AHSRI 2020 Annual Report

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AHSRI 2020 Annual Report

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AHSRI
2020 ANNUAL REPORT
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Established in 1993, AHSRI is a successful, internationally renowned research institute of the Faculty of Business and Law, University of Wollongong. We generate robust evidence through rigorous research and evaluation that informs and supports better management of health and community services across Australia. Our innovative work facilitates greater equity in resource distribution, fairer access to services, improved continuity within and across health and community care sectors, and evidence-based decision-making.

Acknowledgement of country and traditional owners

We acknowledge the Traditional Custodians of the lands on which the AHSRI is situated. We pay our respects to Aboriginal Elders past and present, who are the knowledge holders and teachers. We acknowledge their continued spiritual and cultural connection to Country.

As we share knowledge, teaching, learning and research, we also pay respect to the knowledge embedded forever within the Aboriginal Custodianship of Country.
Vale David Webster

AHSRI is deeply saddened to announce the death of staff member David Webster.

Dave died suddenly on 5 December at the age of 43. He is survived by his wife Sara, and young son Eduardo.

Dave was IT Manager of the Australian Health Services Research Institute (AHSRI) and a UOW alumnus, completing a Bachelor of Computer Science in 1999, and a Graduate Certificate in Health Services Research in 2013. Dave started working at UOW in 1997, spending three years in the School of Psychology. He left to work as an IT consultant, before re-joining UOW in 2012 based at AHSRI. He worked across many areas of the university, including Faculty of Business and Law, IMTS, School of Nursing, and Early Start. He built strong networks with UOW research partners from external agencies such as Illawarra Shoalhaven Local Health District, NSW Pathology, Sonic Health and IRT.

Dave had technical expertise in a range of development technologies, administration of servers, web servers and database servers. He was interested in strategic directions for IT applications and infrastructure and the ethical storage and use of sensitive health data. He was a highly valued member of the UOW Research Data Management working group and the AHSRI IT and Data Science working group. Dave was instrumental in the establishment of the Illawarra Health Information Platform, and developed technical solutions for patient outcome measurement across health facilities throughout Australia and internationally.

Dave left a lasting impression on everyone he worked with. He had a remarkable intellect, developing a deep understanding of any area he worked on. Dave had an ability to simplify and explain highly technical topics to make them understandable. He was passionate about his work and enjoyed his interactions with colleagues from IT and health backgrounds.

Dave was a lovely person, generous, smart, warm and vibrant. He will be sorely missed by his many colleagues and friends from across the university.
The year 2020 will be remembered for decades to come as the year that COVID-19 changed the world. Prior to 2020, the major health challenges facing all high-income countries were non-communicable diseases such as cancer, heart disease and mental illness. It had become a truism that Australia, like other medium and high-income countries, had infectious diseases under control. COVID-19 proved just how wrong we were to assume that infectious diseases were a problem of a previous era.

For Australia, COVID-19 arrived on the back of a horror bushfire season. The bushfire season destroyed many homes and businesses and left many people traumatised. For many, the fires resulted in social dislocation and a significant increase in mental health and substance use disorders.

For the health system, COVID-19 represented the biggest challenge in our lifetimes. The Australian health system demonstrated that it was up to the task. It proved to be much more agile than expected, with major changes in models of care being introduced within weeks. These included major reductions in face-to-face Emergency Department and General Practice visits and a rapid increase in telehealth consultations in General Practice and as a substitute for outpatients and other specialist clinics. 2020 also saw the rapid update of Hospital in the Home and other home care being introduced within weeks. These included major changes in models of care being introduced within weeks. These included major reductions in face-to-face Emergency Department and General Practice visits and a rapid increase in telehealth consultations in General Practice and as a substitute for outpatients and other specialist clinics. 2020 also saw the rapid update of Hospital in the Home and other home care being introduced within weeks.

As we considered the impact of COVID-19 on Australia and on our work, it made sense to us to think about it in waves. We began 2020 in the first wave, a wave in which Australia did better than most other countries. We ended 2020 firmly in the grip of the third and fourth waves. It is no wonder that by the end of 2020, much of AHSRI was firmly focused on work associated with chronic disease, social isolation and mental health. They remained as our priorities as we ended 2020 and planned for 2021.

Relative to other parts of the University and more broadly, the ongoing impact of COVID-19 on AHSRI was quite modest. While we stayed open all year, the majority of staff quickly adapted to working largely from home. We maintained our grant income, increased our publications and were able to continue our student training and supervision uninterrupted. We were not able to conduct site visits or hold face-to-face meetings with project stakeholders. However, the use of video conferencing allowed effective communication with stakeholders to continue effectively in most instances. For some projects, the nature of the interventions we were studying or evaluating similarly changed from a face-to-face to a remote basis.

As with the university sector more broadly, the University of Wollongong experienced major upheaval due to COVID-19 with significant reductions in international student enrolments and in University income. On 27 May 2020 the Vice Chancellor announced a reorganisation of UOW faculties, reducing the current structure of five faculties down to four. AHSRI became part of a new Faculty of Business and Law on 1 July 2020. Our new Faculty of Business and Law is being led by Professor Colin Picker and comprises schools previously in the Faculty of Business together with the School of Law and the Australian National Centre for Ocean Resources and Security (ANCORS). AHSRI has strong links across the campus, and although we could potentially be located in any of the four faculties, being in the Faculty of Business and Law is our best fit.

The University also established an Early Retirement Scheme to reduce ongoing salary costs in response to the impacts of the COVID-19 pandemic. Three long-standing members of AHSRI took up this option and all retired on Friday 27 November:

— Karen Quinsey (ePPOC)
— Peter Samsa (CHSD)
— Frances Simmonds (AROC)

Whilst this was a good opportunity for all three, AHSRI lost over 50 years of experience, knowledge and skills all on one day. I would like to acknowledge the enormous contribution Karen, Peter and Frances all made to AHSRI and wish them all the very best for the future.

This annual report as usual sets out the many achievements and contributions of each of our centres. There is no need for me to reiterate these in my Director’s report. However, I do wish to highlight that, against the uncertainty of 2020, both PCOC and CHRISTRA were funded for a further three years and Ngarruwan Ngadju celebrated its first anniversary.

I was deeply saddened in December by the death of staff member David Webster. Dave was just 43 and his sudden death shocked and distressed us all. We have renamed the AHSRI training room as the Webster Room in his honour. A tribute to Dave is included in this annual report.

AHSRI ended 2020 in a strong position and we are well positioned for 2021. COVID-19 reinforced for AHSRI the importance of generating real-world impact. While research outputs are important, they are not enough and they are not what drives us. AHSRI has a critical role in improving health outcomes for consumers, supporting service providers to explore innovative ways of delivering high quality care and stimulating innovative policy development and health system change. These remain our mission at the end of 2020.

As Director of AHSRI, my thanks go to our AHSRI Board, the AHSRI team, the Faculty of Business and Law and our many collaborators across the health system in Australia and internationally.

Professor Kathy Edgar
Director, AHSRI
Management Advisory Board

The Terms of Reference of the AHSRI Management Advisory Board are to:
— Determine, in conjunction with the AHSRI Director and AHSRI staff, AHSRI research and development strategic directions, priorities and policies;
— Represent the views of the broader health and health service research sectors;
— Examine and evaluate health service research and development opportunities and strategies;
— Receive and consider reports on:
  — the range of activities undertaken by AHSRI; and
  — financial management and expenditure;
— Provide advice on policy issues related to health service research and development that emerge from the concerns of industry or government, or that may be referred to it; and
— Provide advice on health service research policies, strategies and activities to assist AHSRI to remain relevant and useful to its industry partners and the wider community.

The AHSRI Management Advisory Board consists of an independent Chair; two nominees of the University of Wollongong (UOW); two nominees of the Illawarra Shoalhaven Local Health District (ISLHD); the AHSRI Director; invited individuals including community representatives; and two AHSRI staff representatives.

BOARD MEMBERS DURING 2020 WERE:

Mr Paul Sadler (Chair)
CEO, Presbyterian Aged Care NSW and ACT
Appointed 15 June 2001

Professor Kathy Eagar
Director, Australian Health Services Research Institute
University of Wollongong
Appointed 15 June 2001

Professor Grace McCarthy
Dean, Sydney Business School
University of Wollongong
UOW representative (Vice-Chancellor nominee)
Appointed 23 February 2016

Senior Professor David Steel
Director, Centre for Statistical and Survey Methodology
University of Wollongong
UOW representative (Vice-Chancellor nominee)
Appointed 15 June 2001

Ms Amy Hains
Director Planning, Information and Performance
Illawarra Shoalhaven Local Health District nominee
Appointed 19 June 2020

Ms Michelle Noort
Executive General Manager, Health
Silver Chain Group
Appointed 28 May 2010

Dr Keith McDonald
CEO, South Western Sydney Primary Health Network
Appointed 26 June 2015

Ms Tara Alexander
AHSRI staff representative
Appointed 5 March 2005

Mr Dominic Dawson
Associate Director, Business Intelligence and Efficiency
South Eastern Sydney Local Health District
Appointed 29 April 2015

Dr Melinda Williams
CEO, Peoplecare
Appointed 29 June 2018

Professor Jan Potter
Director, Division of Aged Care and Rehabilitation
Illawarra Shoalhaven Local Health District nominee
Appointed 26 August 2011

Professor Kathie Clapham
Director, Ngarruwan Ngadju First Peoples Health and Wellbeing Research Centre
Appointed 26 November 2010

Ms Michelle Noort
Executive General Manager, Health
Silver Chain Group
Appointed 28 May 2010

Dr Hilarie Tardif
AHSRI staff representative
Appointed 26 June 2015

Mr Paul Sadler
CEO, Presbyterian Aged Care NSW and ACT
Appointed 15 June 2001
Australasian Rehabilitation Outcomes Centre

The Australasian Rehabilitation Outcomes Centre (AROC) was established as a joint initiative of the rehabilitation sector (providers, funders, regulators and consumers) on 1 July 2002 and has five roles:

— A national data bureau which receives and manages data on the performance of rehabilitation services in Australia and New Zealand

— The national benchmarking centre for medical rehabilitation

— The national certification centre for the Functional Independence Measure (FIM™) instruments (designed to measure functional needs and outcomes)

— An education and training centre for the FIM and other rehabilitation outcome measures

— A research and development centre that seeks external funding for its research agenda.

In 2020 AROC had 294 inpatient rehabilitation unit members (255 Australian and 39 New Zealand) who submitted 121,859 inpatient episodes and 47 ambulatory rehabilitation member services who submitted 8,361 ambulatory episodes. AROC now also works with all specialist paediatric rehabilitation units around Australia and New Zealand with seven submitting data in 2020 (418 inpatient episodes and 258 ambulatory episodes). The impact of COVID-19 on rehabilitation, following suspension of elective surgeries, ward re-assignments and closures, and fewer traumatic accidents, was a 10% decline in the number of rehabilitation episodes in 2020 compared to previous years; however, the key outcomes of length of stay and functional improvement were unaffected. Throughout the year, as core business, AROC continued to provide routine Benchmarking Reports to member facilities and summary reports to non-data submitting stakeholders.

AROC Master Trainers conducted more than 47 face-to-face FIM/WeeFIM workshops, 48 virtual sessions across Australia and New Zealand and four Facility Trainer jurisdictional meetings. In addition, more than 1,250 Online FIM and WeeFIM refresher modules were completed. Almost 6,400 clinicians were FIM/WeeFIM credentialed or re-credentialed.

In 2020 AROC received 24 new data requests and had 15 ongoing requests. Fifteen of these 39 data requests involved data linkage (three arising from AROC’s participation in datathons), nine from students (e.g. medical students, registrars and advanced trainees) and 16 requested aggregated summary data. Six of the 15 ongoing requests are at publication stage.

Major undertakings in 2020 included:

— AROC continued to provide jurisdictional benchmarking workshops in both Australia and New Zealand. These workshops provided the opportunity for all providers of rehabilitation to compare the outcomes (case mix adjusted) they achieved for their patients with other facilities in their jurisdiction, and thereby gain insight into avenues for improvement. In response to COVID-19, AROC delivered the annual benchmarking workshops in a substantially different format. Commencing in June 2020 AROC moved from primarily state-level day long workshops to jurisdictional webinars presenting state-level data, followed by an invitation to services to register for a further online session tailored to the individual facility to explain and discuss their achievements and identify any opportunities for improvement. In Australia, 45 sessions were run with public facilities and seven sessions with private facilities. In New Zealand, seven facilities participated in the online tailored benchmark sessions. Over 85% of feedback received rated the meetings as extremely or highly valuable.

— The addition of the Member Resources section to AROC Online Services (AOS), allowing users to download relevant training materials, resources and articles, based on their facility and role. This service had over 6,000 resource downloads in 2020 and has been valuable for FIM trainers as they delivered training content online.

— Introduction of a new Live Reporting feature on the AOS platform in October 2020, allowing AROC members to log in and view a series of graphs that show a summary of their live data. These plots can be manipulated to contain any time period of data the user wishes and can be interacted with in a number of ways. The resulting graphs can be downloaded into a report format for use offline. AROC plans to continue developing and improving this feature.

— In collaboration with the NSW Agency for Clinical Innovation, AROC developed a data collection for patients receiving rehabilitation following a COVID-19 diagnosis. The dataset commenced collection in August and enabled retrospective and prospective collection with linkage to the inpatient dataset to minimise data collection burden. To date, data describing 32 episodes of rehabilitation (27 inpatients and 5 in-reach) have been submitted. Eight inpatients and all in-reach patients had been previously admitted to ICU for their COVID treatment. Seven inpatients and three in-reach patients intended to go on to further rehabilitation. Most inpatients were admitted in August (12) and September (9) to Victorian rehabilitation services; the remaining inpatients and all in-reach patients were admitted to NSW rehabilitation services (1 or 2 per month between April – December).

— Data linkage collaborations with the Australian Orthopaedic Association National Joint Replacement Registry, the Australia and New Zealand Intensive Care Society, and the Australian Stroke Clinical Registry are ongoing. These collaborations link AROC data with data from the acute care setting allowing research spanning the acute and subacute care settings.

— AROC gave numerous presentations via web conferencing and also had several journal articles published in the year. The AROC 2020 Annual Report provides information describing the provision of medical rehabilitation and the outcomes it achieves in Australia and New Zealand.

More information about AROC can be found at www.aroc.org.au.
### OVERVIEW OF A MILESTONE YEAR

2020 was a busy year as CHRISP adapted its work program and model in response to the COVID-19 pandemic. As 2020 was the end of our existing partnership agreement with ISLHD, A/Prof Judy Mullan’s full-time secondment from the School of Medicine came to an end. At the same time, Dr Victoria Westley-Wise was seconded back to ISLHD to provide the clinical leadership for the region’s COVID-19 response. We finished 2020 with the sad loss of Dave Webster who had been such an integral member of the CHRISP team.

We were fortunate in having a dedicated leadership group to steer us through these changes and we gratefully acknowledge the work of A/Prof Judy Mullan, Dr Luise Lago and Mr Brendan McAlister for keeping CHRISP on with support from Mr Stephen Moules, Dr Esther Davis, Dr Bianca Suesse and Ms Linda Foskett.

In 2020 we renewed our partnership agreement with ISLHD for a further three years and expanded to include UOW School of Medicine. This important opportunity will see a new CHRISP team structure that will be implemented in 2021, along with a modified governance and performance framework which commenced in 2020.

### EXPANDING SKILLS AND NETWORKS

In 2020, the 4th anniversary for CHRISP, the partnership is now more strongly positioned to develop multidisciplinary collaborations and strategic capacity building, including research mentoring for early career students and clinicians. The portfolio of projects maps broadly onto the following themes:

- **Health service utilisation – high use and demand**
- **Chronic conditions – including risk factors for recurrent hospitalisations**
- **Health issues for older people – frail elderly and end-of-life care**
- **Mental health – alcohol and substance use**
- **Quality and safety – adverse events and health care associated complications**
- **Evaluation – service, policy and program indicators and impacts**

### BUILDING SKILLS AND NETWORKS

To date CHRISP has supported 13 ISLHD clinicians and UOW graduates to enrol into higher degree research programs (e.g. PhD, MPhil). CHRISP has also organised seminars and workshops (e.g. research translation) and provided mentoring to six junior/early career ISLHD and UOW researchers. The Illawarra Shoalhaven Epidemiology and Biostatistics Network, convened by CHRISP, continued in 2020 in a virtual format. This regional professional development initiative brings together isolated staff who are trained in epidemiology, biostatistics and related data/analyst fields.

In 2020 CHRISP continued to strengthen collaborations beyond and within AHSRI. For example, funded by the Wicking Trust, the project Improving Choices through the Palliative Care Collective (2019 – 2020) is an evaluation and pilot of the Palliative Care Outcomes Collaboration program in residential aged care. CHRISP is finalising the end of project report (due in 2021).

