

UQ Poche Centre
for Indigenous Health
2021 ANNUAL REPORT



CREATE CHANGE





Transforming health
inequity and improving
health outcomes for
Aboriginal and Torres
Strait Islander peoples.

UQ Poche Centre for Indigenous Health

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Poche Family recognition

Our work is made possible through the generous support of philanthropists Mr Greg Poche AO and Mrs Kay van Norton Poche.

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About the UQ Poche Centre for Indigenous Health

Vision

Improving life expectancy and transforming equity and justice in Indigenous health, by leading Indigenous health research and researcher development in Australia and internationally.

Mission

A leading Indigenous health research centre in Australia, creating impact through:

-  developing and executing Australia's first urban Indigenous health research agenda with our major strategic partners
-  engaging in collaborative research that addresses gaps and challenges identified by Indigenous communities, and
-  building the capacity and capability of Indigenous health researchers in conducting rigorous research focussed on equity and justice in communities across Australia.



The vision of the University of Queensland (UQ) Poche Centre for Indigenous Health is to improve life expectancy and transform health inequities and injustices for Aboriginal and Torres Strait Islander peoples and Indigenous peoples globally.

With a mandate to respond to challenges in Indigenous health, the UQ Poche Centre undertakes and facilitates a broad range of transdisciplinary research activities to improve health systems and determinants of health. Prioritised on the life-course, our research agenda is aligned with the needs of the Centre's partners and aims to develop the next generation of researchers to rise to the challenge of Indigenous health research.

The Centre was established in 2015 following a \$10 million donation from Mr Greg Poche AO and Mrs Kay van Norton Poche. The Centre is part of the national Poche Indigenous Health Network, together with Poche Centres at the University of Melbourne, the University of Sydney, the University of Western Australia and Flinders University in Adelaide, Darwin and Alice Springs. A key partner in the activities of the UQ Poche Centre, since its

establishment, is the Institute for Urban Indigenous Health (IUIH), which delivers world-class primary health care services to the Indigenous population of South East Queensland.

The UQ Poche team employ a strengths-based approach in all aspects of our research and researcher development endeavours with emphasis on Indigenous leadership, governance, training and ways of knowing, being and doing. The Centre is committed to becoming a national centre of excellence in Indigenous health research. Working with our community partners nationally and internationally, we strive to conduct impactful research, enhance student exposure and experiences in Indigenous health, and create a next generation of Indigenous research leaders through a well-supported higher degree by research program. This requires building upon and strengthening our existing partnerships, as well as creating new partnerships and collaborations locally, nationally and internationally. Our overall goal is to enhance health and other outcomes for Indigenous peoples that are sustainable, transferable and translatable over the long-term.



Letter from our Chair

UQ's Poche Centre for Indigenous Health grew rapidly – and from strength to strength – in 2021.

The recruitment throughout the year of an impressive number of new staff and PhD and MPhil students has helped build scale and capacity within the Centre and positioned the Centre ideally for 2022 and the years to follow.

The talented team now in place has the capability, working in collaboration with core partners, to genuinely transform equity and justice in Indigenous health and health outcomes.

As this report clearly illustrates, 2021 has been a year of highlights. Among the many highlights that have drawn the attention and satisfaction of the Board over the past 12 months have been the expansion of the research agenda beyond urban health and wellbeing to include regional, remote, national and international Indigenous health; the securing of more than \$7 million in competitive external research funding to leverage the philanthropic investment of the Poche family; the establishment of agreements and collaborative activities with seven new research partners and, of course and of fundamental importance, the continued engagement and growth of mutually beneficial activities with the Centre's principal partner, the Institute for Urban Indigenous Health (IUIH).

One of the most exciting activities in 2021 was the progress made toward establishing the Research Alliance for Urban Goori Health. This unique partnership brings together Australia's largest Aboriginal community-controlled health organisation (IUIH), one of the largest hospital and health services in the country (Metro North Health), and a world-class research centre, in the UQ Poche

Centre to work collaboratively on improving health data and then health outcomes for First Nation's People. We believe, over time, this particular Alliance has the potential to be transformational in helping to close the gap in life expectancy and health quality of life between Indigenous and non-Indigenous residents of South-east Queensland.

As Advisory Board Chair I wish to take this opportunity to thank my fellow Board members – Professor Tom Calma AO (representing the national Poche Indigenous Health Network), Mr Adrian Carson (CEO of IUIH), Professor Maher Gandhi (representing the Mater Research Institute), Professor Geoff McColl (representing the UQ Faculty of Medicine), Professor Bronwyn Fredericks (UQ Pro-Vice-Chancellor, Indigenous Engagement), and Ms Britt Walker (representing the donors) – for their input and sage guidance of the Centre over this important period of growth and transformation. On behalf of the Board and the UQ Poche Centre I also want to explicitly acknowledge the game changing donation by Greg Poche AO and Kay van Norton Poche that led to the formation of the Centre and continues to provide the inspiration and foundation for the work of all in the Centre.

The Board looks forward with great sense of anticipation to 2022 and to the contribution the Centre will make to health outcomes for Indigenous peoples that are sustainable, transferable and translatable.

PROF BRUCE ABERNETHY
ADVISORY BOARD CHAIR, UQ POCHE CENTRE

Director's Report

My second year as Director of the UQ Poche Centre has seen a period of unprecedented change.

Globally, year two of the COVID-19 pandemic has transformed how we all live and do business. On a personal level, I continued my involvement in delivering the best possible national pandemic response for Aboriginal and Torres Strait Islander communities and all Australians. Fortunately, Australia and the world are learning how to live with the new variants and by the end of 2021, one of the world's most wicked problems was creating new challenges but in a different way and we were able to refocus on our core business.

At the UQ Poche Centre, the change during 2021 has been no less remarkable. Starting the year with a team of seven staff, we have navigated a fast paced period of establishment and growth. We ended the year with 22 staff, a growing cohort of exceptional PhD and MPhil students and \$7 million in new grant funding. The story of the Centre's journey towards what I hope will be a strong and impactful future is captured in the rest of this report.

Needless to say, the one thing that hasn't changed this year is the need to transform Indigenous health outcomes. The challenges remain considerable, and we have focused on strengthening our partnerships and building our capacity and capabilities within the Centre to meet this challenge.

My first major change of the year was the decision to move over to a fulltime position within the Centre. This gave me the exciting opportunity to

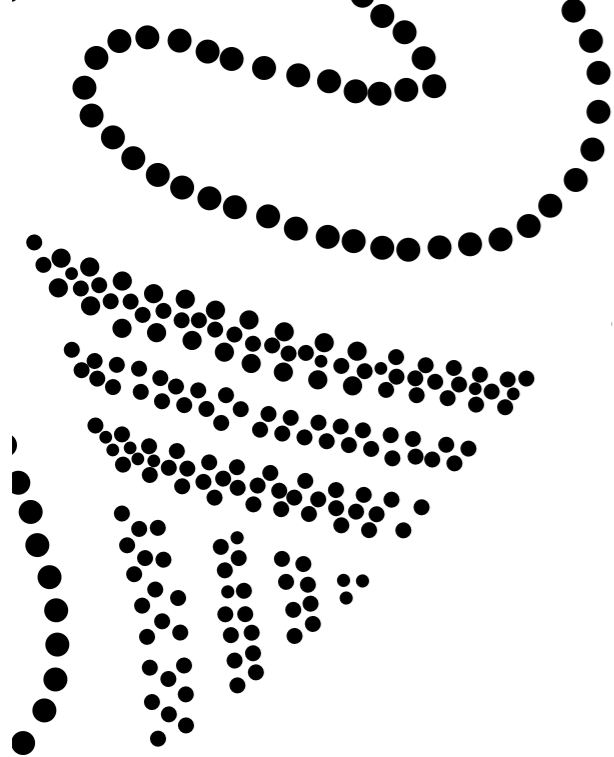


establish my infectious disease research program under the umbrella of UQ Poche and bring a new focus in Indigenous health to the UQ Poche agenda. At the May 2021 Poche Advisory Board meeting, it was unanimously decided to diversify the research scope of the Centre. Whilst urban Indigenous health remains a core focus, our strategic direction will include regional and remote settings across Australia, as well as national and international programs. This heralded the start of a new and very exciting phase for the UQ Poche Centre.

