

2022

AHSRI 2021 Annual Report

Australian Health Services Research Institute

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AHSRI 2021 Annual Report

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AHSRI

2021 ANNUAL REPORT



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UNIVERSITY
OF WOLLONGONG
AUSTRALIA

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Acknowledgement of country and traditional owners

We acknowledge that Country for Aboriginal peoples is an interconnected set of ancient and sophisticated relationships.

The University of Wollongong spreads across many interrelated Aboriginal Countries that are bound by this sacred landscape, and intimate relationship with that landscape since creation.

From Sydney to the Southern Highlands, to the South Coast.

From fresh water to bitter water to salt.

From City to Urban to Rural.

The University of Wollongong acknowledges the custodianship of the Aboriginal Peoples of this place and space that has kept alive the relationships between all living things.

The University acknowledges the devastating impact of colonisation on our campuses' footprint and commits ourselves to truth-telling, healing and education.



Flame Tree artwork by Samantha Hill, Dharawal/Wandandian woman

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.

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Vale Sonia Bird

AHSRI is deeply saddened to announce that staff member Sonia Bird died suddenly on 14 December 2021, aged 42. She is survived by her husband Ben and children Madeline and Vincent.

Sonia was a UOW alumnus, completing a Bachelor of Mathematics, Masters of Finance and a Graduate Certificate in Health Services Research. She was also an Accredited Statistician with the Statistical Society of Australia. Sonia previously worked at the Australian Institute of Health and Welfare, as a casual academic, as a statistical consultant and as a mathematics tutor. Sonia took on new high school students to tutor each year, and felt a sense of real achievement as they developed their skills and confidence in mathematics and statistics.

Sonia joined UOW in 2007 as Research Fellow (Applied Statistics). She spent a decade as the statistician for the Palliative Care Outcomes Collaboration. Sonia managed a suite of automated statistical reports which provided health services around Australia with individualised benchmark data. Her example reports for the imaginary "Bird's Nest" hospital were one of her specialties, and their name a favourite inside joke. Sonia developed strong relationships with palliative care clinical leaders and academics across Australia. She was always willing to explain technical concepts and interpret the meaning behind the numbers, to support clinicians to improve patient outcomes. Sonia's work on national palliative care benchmarks was seminal and continues to underpin benchmarks for palliative care patient outcomes in Australia and internationally.

Sonia moved to the Centre for Health Service Development in 2017, where her passion for mental health research blossomed. She contributed to research and evaluation studies to improve our understanding of how best to support people with severe and persistent mental illness, social connectedness, the mental wellbeing of people living in drought-affected communities and the role of primary care in mental health. Sonia worked extensively with mental health services to develop approaches to data collection and analyses that reflect the complexity of mental health care. Sonia brought not only her technical skills to every project but also her caring nature and wonderful ability to make her colleagues laugh often at absurdities found in the data or from life in general.

Sonia was midway through her PhD in the Centre for Health Research Illawarra Shoalhaven Population at the time of her death. She was investigating how modern statistical and machine learning methods could be applied to administrative hospital data to improve suicide prevention. Sonia deliberately chose a topic that was both intellectually challenging and that could make a difference to people's lives. It is a tribute to her writing abilities that she was the first author on an academic paper in the first year of her PhD studies, a commentary accepted without revisions in the Australian & New Zealand Journal of Psychiatry.

Sonia was very organised and committed to her family, friends and her work. But she was always ready to help others, taking time to listen and how your day was going and share a laugh or give advice. From joining AHSRI at the age of 26 until her death at the age of 42, Sonia built up a wide network of AHSRI friends, colleagues and collaborators. During that time she married, had children and made close

personal friends with many of her colleagues. She also made a wider social circle of friends, including her daily gym group, and developed her reputation as a phenomenal cake maker and decorator. Her decorating skills extended to her office, which was decked out in stationery, devices and decorations that left you in no doubt her favourite colour was pink.

Sonia was a very hands on mother, organising many sport and extra-curricular activities for her children. She was also a social organiser, regularly bringing cakes for her colleagues to sample, hosting parties with incredible food and fancy costumes, and organising catch ups with family and close friends.

Sonia loved being a member of AHSRI. She was proud of the work we did and her contribution to that work. She loved working on projects that really had an impact and that improved people's lives. For Sonia, everything was interesting and important. But it was our work in mental health that she valued most of all. Sonia dreamed of improving mental health services in Australia and reducing the stigma associated with mental illness. She really wanted to make a difference.

Sonia was a truly beautiful person, smart, generous, warm and caring. She was great fun, had a child-like sense of humour and a wonderful ability to laugh at herself. We really miss her.



Message from the Director



We ended 2020 really hoping that 2021 would be easier. That was not to be. Most would agree that 2021 was just as challenging, as the COVID-19 pandemic continued to have wide-ranging impacts on everyone's lives. Despite how challenging it was, I am very proud of what the Australian Health Services Research Institute (AHSRI) achieved this year. Overall, we managed to exceed our own

goals in relation to funding, projects and publications. In addition, each of our centres had important achievements to celebrate. These are covered in detail throughout this annual report.

AHSRI marked its 10th anniversary in May, and a celebration was organised to acknowledge the achievement and to thank all our staff, Board members and stakeholders for their very much valued support and contribution. It was wonderful to be able to celebrate together. I was touched by the many messages sent in by those who could not make it due to COVID-19 travel restrictions, including from individuals involved in the establishment of AHSRI's predecessor, the Centre for Health Service Development (CHSD). I think this is a testament to the strength of relationships we have formed over the years, which have really been (and continue to be) a key factor in our success.

One special guest at the anniversary event that I would especially like to acknowledge is our new Vice-Chancellor, Professor Patricia Davidson, who commenced at the University of Wollongong only earlier that week. We at AHSRI are excited by Professor Davidson's appointment and join the University community in extending a very warm welcome. Her leadership has impressed since she commenced mid-way through the year, and her vision and values provide optimism and inspiration for the future. I felt especially honoured by her acceptance of our invitation to deliver AHSRI's Professor Alan Owen Lecture. Held in December, it was an insightful and inspirational lecture on the role of modern universities in today's society, and a truly fitting tribute to our dear friend Alan.

Within this message I would like to highlight one major development in particular, the establishment of our innovative new centre, the Palliative Aged Care Outcomes Program (PACOP). We were delighted that the 2021-22 Federal Budget included significant additional funding to support palliative care in aged care. This included an allocation of \$8.91 million (over three years) to AHSRI to establish PACOP. PACOP builds on a large program of research we have undertaken over many years, and will expand and embed our PCOC model into residential aged care settings to improve the provision of quality palliative care. PACOP's inaugural Director, Professor Claire Johnson, myself, and other colleagues and collaborators were busy getting it off the ground as the year ended. I am looking forward to seeing the impact of this initiative, as it contributes to the overall strengthening and resilience of our aged care system, while improving palliative and end of life care outcomes for all residents, as well as outcomes for their families and loved ones.

With great sadness, we finished 2021 grieving the death of Sonia Bird, a valued colleague and friend. Sonia had been a member of AHSRI since 2007, first joining us when she was just 26. In the time she was with us she made valuable contributions to our work, while also developing many close friendships. In 2022, we will explore opportunities to honour Sonia, including offering a PhD scholarship in her memory.

Finally, AHSRI gratefully acknowledges the continuing support of the University of Wollongong. Particular thanks are due to colleagues from the Faculty of Business and Law, including Professor Grace McCarthy, Dean of Business, and Professor Colin Picker, Executive Dean. AHSRI also acknowledges with appreciation the continuing support of our major funding bodies, especially the NSW Ministry of Health and the Commonwealth Department of Health. As Director of AHSRI, my thanks go to our staff and associates for their excellent work in the year. I would also like to acknowledge the members of the AHSRI Board for their guidance, advice and support. Last, but by no means least, I also thank the many health and hospital, aged care and disability services (and their consumers) that collaborate with us, take part in our research and use it to make meaningful practice change.

A handwritten signature in black ink that reads "Kathy Eagar".

Professor Kathy Eagar
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 2021 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

Professor Jan Potter

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

Associate Professor Rob Gordon

Deputy Director,
Australian Health Services Research Institute
University of Wollongong
Appointed 26 August 2011

Mr Dominic Dawson

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

Dr Keith McDonald

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

Ms Michelle Noort

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

Dr Melinda Williams

CEO, Peoplecare
Appointed 29 June 2018

Professor Alberto Nettel-Aguirre

Director, Centre for Health and Social Analytics, National
Institute for Applied Statistics Research Australia
University of Wollongong
Appointed 26 March 2021

Professor Kathie Clapham

Director, Ngarruwan Ngadju: First Peoples Health
and Wellbeing Research Centre
Appointed 26 November 2010

Dr Hilarie Tardif

AHSRI staff representative
Appointed 26 June 2015

Ms Tara Alexander

AHSRI staff representative
Appointed 5 March 2005

Centre Updates



australasian rehabilitation
outcomes centre

Australasian Rehabilitation Outcomes Centre

WHAT WE DO

The Australasian Rehabilitation Outcomes Centre (AROC) has developed the national benchmarking system to improve clinical outcomes for rehabilitation patients, produce summaries on the efficacy of rehabilitation and to provide regular reports that summarise Australasian rehabilitation data. AROC's core functions are:

1. National data bureau for rehabilitation services in Australia and New Zealand
2. National benchmarking centre
3. National Functional Independence Measure (FIM) certification provider
4. Education and training on rehabilitation outcome measures
5. Research, development and advocacy.

A YEAR OF CHANGE

Professor Kathy Eagar, as Interim AROC Director, set the scene in early 2021 for a strategic review of AROC's current scope and related models of care that would ultimately lead to AROC's data sets being reviewed and updated. In collaboration with our key partners across Australia and New Zealand, AROC commenced a review of our core functions (and responsibilities) and what our impact was (and needs to be) in the rehabilitation sector, particularly in light of the various changes occurring in the sector throughout the year.

In March 2021, AROC welcomed Professor Maria Crotty as the new AROC Clinical Director (taking over from Dr John Olver) and then in June 2021 we also welcomed Dr Ross Clifton as the new Director. Together Ross and Maria continued the strategic review process, engaging with a wide range of stakeholders to seek their input. What emerged was a confirmation of the importance of the existing 'core business' but also the significance of developing models of care such as Rehabilitation in the Home (RITH), telehealth and a wider range of community rehabilitation that AROC needed to consider and embrace in the review.

We also said farewell to some of our most valued colleagues. Firstly to Jacquelin Capell, the AROC Research Manager, who will take up an Honorary Fellow position in 2022. Jacqui made a tremendous contribution to AROC over the past 11 years and we look forward to this continuing for many more years to come in her new role. Andrew Fuller, AROC data analyst, also left to pursue opportunities closer to his home. Thank you also Andrew, particularly for your work in building the Live Data Application.

COVID IMPACTS

In September 2021, AROC commenced monthly member surveys querying the impact COVID-19 was having on rehabilitation services. It was identified that approximately two thirds of member services had been directly impacted by COVID-19, which was quite dramatic across inpatient and non-inpatient settings. Impacts reported included service closures and re-purposing as well as the loss of specialised rehabilitation nursing and allied health staff. There was also a 12% decline in the volume of episodes due to COVID-19.

Additionally, our national COVID-19 adjunct rehabilitation data collection key findings included COVID-related rehabilitation being predominantly for pulmonary issues, while inpatient rehabilitation was largely attributed to deconditioning. Two thirds of patients had been admitted to ICU for COVID-19 prior to rehabilitation, which has informed a broader focus on wider data linkage projects to further investigate such trends. The need to include 'COVID' as both a comorbidity and impairment in AROC data sets was also highlighted.

Since June 2020, in response to COVID-19, AROC has delivered annual jurisdictional benchmarking workshops in a substantially different format, moving to jurisdictional webinars presenting state-level data, followed by an invitation to services to register for a subsequent online session tailored to the individual facility to further explain and discuss their achievements and identify any opportunities for improvement. Our FIM training continued to offer online options when necessary, and we further developed the delivery approach, which will include a modular option in the future. We also saw a noticeable uptake in the number of people receiving training.

DATA LINKAGES

In widening our net to capture the broader rehabilitation patient journey, we have been involved in a number of key of data linkage projects that are at various stages. These linkages include the National Disability Insurance Agency, Australian Orthopaedic Association National Joint Replacement Registry, Australia New Zealand Intensive Care Society, Australian Stroke Clinical Registry, and the Australian Registry of Senior Australians. Two highly impactful publications for ICU and Stroke were published in 2021 from these projects.

In 2021 AROC also responded to six information requests and 27 data access applications. Twelve of these 27 data requests involved data linkage, eight were from students (e.g. medical students, registrars and advanced trainees) and nine were approved as negligible risk research through AHSRI.

THE YEAR AHEAD

Throughout our strategic consultations, what has been clearly identified is the need for a National Rehabilitation Strategy. AROC will be supporting this process through our research and development capability (but it is not our role to lead this). Embedded in such a strategy needs to be a response to COVID-19 (including the sector's capacity to meet the rehabilitation needs of people who have long COVID-19), new and emerging models of care (such as RITH), as well as the interface between areas such as rehabilitation, disability and aged care. The strategic review will soon be finalised and our data sets reviewed. 2022 will see the implementation of the AROC Patient Reported Outcome Measures (PROMs), creation of a RITH data collection and the move towards Improvement Facilitators in the Clinical Team.

It will be AROC's 20th year in 2022. A time to celebrate, to reflect on our achievements, to review and re-new and to look forward to the next 20 years ahead.

More information about AROC can be found at www.aroc.org.au.

Centre for Health Research Illawarra Shoalhaven Population

Now in its 5th year, the Centre for Health Research Illawarra Shoalhaven Population (CHRISP) is a research-practice partnership between the Illawarra Shoalhaven Local Health District (ISLHD) and UOW (AHSRI/School of Medicine). The main partnership goals are:

- Provide access to high quality health data for research
- Build capacity for research and development
- Lead and support research – LHD priority driven and investigator/clinician driven
- Translate research findings into policy and practice

CONSOLIDATION AND GROWTH

The core asset managed by CHRISP is the Illawarra Health Information Platform (IHIP), which is a data repository and linkage system. In 2021 the core collections in IHIP increased to 22 with the addition of NSW Ambulance data.

CHRISP experienced a surge in interest to work with the IHIP data during 2021: 21 new projects commenced, for a total of 69 – exceeding the average of 10 new projects per year. This increase reflects collaborative awareness raising about the value of the IHIP resource across the CHRISP partners, plus simplified approaches to support project development from idea to implementation. The majority of CHRISP projects include ISLHD staff (90%). Several of the new projects involved students, including nine embarking on a research phase required for their UOW medicine degree and nurse clinicians.

The Illawarra Shoalhaven Epidemiology and Biostatistics Network, convened by CHRISP, also experienced growth in membership. This regional professional development initiative met three times in 2021, with a range of presentations offered in hybrid mode. This included kicking off the year with an ISLHD-led presentation about assessing efficacy of the Illawarra Shoalhaven high risk foot service using propensity score matching.

CHRISP also strengthened engagement with key groups. A stakeholder-by-project mapping review showed that CHRISP is directly connected with 21 different units and departments across the local health district, 10 schools and centres across UOW, and a further eight external agencies and organisations. Engagement with the ISLHD Executive Team also resulted in a clearer process to determine ISLHD strategic priority projects.

Overall, these outcomes indicate that the partnership is tracking well for the goals of supporting the health district to strengthen local capacity and interest in research, brokering relationships between clinicians and academics, and building the future skills of clinicians through the UOW Graduate School of Medicine.

CHRISP HIGHLIGHTS

From project to program

CHRISP has continued to work on key partnership themes, such as health service utilisation, and risk factors for adverse events and recurrent hospitalisations

The growth in CHRISP during 2021 included some project areas maturing into programs of work. Hot Topic areas have included:

- COVID-19: new projects are exploring pandemic-related outcomes for the Illawarra Shoalhaven population with specific conditions, including for those living with hip fracture, and with complications in pregnancy.
- Chronic Kidney Disease: six projects investigating health impacts and risk factors, including reasons for readmission in dialysis, post-operative acute kidney injury, and mental health outcomes.
- Child and family health: uptake of services and engagement of families in the Illawarra Shoalhaven, in the first four years of child's life.

Bringing stakeholders together

CHRISP projects have generated many important insights in 2021 where a major strength has been the ability to bring together stakeholders from different sectors. Examples include:

- CHRISP commenced work on an Education grant awarded in December 2020, establishing relationships with data custodians from NSW Education and the Department of Communities and Justice, for a population-based cohort study investigating health and education outcomes. Demonstrating the ability of linked data to bring together stakeholders from education and health to improve outcomes for children and adolescents in the region, it is laying groundwork for a new program investigating the social determinants of health.
- CHRISP has continued to work on the ISLHD priority-driven End of Life Patterns of Care study. It has brought together stakeholders from ISLHD, AHSRI, the UOW Graduate School of Medicine, primary care and ISLHD palliative care services. This project is also now bridging into an End of Life Emergency Department project for ISLHD.
- The Antimicrobial Resistance (AMR): The evolving threat and impact to the Illawarra Population Study has developed into a research program, investigating AMR across the sectors of human health, animal health, agriculture and the environment. It has brought together ISLHD clinicians, Sonic Healthcare pathologists and UOW academic researchers with expertise in science, public health, medicine, agriculture and primary care.

Publications and grants

In 2021, CHRISP published a further 18 peer reviewed articles – a 40% increase on output to 2020 (26). The total number of CHRISP-related publications (44) has now exceeded conference presentations (40). While this output partly reflects the impact of the COVID-19 pandemic on the conference circuit, it is also testimony to a high conversion ratio of presentation-to-publication that is a feature of the CHRISP communications strategy.

The high quality of the CHRISP suite of projects is also evidenced in the successful award of over \$1.8 million in grants to date (of which approximately 20% directly supports the costs of CHRISP).

TEAM DEVELOPMENTS

In a year of leadership developments, Professor Belinda Goodenough commenced as Centre Director, supported by Professor Kate Curtis as Clinical Director and Professor Judy

Mullan as Academic Director. This new directorate model adds expertise in translational research and implementation science to the longstanding senior expertise and leadership provided to CHRISP by Dr Luise Lago (statistics, research methods) and Mr Brendan McAlister (IHIP Data Integration Coordinator), with Mr Stephen Moules (statistician). In 2021, the team welcomed Dr Luz Palacios-Derflingher and Dr Bridie Mulholland, supporting CHRISP statistical capabilities and research governance expertise. Mr Sam Allingham (AHSRI) also became co-chair Illawarra Shoalhaven Epidemiology and Biostatistics Network, due to the secondment of Dr Victoria Westley-Wise to ISLHD.

These personnel changes provided an opportunity to implement a new CHRISP team structure to better support projects (and novice researchers) through the research-to-practice cycle – now more strongly positioned to develop multidisciplinary collaborations and strategic capacity building, including research mentoring for early career students and clinicians.