### FROM DISCOVERY TO DISSEMINATION

The Illawarra Health Information Platform (IHIP) is the CHRISP data repository and linkage platform. To support the expanding partnership and new project frontiers, in 2020 the IHIP was successfully migrated to a new IT infrastructure provider.

In addition to the 21 core collections already hosted in IHIP, in 2020 progress was made to admit a new aged care collection via the Illawarra Retirement Trust (IRT). This will provide unique opportunities for collaborative linked data research with regional cross-sector translation impact, e.g. aged care, health services.

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>BROAD AIM</th>
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<tbody>
<tr>
<td>Assessment of the uptake of maternal and child health services following comprehensive primary care assessment (SAFE START model)</td>
<td>To evaluate implementation of the NSW Maternal &amp; Child Health Primary Health Care Policy, and related service gaps, in terms of referral and uptake rates by women giving birth in the Illawarra and Shoalhaven, who have identified risk factors/vulnerabilities</td>
</tr>
<tr>
<td>Health pathway discovery, conformance and enhancement – appendicitis as an archetype</td>
<td>Using appendectomy as a model, to explore patient clinical pathways and factors associated with unwarranted variability (medical, social, and economic, and geographic location)</td>
</tr>
<tr>
<td>End-of-life (EOL) cancer care health service utilisation among patients in the ISLHD: Does geographic variation play a role?</td>
<td>To examine the relationship between residential location and health services utilisation in the last 12 months of life in two vulnerable groups with cancer (rural, elderly)</td>
</tr>
<tr>
<td>Surveillance methods and recurrent event models for longitudinal data on self-harm and suicidal behaviour</td>
<td>To improve identification and modelling of self-harm and suicide-related Emergency Department visits</td>
</tr>
</tbody>
</table>
Since inception, CHRISP has undertaken 41 collaborative priority-driven and investigator-driven research projects with ISLHD clinicians, UOW academics and other stakeholders. Some project findings have achieved translational potential and are currently informing proposals in ISLHD for change in policy, practice, and service design.

Examples of new projects commencing in 2020 are included in the table above.

**PUBLICATIONS, PRESENTATIONS AND GRANT OUTCOMES**

Project outputs include 26 peer-reviewed journal articles, 25 brief reports, and 34 conference presentations.

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Centre for Health Service Development

CHSD had a very successful 2020 despite the numerous challenges associated with COVID-19. During 2020, CHSD generated just under $1 million in research funding across 15 projects. We produced 19 peer-reviewed publications and nine research reports during the year.

Not surprisingly, it was necessary to adjust our approach to conducting research to ensure we maintained momentum while also positioning ourselves to successfully tender for new strategic projects. For example, while it was not possible to conduct site visits or hold face-to-face meetings, the use of video conferencing allowed communication to continue effectively with the majority of our stakeholders.

During the year, we continued working on several program evaluations in the mental health sector. Our evaluation of the NSW Ministry of Health’s Emergency Drought Relief Mental Health Supports Package was completed in August 2020. This program was established in 2018 as an emergency response to the continued effect of the drought in rural and regional communities of NSW. Our evaluations of the LikeMind Pilot (NSW Health), the Pathways to Community Living Initiative (NSW Health), and the Improving Social Connectedness of Older Australians project pilot (Australian Government Department of Health) were all extended during 2020 and continue to progress well.

For most of the programs we are evaluating, COVID-19 had a significant impact on the mode of service delivery. Typically, service delivery transitioned to being virtual early in the year, with some services recommencing face-to-face services towards the end of 2020. While the impact of these changes is being considered separately for each program, understanding differences in program outcomes associated with COVID-19 has become an important element across all of our evaluation work.

Professor Kathy Eagar continued to lead a team of CHSD staff working on the reform of the residential aged care sector during 2020. The focus in 2020 was on contributing to the work of the Royal Commission into Aged Care Quality and Safety. The significance of this work has been an outstanding example of research translation and has received extensive media coverage.

In August 2020 we were very happy to welcome Dr Nicole Reilly to CHSD. Nicole joins the team having won a three-year University of Wollongong Vice Chancellor’s post-doctoral fellowship. Nicole has over 15 years’ experience in perinatal mental health research and policy evaluation. She has a particular interest in early intervention and treatment programs that are responsive to the needs of pregnant women, new mothers and their families, as well as the health professionals who care for them. During her fellowship, Nicole will continue pursuing her well-established research in perinatal mental health while also contributing to the broader CHSD work program.

Associate Professor Lyn Phillipson completed her three-year NHMRC/ARC Dementia Fellowship with CHSD during 2020. During her fellowship, Lyn made a significant contribution to dementia-related research in Australia and internationally. The important synergies between Lyn’s work and the dementia-related work of CHSD remain and we look forward to continuing to work closely with Lyn and her team in the future.

In 2020, the Centre for Applied Statistics in Health (CASiH), the Australasian Health Outcomes Collaboration (AHOC) and the National Casemix and Classification Centre (NCCC) continued operating under the umbrella of CHSD. Collaboration with these centres continues to expand the research and evaluation skills of CHSD. It has allowed for a cross-fertilisation of ideas and exposed us to innovative ways of collecting and analysing national and local datasets.

Overall, CHSD is very well positioned moving into 2021. We have a growing team of talented researchers who continue to meet our core objective of “undertaking a continuing program of active research into methods to improve the management and provision of health services with the goal of making a significant contribution to improving the funding and delivery of health services in Australia”.

Additional information on each of CHSD’s projects is included later in this report. Additional information about CHSD is available at http://ahsri.uow.edu.au/chsd.
The electronic Persistent Pain Outcomes Collaboration (ePPOC) is a program that aims to improve services and outcomes for people experiencing chronic pain. Key functions of ePPOC are to facilitate the collection of standardised data from pain management services, analyse and report these data, use the data for benchmarking, and promote research into areas of importance in pain management.

ePPOC also encompasses PaedePPOC, which addresses the differing needs of the paediatric pain management sector. PaedePPOC allows collection of data items and assessment tools specific to the needs of children, adolescents and their carers.

PARTICIPATION IN EPPOC
There are over 90 adult and paediatric pain management services across Australia and New Zealand that contribute information to ePPOC. ePPOC receives data describing over 20,000 new referrals for specialist pain management each year. The longitudinal database currently contains information relating to over 100,000 episodes of care. Participating services now include 10 Primary Health Networks, who are electing to join ePPOC as a way of assessing and benchmarking their treatment and outcomes.

BENCHMARKING FOR QUALITY IMPROVEMENT
A system for benchmarking outcomes has been implemented for adult and paediatric services. This allows identification of the proportion of people who make clinically meaningful improvement in each domain, and also aids understanding of the variation in outcomes between pain services and jurisdictions. For adult services, benchmarks focus on nine domains: pain and pain interference, depression, anxiety and stress, pain catastrophising, self-efficacy, opioid use and waiting times. In paediatric services, the focus is on pain, quality of life, functional disability and waiting time for treatment.

Two virtual benchmarking workshops were held in Australia and New Zealand during 2020. Given the ongoing restrictions due to COVID-19 these are likely to continue in a virtual format during 2021.

IMPACT OF COVID-19 ON SPECIALIST PAIN SERVICES
The COVID-19 pandemic caused significant disruption to pain services in Australia and New Zealand during 2020. Some services were temporarily closed and many clinicians were transferred to more acute areas. Many pain services responded by adopting telehealth treatment alternatives. ePPOC’s collection of both service-level and patient outcome data will allow us to describe the impact of the pandemic on service provision, and whether there were also changes in the severity of patient symptoms, such as anxiety, depression and coping skills. As the longer-term impact of COVID-19 on chronic pain is unknown, we have also implemented an adjunct data collection to allow us to assess pain and related symptoms in those who have tested positive to the infection.

PUBLICATIONS AND REPORTS
The ePPOC Annual Data Report for 2019 was released in 2020, presenting data collected by 72 adult and nine paediatric pain management services. This report includes information regarding patients’ demographic and clinical characteristics and the care they received. Accompanying the report are two snapshot infographics: 2019 Snapshot of adults seeking pain management and 2019 Snapshot of paediatrics referred for pain management.

Two journal articles using ePPOC data were published in 2020, describing the management of chronic pain in central neurological disorders, and the prevalence of hypertension in people experiencing persistent pain.

MORE INFORMATION
More information about ePPOC can be found at http://ahsri.uow.edu.au/eppoc.
Ngarruwan Ngadju: First Peoples Health and Wellbeing Research Centre

Ngarruwan Ngadju has been operating successfully over the past 18 months, having celebrated its official launch on 14 June 2019 at the Innovation Campus.

Ngarruwan Ngadju, from both the Dharrawal and Dhurga languages, means ‘the sea across a long distances’ (Ngarruwan) and ‘freshwater’ (Ngadju). The words bring together the importance of water for sustaining life. They signify the cultural connectedness between Indigenous communities along the coastal regions of Australia, freshwater communities of inland Australia and across the Pacific.

Our vision is to provide Indigenous-led health and wellbeing research, sustained by strong and enduring community partnerships.

Ngarruwan Ngadju conducts high impact research in response to the health and wellbeing needs and priorities of First Peoples and advances Indigenous research methodologies. Our research covers a wide range of health topics reflecting our interest in understanding how the social and cultural determinants impact on the health and wellbeing of First Peoples. Our major research themes are:

- Building resilient communities
- Lifelong health and wellbeing
- Injury, trauma and recovery
- Equitable systems and policies

Strongly aligned to our research program are a set of activities designed to build research and evaluation capability within our team, with our students and in collaboration with our community and health service partners. Our program includes supervision and co-supervision of Higher Degree Research students, delivering seminars and workshops, and contributing to the teaching of Indigenous health at the University of Wollongong.

2020 HIGHLIGHTS

In July 2020 we were among the successful recipients of a NSW Health COVID-19 Research Grant. This project builds on our existing Australian Research Council project and focuses on documenting how Aboriginal communities, and particularly, Aboriginal Community Controlled Organisations are responding to the complex health and social challenges faced during 2020 as a result of catastrophic bushfires, floods and the COVID-19 pandemic. Three sub-groups have been formed to investigate a number of important questions: What place-based communication practices are required for service provision for Aboriginal communities? How can we work collaboratively to enhance Aboriginal Community Controlled Organisations’ capacity and support their workforce? What should a place-based COVID-19 response for NSW Aboriginal communities look like? The outcomes of this research are expected to be transferable to other settings throughout Australia.

In a second COVID-related project, we were successful in obtaining a UOW Community Engagement Grant to collaborate with the Illawarra Aboriginal Corporation in a project named ‘Amplifying the voices of Aboriginal women through culture and networking in an age of COVID-19’.

This work involves working together with the Illawarra Aboriginal Corporation to develop and evaluate a culturally based program for women, with the express aim of building Aboriginal cultural knowledge and strengthening local networks in the Illawarra region.

This year staff from Ngarruwan Ngadju also contributed to building capacity in Indigenous health by contributing to teaching across the University of Wollongong. Three undergraduate subjects were delivered remotely and involved the development and delivery of online teaching materials and assessment. We also continued to work with the Faculty of Science, Medicine and Health on the curriculum review of Indigenous health programs within that Faculty.

A further highlight was the successful completion of the Graduate Diploma of Indigenous Trauma Recovery Practice, also offered by the Faculty of Science, Medicine and Health. This in an innovative and highly relevant program for Indigenous communities in Australia, providing specific skills in working from a trauma-informed approach. Our staff contributed to providing expert advice, redesigning, delivering and assessing online content, which included three cultural workshops in collaboration with local Indigenous elders and community members. The course was highly successful with almost twice as many (42) successful completions in 2020 compared to the previous year, when 28 students graduated.

In addition, the Ngarruwan Ngadju team (including honorary fellows and associate members) published one book, two book chapters and 16 peer reviewed journal articles during the year.

CHALLENGES

Ngarruwan Ngadju were buoyed by these successes but faced similar challenges to others in responding to COVID-19, having to learn how to work effectively as a team while working remotely, and having to make difficult decisions about suspending some projects, while retaining the important community connections we had built up.

The NHMRC Ironbark trial of a falls prevention program for Aboriginal elderly people was suspended in 2020 due to COVID-19. A review was completed for options on moving forward with the research given constraints related to COVID-19. By late 2020 we had recommenced recruitment in the multi-state project, with Ngarruwan Ngadju re-establishing contact with organisations in south-eastern NSW.

A second community based intervention program, the Healthy Hearts feasibility study in collaboration with the Illawarra Shoalhaven Local Health District, was suspended for a 5-month period due to COVID-19. The break in program delivery provided an opportunity to review progress and make important improvements; the project recommenced in October 2020.

Palliative Care Outcomes Collaboration (PCOC)

The Palliative Care Outcomes Collaboration (PCOC) is a national palliative care outcomes and benchmarking program funded by the Australian Government Department of Health, established in 2005. PCOC’s primary objective is to systematically improve palliative care patient and carer outcomes, including pain, symptom control and psychosocial distress, through the commitment of participating services.

NEW FRONTIERS TO IMPROVE PALLIATIVE CARE OUTCOMES AND ESTABLISH PROFILES

In 2020, PCOC’s momentum was sustained as we continued to chart our new direction, which was established in 2018. This included the continued development and innovative integration of PCOC’s outcomes and profile collection into services that provide end-of-life and/or palliative care within acute, primary and residential aged care settings.

In 2020, PCOC also continued piloting the PCOC Wicking model in aged care facilities, with the model helping to facilitate early identification of residents whose condition was deteriorating while also providing an important structured approach for assessing and responding to residents’ symptoms and concerns. A special interest consult palliative care service group was also established in 2020 to help discuss and progress clinical and strategic opportunities for this model of care within the sector.

SHAPING DATA AND POLICY

PCOC continued to impact national and jurisdictional policy and data developments in 2020. Data shows that the number of services collecting outcomes data in PCOC remained constant. This level of engagement was sustained despite the heightened risk of service attrition during the pandemic. This achievement supports the importance of PCOC as a core national palliative care program within Australia, despite a major threat (COVID-19) to essential services in jurisdictions throughout Australia.

CUTTING-EDGE REPORTS TO IMPROVE OUTCOMES AND ACCESS

In 2020, PCOC continued to produce biannual patient outcome reports. In the latest reporting period, 193 palliative care outcome reports were produced, up from 164 the same time last year. These numbers demonstrate a continued commitment from palliative care services to drive improvements through the PCOC model. PCOC also enhanced its production of palliative care profile reports and residential aged care facility reports, helping to identify areas for improvement regarding access and equity.

The introduction of a report taskforce in 2020 also resulted in PCOC streamlining its information production and reporting process. This initiative resulted in the finalisation of PCOC’s reports earlier for services. This process improvement means that palliative care services across Australia are now able to use their data earlier to improve patient and carer outcomes. This enhancement to the process may bring positive real-world impact through enhancing the clinical utility of PCOC data in relation to clinical care delivery in Australia.

INTERNATIONAL COLLABORATION

Even as COVID-19 affected international travel and mobility, PCOC sustained its impact on the international stage with continued collaboration with palliative care teams in Ireland, Taiwan, Canada and other countries. A range of PCOC’s senior team members were invited to present to international audiences on the program. These presentations helped foster partnerships with the aim of enabling international benchmarking in the future.

The program is now being rolled out at scale in Taiwan and Ireland. The developments in Ireland and Singapore will also allow for international benchmarking to begin, and for Australians to benefit from innovations in the field.

EDUCATION, TRAINING AND RESOURCE DEVELOPMENT

PCOC’s online education program, including our online courses, continued to play a positive and relevant role in the palliative care sector. PCOC delivered education sessions to services in Australia and abroad through virtual conferences and the transition to virtual or hybrid-platform sessions (e.g. face-to-face and virtual combined). This meant easy accessibility for participating services. PCOC’s staff presented in a range of national conferences, including the Palliative Care Nurses Association in November. PCOC has used COVID-19 as a catalyst to enhance our virtual education and training platforms.

PATIENT AND CARER EXPERIENCE SURVEY

In 2020, PCOC’s Patient and Carer Experience (PaCE) survey was implemented in approximately 62 services throughout Australia. The survey allows for patient and carer outcomes, experiences and the processes that influence these, to be collected and analysed. This helps to support the delivery of the key principles in Australia’s national palliative care strategy. PCOC received survey carer data from 54 units and patient data from 67 units involving approximately 523 patient responses and 476 responses from carers. Analysis of survey data will be carried out in 2021.