Our focus on building the team in 2021 meant a lengthy and sometimes tortuous process of recruitment but has resulted in some inspirational new talent joining us. We have welcomed six new academics, ten research professional staff and a manager for our research and operations support team. We also re-recruited two positions to bring the total number of new people in the team to nineteen. Investment in our new team was possible through funding from existing and new grants alongside Poche donation income and funds awarded to myself by UQ to build the Centre.

During the year we were pleased to congratulate two Poche Scholars, Shea Spierings and Mitchell Rom, who submitted their PhDs. Both Shea and Mitch were offered postdoctoral positions at UQ Poche. We also gained six new students with one MPhil and five PhD joining the team. Our five new students based at UQ were awarded Poche top-up scholarships.

To support the new and growing team, we held three face-to-face staff retreats where our full team could come together to workshop the Centre's



direction, discuss new ideas and develop strategies for communication and engagement. We have a small cohort of staff based interstate, and these retreats gave us regular opportunities to connect as a team. A highlight of our December retreat was the opportunity for the UQ Poche team to attend the inaugural Auntie Pamela Mam Oration held at UQ Customs House.

Hosted by ourselves and our core partner, the Institute for Urban Indigenous Health (IUIH), this event celebrated Auntie Pamela's lifelong dedication to supporting community-controlled health services in SEQ. Mr Selwyn Button gave the inaugural address, followed by a panel discussion on the future of the Aboriginal and Islander community-controlled health sector.

With the new research agenda and our expanding team in place, our research has been going from strength to strength.

By the end of the year, our team was involved in 26 projects – see 'Research Current Funding' on p10 – with a further six major grant applications submitted and awaiting outcomes. Our work now spans the whole of Australia and includes a range of partners from the community-controlled sector, government and hospital and health services.

Of particular note, we made considerable progress in 2021 towards establishing the Research Alliance for Urban Goori Health, known as RAUGH (pronounced 'roar'!). This partnership between Metro North Hospital and Health Service, the

largest hospital and health service in Australia, and IUIH, the largest Aboriginal and Islander community-controlled health provider in Australia, with ourselves as the research partner, is the first of its kind in Australia. RAUGH enables a focus on Indigenous specific health research looking at the barriers and enablers of patient care pathways between the primary and tertiary sectors for Aboriginal and Torres Strait Islander people living in Brisbane's north.

2021 also brought new opportunities for research and other partnerships. In September, myself, a team of UQ academics and representatives from Indigenous Allied Health Australia visited the Torres Strait Islands to explore the potential for a partnership focused on health equity solutions. The goal was to identify opportunities to improve community health care access in the outer islands and establish training-study-employment pathways for Torres Strait Islanders. The next steps to progress this partnership are underway.

There were many other highlights in the year which I invite you to read about in this report. If you are interested to learn more about us and our work, please reach out or visit our website at poche.centre.uq.edu.au/.

After a memorable year, we are looking forward to an equally remarkable and productive 2022.

PROF JAMES WARD
DIRECTOR, UQ POCHE CENTRE

2021 Highlights

In 2021, our research agenda expanded from urban health and wellbeing to include regional, remote, national and international.

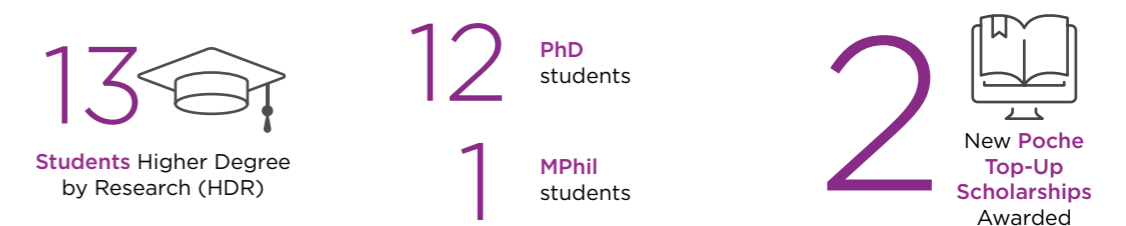
Research



Staff increased from 7 in 2020 to 22 in 2021



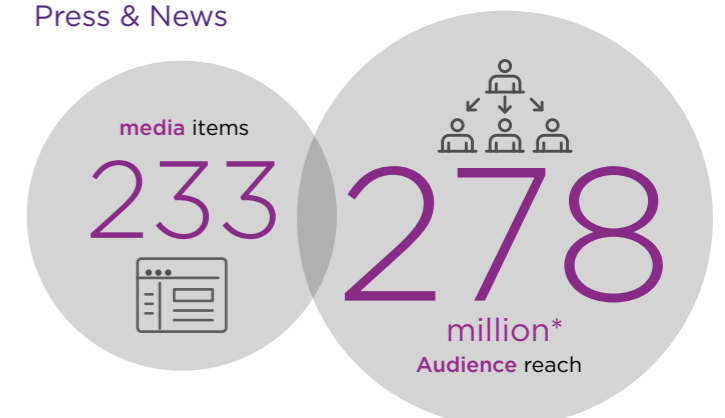
Students



Academic Work



Press & News



*based on 2021 Media Summary from The University of Queensland

Research Current Funding

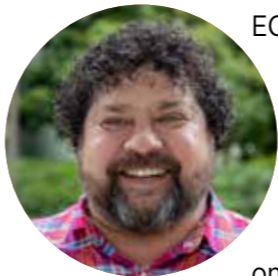
| Large Projects (>\$1 Million) | | |
|--|--|---|
| Funding partner | Project title | UQ Poche lead (CIA) |
| National Health and Medical Research Council (2016-2021) | Australian Centre for Research Excellence in Aboriginal Sexual Health and Blood Borne Viruses | Prof James Ward |
| National Health and Medical Research Council (2017-2021) | Novel Interventions to reduce methamphetamine use in Aboriginal and Torres Strait Islander communities. (NIMAC) | Prof James Ward |
| National Health and Medical Research Council (2018-2022) | SCALE-C: Strategies for hepatitis C testing and treatment in Aboriginal Communities that lead to elimination | Prof James Ward |
| National Health and Medical Research Council (2019-2022) | B Part of It NT: Targeted immunisation programs for vulnerable children and young people against serious infectious diseases | Prof James Ward (Prof Helen Marshall) |
| Australian Research Council (2019-2023) | Impacts of Banned Drinkers Register Re-introduction in Northern Territory | Prof James Ward (Prof Peter Miller) |
| National Health and Medical Research Council (2019-2023) | Centre for Research Excellence in the accelerated implementation of new point-of-care technology for infectious diseases | Prof James Ward (Prof Rebecca Guy) |
| National Health and Medical Research Council (2019-2023) | NT Safety and Efficacy of Iron in Haemodialysis Study | A/Prof Federica Barzi (Prof Alan Cass) |
| National Health and Medical Research Council (2019-2023) | PANDORA (Pregnancy and Neonatal Diabetes Outcomes in Remote Australia) Generations | A/Prof Federica Barzi (Prof Louise Maple-Brown) |
| Viertel Senior Medical Research Fellowship (2020-2024) | Improving STI and BBV outcomes and associated drivers among Aboriginal peoples | Prof James Ward |

| National Health and Medical Research Council (2020-2024) | Eliminating endemic sexually transmissible infections in remote Australia using targeted multidisciplinary strategies | Prof James Ward |
|--|--|---|
| Medical Research Future Fund (2020-2024) | Transforming access, relational care, and primary health care in an urban Aboriginal and Torres Strait Islander population | Prof James Ward |
| National Health and Medical Research Council (2020-2024) | Implementing a precision public health approach to eliminate sexually transmitted infections and control HIV in remote Australia | Prof James Ward |
| National Health and Medical Research Council (2020-2025) | Progression of chronic kidney disease in Aboriginal and Torres Strait Islander adults: the eGFR3 Cohort Study | A/Prof Federica Barzi (A/Prof Jaquelyne Hughes) |
| National Health and Medical Research Council (2021-2026) | Integration and expansion of a sentinel surveillance system to improve infectious disease outcomes for Indigenous Australians: the ATLAS network | Prof James Ward |
| National Health and Medical Research Council (2021-2026) | National First Nations Research Network | Prof James Ward (Prof Gail Garvey) |
| Medical Research Future Fund (2022-2024) | Improving surveillance infrastructure for Indigenous primary health care | Dr Clare Bradley |
| National Health and Medical Research Council (2022-2027) | Kipayali Mayi Kuwayu: generating and translating evidence to community and policy action | Dr Carmen Parter (Prof Ray Lovett) |
| National Health and Medical Research Council (2019-2024) | Gono B Gone: Targeted immunisations programs for vulnerable children and young people against serious infectious diseases | Prof James Ward (Prof Helen Marshall) |
| Medium Projects (\$100k - \$1 million) | | |
| Funding partner | Project title | UQ Poche lead (CIA) |
| National Health and Medical Research Council (2017-2021) | Use of molecular resistance assays to provide alternative oral treatment strategies for gonorrhoea in Indigenous and other high-risk populations: a randomised cluster trial | Prof James Ward (A/Prof David Whiley) |