CHRISP also farewelled Dr Bianca Suesse (international relocation), and joined with the AHSRI community to celebrate the achievements of PhD student Sonia Bird

More information about CHRISP can be found at <http://ahsri.uow.edu.au/chrisp>.



Centre for Health Service Development

The Centre for Health Service Development (CHSD) is the arm of AHSRI that nurtures new research themes and programs. In addition to producing standard academic output, our work results in a range of practical advice to a variety of government and non-government agencies and interest groups.

Challenges associated with COVID-19 and our research activities persisted in 2021. We continued to adjust our approach to conducting research to ensure that momentum was maintained and that we were well positioned to secure new research projects. Notwithstanding the challenging circumstances, CHSD had another successful year in 2021, generating over \$1 million in research funding across 14 projects and producing 19 peer-reviewed publications and 14 research reports.

We completed long-term evaluations of four programs in the mental health sector: the NSW Family and Carer Mental Health Program, the Pathways to Community Living Initiative, the Improving Social Connectedness of Older Australians project pilot, and the LikeMind pilot. Findings from each of these mixed methods evaluations will guide continuing reform within the individual programs while also making an important contribution to the evidence base for effective interventions across the broader mental health sector. Several other research projects were either completed or progressed well during the year as outlined later in this report.

It was heartening to observe the impact of CHSD's long-standing program of research in aged care being translated into practice at a national level. In particular, the Australian Government's adoption of the Australian National Aged Care Classification (AN-ACC) as the national funding model for the residential aged care sector from 1 October 2022 was a major achievement. AN-ACC is a key platform of the aged care reform processes. In addition, CHSD's work on mandated staff ratios and a five-star rating system represented significant contributions to the sector and are source of pride for our team.

In late 2021, we were pleased to welcome Josephine Paasila to CHSD. Jo joins us as an Associate Research Fellow, having spent the last several years working with the Agency for Clinical Innovation (ACI) and the Ingham Institute for Applied Medical Research within the field of brain injury rehabilitation. In addition, Darcy Morris was appointed to the position of Research Fellow, having been a professional staff member of AHSRI for many years, while working towards this well-deserved transition to an academic appointment. We are also excited to be welcoming Karen Larsen-Truong (Research Fellow) in the New Year.

Dr Nicole Reilly continued her three-year University of Wollongong Vice Chancellor's post-doctoral fellowship in 2021. Her well-established program of perinatal mental health research and policy evaluation expanded over the year, and we were thrilled when she was announced as a recipient of the University of Wollongong's RevITALise (RITA) Research Grant. The RITA scheme prioritises early career researchers and interdisciplinary teams impacted by COVID-19.

CHSD and all of AHSRI was devastated by the death of our colleague Sonia Bird in December 2021. Sonia was an integral member of CHSD for many years, making significant contributions to many of our projects. She was a very special colleague and friend, and will be dearly missed.

While CHSD ended the year in a strong position, we will continue to invest considerable effort in securing new projects that are strategically important and that will position us well for the years ahead. Our team of talented researchers remain committed to and passionate about meeting 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>.



electronic Persistent Pain Outcomes Collaboration

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 120 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 125,000 patients and over 134,000 episodes of care. Participating services also includes 12 Primary Health Networks, who have joined 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 adult benchmarking workshops were held during 2021, one for New Zealand services and the Australasian workshop, with over 120 in attendance. We also held the inaugural annual paediatric workshop which was also virtual. Given the ongoing restrictions due to COVID-19 these are likely to continue in a virtual format during 2022.

IMPACT OF COVID-19 ON SPECIALIST PAIN SERVICES

The COVID-19 pandemic caused significant disruption to pain services in Australia and New Zealand during 2021. 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 2020 was released in 2021, presenting data collected by 72 adult and eight 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: 2020 Snapshot of adults seeking pain management and 2020 Snapshot of paediatrics referred for pain management. Two journal articles using ePPOC data were published in 2021, describing inequity in outcomes from New Zealand chronic pain services, and opioid cessation and its association with reduced pain and improved function in people attending specialist chronic pain services. ePPOC also prepares 'Information Series', these are brief papers aiming to provide information from the ePPOC data collection, beyond that reported in the standard six-monthly reports to services. In 2021, two information series were produced, the first described the characteristics and outcomes for individuals reporting lower back pain in line with the International Association for the Study of Pain (IASP) Global Year of Back Pain (2021). The second provided a profile of adult patients referred for specialist pain management in New Zealand. 2021 also saw ePPOC focus on knowledge translation through a campaign called 'turning numbers into knowledge'. This led to the development and dissemination (through our website and the ePPOC Twitter account) of seven infographics; these have been well received by the public and member pain services.

More information about ePPOC can be found at <http://ahsri.uow.edu.au/eppoc>.

Ngarruwan Ngadju: First Peoples Health and Wellbeing Research Centre

Building on achievements since our formal establishment as a research centre in mid-2019, this year Ngarruwan Ngadju continued to work towards our vision of Indigenous-led health and wellbeing research sustained by strong and enduring community partnerships. We remain focused on conducting high impact research in response to the health and wellbeing needs and priorities of First Peoples, while also advancing Indigenous research methodologies.

RESEARCH

Our research program continues to cover 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

Within these themes, several existing projects were completed in 2021, including a review of the local Primary Health Network's Integrated Team Care program, and evaluations of an Aboriginal cultural support program and the Ngaramura project, which provides supportive pathways for Indigenous children in schooling and employment. Examples of other projects that either continued or commenced during the year include two ARC-funded projects (one developing a place-based model of service delivery for Aboriginal community-led solutions, the other investigating young Indigenous people's experiences with the carceral system), and two projects related to the COVID-19 pandemic (one aiming to amplify Aboriginal women's voices through culture and networking, the examining what a place-based COVID-19 response for NSW Aboriginal communities should look like).

CAPACITY BUILDING

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.

In 2021 staff from Ngarruwan Ngadju continued to contribute to teaching across the University of Wollongong, including the Graduate Diploma of Indigenous Trauma Recovery Practice, also offered by the Faculty of Science, Medicine and Health. Three additional undergraduate subjects were delivered remotely. We also continued to work with the Faculty of Science, Medicine and Health on the development and delivery of online teaching materials and assessment, in addition to a curriculum review of Indigenous health programs within that Faculty.

AWARDS AND ACHIEVEMENTS

Several individual and team awards were received during the year. In June, Ngarruwan Ngadju's Dr Elizabeth Dale and Dr Marlene Longbottom were awarded UOW Prioritising Emerging Research Leaders (PERL) fellowships. In August, Ngarruwan Ngadju was recognised at the Vice-Chancellor's Awards: Professor Clapham and Dr Dale were part of the SMART Recovery team that received the award for Outstanding Achievement in Research Partnership and Impact, and the Indigenous Trauma Recovery Team (including Professor Clapham, Dr Longbottom, Dr Dale and Georgia Stewart) were highly commended for the Reconciliation award. We congratulate our colleague Dr Dale, who was awarded a Doctor of Philosophy (Clinical Psychology) this year and was also the successful recipient of the National Indigenous Drug and Alcohol Awards (Award for Excellence Category) and the Woolyungah Indigenous Student Success Award for Dedication to Research. Finally, in December, Professor Clapham, Director of Ngarruwan Ngadju, was awarded the First Nations Health, Wellbeing and Health Services Research Award by the Health Services Research Association of Australia & New Zealand (HSRAANZ).

NEW HORIZONS

Following extended discussion and planning about Ngarruwan Ngadju's sustainability strategies, a decision was made in late December that Ngarruwan Ngadju would be better placed by transferring to UOW's Faculty of Science, Medicine and Health (SMAH). The centre has succeeded in the first stage of its establishment while being based at AHSRI, and this move will facilitate further development of UOW's capacity in Indigenous Health, with a strong teaching program as well as a strong research centre. Commencing in early in 2022, Professor Clapham will take up the position of Head of Discipline in the new School of Medicine, Indigenous and Health Sciences (SMIHS), and the Ngarruwan Ngadju team will create an Indigenous health research hub across the Faculty of SMAH. This is an opportunity to provide Indigenous leadership in teaching and research, with the discipline taking responsibility for two postgraduate programs – the Graduate Certificate in Indigenous Trauma Recovery and Practice and the Master in Indigenous Health, and working to support the building of Indigenous health workforce through Indigenous curriculum development.

The team are very grateful for AHSRI's support over the past decade, which culminated in the launch of the Ngarruwan Ngadju. We look forward to ongoing collaboration and collegiality, and view the move to the main campus and a new faculty as a great opportunity for the university to take its commitment to Indigenous health and wellbeing to the next level.

More information about Ngarruwan Ngadju is available at <http://ahsri.uow.edu.au/ngarruwan-ngadju>.

Palliative Care Outcomes Collaboration (PCOC)

The Palliative Care Outcomes Collaboration (PCOC), established in 2005, is a national palliative care outcomes and benchmarking program funded by the Australian Government Department of Health. 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. PCOC aims to improve: access to high-quality palliative care and end-of-life care; the quality of service provision; and outcomes in targeted populations that experience health inequalities and/or social disadvantage.

NEW FRONTIERS TO IMPROVE PALLIATIVE CARE OUTCOMES AND STABLISH PROFILES

In 2021, PCOC's momentum was sustained as we continued to chart our new direction, 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 2021, PCOC delivered a national level benchmarking conference followed by a suite of jurisdiction level benchmarking conferences that attracted clinical leaders from all over Australia. The conference generated discussions on the state of palliative care in Australia and ways to improve the quality of care. PCOC contributed to the establishment of a new sister centre within AHSRI, the Palliative Aged Care Outcomes Program, which will further improve the work PCOC has done as part of the PCOC Wicking model in residential aged care. PCOC also continued to provide support to services in Australia to capture information related to COVID-19. This information was used to provide feedback to services to support their response to this disease.

SHAPING DATA AND POLICY

PCOC continued to impact national and jurisdictional policy and data developments in 2021. The number of services collecting PCOC outcomes data remained constant, with engagement sustained despite the heightened risk of service attrition during the second year of 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 within Australia. PCOC also embarked on a major project of developing the next version of datasets by revising its existing data items and adding new data items. The version will be based on the feedback of clinical leaders from all over Australia and evidence from the literature. New and revised data items will subsequently be field tested to ensure their validity. This project is expected to be completed in 2022.

Cutting-edge report to improve outcomes and access

PCOC continued to produce biannual patient outcome reports. In the latest reporting period, 178 individualised national outcomes benchmarking reports (i.e. outcomes, whole-of-service and transitional reports) were produced and disseminated (including supplementary information). These numbers demonstrate a continued commitment from palliative care services to drive improvements through the PCOC model. The work of the report task force from the previous year enabled PCOC to make changes to the reporting process and the suite of reports to streamline the release of

reports and enhance usability. This process improvement means that palliative care services across Australia are now able to use their data earlier to improve patient and carer outcomes.

INTERNATIONAL COLLABORATION

PCOC sustained its impact on the international stage with continued collaboration with palliative care teams in Ireland, Taiwan, Singapore and other countries. PCOC's senior team members were invited to present virtually to international audiences on the program in the United Kingdom and Japan. These presentations helped foster partnerships and collaborations at an international level. The program continues to grow in countries such as Taiwan and Ireland. Singapore has requested PCOC to help rollout the program in the country with an aim to improve their palliative care system. These developments will 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. In 2021, PCOC transitioned to a hybrid education model to continue the provision of high quality education sessions and workshops to its members as the effects of the pandemic restricted face to face interactions. PCOC delivered an eight session introductory program to select clinical leaders from Singapore which received accolades and positive feedback. PCOC reintroduced the "Fundamentals" workshop, catering to new services and practitioners in the second half of 2021. These developments meant easy accessibility for participating services. PCOC's staff presented in a range of national conferences, including the Oceanic Palliative Care Conference in September and the State of Palliative Care Symposium in November. PCOC continued to use the impact of COVID-19 as a catalyst to enhance our virtual education and training platforms.

COVID-19 SURVEYS

In 2021, PCOC conducted three sets of COVID-19 related surveys to understand the impact of the pandemic on Australian services. Services responded positively to the survey, demonstrating their trust in PCOC to provide them feedback that can improve their processes. PCOC received a combined 190 responses from different settings of care over the three surveys. We anticipate the results from the survey will provide new insights into the impact of COVID-19 in providing adequate care to the patients, capacity of services due to staff shortages, operational level changes and changes in processes. Detailed analysis of survey data will be carried out in 2022 and shed light on the current state of palliative care in Australia, providing a better understanding of how best to plan to revive the palliative care system and influence service planning and policy initiatives for the benefit of patients, and health systems.

WELCOMES AND FAREWELLS

In 2021, PCOC welcomed Associate Professor Kirsten Auret as the new Chief Investigator for Western Australia, the Northern Territory and South Australia. Kirsten took over from Professor

Claire Johnson, who we are very pleased was appointed as inaugural Director of the new Palliative Aged Care Outcomes Program. Kirsten is a palliative care and general physician with an academic appointment at the Rural Clinical School in the Faculty of Health and Medical Sciences, University of Western Australia.

We were also delighted to introduce Ms Judy Brewer AO as the Chair of our Management Advisory Board (MAB) in May. Judy is an advocate, public speaker and writer on issues relating to autism and family carers. She has been actively involved in an executive capacity in many organisations, including as the Founding Chair of the National Co-operative Research Centre for Autism (2013–2017). Judy received the Asia Pacific Autism Award (2013) and became an Officer of the Order of Australia

(AO) (2016) for service to people with a disability, particularly those with Autism Spectrum Disorders, to refugees living in rural areas, to women, and to education.

After 15 years of substantive service as the Chair of PCOC's MAB, Mr Noel Hicks AM retired. A former Mayor of Broken Hill and member of Federal Parliament for 18 years, Mr Hicks' seminal contribution to the PCOC program is greatly appreciated.

Finally, we also extend deep gratitude to Professor David Currow for his many significant contributions as a founding Chief Investigator – we were excited by his appointment as UOW Deputy Vice-Chancellor (Health and Sustainable Communities) in November this year and look forward to ongoing collaborations into the future.



A core team of AHSRI staff, including several PCOC members, are based at our Sydney location in Circular Quay, within the Sydney Business School, University of Wollongong. AHSRI Sydney is also utilised to conduct workshops, meetings and teaching. Our affiliation with the Sydney Business School, University of Wollongong, and our location in the heart of Sydney are critical to our ongoing success.

Awards, Recognitions & Events

AHSRI celebrates a decade of health services research excellence and impact

AHSRI celebrated its 10th anniversary at an event on UOW's Innovation Campus on 28 May. We were delighted to mark the occasion with many of our close collaborators and supporters in attendance, and others who could not attend due to COVID-19 restrictions provided several congratulatory video messages. We were especially thrilled that Professor Patricia Davidson could join us on what was her first week as UOW Vice-Chancellor.

AHSRI Director Professor Kathy Eagar said success came from not only giving health leaders access to quality research, but also closely collaborating with those leaders and the industry to address real-world problems and achieve evidence-based and policy-driven outcomes.

"The impact we've managed to have, in terms of better health services for Australians and fairer access to these services, has only been possible through collaboration," Professor Eagar said.

"We are so grateful to everyone who has supported us over the years, going back to 1993 when we started out as the Centre for Health Service Development. That of course includes the contributions of our staff, the Board and UOW more broadly.

"But our success has also depended on the support of countless people and organisations we work with, from staff on hospital floors, to CEOs of health, aged care and disability organisations, and the consumers that use their services.

"My heartfelt thanks goes out to them all."

AHSRI Deputy Director Associate Professor Rob Gordon said the Institute's focus was on research that translates to improvements in practice and system-wide changes, with tangible benefits to society.

"Doing work that makes a real difference is vitally important to us and our success, it is what sustains us," Professor Gordon said.

UOW Vice-Chancellor Professor Patricia Davidson congratulated AHSRI for its accomplishments over the past 10 years.

"AHSRI has a commendable record of conducting rigorous, well-designed research that has helped improve the management of health and community services across Australia, leading to better patient outcomes," Professor Davidson said.

"This has been conducted under an ethos of achieving greater equity in resource distribution, fairer access to services, and better continuity within and across the health and community care sectors.

"Congratulations to Professor Eagar and the AHSRI team on reaching this landmark, and for all they have achieved over the past 10 years."

Ms Margot Mains, CEO of the Illawarra Shoalhaven Local Health District (ISLHD), also congratulated AHSRI on the milestone.

"The work the institute and its six centres are doing is so important, they have developed such strong and productive partnerships across the sector, including with ISLHD, and this is resulting in innovative and powerful research that can benefit our local community," Ms Mains said.

"They are also contributing significantly to service development and quality improvement at the national and international level, particularly in areas like rehabilitation, palliative care and chronic pain."

Emeritus Professor John Glynn, former Executive Dean of UOW's Sydney Business School and long-term AHSRI board member and supporter, reflected on the institute's success and looked ahead to the future.

"AHSRI has done phenomenally well," Professor Glynn said.

"They've had so many great achievements over 10 years across the whole spectrum of health systems; from the challenges faced by access to acute care through to managing people with lifelong disabilities and health and social needs associated with ageing.

"AHSRI has a wonderful team of people, and I hope that the next 10 years are just as fruitful."



AHSRI Director Professor Kathy Eagar, AHSRI Business Manager Elizabeth Cuthbert and AHSRI Deputy Director Associate Professor Rob Gordon

Adapted from original story by Benjamin Long, University of Wollongong

Professor Kathleen Clapham wins First Nations Health, Wellbeing and Health Services Research Award

Professor Kathleen Clapham was named as winner of the new First Nations Health, Wellbeing and Health Services Research Award at the Health Services Research Association of Australia & New Zealand (HSRAANZ) end of year event on 2 December.

Professor Clapham is the founding Director of the Ngarruwan Ngadju: First Peoples Health and Wellbeing Research Centre based within AHSRI.

She was chosen for the award for her commitment to social justice, self-determination and empowerment for First Nations people; for the work she has done to engage, uplift and advance First Nations knowledge and peoples; and for her considerable contributions to First Nations health gains.

A descendent of the Murrawarri people of north-western NSW, Professor Clapham is a senior Aboriginal researcher and anthropologist. Her research in Indigenous health focuses on health equity; safety, health and wellbeing of children and young people; community based interventions; social and cultural determinants of health; and health services improvements.

Under Professor Clapham's leadership, Ngarruwan Ngadju has a vision to provide Indigenous-led health and wellbeing research, sustained by strong and enduring community

partnerships.

The Centre recognises and enhances the leadership of Aboriginal researchers and builds research capacity by supporting Indigenous higher degree research students across UOW.

The work of Ngarruwan Ngadju exemplifies Professor Clapham's life-long commitment of contributing to the health gains of First Nations peoples and advancing First Nations knowledge and peoples.