PCOC anticipate that the results from the survey will provide new insights into the needs and experiences of carers of those with advanced illness, and allows PCOC to investigate the links between outcomes, experiences and processes, which may help influence service planning and policy initiatives for the benefit of patients, their carers and health systems.
Awards, Recognitions & Events

Farewells

The comings and goings of staff are a part of every dynamic organisation, and this certainly applied to AHSRI in 2020. We welcomed several new staff to the team during the year and also bid farewell to a number of long-standing members of AHSRI. While we are grateful for the contribution of each team member, both past and present, we particularly want to acknowledge four long-standing colleagues that retired in 2020. Karen Quinsey, Peter Samsa, Frances Simmonds and Helen Hasan were all significant contributors to the development of AHSRI over decades, and we at AHSRI place tremendous value on having worked alongside these colleague and friends. We wish them well as they step forward into their next life stages and thank them for the important role they each played across our research centres and the institute as whole.

Dr Nicole Reilly awarded Vice-Chancellor’s Postdoctoral Research Fellowship

We are very pleased to introduce Dr Nicole Reilly, who commenced at AHSRI in September this year.

Nicole was awarded a prestigious Vice-Chancellor's Postdoctoral Research Fellowship for her track record and recognition as an outstanding early career researcher. This was one of only six three-year awards announced in the 2019 funding round.

An esteemed perinatal mental health researcher, Nicole has worked at the forefront of research, policy and practice in perinatal mental health for over 15 years. Over the course of her career, she has collaborated with consumers, clinicians and policy-makers to develop prevention, early intervention and treatment programs that are evidence-based and responsive to the needs of pregnant women, new mothers and their families, as well as the health professionals who care for them. Nicole's previous academic appointments include Research Fellow at the University of Newcastle Research Centre for Generational Health and Ageing and School of Nursing and Midwifery, and Senior Research Associate at the Perinatal and Women's Mental Health Unit, St John of God Health Care and School of Psychiatry, University of New South Wales.

At AHSRI, Nicole's research program will focus on national evaluations of perinatal mental health policy, innovative approaches to integrating perinatal mental health care as a routine component of antenatal and postnatal care, and the intergenerational impacts of parental mental health. As a core component of her work, she will harness developments led by Australia's Centre of Perinatal Excellence to evaluate a digital approach to routine mental health screening and psychosocial assessment in public and private maternity settings. She will also continue to advocate for a greater awareness of perinatal mental health in service settings and the community.

Nicole comes to AHSRI with long standing national and international professional collaborations and a strong track record in knowledge translation in health care. She is currently part of a team engaged by NSW Health to review and update the statewide SAFE START policy and guideline, a Board Member of the International Marcé Society for Perinatal Mental Health and an Executive Member of the Society's Australasian Chapter.

We look forward to supporting Nicole as she undertakes her research and are excited about the synergies between our work and the opportunities for collaborative research.
Ngarruwan Ngadju’s expertise supporting curriculum development and teaching

Ngarruwan Ngadju collaborated with the School of Medicine throughout 2020 in the teaching of undergraduate and graduate level courses. Indigenous health lectures were provided to students in Phase 1 of their medical degree, covering:

— Australian history and Indigenous health;
— Social determinants of Indigenous health;
— Culture and service delivery; and
— Communicating safely in the context of intergenerational trauma.

The Graduate Certificate in Indigenous Trauma Recovery and Practice was delivered remotely in 2020. Indigenous Trauma Recovery and Practice responds to issues that have particular relevance in Indigenous communities in Australia. It provides specific skills so that graduates can work from a trauma informed approach. Most importantly the course applies Indigenous social, and emotional wellbeing principles, practices and healing frameworks utilising Aboriginal and western concepts of trauma. In 2019, 28 students successfully completed, and in 2020, the enrolment almost doubled with 43 students completing. In both years 74% of the enrolled students identified as Aboriginal or Torres Strait Islander. Unique to other courses offered in Indigenous Health, Ngarruwan Ngadju staff chaired the external steering committee that developed and delivered Indigenous Trauma Recovery and Practice curriculum. Members of the committee included Aboriginal experts in trauma-informed health service delivery from Ngarruwan Ngadju, University of Western Australia, Ngaora, We Al-li, South Coast Women’s Health & Welfare Aboriginal Corporation, Katungul Aboriginal Medical Service, South Coast Medical Service Aboriginal Corporation and Illawarra Aboriginal Medical Service. Aboriginal knowledge holders from Commaditchie, Jerrinja and Wreck Bay Aboriginal Communities provided input and curriculum content on cultural healing practices while Woolyungah Indigenous Centre provided key administrative and student support.

In addition, three undergraduate subjects were developed and delivered by Ngarruwan Ngadju to students completing the Bachelor of Indigenous Health (School of Medicine): MEDI242 Functional Structures in Indigenous Communities; MEDI341 Research in Indigenous Health; and MEDI342 Indigenous Community Development – Environmental Health Issues.

Throughout 2020 Ngarruwan Ngadju also participated in the Faculty of Science Medicine and Health Course Review of the Indigenous health program.

Professor Kathy Eagar invited to international COVID-19 research expert groups

In April 2020, Professor Kathy Eagar was invited to join an informal expert group of the World Health Organization (WHO) on operational health systems research during the current pandemic. The group was formed to address some critical research gaps during the COVID-19 response. One area identified by the Western Pacific Regional Office of WHO was how to undertake operational health systems research at a time of unprecedented strain on health systems across the world. As health systems had to change, almost overnight, to manage the current event, a number of critical questions need to be answered – what does success look like for health service delivery and care pathway development; what has worked well and why; how is success measured during the pandemic; how do we share this information? Discussions have occurred around the key research areas that should be focused on, the feasibility of research in the COVID-19 context, and the role of WHO and potential ways of working. The group hopes to ensure effective best practice is rapidly available to health service leaders, hospitals managers and professional groups in countries around the world.

Professor Eagar also joined the World Pandemic Research Network (WPRN) in May. WPRN maintains a searchable platform of research projects, surveys and initiatives worldwide about the societal and human impacts of the COVID-19 pandemic. It is non-profit, free, open-source, run by academics and supported by international networks gathering over 130 national Academies, 60 Institutes for Advanced Studies worldwide and 100+ other prestigious scientific institutions.
AHSRI members honoured in Queen’s Birthday Honours list

Two members of AHSRI were recognised in the Queen’s Birthday 2020 Honours List.

Distinguished Professor Patsy Yates (Faculty of Health Executive Dean at the Queensland University of Technology, Honorary Professorial Fellow at AHSRI, and a PCOC Chief Investigator) was honoured with a Member of the Order of Australia (AM). Professor Yates was recognised for her significant service to tertiary education, including in cancer and palliative care nursing and medical research.

Dr John Daniels, Honorary Principal Fellow at AHSRI, was among a distinguished group of medical professionals who were named on the Honours list. Dr Daniels received the Medal of the Order of Australia (OAM) for service to Indigenous health.

The Governor-General, His Excellency General the Honourable David Hurley AC DSC (Retd) presented the list.

“This list recognises a group of outstanding Australians who have made a contribution to their community, to Australia globally or domestically,” the Governor-General wrote. “Their efforts have been noted by their peers, they’ve been nominated and assessed independently as worthy of recognition.

“On behalf of all Australians, I congratulate them and thank them for their service contribution to our country.”

The Illawarra Shoalhaven Epidemiology and Biostatistics Network

The is_epi_bio network was established in 2019, and aims to develop the analytic capabilities and collaboration among epidemiologists, biostatisticians and those working in related fields in the Illawarra and Shoalhaven. Members of the network are primarily based at UOW, the Illawarra Shoalhaven Local Health District (ISLHD), and the primary health network and range in experience from Higher Degree Research students to Professors of Statistics. There were some disruptions to the planned schedule in 2020 due to COVID-19, however two network meetings were held and we were able to meet virtually using video-conferencing technology. The following presentations were given at these meetings.

Statistical modelling techniques for understanding trajectories of long-term care use across later life

In July, Dr Mijan Rahman gave an insightful presentation on multi-state frameworks and models. The methods were applied to estimate transition intensities for changes between four ‘states’: non-user of aged care, home and community care, residential aged care and death. Predicted length of stay in each state and contributing factors for transition were also shown. The engaging presentation highlighted the importance of longitudinal modelling, in particular in analysis of aged care data.

COVID-19 epidemiology and the Illawarra Shoalhaven public health response

In November, Dr Victoria Westley-Wise gave the network and AHSRI colleagues a presentation on her experiences as a public health physician in the ISLHD surge workforce since March 2020. Tor explained infections and incubation periods, R0 and dispersion factors, local and international epidemiology. The local and state public health response was described – test, trace, isolate – as were performance targets for contact tracing. Lessons learned and future research priorities left us all with some sobering thoughts of how much the most vulnerable of our population is relying on the public health response, and how lucky we have been in Australia to avoid the worst of the ongoing situation that continues internationally.

The network has led to a greater connection and familiarity between local epidemiologists and biostatisticians. It has inspired members to implement new methods in their work, from propensity matching to longitudinal analysis techniques. We have been able to share information on meetings and seminars and employment opportunities. We look forward to further meetings with network members in 2021.
A significant focus of 2020 has been AHSRI’s continued engagement with the aged care sector building on the previous decades’ work in assessment, evaluation, and service delivery in both residential and community care services.

The year commenced with the announcement by the Australian Government of their intention to put to tender the long-standing and highly successful Aged Care Assessment Team (ACAT) network that has historically been embedded within the public health system. AHSRI has had a long history of working with ACATs to improve their practices and processes, including developing an evidence-based assessment tool and system, the National Assessment Framework, to support equitable access to aged care services. ACATs have historically provided the interface between the community, aged care and hospitals, including having a gatekeeper role for residential aged care, and to privatise these services would result in a major disruption in the care pathway for many older people. AHSRI staff, in particular Professor Kathy Eagar, worked closely with key stakeholders (health departments, researchers, peak bodies, practitioners) to draw attention to the disadvantages for older people if the tender process went ahead. A positive outcome was achieved at the February 2020 meeting of Health Ministers where the decision was made not to proceed with the tender process.

Together with staff from within CHSD, Professor Eagar also continued to make significant contributions to the deliberations of the Royal Commission into Aged Care Quality and Safety. Despite the planned research activities within aged care homes being unable to proceed due to COVID-19, AHSRI continued to actively engage with the Royal Commission on aged care program design, workforce issues, funding and finance. Professor Eagar was formally appointed as Expert Adviser to the Commission involving regular and frequent discussions with various members of the staff supporting the Commission throughout the year, culminating in her appearance as a witness to the Royal Commission for a second time on 17 September 2020. The Final Hearing of the Commission was held in November 2020, at which Senior Counsel Assisting outlined 124 proposed recommendations for consideration by the Commissioners. These included: increased staffing levels in residential aged care, the introduction of a five-star rating system, and the introduction of a case-mix funding system such as the Australian National Aged Care Classification (AN-ACC), all of which were influenced by the work undertaken by AHSRI.

The Commission is expected to hand down its final report in February 2021.

AHSRI has continued to participate in research projects associated with aged care, including:

- completion of the evaluation of Stage One of the Pathways to Community Living Initiative (PCLI) program funded by the NSW Ministry of Health that transitioned long-stay mental health patients with issues of ageing into aged care settings
- continuation of the PCOC Wicking Trust project to partner with aged care providers in the introduction of PCOC tools into residential aged care settings
- ongoing liaison with the Australian Government Department of Health regarding the implementation of the AN-ACC
- commencement of the monitoring and evaluation of the introduction of a new model of care within Calvary Health Care.

Associated with these projects have been numerous meetings and presentations undertaken by AHSRI team members engaging with a range of stakeholders including government ministers, senior health bureaucrats, aged care providers, researchers and peak organisations. AHSRI staff continue to actively contribute to supporting linkages between aged care services, research and evidence through participation on governance and advisory roles. These include:

- Professor Eagar, Expert Adviser to the Royal Commission into Aged Care Quality and Safety, and continuing membership on the Illawarra Shoalhaven Local Health District Board
- Associate Professor Robert Gordon’s Board membership of Illawarra Diggers Aged Care and Community Services
- Associate Professor Judy Mullan’s membership of Warrigal, a regional provider of retirement living, aged care and community care services
- CHSD Research Fellow Anita Westera’s election to the National Board of the Australian Association of Gerontology (AAG) Research Trust, award of AAG Distinguished Member (2020) and continued membership of the AAG NSW Divisional Committee.
Researchers tackle South Coast bushfire and disaster recovery

As the Southern Highlands, Far South Coast and Shoalhaven recover from bushfire, drought and floods, and endure the COVID-19 pandemic, the University of Wollongong (UOW) has prioritised research projects that address our response to natural disasters.

The University’s Global Challenges Program has brought together teams of researchers to tackle different aspects of disaster and crisis response in the region, with a large number of researchers across multiple project teams commencing work late this year with impacted communities.

Global Challenges Executive Director Senior Professor Sharon Robinson said the initiative stems from a belief that UOW has a civic responsibility to the communities in which it operates.

“We feel a responsibility to our own communities and own region, which has seen terrible bushfires, a pandemic and now floods,” Professor Robinson said.

“Many people in our communities are still without homes, living in caravans or camping, and now can’t do the things that we as people need to do to come together and heal. We know many feel they have been forgotten, because of the COVID pandemic. Many of our researchers were themselves directly impacted by the bushfires.

“It has been a priority to engage teams of researchers who weren’t just doing research on the community but that are working with the community.”

AHSRI members are involved in three of these disaster and crisis response projects:

SELF-CARE OF OLDER AUSTRALIANS
This project is exploring self-care and general practice nursing support of older persons affected by disaster in Eurobodalla Shire. Findings from this study will enable interventions to be developed that support older persons to remain independent and live longer in their local community. The interdisciplinary team includes six researchers and is being led by Cristina Thompson with other AHSRI-affiliated researchers: Elizabeth Halcomb and Marijka Batterham.

DISABILITY INCLUSION AND CAPACITY BUILDING
This project is working with people with disabilities in the Illawarra-Shoalhaven to understand how their experiences during the global COVID-19 pandemic and the local 2019-2020 bushfire emergencies can be placed at the heart of community preparedness and recovery, and improve disaster responses. AHSRI-affiliated researchers: Louisa Smith, Cristina Thompson and Kate Williams.

ADAPTIVE AND PROTECTIVE TRANSPORT
This project is investigating COVID-19’s impact on transport and mobility for seniors and the mobility-impaired in Wollongong and Liverpool, and is expected to make a significant contribution to understanding the mobility and social impacts and adjustment of transport services to tackle unexpected crisis in the future. AHSRI-affiliated researchers: Louisa Smith and Lyn Phillipson.

Adapted from original story by Benjamin Long, University of Wollongong
Drawing on the strengths of Aboriginal communities to respond to COVID-19

In the days after the black summer bushfires had devastated communities on the Far South Coast of New South Wales, supermarket shelves were bare and medications spoiled in refrigerators without power. In response, the informal networks of the Aboriginal communities within the Yuin Nation kicked into gear, with staff from Aboriginal Community Controlled Services in the Illawarra and Shoalhaven regions delivering food and other necessary supplies to their counterparts on the Far South Coast.

Delivering appropriate, place-based solutions is a strength of the many small, Aboriginal-led organisations that quietly go about the work of servicing the needs of the local community, says Professor Kathleen Clapham, a descendant of the Murrawarri people of north-western New South Wales and Director of the Ngarruwan Ngadju research centre at AHSRI.

“These local communities have got good linkages and good communication between each other, and so are able to operate in a different way than government and non-Aboriginal organisations,” she says.

CONNECTION, COMMUNICATION AND CULTURE

Clapham and her research partners (funded by the Australian Research Council) have been working with a range of Aboriginal Community Controlled Services (ACCSSs) within the Yuin Nation of south-eastern NSW, including the South Coast Medical Aboriginal Corporation, Illawarra Aboriginal Medical Service, Katungul Aboriginal Corporation Regional Health and Community Services, Coomadruchie United Aboriginal Corporation, Illawarra Koori Men’s Support Group, and the Waminda South Coast Women’s Health and Welfare Aboriginal Corporation, to understand how models of Aboriginal leadership and governance can help communities respond to complex health and social issues.

“While the focus of each organisation is different, they create a network of services connected through family and culture,” she explains.

“These organisations have deep cultural knowledge and are often the holders of language. The organisations connect with children, with women, with men and families.”

NSW Health has provided funding to expand the research to include how these organisations are responding to the COVID-19 pandemic. The researchers plan to develop a framework for responding to crises that can be adapted for use in other Aboriginal communities.

The pandemic has forced ACCSSs to quickly pivot and adapt to a new set of challenges while many are still deep within the work of helping their communities recover from the bushfires and, even more recently, floods.

In May 2020, a group of government agencies and Aboriginal organisations from the Illawarra, Shoalhaven and Southern regions came together in response to the COVID-19 crisis, to identify where support was needed for Aboriginal communities on the NSW South Coast.