| National Health and Medical Research Council (2018-2021) | TB control in an endemic setting: Socio-cultural knowledge to design context specific public health promotion solutions and actions in Papua New Guinea | A/Prof Steve Bell |
|--|--|---|
| The Burnet Institute (2020-2022) | Eliminate Hepatitis C | Prof James Ward |
| Paul Ramsay Foundation (APPRISE CRE Collaboration) (2020-2022) | Using systems thinking to better understand risks and protective factors at play for urban Indigenous peoples during COVID-19 | Prof James Ward (Prof Bronwyn Fredericks) |
| Paul Ramsay Foundation (APPRISE CRE Collaboration) (2020-2022) | First Nations COVID-19 Pandemic Response: Harnessing the evidence from an urban First Nations health ecosystem to inform ongoing response, recovery and health system adaptation | Prof James Ward (Dr Noel Hayman) |
| National Health and Medical Research Council (2020-2024) | Developing and implementing an ethical framework for HIV Phylogenetic Analysis in Australia | Prof James Ward (Prof Sharon Lewin) |
| National Health and Medical Research Council (2018-2022) | Developing youth-centered health promotion strategies to prevent and mitigate the adverse health impacts of adolescent pregnancy in Papua New Guinea | A/Prof Steve Bell |
| Small Projects (<\$100k) | | |
| Funding partner | Project title | UQ Poche lead (CIA) |
| Paul Ramsay Foundation (APPRISE CRE Collaboration) (2020-2022) | Pandemic health messaging for Indigenous peoples during COVID-19 | Mr Shea Spierings |
| Paul Ramsay Foundation (APPRISE CRE Collaboration) (2020-2022) | Impact of the COVID-19 pandemic on access to health services in an urban Aboriginal and Torres Strait Islander primary health care service | Prof James Ward |
| Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (2020-2022) | Enhancing harm reduction services (BBV and STI) for Aboriginal and Torres Strait Islander people who inject drugs through improved engagement | Prof James Ward (A/Prof Andrew Smirnov) |

Research Snapshots

Eliminate Hepatitis C Australia



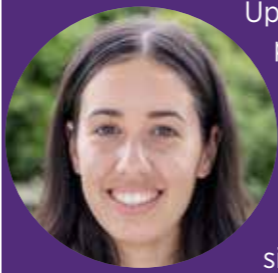
EC Australia focuses on eliminating hepatitis C (hep C) as a public health threat in Australia by 2030. As Aboriginal & Torres Strait Islander Program Manager, Troy Combo leads programs on health promotion, workforce development, surveillance and implementation research to spearhead hep C elimination in Aboriginal communities that continue to be disproportionately affected by this virus. Working with Bulgarr Ngaru Medical Aboriginal Corporation, that operates five clinical hubs in northern NSW, the project has implemented an evaluation of an integrated BBVs and STIs health systems intervention to improve health service access, testing, treatment and management of BBVs and STIs. In collaboration with NACCHO, a National Aboriginal Hepatitis C Health Promotion Campaign is part of the plans for 2022-2023.

Transforming primary health care for adolescents



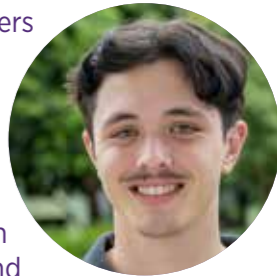
Poche Scholar, PhD candidate Stephen Harfield, Narungga and Ngarrindjeri man, is exploring how primary health care (PHC) can be strengthened for Aboriginal and Torres Strait Islander adolescents living in urban settings. The study aims to understand what the enablers, barriers and preferences of adolescents accessing PHC; what are the patterns of care for adolescents accessing care in southeast Queensland; and how can PHC services be strengthened to respond to the health and wellbeing needs of Aboriginal and Torres Strait Islander adolescents living in urban settings. The study will be conducted in partnership with PHC services and organisations including Aboriginal and Torres Strait Islander PHC services, and the community.

The demons that took their voices



Up to 45% of the Australian population have been exposed to childhood sexual abuse (CSA), with females, people with disabilities and Indigenous people at a significantly greater risk for becoming victims of CSA. The process of reporting and disclosure of CSA, however, remains problematic for victims and their families, with current models of care often not child centred, and lacking cultural appropriateness. With Prof James Ward and Ms Sophia Mann, Dr Sarah Graham leads a multi-faceted project – including a systematic review of the current models of care available to victims world-wide, interviews with key stakeholders to better understand the current models utilised in Australia, and co-design of a more culturally appropriate and child centred model of supporting CSA disclosure for victims and their families.

Spotlight on Mr Edwin Dyson UQ VC Graduate Program



The VC Graduate Program offers career opportunities for Aboriginal and Torres Strait Islander graduates within the university in a chosen discipline. Ed is studying a Master of Public Health, and in 2021 met Dr Carmen Parter and Prof James Ward to explore ideas to work at UQ Poche. With an interest in epidemiology, Ed joined the biostatistician team. He has been an integral member of the Urban Indigenous Health Data Dashboard (see research highlights) and contributed to a comprehensive urban health literature review. He has also undertaken the data analysis for the GOANNA 1 and 2 surveys – cross-sectional surveys to understand STIs and BBVs among Aboriginal and Torres Strait Islander peoples aged 16-29 years.

Two Poche Scholars submitted their PhD theses and joined the Poche team



In 2021, Poche Scholar **Mitch Rom** submitted his PhD thesis (advised by Prof Liz Mackinlay, Dr Katelyn Barney and Prof Tracey Bunda) with the UQ School of Education. His thesis focused on the key learning, teaching and education policy (APST 1.4 and 2.4) challenges in the contemporary Indigenous Australian education space at university. He achieved exemplary examination reports and received official conferral in April 2022. Mitch now begins a new role at UQ Poche as a Postdoctoral Research Fellow.

Poche Scholar, **Shea Spierings** submitted his PhD thesis at the end of 2021 and is now a Postdoctoral Research Fellow at the UQ Poche Centre. Shea's thesis utilised both Indigenous and mainstream qualitative conceptual and methodological tools to centralise and explore cultural nuances of Aboriginal men's stories to highlight the complex intersection between the criminalisation of Indigeneity, Aboriginal masculinity, and Aboriginal health.



Let's knockout STIs and BBVs. Get tested

Young Deadly Free (YDF) was established by Prof James Ward in 2017 to raise awareness and increase testing uptake of STIs and BBVs across regional and remote Aboriginal communities throughout Australia. A second round of Commonwealth Department of Health (DoH) funding for YDF ended in 2021 and this second term saw an expanded suite of promotional materials – now 279 community education resources comprising fact sheets, video animations, posters and clinician manuals – used widely in health practice across QLD, NT, WA and SA. YDF is a critically important initiative informing research studies that aim to combat STI/BBV infections in remote Aboriginal communities and we are pleased to announce a third funding term partnering with DoH from 2022.



The **Yarning for Success PLUS (YfS+)** initiative was launched in 2021 with the first of a series of three retreats held 13-16 July 2021 at the Sunshine Coast. The retreats are designed to provide wrap around support for a new cohort of Aboriginal and Torres Strait Islander academics and HDR scholars who joined the Health and Behavioural Sciences Faculty at UQ at the beginning of 2021. The program has proved successful to date with overwhelmingly 'The new cohort have celebrated numerous successes in 2021, including PhD milestone achievement, PhD thesis submission, award of new grants to support research and PhD projects, and announcement of prestigious scholarships including a National Health and Medical Research Council PhD Scholarship.