This commitment draws from her more than 25 years of outstanding contribution to the field of Indigenous health research, working to address the social determinants of health and her continuous advocacy of First Nations worldviews including social justice, self-determination and empowerment, particularly for the Aboriginal communities of the Illawarra and South Coast of NSW.

The HSRAANZ promotes health services research in both Australia and New Zealand. It facilitates communication across researchers, and between researchers and policymakers, to promote education and training in health services research, and to ensure sustainable capacity in health services research in Australia and New Zealand.



Professor Kathleen Clapham named as winner of HSRAANZ's new First Nations Health, Wellbeing and Health Services Research Award
Adapted from original story by Benjamin Long, University of Wollongong

AHSRI members among Vice-Chancellor's Awards winners

The Vice-Chancellor's Awards aim to encourage and recognise exceptional performance from University staff members who demonstrate outstanding achievement in activities that are aligned to the University's vision and strategic goals. The awards also support the University's values of a workforce with strong performance expectations, recognition and celebration of initiative and enterprise, and staff who are recognised and appreciated for their contribution. This year's Vice Chancellor Awards ceremony were held on 12 August 2021.

Congratulations to Associate Professor Rob Gordon who received an award recognising his 25 years of service at the University. Rob has been an integral member of AHSRI for 25 years. Joining shortly after establishment of the Centre for Health Service Development (CHSD) as it was then known, Rob's contributions were critical to the Centre's growth, culminating in the formation of AHSRI in 2011. As Deputy Director of AHSRI and Director of CHSD, Rob's strategic vision and leadership is fundamental to the Institute's continuing success. Through his commitment to research excellence and impact, Rob has significantly improved health outcomes for individuals and influenced health policy and system reform in Australia.

In addition, the Research Excellence Award for Outstanding Achievement in Research Partnership and Impact was presented to the SMART Recovery team. SMART Recovery provides community based and online, mutual support groups for people impacted by substance use and other addictive behaviours, and the team includes Professor Kathleen Clapham and Dr Elizabeth Dale of AHSRI's Ngarruwan Ngadju.

Finally, the Vice-Chancellor's Reconciliation Award recognises the commitment and valuable contributions of individuals and teams across UOW who have achieved outstanding outcomes within the University and beyond, in their efforts toward Reconciliation. The Indigenous Trauma Recovery Team (including Professor Kathleen Clapham, Dr Marlene Longbottom and Georgia Stewart of Ngarruwan Ngadju) were highly commended in this award category. The Indigenous Trauma Recovery Team Program is unique in that it is developed and delivered by Aboriginal academic and health delivery experts in collaboration with local Aboriginal elders and is designed to respond to issues that have particular relevance in Indigenous communities in Australia. We extend our congratulations to all award recipients.



Associate Professor Rob Gordon received a 25 Years Service Award at the Vice-Chancellor's Awards ceremony

UOW Vice-Chancellor delivers annual Professor Alan Owen Lecture

UOW Vice-Chancellor Professor Patricia M. Davidson delivered AHSRI's annual Alan Owen Lecture on 10 December.

The annual event honours Professor Owen's legacy and his contributions to a range of community service activities as well as his collective efforts in health services research.

In this lecture, Professor Davidson touched upon key roles modern universities can play in today's ever-changing society and the paradigm shifts and the long-term impacts caused by the pandemic.

"I believe research and investment in cutting edge technologies to solve complex issues and concurrently producing future-ready talent will remain some of the key priorities for universities across the globe," Professor Davidson said.

"The pandemic has shown the world how quickly things can change and we have to remain resilient and adapt to changes as the situation demands.

"For decades, universities have played an important role in research, learning and teaching, and technology and have provided the educational foundation for training and producing highly-skilled talents. This trend will continue for decades to come.

"Universities have the responsibility to create future opportunities and that can be achieved by investing in our students by having a practical problems-based approach and complementing that with our research programs to solve complex issues."

Professor Alan was a strong advocate for better mental health, aged care and community care and believed passionately in consumer empowerment underpinned by strong public policy that emphasises fairness and decency.

The lecture was hosted by AHSRI at UOW's McKinnon Building and was also streamed online.



UOW Vice-Chancellor Professor Patricia M. Davidson delivered the annual Alan Owen Lecture
Adapted from original story by Yogesh Bhatia, University of Wollongong

Research Highlights

New centre to improve end of life care for older Australians

In late 2021, AHSRI was awarded \$8.9 million in Federal Government funding over three years to establish the innovative Palliative Aged Care Outcomes Program (PACOP).

The new program aims to improve significantly the outcomes of all Australians in aged care homes with a particular focus on those who are approaching the end of their life.

It will do this by providing a consistent and nationally agreed framework to drive resident, provider, policy and system-level improvements in palliative and end of life care. Residential aged care is often a person's final place of residence, with approximately 60,000 people in residential aged care homes dying each year.

AHSRI Director Professor Kathy Eagar provided expert advice to the recent Royal Commission into Aged Care where compelling evidence was provided about the neglect of older Australian's living in residential aged care facilities.

In the Australian Government's response to the Commission's recommendations, palliative and end-of-life care were concerns singled out for immediate attention.

"We are thrilled to be able to continue our work in this area beyond the initial pilot and look forward to demonstrating greater benefits and having a sustainable impact on this population as PACOP is implemented nationally," Professor Eagar said.

PACOP will be a sister centre to the well-established Palliative Care Outcomes Collaboration (PCOC). PCOC National Director Dr Barb Daveson said: "The new program will have the opportunity to leverage off PCOC's successful framework and extend quality palliative care more broadly in the community."

The national team and collaborating researchers from PCOC have been working in conjunction with residential aged care for some time.

In particular, a philanthropic grant in 2019 from the Wicking Trust enabled early development, modification and piloting

of the 'PCOC Wicking Model' for residential aged care in a number of aged care homes, which provided a strong platform for AHSRI's newest centre.

Inaugural PACOP Director Professor Claire Johnson brings a wealth of experience and a strong background in primary care to the role. She was most recently the clinical lead for end of life care at Eastern Health (Melbourne) and held the Vivian Bullwinkle Chair of Palliative Care Nursing at Monash University.

"We are delighted that the Australian Government has funded PACOP, along with a number of other important initiatives that look to improve care for older people as they approach the end of life," Professor Johnson said.

"PACOP will support aged care homes to identify those residents and, by extension, their families with palliative care needs and ensure care is responsive to these needs.

"We will help aged care organisations embed standardised outcomes assessment and to use it to improve the quality of care for the dying."

AHSRI has strong networks across the health sector and the establishment of the Palliative Aged Care Outcomes Program provides an exciting opportunity to strengthen its relationships within the aged care sector. UOW Vice-Chancellor Professor Patricia M. Davidson welcomed the funding announcement. "It is so important that people approaching the end of their life are treated with dignity and given the high quality care that they need," Professor Davidson said.

"Through their expert advice to the Royal Commission into Aged Care, Professor Eagar and the Australian Health Services Research Institute highlighted many of the short fallings in end of life care for older Australians.

"The Palliative Aged Care Outcomes Program will draw on that expertise to play a key role in delivering solutions to those problems and improving the quality of palliative care in residential aged care."



Palliative Aged Care Outcomes Program Director Professor Claire Johnson
Adapted from original story by Benjamin Long, University of Wollongong

Shaping the future of aged care in Australia

A program of work undertaken by a team from AHSRI is an outstanding example of research with demonstrable impact, significantly influencing national reform and shaping the future of the aged care sector in Australia. This work is being rapidly and successfully translated into health policy, management and clinical practice at a national level.

Commissioned by the Australian Government Department of Health, and arising from an earlier review by AHSRI that found Australia's existing funding model (the Aged Care Funding Instrument) was no longer fit for purpose, the team drew on AHSRI's extensive experience and expertise in research on ageing to undertake the ground-breaking Resource Utilisation and Classification Study (RUCS between 2017 and 2019. Details of the study (including methodology and results) have been published.

The most notable outcome of the RUCS was the development of a new funding model for the residential aged care sector, the Australian National Aged Care Classification (AN-ACC). The AN-ACC represents a fundamental change in how funding for care is allocated, and offers many benefits for government, as well as providers and care recipients of residential aged care. It focuses on the resident and care home characteristics that influence the cost of providing care, including those related to a resident's individual care needs and those costs of care that benefit all residents.

Following overwhelming endorsement by the sector and a recommendation by the Aged Care Royal Commission, the Australian Government has adopted the AN-ACC as the new national funding model for aged care. Funding for its implementation was announced as a major part of the Budget 2021-22 Aged Care Reforms. The new funding model

will apply to all permanent aged care residents in Australia. As stated by the Australian Government, "The introduction of the AN-ACC model will deliver a funding model that better matches funding to resident needs, and a more equitable distribution of funding". Furthermore, it "enables the community, care providers, and governments to make meaningful judgements about the quality and outcomes of residential aged care and to fairly compare the quality of care provided at different facilities".

Complementing the RUCS, the team also supported the work of the Royal Commission into Aged Care Quality and Safety by undertaking research it commissioned into staffing models in aged care. This included a staffing analysis that drew on the data collected in the RUCS. The research found that over half of all aged care residents in Australia were living in care homes that have 'unacceptable' staffing levels. Key recommendations from the report (and presented in evidence by AHSRI Director Professor Eagar in her role as an Expert Witness at the Royal Commission) included mandated staff ratios and the introduction of a five-star rating system. These recommendations have also now been adopted for national implementation over the next two years. The NSW Select Committee inquiry into registered nurses in aged care homes also made significant recommendations based on this research.

We are particularly proud of this program of work and the real-world impact it is having.



Dr Marlene Longbottom awarded \$1.2m Discovery Indigenous Scheme grant

Dr Marlene Longbottom was awarded a \$1.2m grant from the Australian Research Council (ARC) as part of the Discovery Indigenous Scheme, announced 27 October.

The grant will investigate how Indigenous community-controlled organisations in the health, justice and child protection sectors develop and implement culturally and community grounded programs, which can guide and improve the safety and wellbeing of young Indigenous people between the ages of 10-24.

Furthermore, the project seeks to better understand the unique perspectives, strengths and limitations of organisations who provide critical support to young Indigenous people in contact with the carceral system.

“We are focusing on this age group as those life transitions between childhood, adolescence and young adulthood are the population group at highest risk of being incarcerated. We are also interested to examine how Indigenous community organisations support and provide vital contributions to building safer, more supportive communities” Dr Longbottom said.

Dr Longbottom will lead the project from the Ngarruwan Ngadju First Peoples Health & Wellbeing Research Centre (based at AHSRI), in collaboration with Professor Kathleen Clapham and researchers from the University of Queensland, the University of Melbourne, the University of Sydney, Central Queensland University and UNSW Sydney.

“We already understand the punitive factors associated with the carceral state. To de-carcerate the system, we need to understand current processes, how young Indigenous people experience the system, as well as the provision of support by

Indigenous community organisations,” Dr Longbottom said.

“The carceral system in our view reflects that of the health, education, justice and child protection sectors. Pivotal to closing is the gap is the role of Indigenous community-controlled organisations who develop and implement culturally and community grounded programs. The project will also articulate the protective and punitive influences that determine the key drivers and social factors of young Indigenous people who come into contact with the carceral system.”

Deputy Vice-Chancellor (Research and Innovation) Professor Jennifer L. Martin AC said the funding will help address a critical issue that disproportionately affects Indigenous people.

“The grant will help the research team work closely with the community and partner organisations to analyse and evaluate and to unpack young Indigenous people’s experiences with the carceral system,” Professor Martin said.

The research will be carried out over five years with the findings helping to assist in addressing the current overrepresentation in these carceral systems. It will provide a strength-based, culturally and trauma-informed and responsive model that can be locally contextualised in communities across Australia and further internationally.

The grant also includes a Discovery Australian Aboriginal and Torres Strait Islander Award to Dr Longbottom, a prestigious and highly competitive award and one of only three awarded across the country.



Adapted from original story by Yogesh Bhatia, University of Wollongong

Projects

Over 30 research and evaluation projects were undertaken during the year. These included a mix of short-term projects completed in one calendar year and longer-term projects extending in part throughout 2021. 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 – OCTOBER 2021

BACKGROUND

The Pathways to Community Living Initiative (PCLI) is a major mental health reform program led by the NSW Ministry of Health in collaboration with NSW Local Health Districts. It is a key component of the whole-of-government enhancement of mental health care under the NSW Mental Health Reform 2014-2024. The PCLI represents a transformational change in the care of people with severe and persistent mental illness and complex needs who are, or are at risk of becoming, long-stay inpatients in NSW hospitals. CHSD was commissioned in 2017 to conduct a formative and summative evaluation of the program.

WHAT WE DID

The goal of the PCLI evaluation was 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 were four components: consumer outcomes, consumer and carer

experiences, provider and system outcomes, and economic evaluation.

Three deliverables were submitted during 2021, including a revised version of the Stage One formative and summative evaluation (Evaluation Report 5). This report has since been published on the Ministry website with a foreword by Dr Nigel Lyons, Deputy Secretary, Health System Strategy & Planning.

Evaluation Report 6 presented the findings of a qualitative organisational case study of mental health service reform processes and resulting practice change at two Local Health Districts which were among the six PCLI primary implementation sites. This piece of work represented a 'deep dive' into the processes of the PCLI and examined the extent to which the observed practice change could be attributed to the reform program.

The final report of the independent evaluation was delivered in October 2021. The report presented the summative findings of the mixed methods evaluation activities and formative information to guide continuing reform within mental health services. There are plans to publish Evaluation Report 6 and the Final Report on the NSW Ministry of Health website.

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 implemented an intervention to improve social connectedness amongst older Australians and tested delivery of these methods through two Primary Health Networks (PHNs). The objective was 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 or community based

service providers as having, or being at high risk of, social isolation and / or loneliness. The pilot commenced in January 2019 and concluded in June 2021 however, during this period project activities were suspended for approximately six months due to the impact of COVID-19. The two pilot sites, Perth South PHN and Nepean Blue Mountains PHN, each implemented an individual-level strategy to directly assist lonely and socially isolated older people, supported by a complementary suite of asset-based community development strategies. The Australian College of Mental Health Nurses was funded as the project manager and was engaged in co-design and overseeing implementation of the pilots.

WHAT WE DID

The evaluation aimed 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. The COVID-19 pandemic presented major challenges and necessitated significant adaptations to both

implementation and the evaluation approach. Nonetheless, the mixed methods evaluation was successfully completed using a range of quantitative and qualitative data sources, including site visits, interviews and surveys of stakeholders and consumers, and consumer health assessments.

In late 2021, the Department was provided final evaluation reports for each site as well as a report to inform future policy considerations. It summarised what worked in the context of the evaluation to help inform the Australian Government's future models of care and interventions for lonely and socially isolated older Australians. For example, future interventions should view older people as important contributors to the social capital of their communities, engage them in co-design, use a strengths-based personalised response, and incorporate principles of reciprocity where older people are able to 'give something back'. The evaluation concluded that primary care organisations, as well as the Australian Government's national network of Regional Assessment Services (RAS) are well-positioned to identify lonely and socially isolated older adults particularly when integrated with existing local measures and service providers. For this to be effective many older people will require facilitated support to engage with these activities and services. Multi-component interventions that integrate community efforts with those of health and social service providers assist in the sustainability of program components. Further research is needed to quantify potential benefits, learn more about

effective implementation and assess policy options.



Photo courtesy of Centre for Ageing Better

Connections for Life with Dementia

PARTNERS: IRT GROUP, PLAYGROUP NSW, BLUEHAVEN CARE, ILLAWARRA SHOALHAVEN LOCAL HEALTH DISTRICT UOW GLOBAL CHALLENGES PROGRAM

**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

The project, led by A/Prof Lyn Phillipson (Principal Research Fellow, School of Health and Society, UOW), has built understanding and taken action to support and enhance

the social health of people with dementia through reducing barriers and providing support for social, civic and care connections. It specifically explored how people with dementia can be supported to live connected lives that are manageable, meaningful and comprehensible, through: neighbourhood and home design (Design Connections); intergenerational play (Play Connections); and creative, personalised supports in aged care (Care Connections).

Despite challenges presented by the COVID-19 pandemic (particularly restrictions prohibiting face-to-face contact with many of our research participants and partners), each of our three complementary research streams has generated new knowledge, built new strategic national and international research partnerships, and contributed substantially to the development of innovative methodologies to promote the inclusion of people with dementia in research.

To find out more about the project please visit www.uow.info/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 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

The methodology builds on the previous evaluation and incorporates the same evaluation framework and a broadly similar approach to stakeholder engagement, data collection and data analysis activities. An interim report was delivered early in 2021 which outlined the major developments that have occurred within the LikeMind pilot since the completion of the Phase 1 evaluation. Throughout 2021 lead agencies continued to collect the LikeMind Minimum Dataset and members of the evaluation team carried out interviews with key stakeholders and developed a satisfaction survey for LikeMind consumers. A final report will be submitted in early 2022.

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 comprised 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 drive systematic improvements to palliative care outcomes for residents and their families. The evaluation sought to examine the feasibility of the pilot model by identifying how successfully it can be embedded into aged care homes (ACHs). In this way, the project ultimately aimed 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 ACHs. 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. ACHs interested in participating prepared for implementation by assessing their readiness, undertaking education and training of staff, modification of end of life care protocols to incorporate PCOC and installation of IT infrastructure for data collection. Evaluation components included analysis of the readiness assessments and pre- versus post-education and training evaluation.
2. **Implementation:** Participating ACHs used the standardised assessment and response protocol to identify and respond to residents' palliative care needs and concerns. Routine PCOC assessment data were collected and submitted to PCOC every six months. Data were analysed and feedback reports provided to participating ACHs to inform their quality improvement activities. 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 analysed as part of the summative evaluation to highlight valuable lessons learned.

A final report was delivered to the Wicking Trust in January 2021, and options for the national rollout of the PCOC Wicking Model for RAC were explored, informed by recommendations arising from the evaluation. This resulted in AHSRI being awarded \$8.9 million funding from the Australian Government to establish the Palliative Aged Care Outcomes Program, discussed in detail earlier in this report.

Evaluation of the Family and Carer Mental Health Program

NSW MINISTRY OF HEALTH

TOTAL FUNDING: \$223,863
JULY 2020 – JANUARY 2022

BACKGROUND

The Family and Carer Mental Health Program is a state-wide program funded by the NSW Ministry of Health. It aims to improve the wellbeing of those who care for and support people with mental health issues, as well as promote and facilitate family inclusive mental health services. The importance of involving families and carers in order to achieve strong outcomes for mental health consumers is well supported in the research. This program acknowledges that crucial role through the provision of services that identify and address the complex needs of carers.

The program is delivered through a partnership between specialist community managed organisations and the Local Health Districts and Justice Health and Forensic Mental Health Network. A range of services are provided, such as education and training, individual support and advocacy, group activities, and support and education initiatives for mental health services.

CHSD was engaged by the NSW Ministry of Health in mid-2020 to evaluate the program. This is the first formal evaluation that has been undertaken on the program since it was established in 2005.