“Some particular concerns were around the social and emotional wellbeing of the Aboriginal community being overlooked by the COVID-19 response groups that were being set up,” says Clapham.

COMMUNITIES AT HIGH RISK

As well as responding to the increased clinical and policy demands of the pandemic, the staff of Aboriginal Community Controlled Services carry the emotional burden of dealing each day with the disproportionate risk the virus poses to family members, the local community and, perhaps, to themselves. The high rates of chronic conditions such as diabetes and heart disease suffered by Aboriginal peoples increases the risk of developing severe illness for people who contract the SARS-CoV-2 virus.

Another concern was the stress created in Aboriginal communities when they did not fully understand the nature of the virus and how to prevent its spread because information was not being presented through communication channels that were trusted and culturally safe.

“With the history of trauma, and the history of distrust of government agencies, these are issues that we are going to have to grapple with,” Clapham says.

Social media was an important means of communication between Aboriginal organisations during the bushfires, and the research will focus on which forms of communication and messaging will best support Aboriginal communities throughout the pandemic.

“With both the bushfire crisis and the pandemic, we want to understand not only how Aboriginal communities are vulnerable, but how they can draw on the strengths of what they have in their communities.”

Note: Other collaborators on Professor Clapham’s project include The University of Sydney, University of Newcastle, University of Western Australia, and University of Queensland,
Projects

Over 20 research and evaluation projects were undertaken in 2020. These included a mix of short-term projects completed in one calendar year and longer-term projects extending in part throughout 2020. A summary of each project’s activities and achievements is provided below.

Evaluation of the Pathways to Community Living Initiative

**NSW MINISTRY OF HEALTH**

**TOTAL FUNDING: $1,412,497**

**FEBRUARY 2017 – SEPTEMBER 2021**

**BACKGROUND**

The Pathways to Community Living Initiative (PCLI) commenced in 2015 to support the transition of long-stay mental health patients into appropriate community-based services as a key component of the NSW Mental Health Reform 2014-2024. Underpinned by substantial investment from the NSW Government, the PCLI is led, funded and coordinated by the NSW Ministry of Health in collaboration with Local Health Districts. CHSD was commissioned in 2017 to conduct a formative and summative evaluation of the program.

**WHAT WE DID**

The goal of the PCLI evaluation is to help consumers, carers, clinicians, managers and policymakers assess the impact of the PCLI and the extent to which it is meeting its objectives, identify opportunities to refine the program, and inform investment and practice change. There are four components: consumer outcomes, consumer and carer experiences, provider and system outcomes, and economic evaluation.

Evaluation Report 4: Strengthening partnerships through collaboration was submitted in December 2019 and finalised in 2020. In addition, Evaluation Report 5: Stage One implementation and outcomes was submitted in September this year. This report provided formative and summative findings for PCLI Stage One, which at the time of reporting had been operating for approximately five years. Major data sources were 30 interviews with key informants and routine administrative data drawn from the Health Information Exchange.

The evaluation team has also participated frequently in governance and communication activities, including regular attendance at online PCLI Steering Committee meetings. This close engagement continues to provide opportunities to deepen our understanding of the program and monitor developments as they happen.

A proposal to extend the timeline and scope of the evaluation was accepted by the Ministry of Health in 2020. The extension allows the evaluation to encompass the planning and commissioning of the Stage Two Specialist Living Services (SLSs) under the PCLI to serve consumers with the most complex needs and without significant ageing-related issues.

Evaluation of the Improving Social Connectedness of Older Australians project pilot

**AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH**

**TOTAL FUNDING: $668,320**

**NOVEMBER 2018 – DECEMBER 2021**

**BACKGROUND**

In late 2018, CHSD was engaged to undertake an evaluation of the Improving Social Connectedness of Older Australians project pilot, a ‘Better Ageing’ initiative of the ‘2018-19 More Choices for a Longer Life Budget Package’.

The pilot project is implementing an intervention to improve social connectedness amongst older Australians and is testing delivery of these methods through two Primary Health Networks (PHNs). The objective is to review and adapt existing models and frameworks (where relevant) that focus on processes and ‘connection’ interventions that increase the social connectedness of older Australians who are assessed by their primary health care professional and/or community based service providers as having, or being at high risk of, social isolation and/or loneliness. Implementation of these models commenced mid-2019. The two pilot sites are Perth South PHN and Nepean Blue Mountains PHN. The Australian College of Mental Health Nurses is funded as the project manager and is engaged in co-design and overseeing implementation of the pilots.

Photo courtesy of Centre for Ageing Better
WHAT WE DID
The evaluation aims to contribute to the evidence base for interventions that improve social connectedness and reduce the risk of mental and physical health problems in older people. However, the project pilot was significantly disrupted in 2020, first by natural disasters (bushfires and flooding) and then the advent of the COVID-19 pandemic. Implementation by project teams unavoidably slowed for much of the year, with activities within general practices and those in the community aimed at bringing people together particularly affected. Consequently, a six-month extension of the project (and evaluation) timeframes was granted to accommodate changes in implementation necessitated by the COVID-19 pandemic. From September 2020 most project activities gradually resumed, however, implementation has continued to be affected as COVID-19 case locations and alerts emerge. Nonetheless, the team has successfully managed to generate new knowledge and build new strategic national and international research partnerships, analyse data, write publications and obtain additional funding to further the research.

Connections for Life with Dementia

PARTNERS: IRT GROUP, PLAYGROUP NSW, BLUEHAVEN CARE, ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT

TOTAL FUNDING: $410,000
2019 – 2021

BACKGROUND
Dementia is a global challenge that requires interdisciplinary thinking, collaboration and innovation to improve the lives of people living with dementia. With no effective medical treatments or cure in sight, there is increasing urgency to support the social health and wellbeing of people living with dementia and those at risk of developing it.

WHAT WE DID
‘Connections for Life with Dementia’ was funded to generate new knowledge and take action to promote the social health of people with dementia – with a focus on social, health, civic and care connections. Our three complementary research streams are:

— Design Connections – building evidence around enabling neighbourhood and home design
— Play Connections – building evidence for how intergenerational playgroups can be used to support wellbeing
— Care Connections – supporting people with complex care needs in residential care who were transitioning from one living environment to another.

Each have contributed substantially to the development of innovative methodologies to promote the inclusion of people with dementia in research.

The team faced some major obstacles with COVID-19 restrictions prohibiting face-to-face contact with many of our research participants and partners. This has posed particular challenges when working with people with dementia using methods that aim to support their social connections.

Evaluation of the LikeMind pilot (Phase 2)

NSW MINISTRY OF HEALTH

TOTAL FUNDING: $362,731
JUNE 2020 – FEBRUARY 2022

BACKGROUND
CHSD was commissioned by the then Mental Health, Drug and Alcohol Branch of the NSW Ministry of Health in 2015 to conduct an independent evaluation of the LikeMind pilot. The LikeMind initiative’s service model can be characterised as a NGO-led and managed service-hub approach to the integrated provision of care and support, which is readily accessible in a community setting, for adults aged between 25 and 65 years old who experience moderate to severe mental illness.

The Phase 1 evaluation, conducted over three years and completed in February 2019, found it had largely achieved its primary objectives and identified key challenges and opportunities for the initiative moving forward. At that time, LikeMind services had funding arrangements in place until 30
June 2019. The Ministry has subsequently approved additional funding to these four services for the period 1 July 2019 to 30 June 2022. In line with the decision to extend the delivery of LikeMind services, the Ministry also engaged CHSD to extend the LikeMind evaluation.

WHAT WE DID
After finalising our approach to the evaluation, implementation commenced in the second half of the year. The methodology builds on the previous evaluation. Specifically, we will use the same evaluation framework (modified as appropriate), and a broadly similar approach to stakeholder engagement, data collection and data analysis activities. At the same time, we will be introducing several enhancements to the evaluation to improve the extent to which we can evaluate the LikeMind initiative’s overall effectiveness.

Improving choices through the Palliative Care Collective: Collaborating for optimal end of life care at the right time, place and by the right people for older people

THE JO AND JR WICKING TRUST
TOTAL FUNDING: $275,165
JANUARY 2019 – JANUARY 2021

BACKGROUND
More than 60,000 people die in residential aged care (RAC) in Australia annually, and with an ageing population the delivery of palliative and end of life care is an increasingly important issue. However, there is no national framework to systematically identify and measure the outcomes of RAC residents with palliative care needs or to routinely assess, respond to, and measure palliative or end of life needs of these residents. This means that palliative and end of life care is often ad-hoc and reactive rather than a planned response to identified needs. Further, there is no systematic approach to improving end of life care in this setting or for monitoring care at a service, organisation or national level.

This project comprises the pilot implementation of the PCOC model adapted and tailored for use in the RAC setting, and its evaluation. The aim of the ‘PCOC Wicking Model for RAC’ is to scaffold and drive systematic improvements to palliative care outcomes for residents and their families. The evaluation seeks to examine the feasibility of the pilot model by identifying how successfully it can be embedded into residential aged care facilities (RACFs). In this way, the project ultimately seeks to articulate the pathway for a broader national rollout of the model to facilities, thereby affecting systemic improvement of palliative care outcomes within the aged care sector.

WHAT WE DID
The project involved close collaboration between PCOC, CHRISP and AHSRI teams, as well as participating RACFs. It was organised into three phases:

1. Pre-implementation: A governance structure was established to provide strategic input around intervention development, project management, and research translation, including a steering committee involving experts in the field from a broad range of disciplines across Australia that met three times a year. Activities also undertaken that assessed and prepared participating sites for implementation, including the conduct of readiness assessments, delivery of education and training, and the development of IT infrastructure. Evaluation components included analysis of the readiness assessments and pre- versus post-education and training evaluation.

2. Implementation: A range of activities were undertaken once RACF sites started using the model (‘go-live’). Namely, RACFs use of the standardised assessment and response protocol, as well as data collection and entry of the routine PCOC assessments. Compliance with the assessment and response protocol was evaluated using clinical audit data.

3. Post-implementation: 28 semi-structured interviews and two focus groups were conducted with RACF and PCOC staff to explore their experiences during the pre-implementation and implementation phases. These were thematically analyses as part of the summative evaluation to highlight valuable lessons learned.

A final report will be delivered to the Wicking Trust in January 2021, and options for the national rollout of the PCOC Wicking Model for RAC will be explored, informed by recommendations arising from the evaluation.

Evaluation of the Family and Carer Mental Health Program

NSW MINISTRY OF HEALTH
TOTAL FUNDING: $223,863
JULY 2020 – JUNE 2021

BACKGROUND
Carers have a critical role to play in providing support for people with mental health illness. The Family and Carer Mental Health Program is a state-wide program funded by the NSW Ministry of Health, delivered since 2006 in partnership between local health districts, the Justice Health and Forensic Mental Health Network and five specialist community managed organisations. Its purpose is to improve the wellbeing of families and carers of people with mental health conditions and the people they support. The program acknowledges the critical role that families and carers play in promoting and sustaining positive mental health and recovery, together with consumers, practitioners and relevant professionals.

The program focuses on the delivery of family friendly mental health services by supporting carers directly and training staff of relevant service providers to include families and carers in the service system and to be responsive to their needs. The core objectives of the program are to: improve family and carer coping; increase carers’ knowledge of mental illness; enhance carers’ wellbeing, resilience and relationships; assist carers in finding services to meet their needs and circumstances, and; provide individual emotional support to carers.
CHSD was engaged by the NSW Ministry of Health in mid-2020 to evaluate the program.

WHAT WE DID
In evaluating the program, a key evaluation objective is to assess the extent to which the model of care is effective, efficient and appropriate, and what, if any, changes could enhance its outcomes.

This year, after the evaluation methodology and approach was finalised, we undertook a rapid literature review relevant to delivery and provision of services to families and carers of people with a mental illness, and commenced quantitative and qualitative data collection activities and stakeholder engagement.

Advice and support relating to the Australian National Aged Care Classification (AN-ACC) trial

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH
TOTAL FUNDING: $206,715
APRIL 2019 – MARCH 2020

BACKGROUND
On 10 February 2019 the Australian Government announced a trial of an alternative residential aged care funding assessment tool, the Australian National Aged Care Classification (AN-ACC) assessment tool. This assessment tool was developed by AHSRI as part of the Resource Utilisation and Classification Study, as a potential replacement for the Aged Care Funding Instrument.

The purpose of the trial is to develop and test a model of external assessment for residential aged care funding. The trial: (1) field tested the assessment tool, IT systems and hardware, support arrangements, and assessment workforce management; and (2) collected data to validate the findings about the expected distribution of care recipient classifications.

AHSRI was engaged to provide trial design advice and complete a number of other activities to support the trial.

WHAT WE DID
This project consisted of a number of interrelated activities:

— Advice was provided relating to the design of the trial of the AN-ACC.

— Specifications to inform AN-ACC assessment workforce procurement were developed, as were an AN-ACC assessment operations manual and AN-ACC training materials.

— Team members presented and participated in a one-day facilitated discussion session with the assessment workforce providers.

— Assessor training workshops were delivered in collaboration with the Department, and with engagement of clinical peer educators.

— An AN-ACC assessor competency test was developed, piloted and then delivered to each attendee of the assessor training workshops.

The trial of the AN-ACC assessment framework started in November 2019. The impact of the COVID-19 pandemic, which included restricting non-essential access to aged care homes, led to resident assessments ceasing in early April 2020, at which point 7,387 AN-ACC assessments were completed across 122 homes. The trial concluded that:

— it is fit for purpose;

— it can be expanded to a national scale; and

— AN-ACC assessments are able to be efficiently completed by an external assessment workforce.
Evaluation of the Trusted Advocates Network Trial (Farmers’ Trial) and the Seafood Industry Mental Health Supports Trial (Fishers’ Trial)

NSW MINISTRY OF HEALTH
TOTAL FUNDING: $199,908
OCTOBER 2020 – SEPTEMBER 2021

BACKGROUND
CHSD was engaged by the Mental Health Supports Branch of the Australian Government Department of Health to conduct an independent evaluation of the Farmers’ and Fishers’ Trials.

The Farmers’ Trial is an extension of the Empowering Our Communities initiative to provide additional mental health support for people in drought-affected rural areas. Under the Farmers’ Trial, nine PHNs have been funded to recruit, train, and support up to 10 volunteers in target communities. These volunteers, known as Trusted Advocates, provide informal mental health support to peers and acquaintances. They are recruited from among established and respected members of the community, receive reimbursement of expenses, and are linked with each other in local networks, with an emphasis on building capacity within communities to provide mutual support. The goal of the Trusted Advocates Network is to ensure these individuals have the skills and strategies to manage sensitive discussions. To this end, they are provided with training and support (including clinical debriefing as required) to assist them in their roles.

A modified Trusted Advocates program is being delivered by Seafood Industry Australia (SIA). The Fishers’ Trial will involve: (1) appointment of paid Fishers’ Mental Health Support Coordinators in three target communities; (2) training and community awareness for support coordinators, general practitioners, and other health professionals; (3) communication activities aimed at enhancing access to existing services; and (4) community resilience grants to fund networks and events which raise awareness and address issues of mental health stigma and social isolation.

WHAT WE DID
The evaluation has been designed to document the processes of implementation at each of the 12 implementation sites across five States and Territories. It will also assess outcomes in terms of help seeking behaviour, linkages to mental health services, and community resilience. In particular, it will evaluate the extent to which Trusted Advocates:

— feel confident and effective;
— can identify people who may be struggling with mental health issues;
— can encourage them to engage in self-help;
— can recognise when professional help is required and facilitate reaching out for help, and;
— can direct them towards mental health supports and other relevant services in their communities.

Evaluation activities commenced in late 2020 with the preparation of a protocol, ethics approval, and data collection via interviews with key informants across the participating PHNs and SIA. Interviews were also conducted with Trusted Advocates volunteers at four implementation sites. Preliminary findings were presented in an interim report in February 2021, with the final report due in April 2021.
Living Connected: Digital inclusion overcoming isolation of elders

NBNCO, VITA FOUNDATION, AUSTRALIAN GOVERNMENT’S BE CONNECTED INITIATIVE, FACS NSW COVID 19 GRANT

TOTAL FUNDING: $160,000 AUGUST 2016 – PRESENT

BACKGROUND

Living Connected has created a service to improve the digital literacy of older citizens who live in the Illawarra Shoalhaven. This service applies the results of four years of research into why and how older people use digital devices and on the benefits to social wellbeing from this use.

As developed countries struggle to find suitable living arrangements for their ageing populations, many elderly citizens are becoming increasingly marginalised and isolated. Isolation is known to lead to severe problems such as depression. There is a large body of evidence that remaining active and engaged with others contributes to the health and wellbeing of the elderly. With age, the physical capability to get out and about diminishes. Meanwhile, digital technology continues to improve, providing new ways to connect with others and engage in exciting new activities.