Impact of IUIH models of care on life expectancy

IUIH delivers multiple innovative models of care to Aboriginal and Torres Strait Islander people in SEQ, including the IUIH system of care (ISoC) and several new models of care currently being trialled. To ensure IUIH's accountability to its community, it has an active evaluation program to continually drive quality improvement. A key element of this is understanding the impacts of its services for the community it serves. The health adjusted life expectancy (HALE) measures the length of time (in years) people live in full health. HALE for Indigenous people in SEQ is 61 years – 12 years shorter than for all Queenslanders. A/Prof Federica Barzi and her team are using HALE estimates to illustrate the potential impact IUIH's models of care for a range of health endpoints. Results of this study will have the potential to further develop SEQ systems of care and build community-driven approaches that address the needs of people at risk of spending a significant part of their life in a state of less than good health.



“...an active evaluation program to continually drive quality improvement.”

Understanding diabetes management

Indigenous Australians are almost three times as likely to have Type 2 diabetes (T2D) as their non-Indigenous counterparts. The proportion increases with age and by 55 years of age one in five Indigenous Australians are diagnosed with T2D. UQ Poche and Inala Indigenous Health Service (IIHS) have partnered to investigate trends in rates of T2D prevalence, management and hospitalisation to understand factors to improve outcomes for T2D patients. The study led by A/Prof Federica Barzi will access linked data across health care systems for 6,000 Indigenous people who are regular clients of IIHS. Results from this analysis will assist to identify culturally appropriate, effective interventions and strategies to further improve the management of T2D in urban settings across Australia.



Bringing awareness to HIV

Prof James Ward and team have been hosting the annual **Aboriginal and Torres Strait Islander HIV Awareness Week (ATSIHAW)** aimed at promoting HIV within Aboriginal and Torres Strait Islander communities coinciding with World AIDS Day on 1 December each year. In 2021, over 70 ATSIHAW events were listed. Most events were hosted by Aboriginal community-controlled health services. ATSIHAW hosted the 1st International Indigenous Mini Conference on HIV on 1 December 2021 with 115 registrations. The week culminated in a virtual quiz night with awards for best and worst dressed teams.

Indigenising the Curricula

The Health and Behavioural Sciences Faculty's '**Indigenising the Curricula**' program is leading the way at UQ to integrate the knowledges and cultures of Aboriginal and Torres Strait Islander peoples into the teaching and learning (T&L) curriculum of the Faculty's Schools. In 2021, four core modules have been revised and are now being integrated into course curricula. A set of principles have been designed to provide guidance to T&L course coordinators and lecturers around expectations for teaching and learning in relation to Aboriginal and Torres Strait Islander history, culture, health and services, policies, cultural safety and racism. Dr Carmen Parter at the UQ Poche Centre is an active member of the committee and recently stepped down as Co-Chair.

Systems thinking to understand COVID transmission

Systems thinking provides an “intuitive language” that enables specialists from different fields and professions to speak on common terms to better understand complex problems that require a multi-faceted approach. Led by Prof Bronwyn Fredericks and involving Prof James Ward Shae Spierings, and Troy Combo, this study adopted Participatory System Dynamics to provide insights into the determinants of COVID-19 transmission in urban Indigenous settings, their interrelationships, and implications for intervention. Through a series of workshops, the study identified that Indigenous health workers and Community Controlled Health Organisations are best positioned to provide culturally informed and integrative responses tailored towards local needs.

Tackling COVID-19

Prof James Ward contributed locally and nationally to the Australian and the Aboriginal and Torres Strait Islander COVID-19 response:

- Aboriginal and Torres Strait Islander COVID-19 Taskforce (weekly meetings during 2021)
- Communicable Diseases Network of Australia COVID-19 Working Group (three times per week during 2021)
- Working with local stakeholders to assist in pandemic planning
- Assisting in implementation of COVID-19 point of care testing in remote areas of Australia
- Regular media presence to educate and advocate on COVID-19 response

Improving care through patient-centred medical homes

Adapted from a model of care developed by an Alaskan Native controlled health service, the IUIH System of Care 2 (ISoC2) model represents an innovative coordinated system of care delivered by a multidisciplinary team, rather than by individual clinicians. With MRFF funding, the project has expanded from a pilot ISoC2 clinic site, to establish a second, larger health hub in South East Queensland. The UQ Poche-IUIH team are delivering a mixed-methods observational cohort study to evaluate feasibility and acceptability of ISoC2 for First Nations peoples, as well as identify improvements in access and relational continuity of care. Data collected in 2021 from e-health records and extensive interviews are being analysed for publication in 2022.

Yarning about COVID

Help us protect our communities

What do you know about COVID-19?

What are you doing to protect yourself and your community from COVID-19?

What do you think about the COVID-19 vaccine?



Complete the survey and go into the draw to win 1 of 5 iPads

Scan the QR code or go to this link to access the survey poche.centre.uq.edu.au/yarningaboutcovid

THE UNIVERSITY OF QUEENSLAND AUSTRALIA Poche Centre for Indigenous Health

In October 2021, Shea Spierings led a team to launch the Yarning About COVID (YAC) survey across Australia to investigate the relationship between health messaging and Indigenous attitudes and behaviours regarding COVID-19 and the COVID-19 vaccine. This survey received over 500 responses. The data collected from this survey will be used to assist the development and promotion of future health messages for Aboriginal and Torres Strait Islander peoples.

Learning from young people about sexual, reproductive and maternal health in PNG

Young people have unique expertise to contribute to the design of sexual, reproductive and maternal health promotion strategies and services to ensure that these are specific to their needs. There have been urgent international calls to involve young people as partners in the design of youth-friendly sexual, reproductive and maternal health programmes and services. In 2021, A/Prof Steve Bell and his team completed in-depth interviews with 72 young women and young men aged 15-24 years in remote, peri-urban and urban settings in Papua New Guinea. Starting from what young women and young men already know and do, and their experiences of the hopes and challenges of becoming and being parents, this will contribute much needed evidence to enhance health promotion responses to pregnancy amongst young women and men, and better understand how to reduce health inequities associated with being young and female.

...this will contribute much needed evidence to enhance health promotion responses to pregnancy amongst young women and men...

The Poche Network is an important initiative to advance Indigenous health in Australia. With a focus on turning research into outcomes, we will be harnessing some of the best minds around the country to focus on wicked problems and creative solutions that will deliver lasting benefits to Aboriginal and Torres Strait Islander peoples.

- Patron and Chair of the Poche Indigenous Health Network, Professor Tom Calma AO



A meeting of the **Poche Indigenous Health Network (PIHN)** was held in Darwin on 7-9 June 2021 involving representatives from the five Poche Centres and the Poche family – Kay van Norton Poche and Britt Walker – and chaired by Prof Tom Calma AO. Representatives of UQ Poche Centre attended and presented an update and vision for the centre. The meeting focused on exploring the role and value of the network. The meeting was hosted by Poche SA+NT, who also held their 10th Anniversary Celebration event followed by the Kay van Norton Poche dinner.

Research Highlights

Our highlights here delve further into some of 2021’s ongoing research projects and programs at UQ Poche Centre.

Novel interventions to address methamphetamines

We can do this – helping people who use methamphetamines through the introduction of a web-based app

Methamphetamine use in Aboriginal communities is reported to be higher than in other populations nationally. To better understand this, we worked with eight Aboriginal communities Australia-wide in a project entitled ‘**Novel interventions to address methamphetamines in Aboriginal communities**’.

This project was multi-pronged and included:

- a national survey of 768 methamphetamine users
- focus groups in eight communities to understand issues affecting families, loved ones and communities
- the implementation of prevention projects in six communities
- a wait-listed randomised trial assessing the impact of a web-based application aimed at reducing methamphetamine use among moderate methamphetamine users.

Dr Rachel Reilly managed this project led by Prof Ward, with funding by the NHMRC Project Grant Scheme.

SCALE-C study

Helping efforts to move toward elimination of Hepatitis C in Australia

Many efforts and policies globally aim to eliminate Hepatitis C (Hep C). In Australia, rates of Hep C in Aboriginal and Torres Strait Islander communities continue to be reported at rates of four to five times greater than non-Indigenous Australians.

To address this, we partnered with four Aboriginal community-controlled health services to work toward eliminating Hep C in their respective communities. We adopted a find, test and treat strategy to enable people living with Hep C and initiated a cohort of people at risk of Hep C to understand clearance and reinfection rates among this population.

Despite our intervention occurring during COVID-19, we aimed to reach our full cohort (n=244) to understand our efforts toward reaching elimination during 2022.