WHAT WE DID

The evaluation comprises both process and outcome evaluation components. These aim to better understand the achievements of the program, assess the extent to which the model of care is effective, efficient and appropriate, and

identify opportunities to enhance the program's outcomes. The development of a program logic model was also a key project outcome.

In the context of undertaking an initial evaluation of a long-running program, an exploratory mixed methods research design was used, conducted over two phases. Phase One commenced in 2020, and included a range of data collection activities along with the development of a draft program logic and the documenting of background and context of the program. The quantitative data comprised administrative datasets reported by the community managed organisations, for the period July 2018 to September 2020 as well as historical data from 2008 to 2018. Qualitative data was collected through 15 semi-structured interviews with a range of key informants. An interim report incorporating the findings of Phase One was provided to the NSW Ministry of Health in February 2021. This report was subsequently published on the Ministry's website.

The second phase of the evaluation built on the findings of Phase One. Major data sources included: a carer experience survey which was completed by around 200 carers currently registered with the program; semi-structured follow-up interviews with a sample of 15 carer survey respondents; and a further 15 interviews with key informants. The administrative data was also further analysed, with the addition of a dataset reported by the Local Health Districts and Justice Health and Forensic Mental Health Network for an 18 month period to December 2020.

The findings from a synthesis of all evaluation data sources, along with a set of recommendations to further develop and refine the program, were provided to NSW Ministry of Health in a final report in October 2021. The final version of the report and a summary report will be submitted to the Ministry in early 2022.

Evaluation of the Trusted Advocates Network Trial (Farmers' Trial) and the Seafood Industry Mental Health Supports Trial (Fishers' Trial)

AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH

TOTAL FUNDING: \$199,908
OCTOBER 2020 – MAY 2021

BACKGROUND

CHSD was engaged by the Mental Health Supports Branch of the Australian Government Department of Health to conduct an independent evaluation of a model of mental health promotion delivered by volunteers in rural and regional communities: the Trusted Advocates Farmers' and Fishers' Trials.

The Farmers' Trial was 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 Primary Health Networks (PHNs) were funded to recruit, train, and support up to 10 volunteers in target communities. These volunteers, known as Trusted Advocates, provided informal mental health support to peers and acquaintances. They were recruited from among established and respected members of the community, received reimbursement of expenses, and were 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 was to ensure these

individuals had the skills and strategies to manage sensitive discussions. To this end, they were provided with training and support (including clinical debriefing as required) to assist them in their roles.

A similar Trusted Advocates program was delivered by Seafood Industry Australia (SIA) in three communities dependent on commercial fishing. Other components of the Fishers' Trial were: training and community awareness for support coordinators, general practitioners, and other health professionals; communication activities aimed at enhancing access to existing services; and 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 was designed to document the processes of implementation at each of the 12 implementation sites across five States and Territories. It also assessed outcomes in terms of help seeking behaviour, linkages to mental health services, and community resilience. In particular, it evaluated the extent to which Trusted Advocates could:

- feel confident and effective;
- identify people who may be struggling with mental health issues;

- encourage them to engage in self-help;
- recognise when professional help is required and facilitate reaching out for help;
- direct them towards mental health supports and other relevant services in their communities.

Evaluation activities commenced in late 2020 and continued

to April 2021, including data collection via an online survey and interviews with 'trial managers' (individuals responsible for local implementation of the program) and Trusted Advocates volunteers across the participating PHNs and SIA. Findings were presented in an interim report (February 2021) and final report (May 2021), including recommendations to the Department to guide future implementation efforts.



Living Connected: Digital inclusion overcoming isolation of elders

NBNCO, VITA FOUNDATION, AUSTRALIAN GOVERNMENT'S BE CONNECTED INITIATIVE, FACS NSW CSIS GRANT, NAB COMMUNITY GRANT, VOLUNTEER GRANT

**TOTAL FUNDING: \$220,000
AUGUST 2016 – PRESENT**

BACKGROUND

Living Connected has created a service to improve the digital literacy of older citizens who live in the Illawarra, Shoalhaven, Eurobodalla and Sothern Highlands. 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.

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 2020-21 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 four 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 2021 we received an additional \$60,000 in grants, enabling us to pivot under COVID-19 restrictions to deliver services online. We have run weekly 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. In late 2021, we resumed our home visit service and some face-to-face community group drop-in sessions in the Illawarra that have been well attended.

While we continue to deliver our program to seniors, we now have special-needs clients of all age referred to us by care providers who appreciate our approach to digital mentoring.

In 2021 Living Connected received the Community Industry Group 'We Do Magic – Terrific Team Effort' award.



Photo courtesy of Centre for Ageing Better

Evaluation of the Calvary Household Model of Care Pilot

CALVARY HEALTH CARE

TOTAL FUNDING: \$149,041

DECEMBER 2020 – SEPTEMBER 2022

BACKGROUND

Calvary Health Care is conducting a pilot of a new model of care (MoC) to be implemented for residential aged care. The aim of the pilot is to develop and implement a person-centred MoC that reflects current best practice for aged care and aligns with the recommendations from the Royal Commission into Aged Care Quality and Safety, released in March 2021. The multi-faceted MoC is being implemented using a phased approach, with a focus on particular 'building blocks' in each stage.

CHSD was engaged by Calvary Health Care to undertake an evaluation of the pilot which is being conducted at two aged care homes in the Hunter region of NSW. Findings from this evaluation will inform the ongoing development and future expansion of the MoC across all of Calvary's residential aged care homes.

WHAT WE DID

The study has been designed to capture data on processes, outputs and outcomes, as well as the involvement of residents, families and service providers at the different stages of the pilot. The evaluation framework considers the changes and outcomes at three levels: the consumers (resident and family experience), providers (aged care staff,

related health staff), and the system (Calvary structures and processes, networks, relationships), as well as issues around capability building and generalisability across the organisation.

A mixed methods approach was developed, incorporating formative elements to inform the ongoing development and improvement of the program, and summative elements to assess the extent to which the pilot meets its objectives. Data collection activities include resident and staff surveys, interviews with families and senior Calvary staff, and observation of MoC related activities, including resident and staff meetings. Data will also be utilised from routinely collected datasets, such as National Quality Indicators and other resident outcome information, as well as human resources and financial data.

During 2021, planning and implementation of the MoC was significantly disrupted due to factors including the COVID-19 pandemic, resulting in significant delays to the pilot. Consequently, the timeframe of the evaluation was extended until September 2022.

The evaluation team has maintained regular communication with Calvary throughout this period, and some work was progressed on the collection of baseline data, including the preparation of two survey tools: a resident experience survey and a staff job satisfaction survey. A number of resident surveys were completed and planning is in place for the completion of both surveys prior to the commencement of the MoC implementation in early 2022.

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. 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.

Ngarruwan Ngadju were contracted by COORDINARE 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 in May 2020. The review was conducted in two phases. The first phase comprised a targeted literature review, qualitative data collection (including semi-structured interviews with ITC staff and clients and focus groups with ITC care coordinators), analysis of quantitative program data, and development of 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 CEOs and staff at four ACCOs and one mainstream service, and a co-design workshop was also held. Following the co-design workshop, further engagement was held with all stakeholders regarding the initial recommendations of the review. The final report of the review was submitted in March 2021 and included recommendations to the PHN on the best use of ITC funding and resources.

Review of SAFE START

PARTNERS: MENTAL HEALTH CHILDREN AND YOUNG PEOPLE (MH-CYP) AND HEALTH SOCIAL POLICY BRANCH (HSPB), NSW MINISTRY OF HEALTH; WESTERN SYDNEY UNIVERSITY, PARENTING RESEARCH CENTRE

**TOTAL FUNDING: \$100,000
2020 – 2021**

BACKGROUND

The NSW Health SAFE START Strategic Policy and Guideline aim to improve the identification of vulnerable women and families through a comprehensive psychosocial assessment offered as a routine component of pregnancy and postnatal care. SAFE START includes clearly articulated service responses for women with low, moderate and complex psychosocial needs. However, since SAFE START was introduced in 2010, research has advanced, healthcare has reformed, and clinical practices and policy contexts have changed.

WHAT WE DID

In November 2020, NSW Health engaged a multidisciplinary team – Dr Nicole Reilly (AHSRI), Prof Virginia Schmied, Prof Hannah Dahlen, Prof Lynn Kemp, A/Prof Ann Dadich (Western Sydney University) and Annette Michaux and Gina-Maree Sartore (Parenting Research Centre) – to undertake a state-wide review of SAFE START. This review is being undertaken in view of best evidence and in consultation with a wide range of key stakeholders across Australia.

In 2021, the team collaborated with the NSW Ministry of Health to develop a new policy guideline, recommendations for training and a state-wide implementation plan, due for release in 2022. This significant piece of work is a core activity

under the NSW Health First 2000 Days Implementation Strategy 2020-2025. This strategy outlines the importance of the first 2000 days and the actions people within the NSW Health system need to take to ensure that all children have the best possible start in life.



Health economic analysis for the Vocational Intervention Program

ICARE

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

BACKGROUND

Returning to work following a traumatic brain injury is recognised as a key measure of community reintegration. The Vocational Intervention Program 2 (VIP2) is the second phase of an employment program that aimed to achieve successful employment outcomes for people following a traumatic brain injury. VIP was coordinated and implemented by the Agency for Clinical Innovation (ACI) and the Ingham Institute of Applied Medical Research. Its concept was based on an integrated service model where services were delivered by a team of providers working across organisations and levels of care.

iCare engaged CHSD to undertake a health economic evaluation of the VIP which utilised a cost-benefit analysis approach to assess the costs of the VIP2 relative to the outcomes and benefits achieved.

WHAT WE DID

Funding provided to VIP2 was used to establish the cost base for the CBA and the benefits were derived based on the number of participants that achieved competitive employment and the type of their employment. A human capital approach was employed to assign a monetary value to these outcomes. Historical return to work rates were applied as a comparator to calculate the impact of the VIP2.

During the VIP2, 221 individuals were referred from a NSW Brain Injury Rehabilitation Program (BIRP) unit to a vocational provider. Of these, 173 individuals subsequently participated in the VIP2. Until June 2021, 135 had either completed or withdrawn from the program, 62 of those were in competitive employment which was 17.2 percentage points higher than historical rates for this population. Their occupations included labourers (23%), community and personal service workers (18%), technicians and trade workers (18%) and professionals (16%).

The cost of VIP2 included program management and coordination but excluded costs of vocational providers and BIRP unit staff.

We estimated that for every \$1 invested in the program the return was \$10.34 and therefore recommended VIP2 to continue as a model of vocational rehabilitation in NSW.

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

NSW MINISTRY OF HEALTH TRANSLATIONAL RESEARCH GRANT SCHEME

**TOTAL FUNDING: \$71,500
MAY 2019 – JUNE 2022**

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. 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 Aboriginal Chronic Disease Program at ISLHD are delivering 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 ISLHD, Ngarruwan Ngadju are providing research 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.

Several activities were successfully completed in the early stages of the project, including establishment of governance committees, staff training and production of a project manual, cardiac client recruitment and baseline data collection. Qualitative data collected to date indicate strong support for the model, which was considered culturally appropriate; positive feedback was obtained around opportunities for improved skills (e.g. education and exercise, relationship building, engagement). Areas for improvement were also identified.

The study was suspended in 2020 due to natural disasters and the COVID-19 pandemic, and continued to be disrupted throughout 2021. The study will recommence in early 2022.

Evaluation of the Aboriginal Cultural Support Program

**COMMUNITY SERVICES ILLAWARRA SHOALHAVEN,
NSW DEPARTMENT OF COMMUNITIES AND JUSTICE**

**TOTAL FUNDING: \$69,739
MAY 2020 – NOVEMBER 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 Birraleee to an Aboriginal Service Hub. The restructure was in response to the increasing number of Aboriginal children reported at risk of significant harm and entering Out of Home Care. The program aimed 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.

Researchers from Ngarruwan Ngadju were engaged to undertake a review of the Aboriginal Cultural Support Program. The scope of the evaluation included: development of a program logic and evaluation framework; conduct of a process and outcomes evaluation; and assessment of the cultural appropriateness and acceptability of the program, including the training provided to Aboriginal cultural support workers. Analysis of the program across the District included 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

Project governance and ethical oversight was provided by a steering committee, which comprised respected community elders and other key stakeholders. Ethical approval was obtained from the University of Wollongong's Social Sciences Human Research Ethics Committee. Following completion of an initial literature and policy review, an evaluation framework (including program logic) was developed and data collection took place. This involved semi-structured interviews and focus groups with managers, cultural workers and case workers. Data collection was impacted by the COVID-19 pandemic, however consultation with Aboriginal community organisations and their clients was undertaken. These data were analysed and synthesised with 18 months of program data from the Aboriginal Cultural Support Program. A final report was delivered to Community Services Illawarra Shoalhaven in November 2021.

Evaluation of the Coomaditchie Ngaramura project – ‘See the Way’

UOW GLOBAL CHALLENGES PROGRAM

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

BACKGROUND

The clear and urgent need to address the educational disadvantage of Indigenous children and young people has been recognised in Commonwealth and State policy for more than a decade, with renewed attention under the most recent National Agreement on Closing the Gap. Current policy acknowledges that valuing and respecting culture underlies effort to support Indigenous young people to thrive and reach their potential. In 2018, researchers from Ngarruwan Ngadju were invited to evaluate the Ngaramura project (Supportive Pathways for Indigenous Children in Schooling and Employment), funded by the National Indigenous Australians Agency, which aimed to address the educational needs of disengaged youth in the Illawarra region. The program was developed by an experienced local Aboriginal educator, after extensive consultation with stakeholder groups across the region, including schools, community organisations and the Illawarra Aboriginal community. In collaboration with the Coomaditchie United Aboriginal Corporation and the project’s steering committee, the research team conducted an evaluation focused on the delivery of the program at the Coomaditchie Hall in Kemblawarra, over a three year period. The purpose of the evaluation was to describe how the program was implemented, provide insight into its effectiveness and make recommendations and feedback for program improvement.

WHAT WE DID

The evaluation was 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 mixed methods process and outcomes program evaluation.

Four key concepts were shown to underlie Ngaramura: Re-connecting with education through culture and identity; Elders as holders of Indigenous cultural knowledge and history; Culturally safe spaces for young people to learn and thrive; Culture continuity through young people. Ngaramura operationalises these key concepts through: learning through culture; adapting the community setting as a cultural learning place; Linking young people, families and schools; asserting Aboriginal identity in relationships with schools; connecting young people to services; providing supportive pathways to address educational and employment disadvantage.

From 2018 until early 2020 Ngaramura was successfully delivered onsite as intended, with young people at the Coomaditchie Hall. Despite various adversities during this period, including a fire and the COVID pandemic, over a three year period Ngaramura sustained engagement with the five schools designated by the funding body to provide referrals. Ngaramura received a total of 149 students from the five schools over the three year period from 2019-2020. Innovative programs such as Ngaramura are uniquely able to fill a much needed gap in place-based culturally based programs based on local Indigenous knowledge and respected elders who know local families, communities and services and are experts in local Indigenous history.

The final evaluation report was delivered in 2021.



Artwork by the youth engaged in the Ngaramura project, and included in the production of the local Dreaming story Guma'maari and the Rainbow. 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 was to evaluate the effectiveness of the Medcast Pty Ltd multifaceted educational intervention in an Australian general practice setting, regarding use of the MHR system and rational use of medicines, pathology and imaging.

WHAT WE DID

The study was undertaken in general practices across urban and regional Australia, using a mixed methods approach which incorporated a three-arm pragmatic cluster randomised parallel trial with a prospective qualitative inquiry. The effectiveness of the intervention in each arm was assessed, using the other two arms as controls. The primary outcome was 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.

In total, 106 GPs enrolled in the trial. Of those, nine participants withdrew and 44 completed all education sessions. On an intention to treat basis (i.e. including all participants with available data), the rates of increase in pathology and imaging costs were lower than in the control arms, though not statistically significant. In the per protocol analyses (i.e. GPs who completed all education modules), pathology costs were statistically significant lower than in the control arms. Among participants who completed the education modules, imaging and prescriptions costs were lower than controls, though not statistically significant. Based on the per-protocol findings, the savings in imaging amounted to 42%, in prescribing to 16%, and in pathology to 13% relative to the respective average costs across the sample.

Sixty participants completed baseline questionnaires and 37 completed post-education questionnaires. We found statistically significant overall improvements in confidence and self-reported use of MHR as well as a statistically significant increased confidence in deprescribing, self-assessed frequency of review of pathology test ordering and confidence in evidence-based imaging ordering for low back pain.

The findings from the CHIME-GP study suggest that quality improvement can be achieved, along with reduced growth in health system expenditure for low value pathology tests. The online nature of the intervention made it potentially highly scalable nationally.

Capacity Building for Dietitians in Disability: monitoring and evaluation framework

DIETITIANS AUSTRALIA

TOTAL FUNDING: \$39,713
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. The importance of equipping dietitians working in diverse areas of practice to work safely and effectively with people with disability in contemporary dietetic practice was recognised with the awarding to Dietitians Australia (DA) of a Mainstream Capacity Building Grant, through the NDIS Information, Linkages and Capacity Building program. DA is partnering with the Australian Federation of Disability Organisations to develop an appropriate educational program and resources. The project has drawn from contemporary literature in this field and through a broad consultation process with dietitians, people with disability, carers and other relevant stakeholders to inform program design and delivery. An advisory group is informing program development and implementation.

WHAT WE DID

The purpose of the Capacity Building for Dietitians in Disability 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. DA has engaged CHSD to provide support in the development and implementation of a monitoring and evaluation framework. Working collaboratively with CBDD project team members, we have continued to provide advice relevant to planning the evaluation, developing a program logic and theory of change, evaluation questions and data collection strategies. We are providing particular support with qualitative data collection and analysis in subsequent phases of the project, the results of which will be synthesised and analysed, and submitted with our final report.



Homeless Health Service workforce capacity assessment

ST VINCENT'S HEALTH NETWORK SYDNEY

TOTAL FUNDING: \$33,000
JULY – OCTOBER 2021

BACKGROUND

CHSD was commissioned by the St Vincent's Health Network Sydney to deliver a Workforce Capacity Assessment of the Homeless Health Service (HHS). The Homeless Health Service (HHS) operates in the City of Sydney Local Government Area providing holistic, multidisciplinary healthcare and support to people experiencing primary homelessness. The HHS was experiencing increasing demand for its services and this had been exacerbated by the impact of the COVID-19 pandemic. St Vincent's management were keen to identify opportunities for improving the scope of practice of nurses to better meet identifiable service gaps within the standards of practice, policies, regulations and legislation related to nursing roles. The HHS employs 50 staff, one third of whom are registered nurses. The vast majority of clients presenting have complex physical and mental health issues. Any changes to how care is delivered also needed to take into account potential impacts on other team members and work for the patient, practising nurse, team, HHS and broader hospital and health system.