The most recent Telstra report on digital inclusion in Australia reveals that older citizens are missing out on the benefits of the Internet; something that the rest of us take for granted. Government agencies, businesses and community services expect everyone to interact with them online and are making it difficult to access services in person. This is a real challenge for the digitally excluded made even more acute in 202 with COVID-19 restrictions.

WHAT WE DID

The mission of Living Connected is to be a not-for profit community enterprise providing services for the social wellbeing of elders assisting them to set up and use a computer whereby they remain independent, connected and engaged. Research into the outcomes of social services has identified eight domains of wellbeing, three of which are on a higher level than the others: maintaining independence, staying connected and being able to engage in meaningful activities. The Living Connected team of contract and volunteer mentors has spent three years translating this service into practice, helping seniors to use digital technology in small groups and on an individual basis throughout the Illawarra and NSW South Coast.

In 2020 we received an additional $77,000 in grants, enabling us to pivot under COVID restrictions to deliver services online. When all face-to-face services stopped in March this year, we setup five weekly Zoom sessions. We have run digital mentor training on Zoom and taught seniors how to join and run Zoom sessions. Being online has allowed us to extend our services into more outer regional areas.
Evaluation of the NSW Emergency Drought Relief Mental Health Supports Package

NSW MINISTRY OF HEALTH

TOTAL FUNDING: $135,000
JULY 2019 – JULY 2020

BACKGROUND
The Emergency Drought Relief Mental Health Supports Package aims is to better support the mental wellbeing of people living and/or working in drought-affected communities. It comprises a package of mental health counselling services and supports developed to provide interventions that cannot be met through existing NSW health services. It aims to deliver flexibly tailored services to where they are most needed, and includes ‘on farm’ counselling services, linking people struggling with their mental health into support services, and education and training for front line staff.

WHAT WE DID
The evaluation established that the initiative met a genuine and previously unmet need for services. Drought Support Teams delivered more than 4,000 one-to-one services (brief interventions and counselling sessions) to more than 1,750 individuals. Importantly, more than half of these were provided by peer workers employed in roles that did not exist prior to the establishment of the initiative. The Rural Adversity Mental Health Program and the National Association for Loss and Grief provided a coordinated program of activity focused on increasing awareness of mental health services. This involved participation in approximately 800 community events with 30,000 attendees over 18 months, and a significant volume of information and mental health resources being disseminated. Overall, the evaluation concluded with a high degree of confidence that each component of the initiative made an important contribution to achieving the broad goals of the program.

Review of Integrated Team Care PHN program

COORDINARE – SOUTH EASTERN NSW PRIMARY HEALTH NETWORK

TOTAL FUNDING: $132,539
APRIL 2020 – MARCH 2021

BACKGROUND
Primary care providers struggle to provide the complex, long-term care necessary for the increasing number of Aboriginal and Torres Strait Islander people living with chronic conditions. The Integrated Team Care (ITC) provides care coordination and supplementary services to eligible people with chronic disease who require coordinated, multidisciplinary care. More than 2,870 Aboriginal people with chronic conditions received support from this program in 2018/19 in south-eastern NSW, with over 5,800 supplementary services funded.

Ngaurrwangadju were contracted by Coordinare South Eastern NSW Primary Health Network (PHN) to conduct a review of the ITC program in south-eastern NSW. The objective of the review was to define an equitable funding and resource allocation model to suit regional requirements consistent with the Integrated Team Care National Guidelines. The scope of the review included: an analysis of service delivery across five sites; an overall assessment of the strengths and limitations of the current model of ITC in the PHN; co-design consultation to develop a regional collaborative model of coordinated care; recommendations for the best use of funding and resources to deliver against program guidelines; and suggestions for how the PHN will measure the effectiveness of any proposed recommendations if and once implemented.

WHAT WE DID
Ethical approval for the project was received from the Aboriginal Health and Medical Research Council Ethics Committee of NSW. The review was conducted in two phase. In the first phase of the project we conducted a targeted literature review; collected qualitative data including conducting semi-structured interviews with Integrated Team Care staff (n=15) and clients (n=7) and one focus group with ITC Care Coordinators (n=7 participants); analysed quantitative program data; and developed an equitable resource allocation model.

The second phase of the project consisted of a co-design process where the preliminary results of the initial data collection and model development were presented to service providers. Two series of round table discussions were conducted with the CEOs and staff at four ACCOs and one mainstream service and a co-design workshop with 13 participants was held. The final report of the review will be submitted in March 2021 and will include recommendations to the PHN.
Health economic analysis for the Vocational Intervention Program (VIP)

ICARE

TOTAL FUNDING: $98,218
APRIL 2019 – JULY 2021

BACKGROUND
iCare engaged CHSD to undertake a health economics analysis examining key elements of the Vocational Intervention Program (VIP), a program being coordinated and implemented by the Agency for Clinical Innovation (ACI) out of the Ingham Institute of Applied Medical Research.

VIP aims to achieve placements in competitive employment through two specific interventions:
— Fast-track: early intervention model, targeting clients who were working at the time of their injury, identified to have good return to work (RTW) potential and whose employers have agreed to trialling a return to their pre-injury place of employment.
— New-track: targeting clients with no option to resume their pre-injury employment and require a work training placement to gain new skills and improve work readiness.

WHAT WE DID
Work commenced on this evaluation in 2019 with potential approaches to the health economic evaluation being developed. In order to obtain feedback about progress to date, a series of four focus groups with VIP service providers and clinicians from Brain Injury Rehabilitation Program units were conducted in late 2019.

The key finding from these focus groups was a strong sense that implementation of the VIP has occurred seamlessly following its initial establishment phase. Both Brain Injury Rehabilitation Program clinicians and service providers identified several factors that have contributed to its success to date that were outlined in a report to iCare in March 2020.

Work on the health economic analysis continued in 2020 with the aim of contributing to decision-making processes regarding future investment in the program.

Healthy Hearts: development and evaluation of an outreach, family centred model of cardiac rehabilitation for Aboriginal people

NSW MINISTRY OF HEALTH TRANSLATIONAL RESEARCH GRANT SCHEME

TOTAL FUNDING: $71,500
MAY 2019 – NOVEMBER 2021

BACKGROUND
Aboriginal Australians are twice as likely to have a heart attack as other Australians and more than 10 times as likely to die from coronary heart disease. Cardiovascular disease also strikes Indigenous Australians much earlier, with more than 20% of 35 to 44-year-olds already afflicted, figures show. There is a particularly high incidence around the Shoalhaven region of NSW.

This feasibility study is developing and evaluating a family-centred outreach model for cardiac rehabilitation in the Aboriginal community. The study aims to increase participation in evidence based cardiac rehabilitation and culturally inclusive care, and identify and manage family members at risk of a cardiovascular event. Aboriginal Health Workers from the Illawarra Shoalhaven Local Health District’s Aboriginal Chronic Disease Program will deliver the program to consenting participants who have suffered a cardiac event, together with members of their family, in a community setting.

WHAT WE DID
Working in partnership with the Illawarra Shoalhaven Local Health District, Ngarruwan Ngadju are providing academic leadership and project support, including undertaking qualitative data collection, analysis and report writing. Assistance is also being provided in the preparation of intervention materials and the administration of questionnaires.

The two-year feasibility study based in the Illawarra and Shoalhaven region may be rolled out state-wide if it proves to be a success in reducing hospital readmissions and saving lives.

The project commenced in May 2019, with successful applications to the UOW/ISLHD and AHMRC ethics committees, governance committees established, staff training, and the development of the project manual. Cardiac client recruitment and baseline data collection commenced in September 2019. One focus group and 10 face-to-face in-depth interviews were conducted with service providers in the early stages of the project. The data indicated strong support for the model, which was considered culturally appropriate and positive feedback was obtained around opportunities for improved skills (e.g. clinical, relationship building, engagement, cultural understanding). Areas for improvement were identified.

The study was directly impacted by unprecedented natural disasters including the 2019/2020 bushfires, floods in early 2020, and then the COVID-19 pandemic. Due to the latter, the project was suspended in April 2020. The study resumed in October 2020, with recruitment planned to re-commence early in 2021.
Evaluation of the Aboriginal Cultural Support Program

COMMUNITY SERVICES ILLAWARRA SHOALHAVEN, NSW DEPARTMENT OF COMMUNITIES AND JUSTICE

TOTAL FUNDING: $69,739
MAY 2020 – MARCH 2021

BACKGROUND
The Aboriginal Cultural Support Program was developed by the Illawarra Shoalhaven District (ISD) of the NSW Department of Communities and Justice as a result of a restructure to the roles and responsibilities of staff engaged to undertake Aboriginal Cultural Casework and the repurposing of Birraree to an Aboriginal Service Hub. The restructure is in response to the increasing number of Aboriginal children reported at risk of significant harm and entering Out of Home Care. The aim of the Aboriginal Cultural Support Program is to provide safe, culturally sensitive and responsive services that ensure that intervention, information and support is provided in a way which meets the needs of Aboriginal children, families and communities.

Community Services Illawarra Shoalhaven (Department of Family and Community) invited researchers at the Ngarruwan Ngadju First Peoples Health and Wellbeing Research Centre to submit a proposal to undertake a review of the Aboriginal Cultural Support Program. The scope of the evaluation includes: develop a program logic and evaluation framework; describe the activities and scope of the program; conduct a process evaluation that describes how the program is being implemented; conduct an outcomes evaluation that assesses the program’s achievements over the short and medium term; assess the cultural appropriateness and acceptability of the program to stakeholders; and provide an assessment of the training provided to Aboriginal cultural support workers. Analysis of the program across the District includes: consultation with ISD staff around the operation of the new model; overall assessment of the strengths and limitations of the new model; and recommendations for improved program delivery consistent with the policy frameworks.

WHAT WE DID
The project commenced in May 2020 with an application for ethical approval to the UOW Human Research Ethics Committee. A Steering Committee, which includes respected community elders, was established for project governance and ethical oversight. There has been ongoing communication between the Department and the research team. Research activities include an initial literature and policy review; development of a program logic and evaluation framework, program data collection from monthly activity reports, and qualitative data collection.

Data collection was impacted by the COVID-19 pandemic in the early months of the project and much of the planned face-to-face data collection was done by telephone interview. We received ethical and Work Health and Safety approval to resume face-to-face data collection in October 2020, and to date have conducted semi-structured interviews with eight managers and six cultural workers, as well as three focus groups with eight cultural workers and another two focus groups with 12 case workers. Community consultation is ongoing and further qualitative data collection is planned with Aboriginal community organisations and their clients in 2021.

Evaluation of a pilot of Ericom’s Pers@Home System using Essence Technology

ERICOM

TOTAL FUNDING: $50,000
FEBRUARY 2019 – SEPTEMBER 2020

BACKGROUND
Ericom, provider of the Essence Care@Home technology, received a grant from the Dementia and Aged Care Services (DACS) Fund to trial and evaluate their system known as the Pers@Home solution. This system (technology and protocols of use) aims to improve the safety of older Australians living in their own homes by monitoring their normal movements and functioning. The technology consists of a set of motion detectors which detect when there is movement in each room of the house and whether doors are opened or closed (usually the front door and the door of the refrigerator). The sensors send wireless signals to the Essence digital box located in the house which compares the signals from the sensor to the normal routine of the household. If the system detects a variation to regular routine, an alert is sent to the nominated carer (which could be the aged care provider, a family member and/or the system control centre) who would respond appropriately.

AHSRI was engaged by Ericom to conduct the evaluation of this trial. The evaluation assessed the effectiveness of this technology and the efficacy of Ericom’s Pers@Home processes using various versions of the Essence technology.

WHAT WE DID
Fifty participants were recruited by Ericom through three aged-care providers. We collected, analysed and interpreted a range of data over a one-year period. Quantitative data included the number of alerts triggered by participants, alerts correctly or falsely triggered by the system, and instances when an alert was not triggered when it should have been. Qualitative data collected through interviews with stakeholders including participants and their family or carer examined the perceived safety and ability to maintain independence afforded by the system to enable participants to continue living at home longer.

The evaluation found that technologies can play a role in monitoring the physical wellbeing of people living at home as they age and alerting appropriate responses when a problem is detected, which can assist their independence and safety. However, individual needs and circumstances vary so that improvements are needed to existing systems to account for the complexities of aged care. In particular there should be more emphasis on the human factors of such systems and their integration into all support services provided to older people living at home.

Our final report contained a set of recommendations concerning (a) future trials of this nature (b) the design of monitoring systems to include improved technical and human factors and (c) the integration of technology-based systems into a total care package for those ageing in place.
Evaluation of the Coomaditchie Ngaramura project – ‘See the Way’

GLOBAL CHALLENGES PROGRAM

TOTAL FUNDING: $49,000
APRIL 2018 – MARCH 2021

BACKGROUND

In 2018 the Coomaditchie United Aboriginal Corporation invited researchers from the Ngarruwan Ngadju research team to evaluate the Ngaramura (Supportive Pathways for Indigenous children in Schooling and Employment) program. This project pilot addresses the educational needs of disengaged youth in the Illawarra region. In collaboration with the Coomaditchie United Aboriginal Corporation and the project’s steering committee, the research team is conducting an evaluation which focuses on the delivery of the program at the Coomaditchie Hall in Kemblawarra, over a three year period.

WHAT WE DID

The evaluation is being conducted in a staged approach. In Stage 1 we developed a program logic model which clearly described the inputs, activities, participants and the short, medium and long term expected outcomes of the project, through a series of interviews with key stakeholders. The evaluation framework also developed in Stage 1 set out the key questions for the evaluation and identified data sources for the evaluation. Stages 2 and 3 involved conducting a program evaluation over a 12 month period utilising the following sources of program and qualitative data:

— De-identified routinely collected program data
— Individual interviews with parents / carers of past and present students
— Group and individual interviews with Ngaramura staff
— Group and individual yarns with current and past program participants (secondary school students)
— Onsite observation of the Ngaramura program
— Interviews with school staff from the five participating schools.

With additional funding the Ngaramura pilot program has been extended; we therefore extended the data collection period and will report on the evaluation early in 2021.

Artwork by the youth engaged in the Ngaramura project, and included in the production of the local Dreaming story Birth of the Butterflies. This story and other local Dreaming stories are available to view online (https://www.coomaditchie.org.au/dreaming-stories) and printed picture books are available for sale.
Clinical and Healthcare Improvement through My Health Record usage and Education in General Practice (CHIME-GP) Study

AUSTRALIAN DIGITAL HEALTH AGENCY

TOTAL AHSRI FUNDING: $45,000
AUGUST 2019 – SEPTEMBER 2021

BACKGROUND

There is international evidence that training regarding rational prescribing and test ordering, along with system-based strategies, such as protocol-based test ordering and use of clinical guidelines, promotes health cost savings. The My Health Record (MHR), Australia’s online patient-controlled health record, provides an opportunity to combine training in the use of a centralised health record with evidence-based prescribing and test ordering for general practitioners (GPs).

The aim of the CHIME-GP study is to evaluate the effectiveness of Medcast Pty Ltd’s multifaceted educational intervention in an Australian general practice setting, regarding use of the MHR system and rational use of medicines, pathology and imaging. The study is being undertaken in general practices across urban and regional Australia, using a mixed methods approach which incorporates a three-arm pragmatic cluster randomised parallel trial with a prospective qualitative inquiry.

The effectiveness of the intervention in each arm will be assessed, using the other two arms as controls. The primary outcome will be an economic analysis of the cost per 100 consultations of selected prescriptions, pathology and radiology test ordering in the six months following the intervention, compared with six months prior to the intervention.

WHAT WE DID

One hundred and six GPs were enrolled in the trial and twenty-six GPs participated in pre-intervention interviews.

The preliminary findings of the pre-intervention interview data showed that participant engagement with MHR prior to the intervention was varied, with only a few being regular and opportunistic users. Main motivators to participate in the study were to learn how to use or to improve use of MHR and to improve clinical practice. The majority of participants perceived that the intervention could have a positive impact on their work efficiency and clinical practice, while a few perceived it could impact their prescribing and test ordering. All participants perceived the education format to be both acceptable and useful. Webinars and online learning modules were mostly thought to be flexible, convenient and accessible. Time and functionality were the main perceived barriers to the format.

At this time, all GP participants have completed all components of the education intervention. Over the coming months, data will continue to be collected and analysed. The final evaluation report (due in October 2021) will present the full analyses and findings of the project: the qualitative data collection and analysis and the quantitative data collection and health economic analysis.