This project is supported by an NHMRC Project Grant and is a collaboration between The University of Queensland, The South Australian Health and Medical Research Institute and the Kirby Institute. Erin Flynn is our Study Coordinator. The grant is led by Prof Ward.



Research Alliance for Urban Goori Health (RAUGH)

A unique alliance to reshape the way we deliver Indigenous health services

As reported in the 2019 Closing the Gap Report, Australia is not on track to meet many of the targets under the **Closing the Gap framework** established in 2008, including the target to close the gap in life expectancy by 2031. With a transition to a whole of government agenda, with all governments sharing accountability for progress, and extending this shared accountability to include First Nations peoples, the need for urgent action in Queensland has been clearly recognised.

RAUGH is an Australia-first alliance between Metro North Health, the Urban Institute for Indigenous Health (UIIH) and the UQ Poche Centre for Indigenous Health, partnering closely with Queensland Health. The alliance’s vision is to substantially accelerate Australia’s progress towards closing the gap in life expectancy and achieving health equity for urban First Nations peoples.

Working across primary, secondary and tertiary health care systems, RAUGH was established in 2021 – and will be formally launched in 2022 – to lead world class research, evaluation and knowledge translation pursuits, alongside a focus on building research capabilities and capacity within Queensland’s health care system. Through these activities, the alliance will enable a health system that delivers high value, person-centred

healthcare and quality of life for First Nations peoples across the region.

In 2021, \$1.6 million was awarded through Metro North Health, Queensland Health and the Commonwealth government to establish RAUGH. An ambitious inaugural two-year research program has been developed through wide consultation with stakeholders.

The Indigenous-led research program will link data across the community-controlled and mainstream health sectors to conduct a comprehensive First Nations’ health profile and understand barriers and enablers to effective care pathways for the Metro North region, which will then be broadened over time to cover the entire South East Queensland region and beyond.

With the aim to be financially self-sufficient beyond the establishment phase, RAUGH is a critical component of Queensland’s commitment to health equity and a significant step forward towards advancing the recommendations in Queensland Health’s report ‘Unleashing the potential: an open and equitable health system’.

Prof James Ward is the Executive Director of RAUGH and a team of researchers is being established to deliver the launch phase research program.

ATLAS Research Program

A national sentinel surveillance network aimed at improving health care delivery in Aboriginal primary care services focused on sexually transmissible infections and blood borne viruses

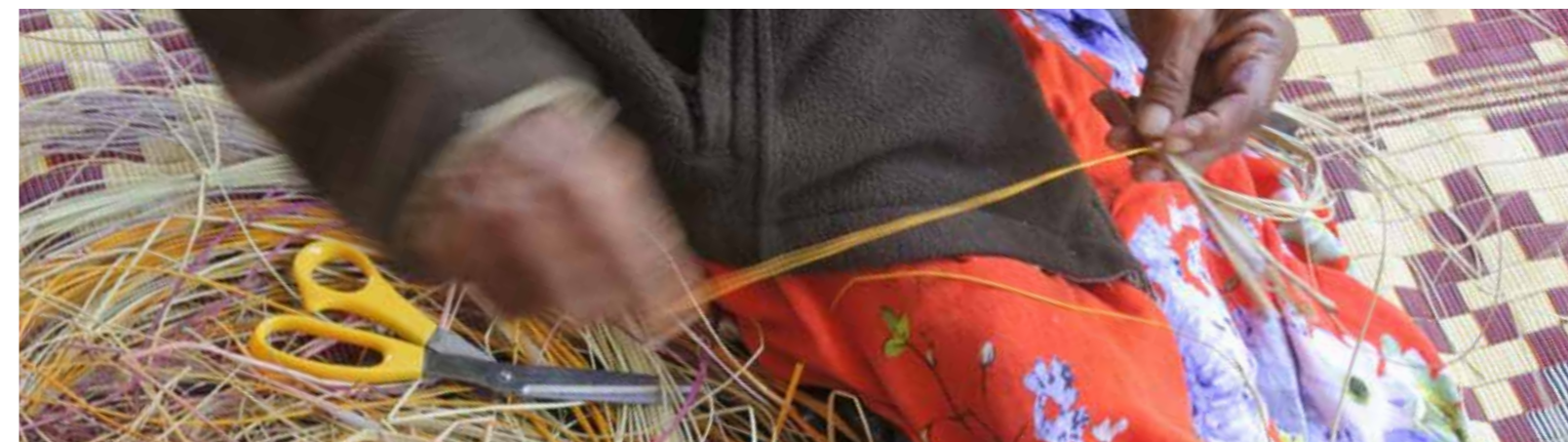
In Australia we understand notification rates of sexually transmissible infections and blood borne viruses as reported by jurisdictions because these are notifiable conditions. However, without background testing rates it is difficult to understand true burden of disease in communities. Initiated from an NHMRC Centre of Research Excellence led by Prof Ward, and with overall study leadership provided by Dr Clare Bradley, we have established a long-term national sentinel surveillance network comprising of 34 ACCHS nationally.

Every six months, participating ACCHS are provided with their own deidentified patient data analysed against 12 performance measures considered important in STI and BBV control that ACCHS use for reporting purposes and for use in continuous quality improvement initiatives. The ATLAS network continues to grow with more ACCHS joining in 2021 and over \$4 million in funding awarded leading to an expansion in the scope of the network to include vaccine preventable diseases, such as COVID-19.

A notable achievement for the ATLAS network in 2021 was the deployment of its online data dashboard. The ACCHS participating in ATLAS can now securely access near-real time surveillance data through the dashboard to understand disease prevalence in their catchment population. The release of the ATLAS dashboard has been welcomed by our stakeholder services and will be a key resource for developing our Continuous Quality Improvement program and associated activities.



ATLAS
Indigenous Primary
Care Surveillance
Network



Urban Indigenous Health Research Program

Moving forward with an urban health agenda

The life expectancy of an Indigenous person born in a major city in 2021 is approximately eight years shorter than for a non-Indigenous Australian. Exacerbating this issue are persistent gaps in urban health research as two Indigenous urban health research reviews have highlighted. In 2010, the first review, found that just 11% of all articles in the prior five years focused on urban Indigenous health, despite almost 55% of the total Indigenous population living in urban areas (including inner regional areas). In 2021, a rapid review showed that up to three times as many research papers focused on remote Indigenous health than urban Indigenous health issues.

During 2021 we have been developing an urban Indigenous health agenda that is encompassing and directed by our key stakeholders in urban Indigenous health. Prioritising Indigenous ways of knowing, being and doing, and with a mandate to respond to challenges in urban Indigenous health, we undertake and facilitate a broad range of transdisciplinary research activities targeted at improving health outcomes and reducing health inequities and injustices in urban settings. We will be expanding our research focus to establish ourselves as a national centre of excellence in urban Indigenous health, to lead and transform urban Indigenous health research across Australia.

We will focus on four priorities (Figure 1) – (1) transforming data; (2) innovating health care and systems; (3) centring culture, country and community action; and (4) rethinking determinants - embedded within a new organisational urban research agenda.

FIGURE 1. The priorities, principles, approach and outcomes for the UQ Poche Centre urban Indigenous health program





Urban Indigenous Health Dashboard

Urban Aboriginal and Torres Strait Islander peoples' health at a glance – for the first time

Despite decades of health surveillance in Australia, the health and wellbeing status of urban Indigenous peoples between Australia's individual capital cities is largely unknown. Most major Commonwealth reporting on Indigenous health is amalgamated at a national level. Indigenous data sovereignty states that Indigenous communities should have access to their own data to collect, govern and understand this data. Our study moves urban communities a step closer to this goal. The UQ Poche Centre has partnered with the Indigenous Group at the Australian Institute of Health and Welfare (AIHW) to, for the first-time, extract all publicly held data by the AIHW and Australian Bureau of Statistics (ABS) to develop a live urban Indigenous health dashboard. Machine learning technology and data visualization software will be used to analyse publicly available national and state/territory linked Electronic Medical Record data. The aim is to highlight urban Indigenous health determinants, services and outcomes for each State/Territory capital city. Previously unpublished data from 2011 onwards are being acquired across multiple AIHW and ABS databases and a national urban Indigenous health dashboard will be developed enabling analysis of urban health data for translation into Australian policy and practice.

AIHW

Precision Public Health

Flipping research on its head - thinking about the way we work with communities to make a difference

All too often researchers approach communities with an idea to be tested to address a specific issue. Similarly, it is clear that interventions adopted in communities are all too often siloed and narrow in approach, often testing the outcomes or impact of a single intervention.