WHAT WE DID

We employed a cross-sectional survey to obtain the views of

staff employed by the HHS in both nursing and non-nursing roles. The survey was distributed to all 50 team members of the HHS and 20 individuals responded (representing a response rate of 40%). In addition, 16 individuals participated in semi-structured interviews and six in focus groups.

The research elicited insights from the front line and a high proportion of both nurses and non-nursing staff perceived that service gaps existed that reduce access to care for clients and several barriers to improving access to care for clients, at the client, service and system level were identified. The results indicated that there was strong support amongst all team members to increase the scope of practice of nurses to improve opportunities for people experiencing homelessness to access services. A range of opportunities were identified where nurses' contribution might be further developed for example, in assessment and referral, provision of physical and mental health care (including development of care plans) and education and support for clients.

The information gathered is contributing to a broader four phase study 'Optimising scope of practice of the nursing workforce to increase access to care for people experiencing or at high risk of vulnerability' being conducted by a St Vincent's research team. A key output will be the design of a hospital-led learning pathway to better support nurses caring for vulnerable populations such as those experiencing homelessness.

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 2021 – OCTOBER 2022

BACKGROUND

In collaboration with the Illawarra Aboriginal Corporation (IAC), Ngarruwan Ngadju applied to the UOW Community Engagement Grant Scheme for 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 collaborated with the IAC on the implementation and evaluation of the project. Drawing on a strengths-based approach we worked alongside the IAC to support them to demonstrate the outcomes of their work. Ngarruwan Ngadju researchers refined an evaluation plan and developed indicators and culturally appropriate data collection methods to measure its success both qualitatively and quantitatively.

This project supported the IAC to provide a cultural knowledge and skills program for 22 Aboriginal women from the local area. The program was developed and delivered flexibly over a six-month period. Ten of the planned 11 workshops were organised and delivered. A survey of participants found evidence of high levels of engagement and improved skills attainment. In qualitative group yarns and individual yarning interviews the women expressed a high level of satisfaction and an interest in participating in ongoing cultural programs. A community report has been produced and will be disseminated during 2022 to program participants, the local Aboriginal community and through the Ngarruwan Ngadju website.

Peer review of NSW Bushfires Mental Health Program Evaluation Plan

RESILIENCE NSW

TOTAL FUNDING: \$10,534
JUNE – JULY 2021

BACKGROUND

CHSD was engaged by Resilience NSW to undertake a peer review of the NSW Bushfires Mental Health Program Evaluation Plan. The program aims to recruit 30 bushfire recovery mental health clinicians to support disaster-affected individuals, carers and families, recovery support workers and emergency services staff and volunteers. This clinical workforce will provide post-disaster emotional wellbeing services and where necessary, referrals will be made to specialist mental health support services.

WHAT WE DID

Methods for this peer review included documentary review of all program materials provided by Resilience NSW and other key resources. In addition we drew on the program evaluation expertise within Resilience NSW and the resources of qualitative, quantitative and mixed methods evaluation experts within our team.

Our review comprised a completed peer review template with supporting analysis. A strategically developed and fit for purpose data collection framework was included to address the program outcomes and objectives and overarching

requirements to assess the contribution of the program to social recovery, sustainability and resilience. Program outcomes as per the program logic (immediate, intermediate and end of program) were clustered to reflect the focus of activities: activities primarily for individual community members, service providers, and/or the broader community and health system. Revisions were suggested to the key evaluation questions and recommendations were made concerning amendments to the overall evaluation plan.



"Smoke from a fire casts an eerie glow" by Rob Russell is licensed under CC BY 2.0

Supporting integrated mental health care for new mothers using evidence-based tools: validation of the Postnatal Risk Questionnaire-Revised

UOW REVITALISE RESEARCH GRANT

TOTAL FUNDING: \$9,940
JULY 2021 – JUNE 2022

BACKGROUND

Australian clinical practice guidelines for pregnancy care (Department of Health 2018) and perinatal mental health (COPE 2017) recommend that all women be offered depression screening and psychosocial assessment as a routine component of maternity care. There are validated tools to support this universal prevention and early intervention approach during pregnancy. However to date, no postnatal tool, developed specifically for the Australian health care context, has met the rigorous evidence-based criteria required to be recommended in best practice clinical guidelines or new Medicare Benefits Schedule (MBS) requirements for obstetric care.

WHAT WE DID

The aim of this project is to evaluate the Postnatal Risk Questionnaire-Revised. It will capitalise on data collected from nearly 800 postnatal women as part of the PIPA Project (Reilly et al 2017) – a large-scale comparative effectiveness trial led by our research team and undertaken at the Royal Hospital for Women, Sydney. If, as expected, this validation of the PNRQ-R shows it has strong psychometric properties, it will allow health care professionals without specialist mental health training to routinely use a single tool to identify new mothers at increased risk of poor mental health outcomes, or needing further mental health assessment, so that timely and appropriate referral and management and options can be offered.

This project is being conducted in partnership with Professor Marie-Paule Austin (UNSW, Royal Women's Hospital Melbourne) and NSW Health South Eastern Sydney Local Health District, and is supported through a UOW RevITALise Research Grant Scheme, as part of the Federal Government's 2021 Research Support Program.

Competitive research grants

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 – DECEMBER 2023

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 was 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 is testing 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 has recruited approximately 60 Aboriginal community or health services which have been 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 are represented on the chief investigator team and Aboriginal Governance Committee, and are continuing to assist with recruitment of sites in south-eastern NSW. Due to its reliance on face-to-face intervention with elderly Aboriginal people across Australia, the project was directly impacted by the COVID-19 pandemic. However, research recommenced in late 2021, with program outcomes adjusted and, with NHMRC approval, the research design was modified to increase engagement and the project timeline extended.

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 is available on the Centre's website <https://www.australiancannabinoidresearch.com.au>.



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 approach and existing networks and partnerships, aims to 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 began in July 2020 and continued throughout 2021. In 2021, an application to amend the existing ethics protocol was approved by the Aboriginal Health and Medical Research Council, and an expanded steering committee was established for governance oversight of the project. Three component parts were conducted and finalised: a rapid review of literature; stakeholder consultation; and a review of communications and social media. This phase focused on contextualising Aboriginal responses to COVID-19 and was oriented to collecting and analysing information about the pandemic from social media communications and available literature. It 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. Consultation with regional stakeholders has continued throughout the year and an additional survey instrument to capture the impact of COVID-19 on staff wellbeing was developed and implemented. The results of Phase 1 were presented to key stakeholders in November 2021.

Preparation for Phase 2 of the study began in 2021. This phase aims to co-design a framework for the preparedness, delivery and recovery in relation to crisis. It draws on results from Phase 1 and will involve discussions with key regional stakeholders to identify barriers and enablers to renegotiating relationships with funding bodies.

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 existing 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 completed 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, took place from 2020 to 2021. Due to the COVID-19 pandemic, this focused on two sites in the Illawarra region, with virtual data collection occurring across both sites. The broader regional ethnographic study recommenced in 2021 and planning for Phase 2 and 3, which will be the focus of activities in 2022.

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 – 2022

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:

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.

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 Paul and Rola continued to make excellent progress throughout 2021.

Early Intervention: Knowledge and resources to improve educational outcomes for students requiring multi-agency support for mental health and wellbeing

NSW DEPARTMENT OF EDUCATION STRATEGIC RESEARCH FUND: BUILDING THE EVIDENCE BASE

TOTAL FUNDING: \$174,788
MAY 2021 – MAY 2023

BACKGROUND

There is an urgent need to develop a comprehensive understanding of the impact of child protection and mental health issues, including self-harm and suicidal behaviours on

wellbeing and education outcomes for NSW students. The NSW Department of Education Wellbeing Framework for Schools report highlights the importance of schools fostering the wellbeing of students and supporting them to "connect, succeed and thrive". For schools to foster wellbeing for students, it is necessary for "students, teachers and staff, and members of the wider school community to have a shared understanding of the behaviours, attitudes and expectations that enhance wellbeing and lead to improved student outcomes". Students with child protection and mental health issues are at increased risk of poorer educational attainment

and completion of schooling but we still know very little about how to intervene more effectively to support student's wellbeing.

WHAT WE DID

In May 2021 the research study commenced, led by Dr Michelle Townsend (School of Psychology), Dr Luise Lago (CHRISP), Prof Brin Grenyer (School of Psychology), Prof Nagesh Pai (ISLHD), and Dr David Alcorn (ISLHD), supported by Associate Research Fellows Dr Karlen Barr and Mr Stephen Moules. The grant will support two activities:

1. The establishment of a linked, cross-sectoral population-level dataset containing information on children living in the Illawarra Shoalhaven Local Health District (ISLHD). The datasets will be sourced from ISLHD, NSW Ambulance, NSW Department of Education (Attendance/ Engagement), NSW Education Standards Authority (NAPLAN), NSW Department of Communities and Justice (Child Protection and Out of Home Care),

NSW Registry of Births, Deaths and Marriages, the Australian Early Development Census, and the Australian Coordinating Registry.

2. A research study using the linked dataset, to increase the understanding of students in the moderate to severe spectrum of mental ill health who may be presenting in crisis and have a high need for coordinated support to improve their mental health or wellbeing.

The ethics application has been submitted, and negotiations with data custodians are completed. This research program will provide tangible outcomes that can be used by policy makers, educators and clinicians to better support vulnerable students to ensure they are supported at school and in the community. It is expected that the outcomes from this research program will inform interagency collaborations and management of students across ISLHD by school link coordinators, caseworkers, school psychologists and health clinicians.

Investigating gender differences in a suicide prevention aftercare program: How can we improve outcomes for all?

SUICIDE PREVENTION AUSTRALIA – INNOVATION RESEARCH GRANT

TOTAL FUNDING: \$98,204
JULY 2020 – JUNE 2022

BACKGROUND

Robust research on the effectiveness of suicide prevention aftercare programs in Australia is lacking. Gender differences are noted in most aspects of suicidality (e.g. rates of suicide attempts, deaths), including intervention outcomes, however there is little available in the literature to inform the design of gender-specific interventions that might maximise the outcomes of programs for all.

The Next Steps program is a four-week community-based follow-up service offered after a suicide-related visit to an ED, with an option for extension to 12 weeks. It is co-led by clinicians and peer-workers. Participants attend an initial one-hour appointment with a mental health clinician and peer-worker, then receive follow-up by the peer-worker.

This study investigates the experiences of males and females in the suicide prevention aftercare program, evaluating their outcomes after one year, and exploring potential contributing factors. The mixed methods study includes analysis of

outcome data using six linked datasets, and qualitative interviews. The findings of this research will provide evidence-based guidelines for suicide prevention aftercare programs.

WHAT WE DID

The study is led by A/Professor Vida Bliokas (School of Psychology), Dr Luise Lago (CHRISP), Dr Alex Hain (Illawarra Shoalhaven Suicide Prevention Collaborative/National Mental Health Commission), Prof Brin Grenyer (School of Psychology), Dr Rebecca Sng (Grand Pacific Health) and Tim Heffernan (Coordinare). A controlled non-randomised two group (intervention [n=167] vs treatment-as-usual control [n=2,839]) design has been used for the primary outcome (likelihood of self-harm/suicide related re-presentation to an ED). The recruitment of participants has been completed and the 12-month follow-up period for re-presentations is approaching. Selection and validation of study controls is underway. A subset of participants attending the intervention have been selected for individual qualitative interviews.

A systematic review is being prepared investigating outcomes following suicide prevention aftercare interventions, and specifically, exploring gender differences in intervention outcomes.

Modelling the role of non-admitted care and its relationship to hospitalisation to guide system improvement for people living with dementia

DEMENTIA COLLABORATIVE RESEARCH CENTRE

TOTAL FUNDING: \$75,000
JULY 2021 – DECEMBER 2022

BACKGROUND

People with dementia often experience prolonged illness and disability after diagnosis. This includes higher risk of physical comorbidities, cognitive decline and neuropsychiatric symptoms. Physical conditions or symptoms such as epilepsy,

falls, delirium, oral disease, malnutrition, frailty, incontinence, sleeps disorders and visual impairment are more frequent in people with dementia, however care is often focused on managing cognitive and behavioural symptoms.

People with dementia may experience increased hospital admissions, longer stays and poorer prognosis due to neglect of comorbidities that may have been avoidable. Hospitalisation of people with dementia is associated with increased morbidity and mortality as well as high healthcare costs. Avoiding unnecessary hospital stays is therefore a key

goal for both people with dementia and the health system. There is currently a lack of evidence on the role of non-admitted health services in meeting the needs of people with dementia, and the impact on hospitalisations. This evidence is crucial to inform planning for the health system to support people living with dementia to live well.

WHAT WE DID

The project commenced in July 2021, led by Dr Luise Lago (CHRISP), A/Prof Lyn Phillipson (School of Health and Society), Prof Lee-Fay Low (University of Sydney) and Clinical Professor

Jan Potter (ISLHD). Suzanne Artiss, Stephen Moules and Dr Conrad Kobel have all joined the research team. We have recruited a broad range of expertise for our regional advisory group, including people with dementia, carers, people working in aged care and people from government agencies and universities. We have received ethics approval and data linkage is underway. The study will use admitted patients, emergency departments, non-admitted patients, community mental health, costs and mortality data to model the impact of use of non-admitted care on hospitalisation.

Increasing the capacity of a regional Local Health District to respond to methamphetamine-related harm: Developing an integrated model of care informed by linked data, and consumer and clinician views

NATIONAL CENTRE FOR CLINICAL RESEARCH ON EMERGING DRUGS

TOTAL FUNDING: \$69,000
JUNE 2021 – DECEMBER 2022

BACKGROUND

Regular and dependent methamphetamine use has increased three-fold in Australia since 2009; there are now an estimated 268,000 regular users of whom 160,000 are dependent users. Increases in the availability of the more potent crystalline forms of methamphetamine have been associated with increases in methamphetamine-related harm. Nationally, methamphetamine dependence is estimated to cost Australia around \$5 billion per year.

The need for research into long-term utilisation patterns among frequent attenders has been identified, in particular understanding predictors of ongoing use to distinguish meaningful subgroups for intervention. Using data linkage to develop a retrospective cohort, this study undertakes a systematic assessment of health service use and outcomes of residents presenting at acute care settings with methamphetamine-related problems in a region of

Australia outside of a major city (covering rural, regional and metropolitan areas).

WHAT WE DID

We used data from the Illawarra Health Information Platform and an innovative triage text-search algorithm provided by the NSW Ministry of Health to identify a cohort of 621 people who presented to emergency departments with methamphetamine use. We identified sub-groups of patients with short-term and ongoing presentations, and examined referrals and contact with Alcohol and Other Drug services. We modelled likelihood of follow-up service contact, accounting for sociodemographic characteristics and mental health comorbidity.

Among those who had contact with Alcohol and Other Drug services (n=349), 43.0% attended counselling, 42.4% Stimulant Treatment Program and 14.6% Opioid Treatment Program. High levels of Mental Health and Alcohol and Other Drug service use indicate potential for improved patient and health systems outcomes regarding comorbidity. Understanding points of contact is the first step in developing person-centred, complexity capable and integrated care in the region.

Adaptive and protective transport

UOW GLOBAL CHALLENGES SEED FUNDING

PARTNERS: UOW SMART INFRASTRUCTURE, NSW TRANSPORT, LIVERPOOL AND WOLLONGONG MUNICIPAL COUNCILS

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

BACKGROUND

Due to the pandemic, people's way of life changed dramatically. Australian governments imposed tight restrictions to stop the coronavirus from spreading, which resulted in significantly reduced road traffic and people movement. However, essential travel demand to maintain daily life remained, like grocery shopping and healthcare visits. Thus, it is critical to develop a feasible and holistic solution to maintain people's life, especially for seniors and people with impaired mobility, when similar crises occur

again. To achieve that, existing transport services need adjustment to support people to adapt to the unexpected scenarios after crisis occurs.

WHAT WE DID

This project is covering all groups of people, with special attention to seniors and people with impaired mobility. In 2021, a survey was developed and administered exploring how COVID-19 affected daily travel and quality of life for people in NSW, and how people adapted to the 'new normal' with eased restrictions from 11 October 2021 as part of the Reopening NSW roadmap. Qualitative research with transport vulnerable older people has also explored the impact of transport access during COVID lockdowns on health and quality of life. It is expected the project will make a significant contribution to understanding the mobility and social impacts and adjustment of transport services to tackle unexpected crises in the future.



Evaluating the impact of the nursing practice environment, nurse staffing and nursing care processes on five nursing-sensitive patient outcomes: A cross-sectional study

UNIVERSITY OF WOLLONGONG FACULTY OF SCIENCE, MEDICINE AND HEALTH – SMALL PROJECT GRANTS SCHEME

TOTAL FUNDING: \$15,392
OCTOBER 2019 – JANUARY 2022

BACKGROUND

This study aims to investigate the associations between the nursing practice environment, nurse staffing, nursing care processes and five patient outcomes (mortality, pressure injuries, falls, medication errors and infections). Donabedian's conceptual model will be used to link structural factors (such as the nursing practice environment) with nursing care processes and four key nursing-sensitive patient outcomes in a major teaching hospital in NSW. Natural variations between acute-care wards will enable analysis of the impact that the practice environment has on patient outcomes and identify strategies to support practice improvement and prevent adverse patient outcomes.

WHAT WE DID

As part of a doctoral research project, we ran a survey collecting data on the nurse practice environment and nurse staffing at 17 surgical and medical wards. Data was collected using a cross-sectional survey tool developed using PaperSurvey.io, which enables the printing and scanning of surveys using optical character recognition. We have estimated nurse-to-patient ratios in each ward. This data will be combined with information on nursing processes and patient outcomes, which has been extracted from hospital information systems. Analysis of this data is currently underway.

This project will provide detailed, prospective data to support improvements to the nursing practice environment, nursing care processes and patient outcomes at a major teaching hospital in NSW. Understanding the linkages between the nursing practice environment, nurse staffing and patient outcomes provides local data to support nurse unit managers, nursing executive and health care managers to improve nursing care and prevent avoidable adverse events.



Medication-related hospital admissions in the last five years of life: observational study from regional Australia

RURAL HEALTH MULTIDISCIPLINARY TRAINING (RHMT) PROGRAM

TOTAL FUNDING: \$15,000
SEPTEMBER 2021 – SEPTEMBER 2022

BACKGROUND

It is well recognised that rural Australians have higher rates of chronic health conditions, potentially avoidable hospitalisation rates and mortality than their metropolitan peers. This study aims to ascertain whether medication misadventure contributes to the morbidity burden in rural Australians. Multiple chronic medical conditions (multi-morbidity) are a risk factor for polypharmacy and, in turn, medication related harm.