Rehabilitation in the Home: Evaluation and reporting framework

AUSTRALIAN GOVERNMENT DEPARTMENT OF VETERANS’ AFFAIRS

TOTAL FUNDING: $40,000
FEBRUARY – APRIL 2020

BACKGROUND

The demand for rehabilitation services in Australia is increasing and likely to continue doing so in coming years, largely due to the ageing population, increased survival from acute illness and trauma, and the impetus for people to remain independent for as long as possible. Thus, consistent with contemporary practice, the Department of Veterans’ Affairs is developing and implementing a new Rehabilitation in the Home program to provide rehabilitation services to a group of patients who are medically stable and have a home environment that is suitable for therapy, as an alternative to receiving these services in hospital, where clinically appropriate.

When the program has been implemented by the Department of Veterans’ Affairs, an external evaluation will be commissioned to assess the extent to which the program achieves its overall aims and delivers services in accordance with the agreed service delivery principles.

WHAT WE DID

We were engaged to develop a framework that will underpin the evaluation. Our framework provides a comprehensive, fit-for-purpose approach to assessing the appropriateness, effectiveness and efficiency of the Rehabilitation in the Home model of care. The framework, based on an existing evaluation framework that has been refined over many years and applied across a range of settings and sectors, will facilitate an effective process and outcome evaluation of the program. It considers the impacts and outcomes at the individual, provider and system level. We detailed the key aims of the evaluation and the approach that will be adopted, as well as the evaluation questions and data reporting requirements.
Capacity Building for Dietitians in Disability: monitoring and evaluation framework

**DIETITIANS AUSTRALIA**

**TOTAL FUNDING: $35,395**

**SEPTEMBER 2020 – JANUARY 2023**

**BACKGROUND**

In Australia, 4.4 million people (one in six) have a disability and there is increasing emphasis on the need for all health professionals to better understand and respond to the needs of people with disability. However currently, there are few educational opportunities or resources to support dietitians to work safely and effectively with people with disability in contemporary dietetic practice.

The purpose of the project is to enhance dietitians’ knowledge and capacity to meet the needs of people with disability and improve access to timely, inclusive, relevant and high-quality dietitian services. The project will capture the perspective of dietitians, people with disability, carers and other relevant stakeholders, to inform the development of an educational program and resources. An advisory group will inform program development and implementation.

**WHAT WE DID**

Dietitians Australia has engaged CHSD to provide support in the development and implementation of a monitoring and evaluation framework. Working collaboratively, we have provided advice on the ethics application and on data collection strategies that are being used to inform program design and implementation. The findings will be critical to the development of a program logic, evaluation questions, and data collection protocol. We will provide ongoing support and advice to Dietitians Australia and conduct a series of targeted stakeholder interviews during the third year of the project, the results of which will be synthesised and analysed, and submitted with our final report.

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**Technical mapping between ACFI and AN-ACC**

**ROYAL COMMISSION INTO AGED CARE QUALITY AND SAFETY**

**TOTAL FUNDING: $29,464**

**JANUARY – APRIL 2020**

**BACKGROUND**

AHSRI was contracted to develop a mapping of the Aged Care Funding Instrument (ACFI) to the Australian National Aged Care Classification (AN-ACC). The objective was to enable the development of a casemix-adjusted indicator (‘casemix index’) for residential aged care facilities that appropriately reflects the relative care needs of their residents.

This work was a building block for other analyses the Commission has commissioned to assist its understanding of how much residential aged care services should cost at different quality levels.

**WHAT WE DID**

The main project output was the development of a mapping algorithm of the ACFI to AN-ACC. Initial attempts showed that the usual statistical approaches were not sufficiently discriminative and results were inconsistent and inconclusive. Therefore, a different approach was adopted; a process of elimination of options. The mapping approach was iterative and used statistical data analysis and clinical decisions based on expertise within AHSRI. The SAS code for the mapping algorithm was provided to the Commission.

The mapping algorithm was accompanied by a short, technical report which provided a summary of the mapping methodology and results. It also contained instructions on how to calculate and calibrate casemix indices for facilities and approved providers. The Royal Commission published the report, which provides a measure of relative care needs to assist with supplying data and care quality indicators. The mapping could be an important tool for the Australian Government Department of Health during the transition from ACFI to AN-ACC.
Amplifying the voices of Aboriginal women through culture and networking in an age of COVID-19

UOW COMMUNITY ENGAGEMENT GRANTS SCHEME

TOTAL FUNDING: $12,417
OCTOBER 2020 – OCTOBER 2022

BACKGROUND

In collaboration with the Illawarra Aboriginal Corporation, Ngarruwan Ngadju was awarded a small grant to develop and evaluate a project that addressed the isolation of Aboriginal women occurring as a result of the COVID-19 pandemic. The project aimed to strengthen and support local Aboriginal women living in the Illawarra region during difficult times, to restore networks, and nurture the exchange of Aboriginal knowledge and traditional practices. The project is structured around a 10-week program of cultural activities including: traditional weaving with an Aboriginal elder, bush tucker and exploring Country, excursions to the Australian Institute of Aboriginal and Torres Strait Islander Studies, and short films. At the end of the project participants are expected to have: increased knowledge in their culture which equates to an increase in confidence; improved networking skills through meeting other Aboriginal women in the group; and access to respected Aboriginal Elders and Aboriginal facilitators and organisations.

WHAT WE DID

Ngarruwan Ngadju is collaborating with the Illawarra Aboriginal Corporation on the implementation and evaluation of the project. Our role is also to continue to enhance their capacity to work with Aboriginal women in the community by demonstrating the outcomes of their work. Another aim of the collaboration is for Ngarruwan Ngadju researchers to work with the Illawarra Aboriginal Corporation to further refine the evaluation plan and develop clear indicators and culturally appropriate data collection methods to measure its success both qualitatively and quantitatively. The results of the project will be written up in a report and disseminated widely, including to the program participants, the local Aboriginal community and through the Ngarruwan Ngadju website, and in a publication.

Community Engagement Grant Scheme (CEGS) recipients Ms Fiona Sheppeard (Ngarruwan Ngadju), Ms Errolyn Strang (Illawarra Aboriginal Corporation) and Professor Kathleen Clapham (Ngarruwan Ngadju). CEGS is uniquely focused on addressing the challenges faced by communities and taking action to create real and measurable outcomes.
Competitive research grants
– collaborations with other research centres

This section outlines details of research grants that AHSRI team members have contributed to. Funding reported for the projects below is the total funding for each project and does not necessarily reflect the amount distributed to AHSRI.

Preventing falls in older Aboriginal and Torres Strait Islander people: The Ironbark Trial

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL
TOTAL FUNDING: $3,026,698
MARCH 2018 – FEBRUARY 2022

BACKGROUND
Australia’s Aboriginal and Torres Strait Islander population is ageing: in 1991, Aboriginal people aged 55 years and over accounted for only 6% of Australia’s total Aboriginal population and this proportion is predicted to double to 12% by 2021, with resulting increases in ageing conditions such as falls. This large-scale trial in NSW, SA and WA will test the effectiveness of a community-based program in reducing falls and improving function in older Aboriginal people.

The project was named after the Ironbark tree because it is native to Australia, evokes images of old, strong, trees standing tall and that is what we want to see our old people doing. Standing tall and strong as they age. The Ironbark Study is comparing two different programs aimed at improving health and wellbeing of older Aboriginal people. Both involve an ongoing program delivered weekly by a local person, in a community setting. The Ironbark: Standing Strong program is a weekly exercise and discussion program, and the Ironbark: Healthy Community program is a weekly program that involves discussions and social activities.

The study plans to recruit 60 Aboriginal community or health services in NSW, SA and WA into the Ironbark Trial. Services participating in the study are randomly assigned to receiving one of the two programs. Both programs aim to improve the health and wellbeing of older Aboriginal people. At the end of the trial, sites that delivered the Ironbark: Healthy Community program will have the opportunity to deliver the Ironbark: Standing Strong program for a further six months, including all resources and equipment needed.

The study is being conducted by researchers from The George Institute for Global Health, the University of NSW, the University of Sydney, Flinders University, the University of Wollongong and Curtin University.

WHAT WE DID
Ngarruwan Ngadju researchers participate in the Ironbark study on the chief investigator team, the Aboriginal governance committee and in the engagement and recruitment of sites in south-eastern NSW. From late 2019 members of the team commenced discussions with Aboriginal organisations in the region to inform them of the study, its benefits for community, and to ascertain their interest and capacity to be involved as study sites for the trial.

The Ironbark project was directly impacted by the COVID-19 pandemic due to its reliance on face-to-face intervention with elderly Aboriginal people across Australia. The research was suspended during 2020 and is due to re-commence in 2021. Program outcomes have been adjusted to address the reduced timeframe and scope of the project.

Evidence for action to improve the health of urban Aboriginal children and adolescents: the SEARCH study

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL
TOTAL FUNDING: $2,951,997
2017 – 2021

BACKGROUND
The Study of Environment on Aboriginal Resilience and Child Health (SEARCH) is Australia’s largest prospective longitudinal study of urban Aboriginal children and will provide, for the first time, comprehensive information on the causes of health and illness in a large group of urban Aboriginal children.

SEARCH is a partnership with Aboriginal Community Controlled Health Organisations.

WHAT WE DID
The project builds on the SEARCH cohort study of > 1,600 children and their families based on a long-standing Aboriginal Community Controlled health sector and research partnership. The project aims to improve urban Aboriginal child and adolescent health by using data from participants to identify opportunities for intervention and developing data-driven multicomponent interventions to improve health services.
Australia Centre for Cannabinoid Clinical and Research Excellence

NATIONAL HEALTH AND MEDICAL RESEARCH COUNCIL
TOTAL FUNDING: $2,498,471
2017 – 2021

BACKGROUND
Many Australians can currently, or will soon be able to access cannabinoids for medicinal purposes under the supervision of a doctor. However, currently there are difficulties in sourcing reliable, consistent and ‘clinically suitable’ products that are safe and effective for specific conditions. Doctors are also concerned about staying up-to-date with rapid changes to legislation, and the lack of access to sufficient information, including a reliable evidence base, to guide their prescribing.

ACRE incorporates over 20 Chief and Associate Investigators from multidisciplinary fields including pharmacology, clinical psychology, plant science, public health and health economics. They come from over 10 Australian universities and other research institutions to build capacity in medicinal cannabis research and provide a national response to current challenges.

WHAT WE DID
ACRE is developing a well-governed collaborative strategy to generate world-class research in medicinal cannabis. This will be pivotal in establishing Australia as a world leader in appropriately balanced implementation of medicinal cannabinoid uptake into specialist and primary health care settings.

Professor Kathy Eagar continues to lead one of ACRE’s research themes focused on the development and dissemination of policy, guidelines and information into the health and lay community via websites and GP focus groups.

More information can be found on the Centre’s website https://www.australiancannabinoidresearch.com.au.

Evaluating two healthy eating and active living support programs for parents of 2-6 year old children

NSW HEALTH TRANSLATIONAL RESEARCH GRANT SCHEME
TOTAL FUNDING: $961,639
2018 – 2021

BACKGROUND
In NSW, one in five children are overweight or obese. Poor diet, inadequate physical activity, excessive screen time and inadequate sleep are the key behavioural risk factors for unhealthy weight gain in childhood.

This research aims to identify one or more programs for parents of children aged 2-6 years that are effective in improving their child’s health behaviours (nutrition, physical activity, sedentary time and sleep). The programs will be implemented in NSW and contribute to the Premier’s Priority to reduce childhood overweight and obesity by 5 per cent by 2025.

WHAT WE DID
The study is employing a three-arm parallel-group randomised preference trial design of a telephone-based intervention (modified Healthy Habits), an online intervention (modified Time2bHealthy) and educational material intervention (which will serve as a minimal intervention comparison).

The study is addressing the following research questions:

— What is the relative effectiveness and cost effectiveness of an online behaviour change program (Time2bHealthy) and a telephone-based support program (Healthy Habits) targeting parents of 2-6 year olds in improving child diet in accordance with Australian recommendation?

— What is the relative effectiveness and cost effectiveness of the Time2bHealthy and Healthy Habits programs on child physical activity, sedentary behaviour (including screen time), sleep and weight status?

— What are the most optimal approaches to maximise recruitment to and retention of parents in both interventions?
A place-based pandemic response to the strengths and vulnerabilities of Aboriginal communities in south-eastern NSW

NSW HEALTH COVID-19 RESEARCH GRANTS

TOTAL FUNDING: $793,125
JULY 2020 – JUNE 2022

BACKGROUND

Aboriginal Community Controlled Organisations (ACCOs) in NSW are currently at the frontline of the COVID-19 pandemic response, with their already stretched resources, delivering health and social services to vulnerable Aboriginal communities, including those in south-eastern NSW still traumatised by the catastrophic bushfires of summer 2019-20.

This project addresses a gap in knowledge of how urban and regional ACCOs are responding to the complex health and social challenges confronting local Aboriginal communities in the context of the COVID-19 pandemic. The project aims to document their rapid and agile response to the pandemic in continuing service provision, and explore challenges including effective communication with Aboriginal communities. This project builds on an existing ARC Indigenous Discovery project and using a Community Based Participatory Research (CBPR) approach, and existing networks and partnerships, we address the key research question – what should a place-based COVID-19 response for NSW Aboriginal communities look like?

The co-developed Aboriginal-led qualitative study leverages existing Indigenous chronic disease related research in south-eastern NSW to develop strategies, and produce evidence, to support a de-centralised place-based response to COVID-19; one that is culturally safe and responsive to local Aboriginal community needs, which will produce outcomes that are transferable to other settings.

WHAT WE DID

Phase 1 of the study was conducted over six months (July-December 2020). It had three component parts: a rapid review of literature; stakeholder consultation; and a review of communications and social media. An application to amend the existing ethics protocol was approved by the AH&MRC in February 2021 and an expanded Steering Committee was established for governance oversight of the project. During the first six months of this project research and data collection focused on extending the ethnographic phase that contextualises Aboriginal responses to COVID-19. This phase is not primarily aimed at site recruitment or recruitment of individual participants to the study, but is oriented to collecting and analysing social media and published information about the pandemic through social media communications and messaging and available literature. It is also focused on consulting with ACCOs and their government stakeholders about the impacts of COVID-19 prevention measures on their services and the challenges they face in continued service provision.

The initial rapid review of literature captured practice literature and peer reviewed literature on pandemics and Indigenous communities; a further scoping review of emerging literature is currently being undertaken. Consultation with regional stakeholders is underway with planned meetings ongoing into 2021. An additional survey instrument to capture the impact of COVID-19 on staff wellbeing has been developed, with participant recruitment expected to begin in 2021. Finally, a communications briefing paper has been produced based on social media data collection.

“What we are trying to achieve is a better knowledge about how Aboriginal and regional communities and the Aboriginal-controlled organisations that work in the communities are responding to all the complex issues that are confronting the communities at this time with the COVID pandemic. We want to be able to develop strategies in collaboration with the organisations that will put these communities in a better position to respond to COVID impacts”. Professor Kathleen Clapham.

“...
Community-led solutions to prevent Aboriginal child injury

AUSTRALIAN GOVERNMENT’S MEDICAL RESEARCH FUTURE FUND

TOTAL FUNDING: $500,000
APRIL 2019 – JUNE 2022

BACKGROUND
Aboriginal children have higher rates of injury than non-Aboriginal children, particularly in remote areas. Serious childhood injury can have lifelong implications. Many of the risk factors that give rise to childhood injuries are the same as the risk factors for chronic disease. Aboriginal Community-led interventions are likely to be the most effective means of preventing child injuries, but there has been little research or evaluation that shows what works best. The highest risk of injury is during early childhood and adolescence. Targeting young parents aged 15 to 24 therefore offers a good opportunity for engagement and improving health literacy around injury prevention.

WHAT WE DID
Conducted by the Australian Prevention Partnership Centre, this project involves a rigorous evaluation of a community-led child injury prevention program with Aboriginal community-controlled organisations in Walgett, NSW. It is the result of a partnership between the Walgett Aboriginal Medical Service Ltd (WAMS), the Dharriwaa Elders Group, Walgett (DEG), the University of New South Wales (UNSW), Kidsafe NSW and the University of Wollongong.

The work builds on a research partnership between UNSW and DEG called ‘Yuwaya Ngarra-II’, meaning ‘vision’, which aims to improve the wellbeing, social, built and physical environment and life pathways of Aboriginal people in Walgett through evidence-based programs, research projects and capacity building.

Phase One: Led by experienced Aboriginal investigators, qualitative research will be undertaken with young parents and community stakeholders to understand the health literacy of the community and identify service providers who are engaging in child safety and parenting, educational and employment services, and the role of family, community and other providers to support them.