With two grants provided by the NHMRC we are working with different communities and regions to identify best fit strategies aimed at moving toward eliminating commonly notified STIs. Both studies will adopt a precision public health approach to addressing STIs.

Precision public health is nuanced public health tailored for communities especially where inequity exists. In both of these studies we will work to gather all sources of information deemed important to ongoing STI transmission ranging from health services data, pathogen genomics, qualitative data, outcomes of STI data, and social determinants of health data to understand all the issues impacting STIs in the regions. We will then synthesise these data, and work with communities to determine best fit strategies for implementation and measure their impact.

These studies are led by Dr Salenna Elliott and Dr Lea Merone, with support from Mr Jethro Romer (Rockhampton) and Ms Jasmine Wasiu (Cairns).

B Part of It NT

Can one vaccine protect young people in the Northern Territory against two serious infectious diseases, meningococcal disease and gonorrhoea?

These diseases are caused by bacteria that are genetically related. Meningococcal disease is a rare but life-threatening infection with a high fatality rate that is more common in Aboriginal people. Almost 1 in 5 Aboriginal young people in some communities have gonococcal infection and those living in remote and very remote communities have the highest rates of gonorrhoea in Australia and amongst the highest in the world. The consequences of both these diseases can be devastating including loss of life and infertility. Whilst meningococcal disease can be prevented through vaccination, it is not included free on the National immunisation program for young people, perpetuating the higher disease burden carried by Aboriginal communities.

The need for a widely available vaccination program is supported by evidence from New Zealand that showed a 30% vaccine cross protection effectiveness against gonorrhoea using their meningococcal B specific vaccine MenZB. Our goal was to deliver a targeted meningococcal B vaccine program for Aboriginal youth. If our findings show even a 20% reduction in gonorrhoea, this would likely be sufficient proof of cost-effectiveness leading to a freely available vaccine program for Aboriginal and possibly all youth in Australia.

The project was conceived in 2018 by Prof Helen Marshall, Professor in Vaccinology at the University of Adelaide, and Prof James Ward over a cup of coffee to discuss the recently published findings from New Zealand. To date, we have recruited almost 2000 young people into the trial to determine whether one vaccine can make a difference against these two diseases.



Community Engagement

Aunty Pamela Mam Oration

The inaugural **Aunty Pamela Mam Oration** was hosted by the UQ Poche Centre and IUIH at UQ Customs House in December 2021.

Open to the public, the annual series was launched to recognise the extraordinary life achievements of the late Aunty Pamela Mam, a fearless and trailblazing leader who dedicated her life to her family, community and improving health and wellbeing outcomes for Aboriginal and Torres Strait Islander peoples.

Mr Selwyn Button gave the inaugural oration, entitled “Community Control or Controlled Communities: Taking back control to improve outcomes for Aboriginal and Torres Strait Islander peoples”. Mr Button is the current Registrar of Indigenous Corporations and has extensive executive leadership experience in Australia’s health and education sectors.

A panel discussion involving Indigenous health leaders – Mr Button, Mr Adrian Carson (CEO, Institute for Urban Indigenous Health), and Ms Jodie Currie (CEO, Aboriginal and Torres Strait Islander Community Health Service) – was facilitated by Prof James Ward.

Image credits: Artwork by Elaine Chambers. Images by Marc Grimwade. featuring (center), L to R panel members Mr Selwyn Button, Prof James Ward, Ms Jodie Currie, Mr Adrian Carson and (below), Prof James Ward addressing guests.



Torres Strait Islands Scoping Trip

Are you up for the challenge?

(Major Vonda, Torres Shire Council,
13 September 2021)

On 12 September 2021, a delegation consisting of representatives from UQ and Indigenous Allied Health Australia (IAHA, a member-based allied health organisation and school-based health traineeship provider), travelled to the Torres Strait Islands (TSI) to explore the potential for a partnership focused on health equity between UQ (HaBS schools and UQ Poche Centre for Indigenous Health), IAHA and the TSI outer islands.

The visit built on early discussions by a UQ team of researchers and Allied Health professionals, led by Prof James Ward and Mr Carl Francia, with TSI outer island community leaders and the IAHA executive leadership, around potential solutions to improve community health care access in the outer islands and establish training-study-employment pathways for Torres Strait Islanders.

These discussions highlighted a need to explore short term objectives with immediate

outcomes and the importance of ensuring long term sustainability.

During the consultation visit (12-22 September 2021), the UQ/IAHA delegation met with local TSI community and organisations to discuss potential opportunities, including:

- student placements (Allied Health and Nursing) on outer islands where clinical capacity and access to these health services are limited
- local health training (e.g. Clinical Assistant Certification) and local student pathways to study at UQ
- research partnerships
- long term planning and capacity building for TSI communities through partnership.

Opportunities are being progressed for a TSI clinical placement program and health training pathways in partnership with IAHA, with the goal of implementing a pilot phase program in 2023.

Poche Seed Grant Scheme

The UQ Poche Centre runs an annual seed grant scheme, offering small research grants to academic and clinician teams across uq poche and iuih. These grants offer important opportunities to develop new ideas and obtain pilot data for future grant applications.

2020 Seed Grants

Three grants were awarded in 2020 and updates are provided below.

Goal setting and outcome measurement in health service delivery for urban Aboriginal and Torres Strait Islander people – what makes it real?

- A/Prof Jodie Copley, Dr Alison Nelson, Dr Anne Hill, Chrisdell McLaren, Teresa Quinlan

As client-centred practice has progressed within health, goal setting tools have been developed with the aim of delivering services focused on outcomes that are meaningful within clients' daily lives. Critical evaluation of the cultural responsiveness of existing evaluation measures such as goal setting tools and creation of new measures incorporating the views of Aboriginal and Torres Strait Islander people regarding their service needs and desired outcomes, is essential to demonstrate service effectiveness. This study is exploring the perceptions of Aboriginal and Torres Strait Islander people who access healthcare services, health professionals and university educators regarding what constitutes culturally responsive goal setting. The findings will inform development of the Australian Therapy Outcome Measure for Indigenous Clients (ATOMIC) and serve as further cultural validation of this tool.

To date, the project team has collected data from 88 health professionals on allied health professionals' perspectives of culturally responsive goal setting with Aboriginal and Torres Strait Islander clients. The next stages will investigate client perceptions of goal setting and the way in which goal setting is taught to health professionals in university programs.

Overcoming barriers to accessing Hepatitis C Direct Acting Antiviral (DAA) treatment in primary care: a Continuous Quality Improvement (CQI) approach.

- A/Prof Linda Selvey, Ms Janet Stajic, Ms Renee Brown, Dr Richard Mills and Dr Lyle Turner

Aboriginal Community Controlled Health Services (ACCHS) aim to deliver holistic, comprehensive, and culturally appropriate health care for the community, and can therefore play a key role in hepatitis C (hep C) diagnosis and treatment for Aboriginal and Torres Strait Islander people. In SE Queensland (SEQ), IUIH leads the planning, development and delivery of primary health care, and despite proactively making hep C treatment available to known and eligible clients only about one third of these clients were ultimately treated. IUIH and UQ therefore partnered to investigate the effectiveness of hep C Continuous Quality Improvement (CQI) activities, with relationship-based peer coaching, on hep C treatment in ACCHS in South East Queensland.

Standard CQI processes are in place in all ACCHS across SEQ, involving routine all-staff meetings. Two hep C interventions were implemented via CQI meetings over a seven month period: monitoring of hep C testing and treatment data to identify how to increase uptake for clients with risk factors, and the delivery of coaching modules in relationship-based care. Three relationship-based coaching modules, or "Yarnin' Up" modules, were delivered: 'Ya make me sick: valuing client autonomy', 'Propa yarns: appreciating cultural ways of communicating',

and 'Shame Job: understanding and dismantling stigma to break down barriers'. The outcomes are currently being finalised for publication to support ACCHS's Australia-wide to increase treatment uptake for hep C.

Exploring the feasibility of predictive risk modelling to support home support prioritisation for people with high risk chronic conditions.