Given the higher rates of chronic conditions in rural Australians, we hypothesise that they will be at increased risk of medication misadventure related hospitalisations compared with metropolitan Australians. The data from this study will be used to help ascertain the need for, and design of, interventions specifically tailored towards reducing medication-related harm, including at risk groups e.g. those with dementia or cardiac failure.

WHAT WE DID

The project employs a retrospective cohort study design. The CHRISP palliative care dataset is being used for analysis. Key analyses include rates of hospital admissions for medication



misadventure in the last five years of life for Illawarra Shoalhaven residents deceased between approximately 2017 until 2019 and aged 65 years or older at the time of death. Study variables include age, sex, rurality, socioeconomic disadvantage, comorbidities and residential aged care facility status.

Self-care of older Australians

UOW GLOBAL CHALLENGES SEED FUNDING

TOTAL FUNDING: \$12,677
DECEMBER 2020 – APRIL 2022

BACKGROUND

Chronic health conditions, loneliness and social isolation are predictors of functional decline and premature death in older persons. In addition, little is known about how older persons maintain self-care and connection with primary care during periods of natural disaster and pandemic. This mixed-method scoping study investigated the experience of older people residing in bushfire affected areas of South-East NSW. It explored their challenges in self-managing their health during a disaster (2019/2020 bushfire season) and throughout the COVID-19 pandemic.



Initially it was planned to include General Practice Nurses (GPNs) working in general practices in bushfire affected zones, however, the impact of the COVID-19 pandemic has been significant for primary care so this was not possible.

WHAT WE DID

This study has brought together an interdisciplinary team of health professionals and researchers from across UOW to answer the following research questions:

- What are the experiences of older people in self-managing their health during a disaster and the COVID-19 pandemic?
- What factors impact the isolation and self-care of older persons who may be living with chronic health conditions, during a disaster and the COVID-19 pandemic?
- How did older people apply adaptive experiences relating to their health and self-care from the bushfires to the COVID-19 pandemic?

During the year, a series of semi-structured interviews were conducted with 19 people aged 65 years and over living in south-eastern NSW to learn about older people's experiences of self-care during times of disaster and explore the factors that helped or hindered their ability to live with chronic health conditions throughout these difficult times. A survey of this population was also developed and administered in late 2021. Analysis is underway and a final report will be prepared in 2022. Findings from this study will inform policy about disaster preparation and ways to best support the self-care of older people during a disaster.

Disability inclusion and capacity building for emergencies

UOW GLOBAL CHALLENGES SEED FUNDING

TOTAL FUNDING: \$11,162
DECEMBER 2020 – APRIL 2022

BACKGROUND

People with disabilities are considered especially vulnerable to natural disasters and health emergencies, due to poor health, limited information, and dependence on formal support in home or institutional settings. Interdisciplinary approaches are needed to understand the lived experience of disability and to utilise these insights to inform social change.

This project is working with leading disability service providers 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.

WHAT WE DID

Co-researchers with disabilities are working as an integral part of an interdisciplinary team using qualitative methods to understand the experiences and perspectives of disability service providers to answer the following research questions:

- How have disability service providers supported people with disabilities during emergencies, and how effective was that support and what happens when it is not available?
- How can insights, experiences and expertise of people with disabilities inform recovery and planning for future local and global natural disasters and health emergencies?
- What is the experience of emerging co-researchers with disabilities of the research process?

Throughout the year, a structured program of development was implemented to advance the qualitative research skills of the two co-researchers. A series of semi-structured interviews

(and one focus group) with senior staff from major local disability service providers were conducted by the co-researchers and other project team members and analysis is in progress. Each co-researcher is also developing a digital story to reflect their experience as an emerging researcher and issues associated with the COVID-19 pandemic. In addition to academic publications, the major outputs of the project will be a media resource about the experiences of co-researchers with disabilities and a framework to support understanding of people with disabilities during emergencies in the future for use by government agencies and disability services.



Chronic Kidney Disease Study

UOW HEALTH IMPACTS RESEARCH CLUSTER – SMALL RESEARCH GRANTS SCHEME

TOTAL FUNDING: \$10,000
SEPTEMBER 2021 – SEPTEMBER 2022

BACKGROUND

In 2015, the Illawarra Shoalhaven Local Health District was identified as having the highest proportion of Chronic Kidney Disease (CKD) in its population effectively making it the number one kidney disease hot spot in Australia (Kidney Health Australia, 2015). This was based on biomedical results from the Australian Health Survey 2011-13, which found a CKD stage 1-5 prevalence of 19.5% among Illawarra Shoalhaven residents, as compared to an average of 10.0% for Australian residents.

The reasons for the apparently high prevalence of CKD among Illawarra Shoalhaven residents identified in the Kidney Health Australia report are unknown. One explanation relates to the relatively small numbers of study participants from the Illawarra Shoalhaven – the Kidney Australia report advised caution in use of the Illawarra Shoalhaven estimate,

given that the relative standard error of the estimate was 25-50%. However these findings are concerning and warrant further investigation either to confirm or dispel. We therefore set up this study to investigate this issue.

WHAT WE DID

A retrospective longitudinal analysis will be conducted on the available HIRC CKD data, which will be obtained from the Illawarra Health Information Platform. The HIRC CKD data will include a longitudinal cohort database of all adult patients who attended the Illawarra Shoalhaven Local Health District between 1 January 2007 and 31 December 2017. ICD-10 codes and laboratory pathology will be used to determine a CKD diagnosis. This dataset will then be used to confirm the prevalence of CKD among Illawarra and Shoalhaven residents during the study period and will also be used for a number of medical student projects.

Student Supervision

AHSRI members continued their supervision of higher degree research students including candidates undertaking doctoral and master's degrees in 2021. Details are provided in the table below.

AHSRI SUPERVISOR	STUDENT	DEGREE	THESIS TITLE
Associate Professor Shahriar Akter	Taufique Hossain	Doctor of Philosophy	Integration quality dynamics in multichannel services marketing
Associate Professor Shahriar Akter	Md Afnan Hossain	Doctor of Philosophy	Customer analytics capabilities and their effects on the Australian fashion retailing industry
Associate Professor Shahriar Akter	Saradhi Motamarri	Doctor of Philosophy	Frontline employees' service adaptiveness in big data driven services environment
Associate Professor Shahriar Akter	Saida Sultana	Master of Philosophy	Architecting and developing big data analytics-driven product innovation for digital firms in Australia
Professor Marijka Batterham	Nazy Zarshenas	Doctor of Philosophy	Studies in dietary patterns and nutritional requirements following gastric bypass surgery
Professor Marijka Batterham	Rebecca Harris	Doctor of Philosophy	Advances in meta-analysis methods to enhance evidence-based decision-making in health care
Professor Kathleen Clapham	Nyssa Murray	Doctor of Philosophy (Integrated)	Improving cultural diversity in corporate Australia: Embedding Indigenous employment strategies into policy and procedures
Professor Kathleen Clapham	Hayley Williams	Doctor of Philosophy	Understanding care received and improving access and provision of culturally safe acute care for Aboriginal and Torres Strait Islander children with burn injuries
Professor Kathleen Clapham, Associate Professor Peter Kelly	Fiona Sheppard	Doctor of Philosophy	Using a place-based approach to understanding mental health and alcohol and other drug treatment interventions within Aboriginal Community Controlled Organisations
Professor Kathleen Clapham, Dr Conrad Kobel	Tracey Ma	Doctor of Philosophy	Healthy ageing and the policy environment in Liverpool
Professor Kathleen Clapham, Associate Professor Kate Senior	Joanna Mason	Doctor of Philosophy	Observing the research-policy nexus: an ethnographic study of research use in Indigenous health policy
Dr Patricia Cullen	Carine Davey	Doctor of Philosophy	Risk factors for injury in young people
Dr Patricia Cullen	Mariam Soomro	Doctor of Philosophy	Developing an algorithm for concussion surveillance, risk assessment and management in rugby union
Professor Kathy Eagar, Dr Barbara Daveson	Sabina Clapham	Doctor of Philosophy	Meeting palliative care needs: national comparisons of service capabilities (the Pal-C study)
Professor Kathy Eagar, Dr Luise Lago	Sonia Bird	Doctor of Philosophy	Improving the evidence base for effective suicide prevention using administrative health data by combining innovative statistical methods with clinical insight
Professor Mario Fernando, Associate Professor Shahriar Akter	Ruwan Bandara	Doctor of Philosophy	The ethics of online privacy in the data-driven marketplace: A power-responsibility equilibrium and construal level theory perspective

AHSRI SUPERVISOR	STUDENT	DEGREE	THESIS TITLE
Professor Mario Fernando	Nelly Liyanagamage	Doctor of Philosophy	Machiavellian leadership in business organisations: A relational perspective
Professor Mario Fernando	Gayani Gunasekera	Doctor of Philosophy (Integrated)	Stories of identity work: A study of female Sri Lankan immigrants in Australian workplaces
Professor Mario Fernando	Anushka Hewa Heenipellage	Doctor of Philosophy	The influence of moral intensity on ethical decision-making in the hotel industry
Dr Tam Ha, Professor Kathy Eagar	Denis King	Doctor of Philosophy	Colonoscopic screening in people at increased risk of bowel cancer: A longitudinal study
Dr Tam Ha	Rebecca Emori	Doctor of Philosophy	Determinants of child morbidity and mortality in Papua New Guinea
Professor Elizabeth Halcomb, Associate Professor Jenny Sim,	Abdelrahman Khalil Al Anati	Doctor of Philosophy	The impact of intentional rounding in acute hospitals
Professor Elizabeth Halcomb	Grant Kinghorn	Doctor of Philosophy	Transition to employment in forensic mental health
Professor Elizabeth Halcomb, Professor Marijka Batterham	Catherine Stephen	Doctor of Philosophy	An RCT of a hypertension management intervention in general practice
Professor Elizabeth Halcomb	Ruth Mursa	Doctor of Philosophy (Integrated)	Understanding men's health choices and experiences of interactions with primary care services
Professor Elizabeth Halcomb	Ashley Page	Doctor of Philosophy (Integrated)	Significance of a leadership qualification in the clinical healthcare environment
Professor Elizabeth Halcomb	Wa'ed Shiyab	Doctor of Philosophy	The role of social media in improving awareness of cardiovascular disease
Professor Elizabeth Halcomb, Dr Malcolm Masso	Cristina Thompson	Doctor of Philosophy	Exploring the evaluation of collective action and community partnerships in place-based interventions to improve social connectedness of older Australians
Professor Valerie Harwood	Carol Speechley	Doctor of Philosophy	The Five Islands People of the Illawarra
Professor Valerie Harwood	Amy Davidson	Master of Philosophy	What is community-led research?
Associate Professor Michael Jones	Ahabab Chowdhury	Doctor of Philosophy (Integrated)	The lived experiences of PhD candidates journey towards successful completion: A study using transcendental phenomenology
Associate Professor Michael Jones	Zhuzhu Liu	Doctor of Philosophy	Exploring spontaneous volunteers in times of natural disasters
Associate Professor Michael Jones	Nicolai Popov	Doctor of Business Administration	The impact of leadership development on organisational citizenship behaviour and social capital: A intervention using self-determination theory
Associate Professor Michael Jones	Jennifer Thompson	Doctor of Philosophy	Innovation in local government organisational and community dynamics

AHSRI SUPERVISOR	STUDENT	DEGREE	THESIS TITLE
Dr Luise Lago, Associate Professor Jenny Sim	Tamer Al-Ghraiyybah	Doctor of Philosophy (Integrated)	Evaluating the impact of the professional practice environment, staffing and care processes on five patient outcomes: A cross-sectional study
Professor Grace McCarthy	Michael Armour	Doctor of Philosophy	What is the experience of business coaches in relation to supervision?
Professor Grace McCarthy	John Hesketh	Doctor of Business Administration	Breaking though the leaser development ceiling: How can leaders transform themselves to transform their organisations
Professor Grace McCarthy	Mark Middleton	Doctor of Philosophy	The relationship between feedback, assessment and learning
Professor Grace McCarthy	Simone Sietsma	Doctor of Business Administration	An exploration of whether and how humility influences senior leaders' responses to feedback
Professor Grace McCarthy, Emeritus Professor John Glynn	Abigail Rodwell	Doctor of Philosophy	The impact of authenticity and shared leadership at board level on corporate governance behaviours and processes
Professor Lorna Moxham	Edward Aquin	Doctor of Philosophy	An exploration of the consumer's voice regarding mental health risk assessment
Professor Lorna Moxham	Caroline Picton	Doctor of Philosophy	A phenomenological examination of the experiences of people living with mental illness whilst participating in therapeutic recreation
Associate Professor Judy Mullan	Rebekah Hoffman	Doctor of Philosophy	Motherhood and Medicine: Understanding the challenges the doctors who are also mothers face in both their careers and home life
Associate Professor Judy Mullan	Robyn Gillespie	Doctor of Philosophy	Exploring the decision to de-prescribe medication to reduce polypharmacy for older community living adults
Associate Professor Judy Mullan	Margaret Jordan	Doctor of Philosophy	Evaluation of a non-dispensing pharmacist in a GP setting
Associate Professor Judy Mullan	Karumathil Murali	Doctor of Philosophy	The relationship between cognitive function and treatment adherence in patients with chronic kidney disease – potential causes, impact on outcomes and trial of improvement strategies
Associate Professor Judy Mullan	Timothy Miller	Master of Philosophy	Translating research into practice in non-operative management of osteoarthritis of the knee
Associate Professor Judy Mullan	Tim Skyring	Master of Philosophy	What factors influence the choices patients make when faced with a diagnosis of early stage prostate cancer?
Associate Professor Lyn Phillipson	Catherine Andrew	Doctor of Philosophy	Exploring employee experiences of retirement due to signs and symptoms of dementia
Associate Professor Lyn Phillipson, Professor Kathy Eagar, Dr Luise Lago	Kara Cappetta	Doctor of Philosophy	Examining the impact of dementia on patterns of hospitalisation: A longitudinal analysis of hospitalisation admissions in the Illawarra and Shoalhaven
Associate Professor Lyn Phillipson	Catherine Duncan	Doctor of Philosophy	What is the impact of the marketization of the Commonwealth home care packages on the lived relational experience of informal carers?

AHSRI SUPERVISOR	STUDENT	DEGREE	THESIS TITLE
Associate Professor Lyn Phillipson, Dr Louisa Smith	Alicia Hind	Doctor of Philosophy (Integrated)	How older LGBTQI+ people experience aged care services
Associate Professor Lyn Phillipson	Kathleen Prokopovich	Doctor of Philosophy	Conceptualizing and exploring stigma and the social construction of the HPV vaccination: Academic and community discourses
Associate Professor Lyn Phillipson	Nandini Ray	Doctor of Philosophy (Integrated)	Structural responses to food insecurity
Associate Professor Lyn Phillipson	Lee Rushton	Doctor of Philosophy	"Community crafting": exploring agency and citizenship in a co-created garden experience among people with dementia in a residential aged care facility
Dr Chris Poulos	Jane Wu	Doctor of Philosophy	Early rehabilitation in trauma and critical illness
Professor Melanie Randle, Associate Professor Rob Gordon	Paul Ikutegbe	Doctor of Philosophy	Developing a theoretical model of successful work placements for people with disabilities
Professor Melanie Randle	Sarah Ryan	Doctor of Philosophy	A social marketing campaign to promote physical activity in the South Pacific region
Professor Melanie Randle	Nadine Veerhuis	Doctor of Philosophy	Barriers and facilitators in decisions about maintaining or retiring from driving for adults aged 65 years and over
Professor Melanie Randle, Associate Professor Rob Gordon	Rola Mahasneh	Doctor of Philosophy (Integrated)	Greater inclusion of people with disability in Australian workplaces: A social marketing study
Dr Heike Schütze	Kurnia Wijayanti	Doctor of Philosophy (Integrated)	Parents attitudes towards preventing cervical cancer through human papillomavirus vaccination
Dr Heike Schütze	Nurhira Abdul Kadir	Doctor of Philosophy (Integrated)	The capacity of public health lecturers in Indonesia's medical faculties to contribute in the preparation of socially responsive physicians
Dr Heike Schütze	Tiffany Sandell	Doctor of Philosophy	Efficacy, acceptability, feasibility and level of person-centred care of a radiation oncology follow-up model of care in general practice
Dr Heike Schütze	Helen Kehoe	Doctor of Philosophy	An analysis of MBS and PBS to improve Aboriginal and Torres Strait Islander Health Care Access 1996-2016
Dr Heike Schütze	Belinda Balhatchet	Doctor of Philosophy	A band aid over a gaping wound: An exploration of wellbeing in Australian surgical trainees
Senior Professor David Steel	Shumirai Mushangwe	Doctor of Philosophy	Multilevel longitudinal analyses of green space and healthy ageing
Senior Professor David Steel	Yasir Al Harthy	Doctor of Philosophy	Modelling student flows in the Omani higher education system
Senior Professor David Steel	Jiangmei Liu	Doctor of Philosophy	Spatiotemporal trends, multilevel correlates and impacts of public policy and other factors on trajectories and inequalities in road traffic mortality in China
Professor Heather Yeatman	Soo Jin Park	Doctor of Philosophy	Food cultures and urban food strategies- South Korean case study

Completions

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

MELANIE AHMAD

Doctor of Philosophy

Investigating the onshore impact of offshoring: The onshore impact of offshoring: Supporting and preserving work motivation and employee well-being

Supervisor: Professor Grace McCarthy

SAMUEL ALLINGHAM

Master of Biostatistics

REBEKAH CARTER

Master of Philosophy

Feed-forward: Using annotated exemplars to promote student engagement and satisfaction

Supervisor: Professor Elizabeth Halcomb

NATALIE CUTLER

Doctor of Philosophy

The meaning of safety in acute mental health inpatient settings

Supervisor: Professor Elizabeth Halcomb

ELIZABETH DALE

Doctor of Philosophy (Clinical Psychology)

A transformative mixed methods investigation of the cultural utility of SMART Recovery for Aboriginal Peoples

Supervisor: Professor Kathleen Clapham, Associate Professor Peter Kelly

ADAM HODGKINS

Doctor of Philosophy

The use of electronic medical data for research in primary care: A study of lipid lowering medication in the elderly as a case model

Supervisor: Associate Professor Judy Mullan

SHARON JAMES

Doctor of Philosophy (Integrated)

Lifestyle risk communication by Australian general practice nurses

Supervisor: Professor Elizabeth Halcomb

HELANI KOTTAGE

Doctor of Philosophy

Multiple imputation for categorical variables in multilevel data

Supervisor: Professor Marijka Batterham

SEE HOE NG

Doctor of Philosophy

Mapping the implementation of priority food environment policies to tackle diet-related non-communicable diseases (NCDs) in Malaysia: A situational analysis

Supervisor: Professor Heather Yeatman

SARAH SMITH

Doctor of Philosophy

Health workforce in Australian small rural hospitals

Supervisor: Professor Elizabeth Halcomb



Making Headlines

The work of AHSRI and its members was highlighted in the media throughout 2021. A selection of stories are listed below.

