVID-19 lockdown from April to June 2020, in a project funded by the Health Research Council's COVID-19 Equity Response grant.



**“We live in a rich, democratic country and we are not currently meeting the right to food for everyone. Research has the ability to illuminate areas where we can be transformative in this space.”**

**Kahurangi Dey (Ngāti Pūkenga, Ngaiterangi)**  
PhD candidate



Ms Dey says Common Unity was in a perfect position to respond to the needs of the community as it had an existing model that supported different ways of partnering with the community.

“Everything stopped when lockdown happened, but people still didn’t have food. Common Unity and Kōkiri Marae were able to fill that gap with an immediate response, which was a generative food resource for the community rather than a food bank,” she says.

“They were capable of receiving, preparing, and redistributing food from individuals, businesses, and other organisations, including the closed food banks.”

Of the 60,000 meals the project has provided to the community in six years, close to 20,000 were prepared and distributed during the COVID-19 lockdown.

Ms Dey’s project will identify the different pathways that kai came to the network, document the agile response from Common Unity, and evaluate the impact of these processes and actions on the wider community. From these findings, a plan and framework will be created to assist the community and others, negotiate disrupted food supplies, and ensure kai for all in a time of crisis.

Ms Dey is completing her PhD at the University, focusing on the Government’s Ka Ora, Ka Ako healthy school lunches initiative. Her research is motivated by a belief that, fundamentally, everyone has a right to sufficient, nutritious food.

“We live in a rich, democratic country and we are not currently meeting the right to food for everyone. Research has the ability to illuminate areas where we can be transformative in this space,” she says.

# MĀORI EXPERIENCES OF PHARMACIST SERVICES

The words of an esteemed professor of Māori health articulate why Nora Parore, a registered pharmacist with 12 years of experience as a community pharmacist, put her mind towards influencing the health policies she was frustrated with.

“Professor Papaarangi Reed said that, by definition, inequities are responsive to policy interventions. The ultimate aim of my research is to reduce health inequities for Māori, and it is heavily policy based,” she says.

Ms Parore, a doctoral candidate at the University, is researching Māori experiences of pharmacists and the health system as part of a Health Research Council (HRC) Clinical Research Training Fellowship.

The project, ‘He tono whakapiki ora: Whānau and pharmacists’ knowledge exchange’, will explore whānau experiences of pharmacists’ services, as well as pharmacists’ experiences of developing services, to determine whether the pharmacy sector aligns with the principles and practices of Whānau Ora models of care.

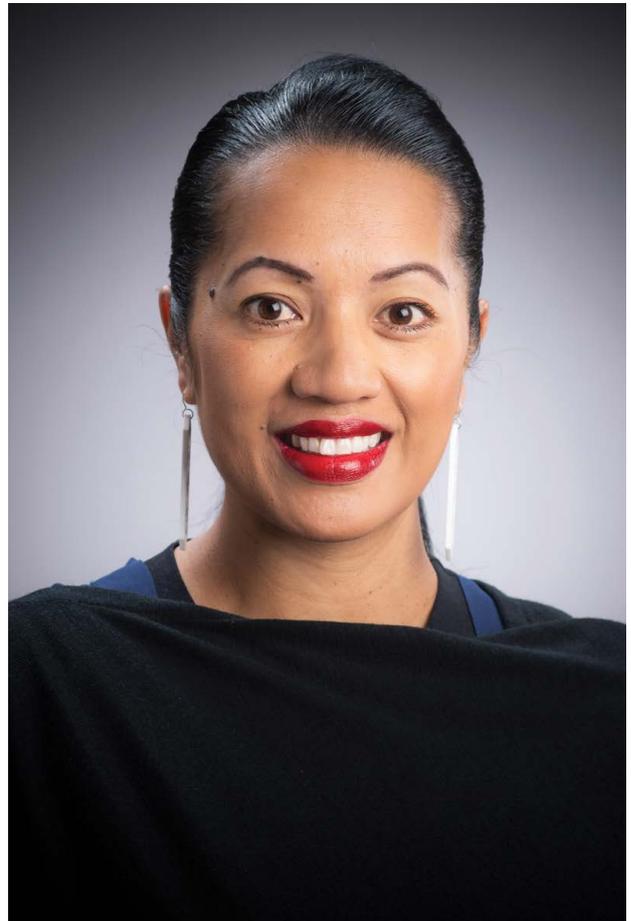
“Current literature tells us that pharmacists are underutilised and undervalued. We want to understand how and why whānau do, or do not, interact with pharmacists and pharmacies, as well as examine pharmacists’ perspectives on how services are developed, and what the barriers and enablers to innovation are,” she says.

“We know whānau want more from pharmacy services, but we don’t know exactly what. It isn’t simply about delivering the same service at the marae.”