- Prof Rhema Vaithianathan, Dr Gayani Tennakoon, Dr Danielle Butler and Prof Mark Western

The objective of this research was to develop a predictive method for finding patients with high risk chronic conditions who could benefit from proactive prevention in an Indigenous urban setting. In particular, we were interested in patients who didn't engage with services, and yet had the same profile as patients who are in high need if they did engage. Preliminary case reviews and discussions with clinicians indicated that clinicians were positive about the potential for predictive risk modelling (PRM) but wanted to re-focus the modelling efforts on a different patient presentation pattern. Their priority was to find patients who tend to have intermittent acute

episodes of care; where patients present with unstable conditions and high health care needs, are stabilised and managed over a period of time and then are not seen again until they re-present in an unstable condition. Such patients ought to be able to be identified with a PRM. This would require further work to refine the current model, in particular to find patients who have long periods of disengagement following brief and intense periods of service usage.

Overall, the results and feedback from clinicians were promising. With additional refinement of the model in response to feedback from clinicians and clinic staff, a deployable model should be feasible. A key learning from the study was that proactive prevention requires a new approach from service providers who are often dealing with patients when they are at their "peak of chronicity". The latter approach to care represents a more risk-based paradigm, where engagement happens at the peak of need, and reduces again when the patient is "stabilised" in the eyes of the provider. Therefore, it is important that before the PRM model is deployed, the provider has a "social license" from staff and the community that they actually want to engage in a strengths-based service and would actively seek out and work with patients and their families who might not engage.

2021 Seed Grants

In 2021, we awarded four new seed grants, two led by UQ Poche Centre and two led by the Institute for Urban Indigenous Health (IUIH).

Yarning about Institutional racism the 'proppa-way' – making visible the invisible concerning the realities of institutional racism.

- Dr Carmen Parter (UQ Poche Centre)

Institutional racism is not fully understood and because of this lack of understanding strategies designed to actively eliminate racial discrimination and institutional racism will be ineffectual. To inform system change responses, the aim of the research is to bring meaning and understanding



to institutional racism and its contribution to racial discrimination operating in organisational cultures, structures, policies and practices, so that system-level change strategies can be co-designed, co-implemented and co-evaluated with community representatives, IUIH and Metro North.

A systematic scoping review is presently underway that aims to clarify how institutional racism has been theorised, how the term institutional racism has been applied in health care settings, and identify approaches used to eliminate institutional racism in health care settings. To complement this work, we will undertake twenty yarning sessions with Aboriginal and Torres Strait Islander and non-Indigenous community representatives and senior staff drawn from within MNHHS's catchment area. The yarns will also gather data about what system change solutions might work.

Aboriginal men's perspectives on health in South East Queensland.

- Mr Shea Spierings (UQ Poche Centre)

In partnership with the Institute for Urban Indigenous Health, we are delivering an exploratory study to investigate Aboriginal men's perspectives on health and wellbeing within the context of their masculinity and experiences of accessing primary healthcare services. This will inform enhanced understandings of the links between Aboriginal masculinity, health and wellbeing, and the motivating or inhibiting factors that determine Aboriginal men's engagement with health services.

Hospital in the Home (HITH) service for Aboriginal and/or Torres Strait Islander people in Southeast Queensland's Metro North.

- Dr Lyle Turner (IUIH)

There is inter/national evidence for benefits associated with Hospital in the Home (HITH) programs that provide home-based acute care in the comfort of the person's home as a substitute for hospital-level care. There is, however, limited evidence on HITH models and uptake and outcomes for Aboriginal and Torres Strait Islander people, despite being over-represented in hospitalisations generally, in potentially preventable hospital admissions and in untimely

and unplanned hospital discharge. Metro North and IUIH are partnering to develop a dedicated HITH pathway for Aboriginal and Torres Strait Islander people in the Metro North region of Southeast Queensland. This project builds a robust research framework to ensure that learnings and outcomes of the project contribute to the currently limited knowledge of the application of HITH programs for Aboriginal and Torres Strait Islander people.



Utility of the Australian Therapy Outcome Measure for Indigenous Clients (ATOMIC) in mainstream settings.

- Dr Alison Nelson (IUIH)

The Australian Therapy Outcome Measure for Indigenous clients was developed through a partnership between IUIH and UQ's School of Health and Rehabilitation Science to incorporate the views of Aboriginal and Torres Strait Islander people regarding their health service needs. The creation of new measures and desired outcomes is essential to demonstrate service effectiveness to these clients and their communities. Previous studies within community-controlled settings (IUIH and The Murri School) have explored the perceptions of what constitutes culturally responsive goal setting. This study aims to respond to a growing desire of mainstream therapy providers to trial the ATOMIC in their settings. This presents a unique opportunity to further strengthen the tool's utility and enable Aboriginal and Torres Strait Islander people to more easily articulate their health needs and goals in a culturally responsive way.

People

Our Advisory Board



Professor Bruce Abernethy
(Board Chair)
Executive Dean
UQ Faculty of Health and Behavioural Sciences



Professor Tom Calma AO
Co-chair
Reconciliation Australia



Adrian Carson
Chief Executive Officer
Institute of Urban Indigenous Health



Professor Geoff McColl
Executive Dean
UQ Faculty of Medicine



Professor Bronwyn Fredericks
UQ Pro-Vice Chancellor
(Indigenous Engagement)



Professor James Ward
Director
UQ Poche Centre



Professor Maher Gandhi
Executive Director and
Director of Clinical Research
Mater Research Institute UQ



Britt Walker
Poche Family



Our Staff

The UQ Poche Centre recruited eighteen new roles in 2021, including six new academics, eleven research professional staff and one operations and research support staff member. At the end of 2021, the team numbered 22 staff, with an equal split of Indigenous and non-Indigenous team members.

| Academics | Research Professional | Operations and Research Support | Affiliate Honorary Adjunct Team |
|---|--|---|--|
| <p>Professor James Ward Centre Director</p> <p>A/Professor Federica Barzi Principal Research Fellow</p> <p>A/Professor Steve Bell Principal Research Fellow</p> <p>Dr Carmen Parter Senior Research Fellow</p> <p>Dr Clare Bradley Senior Research Fellow (ATLAS)</p> <p>Dr Lea Merone Senior Research Fellow</p> <p>Shea Spierings Postdoctoral Research Fellow</p> <p>Stephen Harfield Senior Research Fellow</p> | <p>Alan Ho Senior Research Analyst</p> <p>Edwin Dyson VC Graduate</p> <p>Emily Hall Research Assistant</p> <p>Jasmine Wasiu Senior Research Technician</p> <p>Dr Kate Lewis Data Manager (ATLAS)</p> <p>Lauren Trask Research Officer</p> <p>Matt O'Dwyer Principal Research Scientist</p> <p>Dr Paul Schwenn Research Data Analyst</p> <p>Dr Sarah Graham Senior Research Assistant</p> <p>Sophia Mann VC Graduate</p> <p>Troy Combo Senior Research Assistant</p> | <p>Bridget Moore Research Operations Coordinator</p> <p>Rebekah Hauiti Executive Support Officer</p> <p>Dr Sharon Grant Research Strategy and Operations Manager</p> | <p>The Centre has continued to expand its network of expertise in Indigenous health and wellbeing supported by 10 Affiliates from within the University, as well as 12 Adjunct and Honorary staff.</p> |

Staff awards and commendations

| | |
|----------------------|--|
| James Ward | Appointment to the Ministerial Advisory Committee on Blood Borne Viruses and Transmissible Infections |
| James Ward | Awarded Australasian Sexual and Reproductive Health Alliance (ASRHA) Distinguished Services Award – Sexual and Reproductive Health Award |
| James Ward | Keynote speaker 17th National Immunisation Conference 2021 |
| Carmen Parter | Awarded 2021 Congress of Aboriginal and Torres Strait Islander Nurses and Midwife Fellowship Award |

Our Higher Degree by Research (HDR) Students

In 2021, the UQ Poche Centre welcomed five new higher degree by research (HDR) candidates to the team. Four of the new students were awarded Poche Scholarships to support their studies.

We congratulated Mitch Rom and Shea Spierings who submitted their PhD theses during the year. Both Shea and Mitch were offered Postdoctoral Research Fellow positions in the Centre starting in 2021 and 2022, respectively. The Poche HDR cohort comprised eleven Aboriginal students by the end of the year.