RESEARCH FELLOW ANITA WESTERA ON AHSRI SUBMISSION TO 'REGISTERED NURSES IN NURSING HOMES' INQUIRY

ABC Illawarra
24 February 2021

COLLABORATIVE DRIVES BETTER PALLIATIVE CARE AT SCC TASMANIA

Australian Ageing Agenda
25 February 2021

REGIONAL HEALTH CARE ACADEMICS REACT TO THE AGED CARE ROYAL COMMISSION FINDINGS

ABC Illawarra
1 March 2021

WOMEN IN PARTNERSHIP: A/PROF LYN PHILLIPSON AND DR LOUISA SMITH

UOW News
2 March 2021

"SHOCKING" THAT NO AGED CARE PROVIDERS SANCTIONED BY ROYAL COMMISSION

ABC (PM with Linda Mottram)
2 March 2021

AFTER THE ROYAL COMMISSION, AGED CARE REFORM FACES A LONG ROAD

Croakey
2 March 2021

'FUNDAMENTAL CHANGE' IN AGED CARE MODEL NEEDED

Australian Financial Review
2 March 2021

WORK TO OVERHAUL THE FLAWED, FAILING AGED CARE SYSTEM NEEDS TO START NOW

WIN News Illawarra
2 March 2021

RELYING ON CASUALS IN AGED CARE WILL WEAKEN ROYAL COMMISSION'S REFORMS, EXPERTS WARN

The Guardian
5 March 2021

HARROWING TRUTH REVEALED, BUT AGE-OLD PROBLEM REMAINS

The Australian
5 March 2021

LEAVING ALLIED HEALTH OUT OF STAFF RATIOS A "SERIOUS FAILING"

Australian Ageing Agenda
5 March 2021

AN OPEN LETTER IN RESPONSE TO THE LACK OF PUBLIC CONCERN OR RESPONSE TO THE KILLINGS OF ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN

Croakey Health Media
9 March 2021

NEGLECT OF AGED CARE MORE PROOF OF MORRISON'S BLOKEY BLIND SPOT

The Sydney Morning Herald
14 March 2021

IMPACTS OF BUSHFIRES, COVID-19 ON OLDER PEOPLE EXPLORED IN UOW STUDY

Illawarra Mercury
18 March 2021

DITCHING POWERPOINT FOR FALLS PREVENTION: AGED CARE TRAINING TO PROVIDE MORE PRACTICAL SKILLS

The Sydney Morning Herald
23 March 2021

ALL WOMEN NEED TO BENEFIT FROM ME TOO, NOT JUST MIDDLE-CLASS WHITE ONES

Crikey
31 March 2021

INDIGENOUS DOMESTIC VIOLENCE 'INVISIBLE AMID FOCUS ON WOMEN'

The Australian
12 April 2021

NEW ADVISORY GROUP ON DOMESTIC VIOLENCE

The Australian
19 April 2021

ADVISORY COUNCIL TO COMBAT VIOLENCE AGAINST ABORIGINAL WOMEN AND CHILDREN

SBS (The Point)

20 April 2021

A QUESTION WORTH ASKING: WHAT MATTERS MOST AT END OF LIFE?

MJA InSight

26 April 2021

PAIN SERVICES EFFECTIVE, BUT HIGH DROP-OUT RATE CONCERNS

MJA InSight

3 May 2021

CEASING USE

Australian Journal of Pharmacy – News

7 May 2021

INDIGENOUS EXPERTS RESPOND TO SBS' 'SEE WHAT YOU MADE ME DO' IN A MUST-WATCH PANEL DISCUSSION

NITV

11 May 2021

ALLIED HEALTH A "REAL LOSER" IN BUDGET

Australian Ageing Agenda

13 May 2021

FUNDING MODEL FOR AGED CARE SECTOR ADOPTED IN THIS WEEK'S FEDERAL BUDGET

ABC Illawarra

14 May 2021

HOW TO GET THE MOST OUT OF PALLIATIVE CARE

Violet

26 May 2021

GROWING SCRUTINY OVER VACCINATION ROLLOUT IN AGED CARE

ABC (7:30)

31 May 2021

FEDERAL GOVERNMENT CONFIRMS IT'S ONLY AWARE OF AROUND 32,000 VACCINATED AGED CARE WORKERS

ABC News

1 June 2021

EIGHT NSW AGED CARE FACILITIES YET TO GET A SINGLE VACCINE DOSE

The Sydney Morning Herald

1 June 2021

LIFE EXPERIENCE A SECRET WEAPON FOR INCOMING AGED CARE STAFF

The Sydney Morning Herald

4 June 2021

HEALTH WORKERS ARE VACCINATED, WHY NOT AGED CARE?

ABC (AM)

5 June 2021

AGED CARE HOMES NEED NURSES ON SITE 24/7: NEW REPORT

HelloCare

17 June 2021

RESEARCH CENTRE DRIVES IMPROVEMENT IN CHRONIC PAIN SERVICES AND OUTCOMES

University of Wollongong Media

29 July 2021

TALKBACK: HOW ARE LOCKDOWNS AFFECTING AGED CARE RESIDENTS AND LOVED ONES?

ABC (Life Matters)

4 August 2021

WOLLONGONG A 'SITTING DUCK' FOR COVID: HEALTH EXPERT

Illawarra Mercury

25 August 2021

CONCERNS AROUND GREATER SYDNEY'S COVID-19 'LEAKAGE' TO ILLAWARRA'S SHELLHARBOUR

ABC News

26 August 2021

ILLAWARRA SMASHES COVID-19 CASES RECORD, NSW GOVERNMENT SAYS IT'S NOT 'VERY ALARMED'

ABC News

2 September 2021

RC REPORT LACKS SECTOR-WIDE REFORMS NEEDED: FORUM

Australian Ageing Agenda

3 September 2021

CHILDREN JOIN VACCINE QUEUE; MRNA A MARVEL; START PACKING FOR BALI?

Intouch Public Health

16 September 2021

WOMEN'S POLICE STATIONS IN AUSTRALIA: WOULD THEY WORK FOR 'ALL' WOMEN?

The Conversation

17 September 2021

COVID SNAPS SERIES

Croakey Health Media

20 September – 24 November 2021

HOW (AND WHEN) TO SEEK A SECOND MEDICAL OPINION

ABC (Everyday)

27 September 2021

HEALTH EXPERT'S VACCINATION WARNING AS ILLAWARRA CASES CONTINUE SURGING UPWARDS

Illawarra Mercury

1 October 2021

TAKE FREEDOM SLOWLY OR THE CYCLE OF LOCKDOWNS WILL START ALL OVER AGAIN

The Sydney Morning Herald

7 October 2021

'SHE LOOKED AS BRIGHT AS EVER': AGED CARE REOPENS TO FAMILY AND FRIENDS

The Age

11 October 2021

HIDDEN VICTIMS OF THE PANDEMIC

ABC (The World Today)

11 October 2021

AGED CARE PROVIDERS CALL FOR MORE CONSISTENT GUIDELINES FOR VISITING HOMES

ABC News

12 October 2021

CALLING FOR A DEDICATED SAFETY PLAN FOR ABORIGINAL AND TORRES STRAIT ISLANDER WOMEN

Croakey Health Media

20 October 2021

WOLLONGONG'S SLOW VACCINATION RATE EXPLAINED

Illawarra Mercury

22 October 2021

DR LONGBOTTOM DISCUSSES QUALITY OF LIFE & SAFETY OF INDIGENOUS YOUTH & THE CARCERAL SYSTEM

ABC (Drive)

29 October 2021

SKILLED MIGRATION NEEDED TO RELIEVE AGED CARE STAFFING CRISIS, PROVIDERS SAY

The Sydney Morning Herald

9 November 2021

DR MARLENE LONGBOTTOM DISCUSSES THE NSW GOVERNMENT'S ANNOUNCEMENT OF THE WALAMA COURT

ABC (Mornings)

23 November 2021

TRAIN NURSING HOME STAFF TO IDENTIFY THOSE APPROACHING END-OF-LIFE

The Australian

3 December 2021

AGED CARE PALLIATIVE CARE PROGRAM UNDERWAY

Australian Ageing Agenda

8 December 2021



Research Outputs

Publications produced by AHSRI staff, honorary fellows and associate members in 2021 are listed below. Many are available on UOW's Research Online open access digital archive (<http://ro.uow.edu.au/ahsri>).

BOOKS

1. Boydell KM, Dew A, Collings S, Senior K and Smith L (Eds.) (2021) *Applying Body Mapping In Research: An Arts Based Method*. Routledge, London. ISBN: 978-0-429-34026-0.
2. Senior K, Chenhall R and Burbank V (Eds.) (2021) *Indigenous Australian Youth Futures: Living the Social Determinants of Health*. Australian National University Press, Australia. ISBN: 978-1-760-46444-8.

BOOK CHAPTERS

3. Boydell KM, Collings S, Dew A, Senior K and Smith L (2021) Applying body mapping to research with marginalised and vulnerable groups. In Boydell KM, Dew A, Collings S, Senior K and Smith L (Eds.) '[Applying Body Mapping In Research: An Arts Based Method](#)', London, Routledge, pp. 6-17. ISBN: 978-0-429-34026-0.
4. Collings S and Smith L (2021) Representations of complex trauma Body maps as a narrative mosaic. In Boydell KM, Dew A, Collings S, Senior K and Smith L (Eds.) '[Applying Body Mapping In Research: An Arts Based Method](#)', London, Routledge, pp. 27-36. ISBN: 978-0-429-34026-0.
5. Davidson PM, Halcomb EJ and Gholizadeh L (2021) Focus groups in health research. In Liamputtong P (Ed.) '[Research Methods and Evidence-Based Practice \(4th Edition\)](#)', Oxford University Press, pp. 93-112. ISBN: 978-0-190-33037-8.
6. Halcomb E (2021) General practice nursing. In Wilson N, Lewis P, Hunt L and Whitehead L (Eds.) '[Nursing in Australia: Contemporary professional and practice insights](#)', Routledge, United Kingdom, pp. 254-260. ISBN: 978-0-367-63785-9.
7. Kariippanon K and Senior K (2021) Traversing the online landscape: a remote Indigenous community perspective. In Svalastog A, Gojovic S and Webster A (Eds.) '[Navigating Digital Health Landscapes: A multi-disciplinary analysis](#)', Palgrave Macmillan, London, pp. 127-150. ISBN: 978-9-811-58206-6.
8. MacInnes S, Randle M and Dolnicar S (2021) Airbnb catering to guests with disabilities – before, during and after COVID-19. In Dolnicar S (Ed.) '[Airbnb before, during and after COVID-19](#)', University of Queensland, Brisbane, Australia, pp. 180-193. ISBN: 978-1-742-72321-1.
9. Smith L and Senior K (2021) Mapping conversations: body maps as relational objects in groups and dialogues. In Boydell KM, Dew A, Collings S, Senior K and Smith L (Eds.) '[Applying Body Mapping In Research: An Arts Based Method](#)', London, Routledge, pp. 18-26. ISBN: 978-0-429-34026-0.
10. Zwi K and Woodland L (2021) Racism and health. In Hutton V and Sisko S (Eds.) '[Multicultural Responsiveness in Counselling and Psychology: Working with Australian Populations](#)', Palgrave Macmillan, Switzerland, pp. 51-102. ISBN 978-3-030-55427-9.

JOURNAL ARTICLES

11. Akter S, McCarthy G, Sajib S, Michael K, Dwivedi YK, D'Ambra J and Shen K (2021) [Algorithmic Bias in Data-Driven Innovation in the Age of AI](#). *International Journal of Information Management*, 60: 102387.
12. Al-Ghraiyyah T, Sim J and Lago L (2021) [The relationship between the nursing practice environment and five nursing-sensitive patient outcomes in acute care hospitals: A systematic review](#). *Nursing Open*, 8 (5): 2262-2271.
13. Alomari A, Hunt L, Lord H, Halcomb E, Fernandez R, Middleton R and Moxham L (2021) [Understanding the support needs of Australian nursing students during COVID-19: A cross-sectional study](#). *Contemporary Nurse*, 57 (3-4): 258-268.
14. Aquin E, Moxham L and Patterson C (2021) [What about me? Collaborating with mental health consumers about risk assessment](#). *Australian Nursing and Midwifery Journal*, 27 (4): 50.
15. Ashley C, James S, Stephen C... Halcomb E (2021) [Primary health care nurses' perceptions of risk during COVID-19: A qualitative study](#). *Journal of Nursing Scholarship*, 53 (6): 689-697.
16. Ashley C, James S, Williams A, Calma K, McInnes S, Mursa R, Stephen C and Halcomb E (2021) [The psychological well-being of primary health care nurses during COVID-19: A qualitative study](#). *Journal of Advanced Nursing*, 77 (9): 3820-3828.
17. Barnes-Harris M, Allingham S, Morgan D, Ferreira D, Johnson MJ, Eagar K and Currow DC (2021) [Comparing functional decline and distress from symptoms in people with thoracic life-limiting illnesses: lung cancers and non-malignant end-stage respiratory diseases](#). *Thorax*, 76: 989-995.
18. Bird S, Lago L, Eagar K and Pai N (2021) [Suicide prevention: Emergency departments are crucial for surveillance of self-harm and suicide-related behaviours](#). *Australian and New Zealand Journal of Psychiatry*, 55 (7): 729-730.
19. Bonney A, Metusela C, Mullan J, Barnett S, Rhee J, Kobel C and Batterham M (2021) [Clinical and healthcare improvement through My Health Record usage and education in general practice \(CHIME-GP\): A study protocol for a cluster-randomised controlled trial](#). *Trials*, 22: 569.
20. Byles J, Princehorn EM, Forder PM and Rahman M (2021) [Housing and care for older women in Australia](#). *Frontiers in Public Health*, 9: 566960.
21. Calma KRB, Halcomb E, Williams A and McInnes S (2021) [Final-year undergraduate nursing students' perceptions of general practice nursing: A qualitative study](#). *Journal of Clinical Nursing*, 30 (7-8): 1144-1153.

22. Calma KRB, Williams A, McInnes S and Halcomb E (2021) [New graduate employment in general practice: Perceptions of final-year nursing students](#). *Nurse Education in Practice*, 54: 103115.
23. Cheng Z, Mendolia S, Paloyo AR, et al. (2021) [Working parents, financial insecurity and childcare: mental health in the time of COVID-19 in the UK](#). *Review of Economics of the Household*, 19: 123-144.
24. Christie L, Egan C, Wyborn J and Simpson GK (2021) [Evaluating client experience of rehabilitation following acquired brain injury: A cross-sectional study](#). *Brain Injury*, 35 (2): 215-225.
25. Clapham S, Daveson B, Allingham S, Morris D, Blackburn P, Johnson C and Eagar K (2021) [Patient-reported outcome measurement of symptom distress is feasible in most clinical scenarios in palliative care: An observational study involving routinely collected data](#). *International Journal for Quality in Health Care*, 33 (2): mzab075.
26. Currow DC, Davis W, Connolly A, Krishnan A, Wong A, Webster A, Barnes-Harris M, Daveson BA and Ekström M (2021) [Sleeping-related distress in a palliative care population: A national, prospective, consecutive cohort](#). *Palliative Medicine*, 35 (9): 1663-1670.
27. Cutler N, Halcomb E and Sim J (2021) [Using naturalistic inquiry to inform qualitative description](#). *Nurse Researcher*, 29 (3): 29-33.
28. Cutler N, Halcomb E, Sim J, Stephens M and Moxham L (2021) [How does the environment influence consumers' perceptions of safety in acute mental health units? A qualitative study](#). *Journal of Clinical Nursing*, 30 (5-6): 765-772.
29. Cutler N, Sim J, Halcomb E, Stephens M and Moxham L (2021) [Understanding how personhood impacts consumers' feelings of safety in acute mental health units: A qualitative study](#). *International Journal of Mental Health Nursing*, 30 (2): 479-486.
30. Dale E, Conigrave KM, Kelly PJ, Ivers R, Clapham K and Lee KS (2021) [A Delphi yarn: Applying Indigenous knowledges to enhance the cultural utility of SMART Recovery Australia](#). *Journal of Addiction Science & Clinical Practice*, 16: 2.
31. Dale E, Lee KSK, Conigrave KM, Conigrave JH, Ivers R, Clapham K and Kelly PJ (2021) [A multi-methods yarn about SMART Recovery: First insights from Australian Aboriginal facilitators and group members](#). *Drug and Alcohol Review*, 40 (6): 1013-1027.
32. Daveson BA, Allingham SF, Clapham S, Johnson CE, Currow DC, Yates P and Eagar K (2021) [The PCOC Symptom Assessment Scale \(SAS\): A valid measure for daily use at point of care and in palliative care programs](#). *PLOS One*, 16 (3): e0247250.
33. Degeling C, Brookes V... Mullan J, et al. (2021) [Changes in the framing of antimicrobial resistance in print media in Australia and the United Kingdom \(2011-2020\): A comparative qualitative content and trends analysis](#). *Antibiotics*, 10 (12): 1432.
34. Derooy S and Schütze H (2021) [Factors supporting retention of health and wellbeing staff in Aboriginal health services: A strength-based case study](#). *Human Resources for Health*, 19: 35.
35. Ding J, Johnson CE, Qin X, Ho SCH and Cook A (2021) [Palliative care needs and utilisation of different specialist services in the last days of life for people with lung cancer](#). *European Journal of Cancer Care*, 30 (1): e13331.
36. Eagar K, Hillman K, Williams L and Reader M (2021) [A question worth asking: What matters most at end of life?](#) *MJA InSight+* (Issue 14, 26 April 2021).
37. Eagar K and Westera A (2021) [Aged care – where sexism and ageism walk hand in hand](#). *John Menadue's Public Policy Journal – Pearls and Irritations*, 7 April 2021.
38. Eagar K and Westera A (2021) [Fundamental failure: Aged care a public good or competitive market? RC fails to address role of private providers](#). *John Menadue's Public Policy Journal – Pearls and Irritations*, 2 March 2021.
39. Eagar K and Westera A (2021) [Covid and aged care: When you are in a deep hole, the most important thing to do is stop digging](#). *John Menadue's Public Policy Journal – Pearls and Irritations*, 7 June 2021.
40. Fernandez R, Moxham L, Middleton R and Halcomb E (2021) [Anxiety among Australian nurses during COVID-19](#). *Collegian*, 28 (4): 357-358
41. Fernandez R, Sikhosana N, Green H, Halcomb E, Middleton R, Alananzeh I, Trakis S and Moxham L (2021) [Anxiety and depression among healthcare workers during the COVID-19 pandemic: A systematic umbrella review of the global evidence](#). *BMJ Open* 11 (9): e054528.
42. Fraser S, Grant J, Mackean T, Hunter K, Keeler N, Clapham K, Edgar D, Towers Kurt, Teague W and Ivers R (2021) [Considering difference: Clinician insights into providing equal and equitable burns care for Aboriginal and Torres Strait Islander children](#). *Australian and New Zealand Journal of Public Health*, 45 (3): 220-226.
43. Ghosh A, Halcomb E, McCarthy S and Ashley C (2021) [Structured yet simple approaches to primary care data quality improvements can indeed strike gold](#). *Australian Journal of Primary Health*, 27 (2): 143-151.
44. Gresham MD, Low L-F, Phillipson L, et al. (2021) [Facing the void: The experience of Australian care partners and people living with dementia following diagnosis](#). *Alzheimer's and Dementia*, 17 (S7): e056629.
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112. Tardif H, Hayes C and Allingham S (2021) [Opioid cessation is associated with reduced pain and improved function in people attending specialist chronic pain services](#). Medical Journal of Australia, 214 (9): 430-432.
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116. Wells R, Murad M, Higgins M, Smith L... and Zwi K (2021) [Exploring the intersection of human rights, health, disability and refugee status: an arts-based approach](#). Australian Journal of Human Rights, 26 (3): 387-404.
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119. White SJ, Barelllo S, di San Marco EC... Mullan J, et al. (2021) [Critical observations on and suggested ways forward for healthcare communication during COVID-19: pEACH position paper](#). Patient Education and Counseling, 104 (2): 217-222.
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121. Williams H, Hunter K, Griffith B, Kimble R and Clapham K (2021) [Fire and smoke: Using Indigenous research methodologies to explore the psychosocial impact of paediatric burns on Aboriginal and Torres Strait Islander families](#). International Journal of Qualitative Methods, 20: 1-14.
122. Williams K, Fildes D, Kobel C, Grootemaat P, Bradford S and Gordon R (2021) [Evaluation of outcomes for help seekers accessing a pilot SMS-based crisis intervention service in Australia](#). Crisis: The Journal of Crisis Intervention and Suicide Prevention, 42 (1): 32-39.
123. Woods JA, Johnson CE, Allingham SF, et al. (2021) [Collaborative data familiarisation and quality assessment: Reflections from use of a national dataset to investigate palliative care for Indigenous Australians](#). Health Information Management Journal, 50 (1-2): 64-75.
124. Woods JA, Katzenellenbogen JM, Murray K, Johnson CE and Thompson SC (2021) [Occurrence and timely management of problems requiring prompt intervention among Indigenous compared with non-Indigenous Australian palliative care patients: A multijurisdictional cohort study](#). BMJ Open, 11 (3): e042268.
125. Zainuddin N, Robinson J, Algie J and Randle M (2021) [Defining and explicating value re-creation to solve marketplace problems for consumers with vulnerabilities](#). Journal of Services Marketing, 35 (6): 807-820.