Phase Two: A community-led intervention will be developed, informed by a literature review of effective interventions and stakeholder and community interviews. The program will be delivered through the existing supported playgroup Goonimoo (run by WAMS), and WAMS’ Children’s Services.

Phase Three: Research staff working in partnership with the Yuwaya Ngarra-II team will work alongside the Aboriginal Health Worker to evaluate the program.

This project provides a unique opportunity to develop a robust evaluation framework around a community-led program. The project will enable the development of culturally safe co-produced program and provide evidence on its feasibility and acceptability. If the program is found to be successful, further funding will be sought to trial and evaluate implementation on a larger scale.

A place-based model for Aboriginal community-led solutions

AUSTRALIAN RESEARCH COUNCIL DISCOVERY INDIGENOUS GRANT

TOTAL FUNDING: $498,000
MAY 2019 – JUNE 2022

BACKGROUND
This project involves the Aboriginal-led investigator team working in partnership with ACCOs across south-eastern NSW. Few of the innovative models that operate within ACCOs have been theoretically considered, documented or evaluated. This study addresses this knowledge gap and consequently optimises the long term and sustainable impacts of ACCOs on Aboriginal health and wellbeing. We apply a decolonising lens to better understand how Aboriginal organisations successfully operate within, and enable, key networks across social and community contexts; and investigate how, why and under what circumstances, community led programs are effective.

The main aim of the project is to develop an Aboriginal place-based model of service delivery, and to share and transfer learnings to other locations within Australia. Phase one of the project will describe the policy environment; phase two will use regional case studies to understand and contextualise Aboriginal community controlled approaches; phase three will co-design a strategy to support the ACCO model, and; phase four will translate the learnings from south-eastern NSW to locations in Western Australia and Queensland.

WHAT WE DID
During 2019 we conducted three literature reviews. A scoping review of the literature on ACCOs was undertaken to determine the number, nature and scope of exiting peer-reviewed literature on ACCOs. In a separate review we identified literature around Aboriginal conceptions of place in relation to health and are conducting a narrative analysis of the results. Additionally we have reviewed how ‘place-based’ is understood and applied by government in their policies, planning and programs of activity.

Ethical approval was obtained from the Aboriginal Health and Medical Research Council of NSW to conduct phases one and two of the project. For phase one we have identified and have commenced a series of semi-structured interviews with key policy stakeholders from regional, state and Commonwealth Government.

Phase two of the project, ethnographic regional case studies, planned for 2020, was altered due to the COVID-19 pandemic. Over the past year we focused on two sites in the Illawarra region, with virtual data collection occurring across both sites. The broader regional ethnographic study is planned for recommencement in 2021.
Greater inclusion of people with a disability in Australian workplaces: A social marketing challenge

AUSTRALIAN RESEARCH COUNCIL LINKAGE PROJECTS SCHEME

TOTAL FUNDING: $455,000
2018 – 2021

BACKGROUND
Workforce participation of people with a disability remains low. This project aims to develop a model of successful employment for people with a disability, identify sources of employer diversity that explain willingness to hire, and develop social marketing messages that improve employer attitudes and achieve greater inclusion in Australian workplaces.

WHAT WE DID
This project consists of two sub-studies:

1. Developing a theoretical model of successful employment for people with a disability: This study will conduct interviews with people with a disability and their employers to identify the factors that contribute to sustained employment of people with a disability, with a view to developing a theoretical model of success. It will then test the validity of this theoretical model through a quantitative survey of people with a disability.

2. Using social marketing to improve employer attitudes toward hiring people with a disability: This study will identify differences in employer attitudes toward hiring people with a disability. It will involve interviewing and conducting a quantitative survey with employers. Segmentation analysis will be performed on the quantitative data to identify groups of employers that have common attitudes toward hiring people with a disability. Advertising messages will be developed (with undergraduate UOW students) and tested through an online survey with employers to assess the advertisements’ effectiveness in improving employer attitudes toward hiring people with a disability.

The outcome of this study will be more people with a disability and their carers gaining meaningful employment, with benefits including improved physical and mental health, social connections and economic security. It will benefit employers by creating more diverse workplaces and a broader talent pool, resulting in greater innovation and productivity.

PhD candidates Mr Paul Ikutegbe and Ms Rola Mahasneh commenced work on the project in 2019 and 2020 respectively. Both have made excellent progress to date.

Microeconomic impacts of Australian natural disasters

AUSTRALIAN RESEARCH COUNCIL DISCOVERY PROJECT

TOTAL FUNDING: $403,500
MARCH 2017 – JUNE 2020

BACKGROUND
Natural disasters have profound economic and social impacts on individuals and communities; but a comprehensive understanding of these impacts is missing from academic literatures and policy inquiries.

WHAT WE DID
This project described and identified the impacts of Australian natural disasters – such as the Black Saturday bushfires and Brisbane floods – on important microeconomic outcomes, including health, education and employment. By analysing field, survey and administrative data on individuals before and after past disasters, the project investigated the effects of disasters on individuals and how effects may be lessened.
Consumer value and disability services: The impact of increased autonomy

AUSTRALIAN RESEARCH COUNCIL LINKAGE GRANT SCHEME

TOTAL FUNDING: $326,000
2016 – 2020

BACKGROUND
This project explored a key question of the National Disability Insurance Scheme (NDIS): will service provision improve when service users have the ability to choose? In 2016, roll-out of the NDIS commenced, with nearly half a million people with a disability being able to choose disability services.

WHAT WE DID
The project aimed to identify changes in objective and perceived consumer value pre-NDIS and post-NDIS, and differences in how market segments use their autonomy and whether this leads to differences in benefits gained from the NDIS. Findings are intended to contribute to a better understanding of when free market mechanisms serve the needs of their citizens better than traditional means of government support.

National Injury Prevention Strategy

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH, IN PARTNERSHIP WITH THE GEORGE INSTITUTE FOR GLOBAL HEALTH

JUNE 2019 – JUNE 2020

BACKGROUND
The National Injury Prevention Strategy is a 2018-19 budget measure to be developed over 2018-19 to 2019-20. The Strategy will update and build on the previous National Injury Prevention and Safety Promotion Action Plan (2004-2014). It will provide a policy platform to support interventions that reduce the risk of injury amongst the Australian population taking a whole of population and all-ages approach. Vulnerable groups including children and Aboriginal and Torres Strait Islander people will be a specific focus.

WHAT WE DID
Ngarruwan Ngadju is working with a consortia of researchers from various universities, under the leadership of The George Institute for Global Health which has been contracted by the Commonwealth Government to produce an evidence-based National Injury Prevention Strategy developed with wide consultation. A literature review has been completed and a series of round tables of key stakeholders undertaken to scope the Strategy and identify the priorities and action plans to be included. The team has continued to work actively with the Expert Advisory Group on the development of the draft Strategy throughout 2020.

Adaptive and Protective Transport

UOW GLOBAL CHALLENGES SEED FUNDING

TOTAL FUNDING: $20,000
DECEMBER 2020 – DECEMBER 2021

BACKGROUND
Due to the widespread pandemic worldwide, people’s way of life has changed dramatically in recent months. Australian governments have imposed tight restrictions to stop the coronavirus from spreading, which have resulted in significantly reduced road traffic and people movement. However, essential travel demand to maintain daily life still exists, like grocery shopping and healthcare visits. This makes it critical to develop a feasible and holistic solution to maintain people’s life, especially for seniors and mobility impaired, when similar crises occur again. To achieve that, the existing transport services need adjustment to support people to adapt to the unexpected scenarios after crisis occurs.

WHAT WE DID
This project will cover all groups of people with special attention to senior and mobility-impaired, and it is expected to make significant contribution to understanding the mobility and social impacts and adjustment of transport services to tackle unexpected crises in the future.
Self-care of older Australians

UOW GLOBAL CHALLENGES SEED FUNDING

TOTAL FUNDING: $12,677
DECEMBER 2020 – DECEMBER 2021

BACKGROUND
Chronic health conditions, loneliness and social isolation are predictors of functional decline and premature death in older persons. This mixed-method scoping study will seek to address the “Living Well, Longer” challenge by exploring the self-care, and General Practice Nurse (GPN) support of older persons affected by disaster.

While GPNs are well-positioned within community settings to support older persons to remain independent and healthy, little is known about how older persons maintain self-care and connection with GPNs during periods of natural disaster and pandemic. Older residents in Eurobodalla have lived experience of the 2018 and 2019/2020 bushfires, and more recently, they have been subject to public health measures restricting movement associated with COVID-19.

WHAT WE DID
This study will bring together an interdisciplinary team of health professionals and researchers to answer the following research questions:
— What factors impact the self-care of older persons living with chronic health conditions during a disaster or pandemic?
— How can GPNs contribute to identifying and supporting the self-care of socially isolated older people in their local community?

Findings from this study will enable interventions to be developed that support older persons to remain independent and live longer in their local community.

Disability inclusion and capacity building for emergencies

UOW GLOBAL CHALLENGES SEED FUNDING

TOTAL FUNDING: $11,162
DECEMBER 2020 – DECEMBER 2021

BACKGROUND
Disability can add complexity during emergencies. This is not just because of disability related factors but because emergencies magnify how society positions people with disabilities as, at best, marginal and inessential and, at worst, expendable.

WHAT WE DID
This project will work with people with disabilities in the Illawarra-Shoalhaven to understand how their experiences during the global COVID-19 pandemic and the local 2019/2020 bushfire emergencies can be placed at the heart of community preparedness and recovery, and improve disaster responses.

Co-researchers with disabilities will work with an interdisciplinary team to build long-term partnerships with disability service providers in the Illawarra-Shoalhaven. These partnerships aim to understand and promote the perspectives of people with disabilities and their capacities and support needs during emergencies.
Student Supervision

AHSRI members continued their supervision of higher degree research students including candidates undertaking doctoral and master’s degrees in 2020. Details are provided in the table below.

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<td>Associate Professor Shahriar Akter</td>
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<td>The use of electronic medical data for research in primary care: A study of lipid lowering medication in the elderly as a case model</td>
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<tr>
<td>Associate Professor Judy Mullan</td>
<td>Rebekah Hoffman</td>
<td>Doctor of Philosophy</td>
<td>Motherhood and Medicine: Understanding the challenges the doctors who are also mothers face in both their careers and home life</td>
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<td>Associate Professor Judy Mullan</td>
<td>Robyn Gillespie</td>
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<td>Associate Professor Judy Mullan</td>
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<td>Evaluation of a non-dispensing pharmacist in a GP setting</td>
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<td>Associate Professor Judy Mullan</td>
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<td>The relationship between cognitive function and treatment adherence in patients with chronic kidney disease – potential causes, impact on outcomes and trial of improvement strategies</td>
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<td>Associate Professor Judy Mullan</td>
<td>Timothy Miller</td>
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<td>Translating research into practice in non-operative management of osteoarthritis of the knee</td>
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<tr>
<td>Associate Professor Judy Mullan</td>
<td>Tim Skyring</td>
<td>Master of Philosophy</td>
<td>What factors influence the choices patients make when faced with a diagnosis of early stage prostate cancer?</td>
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<td>Associate Professor Lyn Phillipson</td>
<td>Catherine Andrew</td>
<td>Doctor of Philosophy</td>
<td>Exploring employee experiences of retirement due to signs and symptoms of dementia</td>
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<td>Associate Professor Lyn Phillipson, Dr Kate Williams, Dr Louisa Smith</td>
<td>Emma Blacklock</td>
<td>Doctor of Philosophy</td>
<td>Co-designing and testing a Talking MatsTM intervention to enhance shared decision making in home care</td>
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<td>Associate Professor Lyn Phillipson</td>
<td>Catherine Duncan</td>
<td>Doctor of Philosophy</td>
<td>What is the impact of the marketization of the Commonwealth home care packages on the lived relational experience of informal carers?</td>
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<td>Associate Professor Lyn Phillipson</td>
<td>Kathleen Prokopovich</td>
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<td>Associate Professor Lyn Phillipson</td>
<td>Nandini Ray</td>
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<td>Structural responses to food insecurity</td>
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<td>Associate Professor Lyn Phillipson</td>
<td>Jodie Lawer</td>
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<td>Associate Professor Lyn Phillipson</td>
<td>Sharon Concannon</td>
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<td>Making the design of home environments more dementia friendly to promote the quality of life of people with dementia and their care partners</td>
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<td>Dr Chris Poulos</td>
<td>Jane Wu</td>
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<td>Professor Melanie Randle, Associate Professor Rob Gordon</td>
<td>Paul Ikutegbe</td>
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<td>Professor Melanie Randle</td>
<td>Sarah Ryan</td>
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<td>A social marketing campaign to promote physical activity in the South Pacific region</td>
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<td>Professor Melanie Randle</td>
<td>Nadine Veerhuis</td>
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<td>Barriers and facilitators in decisions about maintaining or retiring from driving for adults aged 65 years and over</td>
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<td>Professor Melanie Randle, Associate Professor Rob Gordon</td>
<td>Rola Mahasneh</td>
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<td>Dr Heike Schütze</td>
<td>Kurnia Wijayanti</td>
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<td>Parents attitudes towards preventing cervical cancer through human papillomavirus vaccination</td>
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<tr>
<td>Dr Heike Schütze</td>
<td>Nurhira Abdul Kadir</td>
<td>Doctor of Philosophy (Integrated)</td>
<td>The capacity of public health lecturers in Indonesia’s medical faculties to contribute in the preparation of socially responsive physicians</td>
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<td>Dr Heike Schütze</td>
<td>Tiffany Sandell</td>
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<td>Efficacy, acceptability, feasibility and level of person-centred care of a radiation oncology follow-up model of care in general practice</td>
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<td>Dr Heike Schütze</td>
<td>Helen Kehoe</td>
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<td>An analysis of MBS and PBS to improve Aboriginal and Torres Strait Islander Health Care Access 1996-2016</td>
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<td>Dr Heike Schütze</td>
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<td>Senior Professor David Steel</td>
<td>Shumirai Mushangwe</td>
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<td>Multilevel longitudinal analyses of green space and healthy ageing</td>
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<td>Senior Professor David Steel</td>
<td>Yasir Al Harthy</td>
<td>Doctor of Philosophy</td>
<td>Modelling student flows in the Omani higher education system</td>
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<tr>
<td>Senior Professor David Steel</td>
<td>Jiangmei Liu</td>
<td>Doctor of Philosophy</td>
<td>Spatiotemporal trends, multilevel correlates and impacts of public policy and other factors on trajectories and inequalities in road traffic mortality in China</td>
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<tr>
<td>Professor Heather Yeatman</td>
<td>Emma Gorman</td>
<td>Doctor of Philosophy</td>
<td>An exploratory study of teachers’ enactment of food and nutrition education in Australian primary schools</td>
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<td>Professor Heather Yeatman</td>
<td>Nyamragchaa Chimedtseren</td>
<td>Doctor of Philosophy (Integrated)</td>
<td>Consumer perspectives on food and nutrition labelling and use of food label information in Mongolia to inform food labelling policy</td>
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<tr>
<td>Professor Heather Yeatman</td>
<td>See Hoe Ng</td>
<td>Doctor of Philosophy</td>
<td>Mapping the implementation of priority food environment policies to tackle diet-related non-communicable diseases (NCDs) in Malaysia: A situational analysis</td>
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<td>Professor Heather Yeatman</td>
<td>Karen Waller</td>
<td>Doctor of Philosophy</td>
<td>Preventive health initiatives</td>
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<tr>
<td>Professor Heather Yeatman</td>
<td>Soo Jin Park</td>
<td>Doctor of Philosophy</td>
<td>Food cultures and urban food strategies- South Korean case study</td>
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</table>
Completions

A number of students supervised by AHSRI members graduated during the year. We congratulate them all on this significant achievement.