Ms Parore is the first researcher at Te Herenga Waka—Victoria University of Wellington to receive the clinical fellowship, and one of only four pharmacists to ever receive the award from the HRC. Research will be conducted in Northland, where she has strong whakapapa and where her extended whānau live.

She says that being situated right across from Parliament in the University’s Government Buildings is a suitable reminder of the impact that policy change can have on health outcomes and the purpose of her work.

“This is an important piece of the puzzle when it comes to improving health outcomes for Māori. Pharmacists are there to help people get the best out of their medicines, but we need to understand how they can best fulfil this role for Māori to ensure equitable outcomes,” she says.



**“This is an important piece of the puzzle when it comes to improving health outcomes for Māori.”**

**Nora Parore (Ngāti Whātua, Ngāpuhi)  
Doctoral Candidate and Māori Health  
Research Fellow**



“There are so many theories and ideas that have not been adequately explored yet, so there are endless opportunities for where you can go with your research.”

Dr Tosin Popoola  
Lecturer in Nursing

## COPING WITH STILLBIRTH: RESEARCH INSPIRED BY NURSING PRACTICE

Dr Tosin Popoola’s practice as a nurse and midwife inspired him to research the experience of loss after a stillbirth in his home country of Nigeria, which has the second highest rate of stillbirth in the world—nearly 300,000 babies are stillborn annually.

“I have always been interested in how people deal with loss, and particularly how people resolve loss that they are unable to talk about,” he says.

“In my culture, the perspective of stillbirth is that, because the mother is still alive, that is something to be grateful for, because she can have another baby. People do not speak about stillbirth, so I wanted to explore how these mothers cope with their loss.”

Dr Popoola moved to New Zealand to complete his PhD on this topic at Te Herenga Waka—Victoria University of Wellington.

Through his research, he found that the event of stillbirth leads to the collapse of the mother’s social networks, which includes family and friends. He also noted that, in most cases, women did not feel supported by healthcare professionals.

“Healthcare professionals, midwives particularly, were trained to deliver life, and did not have the competency to confidently and safely deal with women who had lost their babies,” he says.

“From a professional perspective, it can also lead to compassion fatigue if you deliver a large number of stillborn babies, and you might not be able to give the best care,” he says.

Now a lecturer in nursing at the University’s School of Nursing, Midwifery, and Health Practice, Dr Popoola is completing further investigations into coping with loss more generally.

He says nurses occupy a special space in the healthcare system at the interface of many different health professions—counselling, medicine, and pharmacy—providing a rich context for new researchers.

“Nursing is an old profession that is still trying to actualise its identity. There are so many theories and ideas that have not been adequately explored yet, so there are endless opportunities for where you can go with your research.”

A portrait of Dr. Billie Bradford, a woman with shoulder-length, wavy, grey hair, smiling warmly. She is wearing a dark, long-sleeved top. The background is a blurred indoor setting, possibly a hallway or office.

**“Midwifery research has the ability to inform maternity care beyond the profession.”**

**Dr Billie Bradford**  
Senior Lecturer in Midwifery

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# EXPERIENCES OF MATERNITY CARE DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic may have put the brakes on many weddings and concerts, but the need for maternity care has not slowed down.

As part of a global study, Dr Billie Bradford, a registered midwife and midwifery researcher, is exploring the experiences of people who are pregnant, have recently had a baby, or have lost a baby during the pandemic.

“We know from overseas that disruption to services has meant delays to people receiving maternity care,” she says.

“Some people were reluctant to go to the hospital either because they were anxious about contracting the virus or felt that practitioners were too busy to see them. We currently don’t know a lot about the impact of these things here in New Zealand.”

Dr Bradford is leading the New Zealand arm of the study and will also lead a sub-study focusing specifically on the experience of late-term miscarriage, stillbirth, and neonatal death during this time.

She says social connections are really important in pregnancy and childbirth and that these are likely to have been affected by lockdowns.

“Women having babies during a lockdown have less ability to get support from their social circle, and we suspect there will be a compounding effect for women who have lost a baby during this time,” she says.

“Even in normal circumstances, women who lose a baby say frequently that the phone goes quiet.”

She says it is an exciting time to be an emerging researcher in midwifery, where the body of research is still relatively small but growing in impact.

“Midwifery research has the ability to inform maternity care beyond the profession,” she says.

“We have been through a process of reclaiming our profession and our place in the healthcare system, and I feel like midwives are stepping up and coming into our own when it comes to research.”

# POSTGRADUATE RESEARCH DEGREES IN HEALTH

As New Zealand's number one university for intensity of high-quality research (2018 Performance-Based Research Fund), we are committed to research excellence and work that will have a positive impact.