CONFERENCE PRESENTATIONS

126. Adams D and White J (2021) Pain management and care. IHMRI's Bite Size Science 2021, Illawarra Health and Medical Research Institute (IHMRI), University of Wollongong, 18 August 2021.
127. Alexander TL (2021) Towards an Australian Paediatric SCI Registry – What paediatric SCI rehabilitation data does AROC hold? 27th Australian and New Zealand Spinal Cord Society, Annual Scientific Meeting, pre-conference workshop, 27-29 October 2021.
128. Amarasena L, Samir N, Sealy L... and Zwi K (2021) Detained on Nauru: A cross sectional examination of health and wellbeing of children and young people after prolonged detention. International Society for the Prevention of Child Abuse and Neglect (ISPCAN) International Congress, Milan, Italy, 7-11 June 2021.
129. Amarasena L, Zwi K, Lingam R and Raman S (2021) The changing landscape of paediatric refugee health in Sydney Australia: A ten year cross sectional analysis. International Society for the Prevention of Child Abuse and Neglect (ISPCAN) International Congress, Milan, Italy, 7-11 June 2021.

130. Cameron K, Blanchard M, Quinsey K and Tardif H (2021) ePPOC: a PROMs success story. Using PROMs "Down Under" – Conference on Using Patient-Reported Outcome Measures (PROMs) in Research and Clinical Practice, International Society of Quality of Life (ISOQOL), University of Sydney, 8-9 July 2021.
131. Cerni J, Rhee J, Hosseinzadeh H, Mullan J, Chantrill L, Barclay G and Westley-Wise V (2021) End-of-life cancer care provision in NSW Australia, does geographic variation play a role? Primary Care Collaborative Cancer Trials Group (PC4) Scientific Symposium 2021, Melbourne, 24 May 2021.
132. Cerni J, Rhee J, Hosseinzadeh H, Mullan J, Chantrill L, Barclay G and Westley-Wise V (2021) End-of-life cancer care provision in NSW Australia, does geographic variation play a role? Ca-PRI virtual conference, 6-7 June 2021.
133. Cerni J, Rhee J, Hosseinzadeh H, Mullan J, Chantrill L, Barclay G and Westley-Wise V (2021) End-of-life cancer care provision in NSW Australia, does geographic variation play a role? Poster presentation, Australasian Association for Academic Primary Care 2021 Annual Research Conference, 12-13 August 2021.
134. Clapham S (2021) Access, equity and workforce: What can we learn from the Palliative Care Outcomes Collaboration model and benchmarks? The State of Palliative Care Symposium, 23 November 2021.
135. Currow DC, Clapham S, Connolly J, Blanchard M, Radhakrishnan A and Kaltner M (2021) Benchmarking workshop: Victoria and Tasmania. University of Wollongong, 25 May 2021.
136. Daveson BA (2021) Palliative Care Outcomes Collaboration (PCOC): A national model for improving patient and carer outcomes. SingHealth Duke-NUS Supportive & Palliative Care - Singapore Hospice Council Multidisciplinary Forum Conference, 14 September 2021.
137. Daveson BA (2021) The Palliative Care Outcomes Collaboration: Driving systematic improvements in the quality of palliative care - reflections from Australia. 14th Asia Pacific Palliative Care Network Conference, 13-14 November 2021.
138. Daveson BA (2021) Evaluating and improving outcomes systematically: A national case study of the PCOC model (invited plenary). 14th Asia Pacific Palliative Care Network Conference, 13-14 November 2021.
139. Daveson BA, Blanchard M, Connolly J, Burns S, Clapham S, Clark K, Currow DC, Yates P and Eagar K (2021) Can COVID-19 help change experiences of care for the better? Results from a national survey to determine the influence of COVID-19 on experiences of care. Oceanic Palliative Care Conference, 7-10 September 2021.
140. Daveson BA, Clapham S, Kable L, Johnson CE, Radhakrishnan A and Blanchard M (2021) PCOC Benchmarking Workshop NSW & ACT: July to December 2020 reporting period. University of Wollongong, 18 May 2021.
141. Daveson BA, Johnson CE, Auret K, Pidgeon T, Joseph N, Radhakrishnan A, Blanchard M and Clapham S (2021) PCOC Benchmarking Workshop: Western and Southern Zone, i.e. combining WA, SA and NT. University of Western Australia, Perth, 4 May 2021.
142. Daveson BA, Yates P, Johnson CE, McPherson A, Christiansen C, Radhakrishnan A, Clapham S and Blanchard M (2021) Queensland Benchmarking Workshop: 2020 results and innovative service development. Queensland University of Technology, Brisbane, 22 April 2021.
143. Davis EL, Clapham S, Mullan J, Daveson B and Eagar K (2021) Maintaining buoyancy amidst complex change in a residential aged care evaluation. 2021 Oceanic Palliative Care Virtual Conference, 7 September 2021.
144. Eagar K (2021) An overview of the Australian National Aged Care Classification (AN-ACC) and funding model. NSW Fall Prevention and Healthy Ageing Network Virtual Forum, 30 April 2021.
145. Eagar K (2021) The Australian Palliative Care Outcomes Collaboration: improving palliative care through outcome measures. Pan-Canadian Palliative Care Research Collaborative (PCPCRC), 28 January 2021.
146. Eagar K (2021) The Australian Palliative Care Outcomes Collaboration: improving palliative care through outcome measures. 1st Building the Collaborative Research Platform and Professional Training Workshop for Hospice/Palliative Care and Bioethics in Southeast Asian Countries, Taipei, Taiwan, 22 February 2021.
147. Eagar K (2021) Getting from here to there (panel discussion). Aged Care Transformed: LASA Royal Commission in Aged Care Quality and Safety Final Report Virtual Forum, 9-10 March 2021.
148. Eagar K (2021) Transforming aged care: The way forward (keynote panel). ACSA Impact & Analysis of the Royal Commission Report National Online Symposium, 11-12 March 2021.
149. Eagar K (2021) System Settings Panel Session. Road Map to Reform: Getting from here to there, Leading Age Services Australia (LASA) virtual forum, 15 July 2021.
150. Eagar K (2021) Masterclass: The different uses of routinely collected data in palliative care. Palliative Care Research Society Masterclass, 9 September 2021, online.
151. Eagar K (2021) What's next for the CHSP? Inner Sydney Voice, 28 July 2021.
152. Eagar K (2021) Did the Aged Care Royal Commission provide a blueprint to fix Australia's aged care system? If not, what else needs to happen? The Royal Society of NSW Hunter Branch Meeting, 25 August 2021.
153. Eagar K, Blanchard M, Clapham S, Connolly J, Daveson BA, Radhakrishnan A and Johnson CE (2021) Benchmark results comparing services with similar models and characteristics. PCOC Annual Benchmarking Conference 2021, 8 April 2021.
154. Goodenough B (2021) Evidence to Practice Journey. Health and Wellbeing Workshop – Changing Society, University Global Partnership Network (UGPN) virtual conference, 23 March 2021.
155. Joseph N, Clapham S, Bishop G, Davis E, Connolly J, Daveson BA and Eagar K (2021) PCOC in residential aged care: Supporting identification and provision of palliative care. Oceanic Palliative Care Conference, 7-10 September 2021.

156. Longbottom M (2021) Violence against Indigenous women and children through a human rights and social justice lens (keynote address). Virtual Pre-Conference Global Injury Prevention Showcase – Innovation, Engagement, Action: For a safer future, 23 March 2021.
157. Longbottom M (2021) First Nations injury prevention (panel discussion). Virtual Pre-Conference Global Injury Prevention Showcase – Innovation, Engagement, Action: For a safer future, 23 March 2021.
158. Munzner E, Mullan J, Lambert K, Lonergan M, Suesse T, McAlister B and Hassan HIC (2021) Acute kidney injury prevalence in the Illawarra Shoalhaven LHD over 10 years. Australian and New Zealand Society of Nephrology Annual Scientific Meeting, 28 August-1 September 2021.
159. Murali K, Mullan J and Roodenrys S (2021) Changes in cognitive function in patients with end-stage kidney disease on dialysis and the effect of dialysis vintage. Australian and New Zealand Society of Nephrology Annual Scientific Meeting, 28 August-1 September 2021.
160. Reilly N (2021) Lifting the lid on perinatal mental health. Invited speaker at the Rotary District Conference, Sydney, 20 March 2021.
161. Reilly N and Austin M-P (2021) The Antenatal Risk Questionnaire-Revised: Validation and use in integrated psychosocial care models in Australia. Invited Symposia: 'Pregnancy: the starting place in understanding lifelong mental health'. World Association of Infant Mental Health, Brisbane, 22-26 June 2021.
162. Suesse B, Reilly N, Westley-Wise V, Budd J, McAlister B, Mullan J, et al. (2021) The psychological wellbeing of women who give birth in the Illawarra Shoalhaven Local Health District. The Australian Marcé Society and Tresillian Family Care Centres Virtual Conference, 9-10 September 2021.
163. Thompson C, Williams K and Halcomb E (2021) Delivering on fast and good: Evidence to inform the national independent review of nursing education. Evidence and Implementation Summit, Sydney, 30-31 March 2021.

REPORTS

164. Alexander TL, Capell JT and Green L (2021) AROC Annual Report – The state of inpatient rehabilitation in Australia in 2020. Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
165. Alexander TL, Capell JT and Green L (2021) AROC Annual Report – The state of inpatient rehabilitation in New Zealand in 2020. Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
166. Alexander TL, Capell JT and Green L (2021) Impairment Specific Report on Brain Injury (Calendar Year 2020). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
167. Alexander TL, Capell JT and Green L (2021) Impairment Specific Report on Brain Injury (Financial Year 2021). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
168. Alexander TL, Capell JT and Green L (2021) Impairment Specific Report on Orthopaedic Fractures (Calendar Year 2020). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
169. Alexander TL, Capell JT and Green L (2021) Impairment Specific Report on Orthopaedic Fractures (Financial Year 2021). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
170. Alexander TL, Capell JT and Green L (2021) Impairment Specific Report on Orthopaedic Replacements (Calendar Year 2020). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
171. Alexander TL, Capell JT and Green L (2021) Impairment Specific Report on Orthopaedic Replacements (Financial Year 2021). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
172. Alexander TL, Capell JT and Green L (2021) Impairment Specific Report on Reconditioning (Calendar Year 2020). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
173. Alexander TL, Capell JT and Green L (2021) Impairment Specific Report on Reconditioning (Financial Year 2021). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
174. Alexander TL, Capell JT and Green L (2021) Impairment Specific Report on Spinal Cord Injury (Calendar Year 2020). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
175. Alexander TL, Capell JT and Green L (2021) Impairment Specific Report on Spinal Cord Injury (Financial Year 2021). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
176. Alexander TL, Capell JT and Green L (2021) Impairment Specific Report on Stroke (Calendar Year 2020). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
177. Alexander TL, Capell JT and Green L (2021) Impairment Specific Report on Stroke (Financial Year 2021). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
178. Alexander TL, Capell JT and Green L (2021) AROC Ambulatory National Report (Calendar Year 2020). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.
179. Alexander TL, Capell JT and Green L (2021) AROC Ambulatory National Report (Financial Year 2021). Australasian Rehabilitation Outcomes Centre, Australian Health Services Research Institute, University of Wollongong.

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Funding

TYPE	DESCRIPTION	2021 FUNDING
Faculty Infrastructure		\$2,658,195
Research Income	Palliative Care Outcomes Collaboration (PCOC)	\$2,900,000
	Australasian Rehabilitation Outcomes Centre (AROC)	\$1,813,649
	Palliative Aged Care Outcomes Program (PACOP)	\$1,455,500
	electronic Persistent Pain Outcomes Collaboration (ePPOC)	\$1,174,517
	Centre for Health Research Illawarra Shoalhaven Population (CHRISP)	\$1,062,736
	Evaluation of the Pathways to Community Living Initiative	\$312,497
	Evaluation of the Improving Social Connectedness of Older Australians project pilot	\$159,725
	Aboriginal and Torres Strait Islander Postdoctoral Research Fellowship	\$158,121
	A place-based model for Aboriginal community-led solutions	\$118,332
	Evaluation of the Trusted Advocates Network Trial (Farmers' Trial) and the Seafood Industry Mental Health Supports Trial (Fishers' Trial)	\$100,054
	Health economic analysis for the Vocational Intervention Program	\$61,853
	Review of integrated Team Care PHN program	\$60,245
	Peer Educator - Implementation of the Australian National Aged Care Classification funding model	\$46,419
	Teaching - Introduction to Medicine (Indigenous Health)	\$45,108
	Clinical and Healthcare Improvement through My Health Record usage and Education in General Practice (CHIME-GP) Study	\$45,000
	Homeless Health Service workforce capacity assessment	\$30,000
	Evaluation of the LikeMind pilot (Phase 2)	\$27,705
	Aboriginal Suicide Prevention Review	\$24,560
	Costing analyses of the Islet transplant program	\$18,061
	PERL Scholarship funding	\$10,000
	RevITALise (RITA) Research Grant	\$9,940
	Peer review of NSW Bushfires Mental Health Program Evaluation Plan	\$9,576
	Review of SAFE START	\$5,310
Provision of PCOC Training Workshops - Singapore health	\$2,240	
Participation in the ERA and EI Review Indigenous Working Group	\$2,185	
Total Research Income		\$9,653,334

Note: This table excludes funding administered by other parts of the University of Wollongong and by external research collaborators.

Members

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 2021, 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>.

Jyotsna Adar	Sarah Damm	Martin Kaltner	Arjun Radhakrishnan
Malene Ahern	John Daniels	Freidoon Khavarpour	Mijanur Rahman
Shahriar Akter	Barbara Daveson	Conrad Kobel	Melanie Randle
Tara Alexander	Esther Davis	Rebecca Lachlan	Nicole Rankin
Samuel Allingham	Walter Davis	Luise Lago	Nicole Reilly
Irit Alony	Dominic Dawson	Karen Larsen-Truong	Erin Ritchie
Maree Banfield	Sara Dolnicar	Suanne Lawrence	Edgar Rojas
Marijka Batterham	Kathy Eagar	Rhodri Lewis	Alan Rosen
Elizabeth Beattie	Megan Edgar	Marlene Longbottom	Janet Sansoni
Emily Beric	Joshua Fan	Carol Loggie	Heike Schütze
Sonia Bird	Nicolas Fenwick	Peter Malouf	Kate Senior
Gaye Bishop	Mario Fernando	Joanna Mason	Dinberu Shebesh
Megan Blanchard	David Fildes	Danni Masso	Fiona Sheppeard
Cheryl Blissett	Linda Foskett	Malcolm Masso	Jenny Sim
Meredith Bryce	Andrew Fuller	Wendy Maxwell	Grahame Simpson
Sam Burns	Abhijeet Ghosh	Branden Maynes	Louisa Smith
Donna Byham	Christine Gillies	Brendan McAlister	Milena Snoek
Kate Cameron	John Glynn	Grace McCarthy	David Steel
Jacquelin Capell	Martin Gold	Rodney McMahan	Patrick Steele
Kara Cappetta	Belinda Goodenough	Anna McPherson	Georgia Stewart
Ray Chambers	Rob Gordon	Silvia Mendolia	Bianca Suesse
Claire Christiansen	Andrew Grady	Christine Metusela	Hilarie Tardif
Kathleen Clapham	Lewis Green	Verity Morley	Cristina Thompson
Sabina Clapham	Max Grigg	Darcy Morris	Daniel Thompson
Tom Cleary	Pam Grootemaat	Paula Moss	Lucie Thompson
Ross Clifton	Tam Ha	Stephen Moules	Thuyen Vu
Lynda-June Coe	Elizabeth Halcomb	Lorna Moxham	Anita Westera
Alanna Connolly	Roy Harvey	Judy Mullan	Victoria Westley-Wise
Jane Connolly	Valerie Harwood	Bridie Mulholland	Janelle White
Tim Coombs	Bronte Haynes	Jo Paasilla	Kathryn Williams
Patricia Cullen	Claire Johnson	Luz Palacios Derflinger	Abigail Worthington
David Currow	Michael Jones	Lyn Phillipson	Darcelle Wu
Elizabeth Cuthbert	Natalie Joseph	Tanya Pidgeon	Patsy Yates
Elizabeth Dale	Le-Tisha Kable	Christopher Poulos	Heather Yeatman





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