GARY FRY, DOCTOR OF PHILOSOPHY (UNIVERSITY OF SYDNEY)
“Indigeneity as a foundation for patterned Northern Territory remote Aboriginal student achievement within a stratified western education system”
Supervisor: Professor Valerie Harwood

RACHAEL MCMAHON, DOCTOR OF PHILOSOPHY (UNIVERSITY OF WOLLONGONG)
“The silenced manifesto: An autoethnography of living with schizoaffective disorder”
Supervisor: Associate Professor Kate Senior

SUZETTE SKINNER, DOCTOR OF PHILOSOPHY (UNIVERSITY OF WOLLONGONG)
“Influences on leader self-efficacy”
Supervisors: Professor Grace McCarthy, Emeritus Professor John Glynn, Associate Professor Michael Jones

JOHN SLATER, DOCTOR OF BUSINESS ADMINISTRATION (UNIVERSITY OF WOLLONGONG)
“A Health Outcomes Resource Standard (HORS) for Australian State Public Health Funding Distributions”
Supervisors: Dr Silvia Mendolia, Professor Kathy Eagar

ALEX MCLAREN, DOCTOR OF BUSINESS ADMINISTRATION (UNIVERSITY OF WOLLONGONG)
“Evaluation of structural change in primary care: The case of the health care home model”
Supervisors: Professor Kathy Eagar, Professor Helen Hasan, Dr Malcolm Masso

KERRY WATTS, MASTER OF PHILOSOPHY (UNIVERSITY OF WOLLONGONG)
“The prevalence of hospitalisations resulting from side effects associated with oral anticoagulants”
Supervisors: Associate Professor Judy Mullan, Dr Luise Lago

CATHERINE KUBEL, MASTER OF PHILOSOPHY (UNIVERSITY OF WOLLONGONG)
“Lost in translation? Exploring the usefulness of three methods to identify best sources of evidence for care staff on the non-pharmacological alleviation of responsive behaviours in dementia”
Supervisor: Associate Professor Lyn Phillipson

RENEE HALL, BACHELOR OF NURSING WITH HONOURS (UNIVERSITY OF WOLLONGONG)
“Learning within a non-conventional mental health clinical placement: the experience of the clinical facilitator”
Supervisor: Professor Lorna Moxham

ELISSA-KATE JAY, BACHELOR OF NURSING (HONOURS, FIRST CLASS) (UNIVERSITY OF WOLLONGONG)
“An Honours project as a unique educational opportunity”
Supervisors: Professor Lorna Moxham, Mr Christopher Patterson

JAKE THOMPSON, BACHELOR OF PUBLIC HEALTH (HONOURS) (UNIVERSITY OF WOLLONGONG)
“Identifying differences in those diagnosed with colorectal cancer who did and did not undergo a Faecal Occult Blood Test (FOBT)”
Supervisor: Dr Tam Ha
Making Headlines

The work of AHSRI and its members was highlighted in the media throughout 2020. A selection of stories are listed below.

'PRIVATISING' THE ACATS
ABC News
31 January 2020

AGED-CARE ASSESSMENT REFORM MAY BE 'ACCOUNTING TRICK'
The Saturday Paper
22 February 2020

ROYAL COMMISSION RECOMMENDS 4-STAR STAFFING MODEL
Australian Ageing Agenda
24 February 2020

AUSTRALIA'S FIRST DOMESTIC VIOLENCE TRAUMA RECOVERY CENTRE A STEP CLOSER FOR THE ILLAWARRA
Illawarra Mercury
16 March 2020

HANDLE WITH CARE: HOW PARENTING SHAPES ADOLESCENTS' VALUES
UOW News
21 April 2020

MORE MEDICAL EXPERTS NEEDED ON AGED CARE BOARDS AND EXECUTIVES
Sydney Morning Herald
1 June 2020

PODCAST: AUSTRALIAN AGED CARE IS UNDERSTAFFED, WITH PROF KATHY EAGAR
Medical Journal of Australia
1 June 2020

'UNACCEPTABLE': 60 PER CENT OF AGED CARE HOMES UNDERSTAFFED
Sydney Morning Herald
3 June 2020

ALEXANDER BERRY STATUE WIPES AWAY ABORIGINAL HISTORY SAYS ACADEMIC DR MARLENE LONGBOTTOM
Illawarra Mercury
12 June 2020

STEP OFF THE BANDWAGON SO WE CAN ALL HEAR
South Coast Register
16 June 2020

RESEARCHERS SHARE EXPERTISE ON DEMENTIA FRIENDLY COMMUNITIES
UOW News
9 July 2020

HOW DOES RACISM IMPACT ON MENTAL WELLBEING?
ABC Life
13 July 2020

PLANNING BEYOND COVID-19 SURVIVAL TO LONGER-TERM HEALTH AND HEALTHCARE RISKS
Croakey
20 July 2020

VICTORIA'S AGED CARE DEATHS “COMPLETELY PREVENTABLE”, “A PUBLIC POLICY FAILURE”
ABC News
24 July 2020

UOW RESEARCHER LEADS PROJECT TO HELP ABORIGINALS’ PANDEMIC RESPONSE
Illawarra Mercury
29 July 2020

VIRUS HIGHLIGHTS VULNERABILITY OF RESIDENTS AND WORKERS IN AGED CARE
ABC Radio National
29 July 2020

THE UNTOLD STORY OF HOW THE NSW HEALTH SYSTEM AVOIDED DISASTER
Sydney Morning Herald
2 August 2020

LOOKING TO THE US FOR THE FUTURE OF AUSTRALIA’S AGED CARE CORONAVIRUS CRISIS
ABC Radio National
3 August 2020

REMOTE INTERPRETING SERVICES ARE ESSENTIAL FOR PEOPLE WITH LIMITED ENGLISH — DURING COVID-19 AND BEYOND
The Conversation
5 August 2020

HIRING MORE NURSES COULD SLOW THE SPREAD OF COVID-19 IN NURSING HOMES
Sydney Morning Herald
13 August 2020

BILL SHORTEN SAYS AGED CARE IS A FEDERAL GOVERNMENT RESPONSIBILITY. IS HE CORRECT?
ABC News
15 August 2020
SMALLER IS BEST FOR AGED CARE – BUT IT COMES WITH A $3B PRICE TAG
Sydney Morning Herald
27 August 2020

ADDRESSING THE ISSUE OF VIOLENCE IN OUR COMMUNITIES
NITV News
29 August 2020

THE FAILURE OF AGED CARE IN AUSTRALIA
ABC Radio National
30 August 2020

BILLIONS OF DOLLARS NEEDED TO MAKE AGED CARE ‘ADEQUATE’
Sydney Morning Herald
31 August 2020

CORONAVIRUS: NURSING HOME DEATH TOLL DOWN BY 1000
The Australian
4 September 2020

WAITING FOR A BOMB TO GO OFF: ILLAWARRA AGED CARE STAFF FEAR COVID OUTBREAK
Illawarra Mercury
4 September 2020

HOME CARE PACKAGES
7.30 (ABC)
8 September 2020

THOUSANDS DIE WAITING FOR FUNDS IN ALREADY APPROVED HOMECARE PACKAGES
ABC News
9 September 2020

GED KEARNEY SAYS AGED CARE OPERATORS DO NOT HAVE TO ACCOUNT FOR HOW THEY SPEND THEIR TAXPAYER FUNDING. IS SHE CORRECT?
ABC News
10 September 2020

ROYAL COMMISSION BRINGS OUT THE BIG GUNS
The Weekly Source
12 September 2020

‘UNACCEPTABLE’ DELAY IN ADDRESSING AGED CARE ASSAULTS OF 100 PER WEEK
Sydney Morning Herald
13 September 2020

ROYAL COMMISSION HEARS AGED CARE REDESIGN PROPOSAL
Australian Ageing Agenda
17 September 2020

ROYAL COMMISSION – PRICING, PROVIDERS, ASSESSMENT AND CARE PLANNING
The Weekly Source
19 September 2020

WORKING AND THE FUTURE OF AGED CARE
ABC Radio National
22 September 2020

CORONAVIRUS: AGED-CARE REGULATOR MISSES 83PC OF HOMES
The Australian
23 September 2020

AGED CARE COVID-19 DEATHS COULD HAVE BEEN CURTAILED, BRENDAN MURPHY SAYS
Sydney Morning Herald
29 September 2020

HOW MUCH DO WE CARE?
The Australian
3 October 2020

HOW TO PROTECT ELDERLY AUSTRALIANS: AN OMBUDSMAN, A WATCHDOG, A COMMISSIONER AND A POLICE UNIT
Sydney Morning Herald
9 October 2020

THE PEOPLE THE GOVERNMENT LEFT BEHIND
7am Podcast
13 October 2020

CALL FOR INDEPENDENT ASSESSORS FOR NEW CLASSIFICATION SCHEME
Inside Ageing
13 October 2020

MEET THE INCREDIBLE WOMEN FIGHTING FOR BETTER AGED CARE IN AUSTRALIA
Women's Weekly
13 October 2020

STAKEHOLDERS TELL RC HOW TO IMPROVE AGED CARE GOVERNANCE
Australian Ageing Agenda
14 October 2020

GOVERNMENT TRIALLING POTENTIAL ACFI REPLACEMENT IN 2021
Aged Care Guide
20 October 2020

UOW ANNOUNCES 2020 COMMUNITY ENGAGEMENT GRANT SCHEME RECIPIENTS
UOW News
22 October 2020

EXPERTS CRITICISE AUSTRALIA’S AGED CARE FAILINGS OVER COVID-19
The Lancet World Report
24 October 2020

DRAWING ON THE STRENGTHS OF ABORIGINAL COMMUNITIES TO RESPOND TO COVID-19
NSW Health News
29 October 2020
WHAT WILL IT TAKE TO ACKNOWLEDGE AND RESPECT OUR HUMANITY?
IndigenousX
2 December 2020

ALTERED ABILITIES: A PERSONAL REFLECTION BY REBECCA LACHLAN
UOW Innovation Campus News
3 December 2020

40 PER CENT OF AGED CARE RESIDENTS EXPERIENCE ABUSE OR NEGLECT
Sydney Morning Herald
21 December 2020

UP TO FOUR IN 10 NURSING HOME RESIDENTS IN AUSTRALIA SUFFER ABUSE, AGED CARE ROYAL COMMISSION REPORT FINDS
The Australian
21 December 2020

UOW ACADEMIC AWARDED RESEARCH GRANT TO IMPROVE COMMUNICATION WITH PEOPLE WITH DEMENTIA
UOW News
3 November 2020

UOW RESEARCHER BACKED BY THE DEMENTIA CENTRE FOR RESEARCH COLLABORATION
Illawarra Mercury
3 November 2020

PUBLIC HEALTH RESPONSE TO COVID-19 FOR ABORIGINAL COMMUNITIES
UOW Research & Innovation Magazine
10 November 2020

UOW’S FIRST INDIGENOUS POSTDOCTORAL RESEARCH FELLOW: INTRODUCING DR MARLENE LONGBOTTOM
UOW Research & Innovation Magazine
10 November 2020

40 PER CENT OF AGED CARE RESIDENTS EXPERIENCE ABUSE OR NEGLECT
Sydney Morning Herald
21 December 2020

UP TO FOUR IN 10 NURSING HOME RESIDENTS IN AUSTRALIA SUFFER ABUSE, AGED CARE ROYAL COMMISSION REPORT FINDS
The Australian
21 December 2020
Research Outputs

Publications produced by AHSRI staff, honorary fellows and associate members in 2020 are listed below. Many are available on UOW’s Research Online open access digital archive (http://ro.uow.edu.au/ahsri).

BOOK


BOOK CHAPTERS


JOURNAL ARTICLES


68. Eager K (2020) The (failing) aged care system we have in 2020 operates exactly as it was designed to – Part 2. John Menadue – Pearls and Irritations, 18 August 2020.


72. Eager K, Clapham SP and Allingham SF (2020) Palliative care is effective: but hospital symptom outcomes superior. BMJ Supportive and Palliative Care, 10 (2): 186-190.


CONFERENCE PRESENTATIONS


221. Sandell T, Schütze H and Miller A (2020) A systematic review on the barriers and enablers to shared cancer follow-up care. 16th World Congress on Public Health, Italy, 12-16 October 2020 (online).


REPORTS


273. Harvey DR and Campbell R (2020) Private eyes... hips, etc: Health insurance benefits during the Covid crisis. The Australia Institute, Canberra.


## Funding

<table>
<thead>
<tr>
<th>TYPE</th>
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<td>Centre for Health Research Illawarra Shoalhaven Population (CHRISP)</td>
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<td>Electronic Persistent Pain Outcomes Collaboration (ePPOC)</td>
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<td>A place-based pandemic response to the strengths and vulnerabilities of Aboriginal communities in south-eastern NSW</td>
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<td>Evaluation of the Family and Carer Mental Health Program</td>
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<td>A place-based model for Aboriginal community-led solutions</td>
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<td>Improving choices through the Palliative Care Collective</td>
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<td>Evaluation of the Pathways to Community Living Initiative</td>
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<td>Evaluation of the Farmers’ Trial and the Fishers’ Trial</td>
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<td>Review of Integrated Team Care PHN program</td>
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<td>Activity Related Time and Models of Care Study</td>
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<td>Rehabilitation in the Home: Evaluation and reporting framework</td>
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<td>Graduate Certificate in Indigenous Trauma Recovery and Practice</td>
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<td>Technical mapping between ACFI and AN-ACC</td>
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<td>Subject development and delivery – Bachelor of Indigenous Health</td>
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<td>Evaluation of a pilot of Ericom’s Pers@Home System using Essence Technology</td>
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<td>Preventing falls in older Aboriginal and Torres Strait Islander people: The Ironbark Trial</td>
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<td>Advice and support relating to the Australian National Aged Care Classification trial</td>
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<td>Amplifying voices of Aboriginal women through culture and networking in an age of COVID-19</td>
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<td>Disability inclusion and capacity building for emergencies</td>
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<td>Evaluation of SSI’s Humanitarian Settlement Services service delivery model</td>
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<td>Capacity Building for Dietitians in Disability: monitoring and evaluation framework</td>
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<td>Global Pain Faculty Virtual Advisory Board</td>
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<td>Review and update the state-wide SAFE START policy and guidelines</td>
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<td><strong>Total Research Income</strong></td>
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Note: This table excludes funding administered by other parts of the University of Wollongong and by external research collaborators.
AHSRI works as a strong multidisciplinary team with many researchers having previous experience working in policy, management and clinical positions in the health system. The qualifications and expertise of staff range across more than 20 disciplines.

During 2020, AHSRI had over 130 members, including full-time and part-time staff from each of the Institute's centres, as well as associate members and honorary fellows.

A full profile for each member is available at http://ahsri.uow.edu.au/staff.

Members

Malene Ahern  Walter Davis  Freidoon Khavarpour  Nicole Reilly  David Reynolds
Shahriar Akter  Dominic Dawson  Conrad Kobel  Erin Ritchie  Vitor Rocha  Peter Samsa
Tara Alexander  Sara Dolnicar  Mary Komomua  Janet Sansoni  Paul Saunders
Samuel Allingham  Cathy Duncan  Rebecca Lachlan  Heike Schütze  Kate Senior
Irit Alony  Keryn Johnson  Luise Lago  Fiona Shepeard  Frances Simmonds
Marijka Batterham  Simon Eckermann  Karen Larsen-Truong  Grahame Simpson  Milena Snoek
Elizabeth Beattie  Joshua Fan  Suanne Lawrence  Louisa Smith  David Steel
Sonia Bird  Nicolas Fenwick  Rhodri Lewis  Georgia Stewart  Patrick Steele
Gaye Bishop  Mario Fernando  Marlene Longbottom  Bianca Suess  Hilarie Tardif
Megan Blanchard  David Fildes  Carol Loggie  Cristina Thompson  Daniel Thompson
Cheryl Blissett  Linda Foskett  Peter Malouf  Lucie Thompson  Thuyen Vu
Meredithe Bryce  Andrew Fuller  Joanna Mason  David Reynolds  Dave Webster
Laura Burling  Abhijeet Ghosh  Danni Masso  Anita Westera  Alyce White
Sam Burns  Christine Gillies  Malcolm Masso  Victoria Westley-Wise  Janelle White
Donna Byham  John Glynn  Wendy Maxwell  Thuyen Vu  Janelle White
Kate Cameron  Martin Gold  Branden Maynes  Dave Webster  Kathryn Williams
Jacquelin Capell  Rob Gordon  Brendan McAlister  Ania Westera  Darcelle Wu
Kara Cappetta  Andrew Grady  Grace McCarthy  Patsy Yates  Patsy Yates
Ray Chambers  Janette Green  Rodney McMahon  Heather Yeatman  Karen Zwi
Claire Christiansen  Lewis Green  Anna McPherson  David Reynolds  Karen Zwi
Kathleen Clapham  Max Grigg  Silvia Mendolia 
Sabina Clapham  Pam Grootemaat  Christine Metusela
Tom Cleary  Tam Ha  Darcy Morris
Lynda-June Coe  Elizabeth Halcomb  Paula Moss
Alanna Connolly  Danika Hall  Stephen Moules
Jane Connolly  Roy Harvey  Lorna Moxham
Tim Coombs  Valerie Harwood  Judy Mullan
Patricia Cullen  Helen Hasan  Lyn Phillipson
David Currow  Bronte Haynes  Tanya Pidgeon
Elizabeth Cuthbert  Claire Johnson  Christopher Poulos
Elizabeth Dale  Keryn Johnson  Karen Quinsey
Sarah Damm  Michael Jones  Arjun Radhakrishnan
John Daniels  Natalie Joseph  Mijanur Rahman
Barbara Daveson  Le-Tisha Kable  Melanie Randle
Esther Davis  Martin Kaltner  Nicole Rankin

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