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The Wellington Faculty of Health welcomes applications for research for a Doctor of Philosophy (PhD). We have expertise in a range of areas in nursing, midwifery, and health.

Find out more about supervisors and expertise at <https://people.wgtn.ac.nz>





**“Evidence-based care provision is not negotiable for me, and to have an opportunity to contribute to that knowledge base is incredible.”**

**Shelley Teasdale**  
Registered midwife  
Doctor of Midwifery candidate

## **PROFESSIONAL DOCTORATES**

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Applications are reviewed against these requirements:

- availability of supervision by staff in the Wellington Faculty of Health and the wider university
- completion of application requirements
- valid experience and qualifications.

## **Contact the Wellington Faculty of Graduate Research**

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🌐 [www.wgtn.ac.nz/fgr](http://www.wgtn.ac.nz/fgr)

# CENTRE FOR WOMEN'S HEALTH RESEARCH

## TE TĀTAI HAUORA O HINE

E Hine, taiahoahotia tōku ara i te pō.

Hineteiwaiva, illuminate my pathway through the night.

At the heart of the work of Te Tātai Hauora o Hine—the Centre for Women's Health Research (CWHR) is the concept of whānau in its many meanings:

- whānau as birth
- whānau as family
- whanaungatanga as relationships and interconnectedness
- whakawhanaungatanga as the establishment of relationships and connectedness.

Through kaupapa Māori research, the CWHR is dedicated to improving the health outcomes of our nation's women and children. Our research areas include maternal and infant health, sexual and reproductive health, menopause, and whānau and community health.

The CWHR is committed to improving the survival, health, and wellness of women and their babies by creating more effective systems and processes of care. Our vision is to eliminate preventable harm and death for women and children. As a centre of international excellence in women's health research, we are improving the survival and health of women and their babies by creating more effective systems and processes of care. With a strong focus on strengthening communities, our work aims to improve whānau health and facilitate collaborative approaches to building local research capacity.

We understand that research alone does not create change. That is why, as one of New Zealand's foremost translational research organisations, our work creates positive, long-term systemic transformation. We translate our research into recommendations for health practitioners, hospitals and health organisations, government departments and ministers of Parliament, iwi service providers, and community-based organisations to improve systems and processes of care for whānau.

Our team members have backgrounds in maternal and infant health, neonatal nursing, sexual and reproductive health, mid-life health, general practice, epidemiology, policy development and evaluation, social science and mixed methods research, kaupapa Māori research, and community-based research.

Pivotal to our work is the guidance of our kāhui kaumātua. Our team presents at local, national, and international conferences and hui, and publishes in peer-reviewed journals.

As a multidisciplinary team, we aim to support the development of students through offering opportunities to undergraduate and postgraduate students wanting to further their research capabilities.

## Contact the Centre for Women's Health Research

Room 214, 44 Kelburn Parade, Kelburn Campus

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# HEALTH SERVICES RESEARCH CENTRE

## TE HIKUWAI RANGAHAU HAUORA

The Health Services Research Centre (HSRC) studies the health and disability needs of communities and the organisation, planning, provision, use, and effectiveness of personal and population-based health and disability services.

Our staff collaborate with researchers and policymakers internationally, including in Australia, Canada, the Pacific, the United Kingdom, and the United States. The HSRC offers doctoral supervision in a dedicated research environment.

Health services research is an emerging discipline internationally and we welcome students interested in undertaking doctoral research in this area. Students benefit from the expertise of our multidisciplinary team of researchers who are able to provide supervision across a range of subject areas, including health economics and policy, disability health, and Māori and Pasifika health. We are particularly interested in supporting Māori and Pasifika doctoral students. A PhD is a key qualification in the health sector, with its emphasis on generating and using evidence to support health services and health policy decision-making. A PhD is essential for a research career in health and is an important qualification for those seeking health policy careers. At the HSRC, we bring a multidisciplinary approach to our work, with a strong emphasis on reducing inequalities in health and improving the effectiveness and efficiency of health services.

The HSRC was established in 1993 with a focus on undertaking high-quality health services research.

Staff members have backgrounds in biostatistics; disability; economics and health economics; epidemiology; health policy; health services research; mental health; Māori health, including Māori mental health and disability among Māori; nursing; Pacific health; science policy; and social science research, including evaluation. Staff members present their findings locally, nationally, and internationally and publish in international, peer-reviewed journals. We have experience in all aspects of research and evaluation, and students are equipped with essential research skills, including in:

- engagement with key health-sector stakeholders
- ethics and the ethics application process
- literature searching, reviewing, and synthesising
- monitoring research and evaluation design
- qualitative and quantitative methods and analyses and interpretation of findings.

## Contact the Health Services Research Centre

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# CONTACT US

Get in touch with the Wellington Faculty of Health if you are interested in collaborating or studying with us.

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