Amba-Rose Atkinson (PhD)

Health Outcomes of People caring for Country

Professor James Ward,
Professor Elizabeth Eakin,
Dr Nina Hall

Trudie Broderick (PhD)

A Place at the Table: Queer Indigenous Women in Australian Health Law and Policy

Associate Professor Lisa Featherstone

Condy Canuto (PhD)

The utility of the Adult Health Check (MBS item 715) for sexual health screening within an urban Aboriginal and Torres Strait Islander Community Controlled Health Service

Dr Judith Dean, Dr Jon Willis,
Dr Joe Debattista

Troy Combo (MPhil)

Peer networks among Aboriginal people who inject drugs

Professor James Ward,
Professor Linda Selvey

Tracy Hardy (PhD)

Exploring the impact of government nutrition-related policies for Aboriginal and Torres Strait Islander Peoples in urban, regional and remote areas

Professor Amanda Lee, Professor Bronwyn Fredericks,
Dr Katherine Cullerton

Stephen Harfield (PhD)

Strengthening primary health care for urban Aboriginal and Torres Strait Islander adolescents: patterns of care, and enablers and barriers to care

Professor James Ward,
Professor Gita Mishra,
Associate Professor Peter Azzopardi

Natasha Lee (PhD)

Where is the Indigenous in Indigenous Public Health?

Lisa Fitzgerald, Professor Chelsea Watego, Tendai Mukandi

Amy McQuire (PhD)

The Silence Everyone Talks About: Media representations of violence against Aboriginal women

Professor Chelsea Watego,
Dr Alissa Macoun

Mitch Rom (PhD)

Submitted August 2021

Navigating the Cultural Interface: An insight into the experiences of academics working with pre-service teachers in Indigenous Australian Education

Associate Professor Liz Mackinlay,
Dr Katelyn Barney,
Professor Tracey Bunda

Lee Sheppard (PhD)

Sport for development

programmes: Privatised aid and Indigenous sport in Australia

Dr Steven Rynne,
Associate Professor Jon Willis

Shea Spierings (PhD)

Submitted December 2021

Aboriginal perspectives on selfhood and criminalisation

Associate Professor Morgan Brigg,
Associate Professor Jon Willis

Janet Stajic (PhD)

Recognition of the work and understanding concepts of “health” and “health care” of Aboriginal and/or Torres Strait Islander Health Workers and Practitioners in urban South East Queensland

Associate Professor Lisa Fitzgerald,
Professor Chelsea Watego,
Dr Bryan Mukandi

Kate Thompson (PhD)

Enhancing Children’s Journey in Out-of-Home Care: A Multi-perspective Study (a focus on kinship care among Indigenous families)

Professor Karen Healy,
Dr Carmen Parter,
Dr Jemma Venables

Our Winter and Summer Scholars

Three students, Nelson Thorpe, Mina Kinghorn and Nikola Sterling commenced as Winter Scholars in June 2021 to undertake five-week projects related to ‘How do First Nations people communicate vaccines in a pandemic’.

Five students commenced as Summer Scholars in November 2021, joining the UQ Poche Centre for 8-10 weeks in the following projects:

- **Sophia Wynn:** Using Indigenous methodologies for understanding urban health in Australian cities
- **Nelson Thorpe:** Methodological innovation for understanding urban health in international settings
- **Patrick Brosnan, Brett Woods and Elizabeth Ambrose:** The ATLAS Surveillance Network – contributing to the descriptive epidemiology of sexually transmissible infections and blood borne viruses testing and management in Indigenous Primary Care

Everyone that works at the Poche Centre has such different backgrounds and unique perspectives. There is an overwhelming feeling of belonging that goes with working at the Poche Centre, even when you are working remotely. It feels like being a part of a family and I am grateful I got to be included in it for 10 weeks.

Elizabeth Ambrose,
Poche Summer Scholar





Outputs

Books

1. **Bell, S.**, Aggleton, P. and Gibson, A. (2021) *Peer research in health and social development: International perspectives on participatory research*, London: Routledge

Book chapters

2. **Bell, S.**, Aggleton, Peter, Gibson Ally (2021). Peer research in health and social development: Understandings, strengths and limitations. *Peer Research in Health and Social Development*. Abingdon, Oxon United Kingdom, Routledge: 3-19.

3. Stanley F., Langton M., Eases S., and **Ward J.** (2021) First Nations Health During COVID-19 Pandemic – Reversing the Gap. In Bennett B and Freckleton I (Eds) *Pandemics, Public Health Emergencies and Government Powers. Perspectives on Australian Law*. The Federation Press

Journal articles

4. **Bell, S.**, P. Aggleton, A. Lockyer, T. Ferguson, W. Murray, B. Silver, J. Kaldor, L. Maher and **J. Ward** (2021). *Working with Aboriginal young people in sexual health research: a peer research methodology in remote Australia*. *Qual Health Res* 31(1): 16-28.

5. **Bell, S.**, C. Newman and L. Yang (2021). *Meet the Editors*. *Sex Health* 18(2): i-ii.

6. Bryant, J., R. Bolt, J. R. Botfield, K. Martin, M. Doyle, D. Murphy, S. Graham, C. E. Newman, **S. Bell**, C. Treloar, A. J. Browne and P. Aggleton (2021). *Beyond deficit: 'strengths-based approaches' in Indigenous health research*. *Sociol Health Illn* 43(6): 1405-1421.

7. Causer, L., B. Liu, C. Watts, H. McManus, B. Donovan, **J. Ward**, R. Guy and T. Collaboration (2021). *Hospitalisations for pelvic inflammatory disease in young Aboriginal women living in remote Australia: the role of chlamydia and gonorrhoea*. *Sex Transm Infect*. doi:10.1136/sextrans-2021-055242

8. D'Costa, B., R. Lobo and **J. Ward** (2021). *Lessons learned from the implementation of the Young Deadly Free peer education programme in remote and very remote Australian Aboriginal communities*. *Sex Education* 22(2): 123-137.

9. Daltry, A., **L. Merone** and P. Tait (2021). *Plastic pollution: why is it a public health problem?* *Aust N Z J Public Health* 45(6): 535-537.

10. Dawson, A., **S. Harfield**, C. Davy, A. Baker, E. Kite, G. Aitken, K. Morey, A. Braunack-Mayer and A. Brown (2021). *Aboriginal community-controlled aged care: principles, practices and actions to integrate with primary health care*. *Prim Health Care Res Dev* 22: e50.

11. Dipnall, J F, Rivara, F P, Lyons, R A, Ameratunga, S, Brussoni, M, Lecky, F E., **Bradley, C**, Beck, B, Lyons, J, Schneeberg, A, Harrison, J E., and Gabbe, B J (2021). *Health-related quality of life (HRQoL) outcomes following injury in childhood and adolescence using euroqol (EQ-5D) responses with pooled longitudinal data*. *International Journal of Environmental Research and Public Health*, 18(19): 10156

12. Dipnall, J. F., F. P. Rivara, R. A. Lyons, S. Ameratunga, M. Brussoni, F. E. Lecky, **C. Bradley**, B. Beck, J. Lyons, A. Schneeberg, J. E. Harrison and B. J. Gabbe (2021). *Predictors of health-related quality of life following injury in childhood and adolescence: a pooled analysis*. *Injury Prevention* DOI: 10.1136/injuryprev-2021-044309

13. Guglielmino, C. J. D., A. Kakkanat, B. M. Forde, S. Rubenach, **L. Merone**, R. Stafford, R. M. A. Graham, S. A. Beatson and A. V. Jennison (2021). *Outbreak of multi-drug-resistant (MDR) Shigella flexneri in northern Australia due to an endemic regional clone acquiring an IncFII plasmid*. *Eur J Clin Microbiol Infect Dis* 40(2): 279-286.

14. **Harfield, S.**, C. Davy, A. Dawson, E. Mulholland, A. Braunack-Mayer and A. Brown (2021). *Building Indigenous health workforce capacity and capability through leadership - the Miwatj health leadership model*. *Prim Health Care Res Dev* 22: e52.

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16. Hengel, B., L. Causer, S. Matthews, K. Smith, K. Andrewartha, S. Badman, B. Spaeth, A. Tangey, P. Cunningham, A. Saha, E. Phillips, **J. Ward**, C. Watts, J. King, T. Applegate, M. Shephard and R. Guy (2021). *A decentralised point-of-care testing model to address inequities in the COVID-19 response*. *The Lancet Infectious Diseases* 21(7): e183-e190.

17. Howell, J., J. S. **Ward, J.** Davies, P. J. Clark and J. S. Davis (2021). *Hepatocellular carcinoma in Indigenous Australians: a call to action*. *Med J Aust* 214(5): 201-202 e201.

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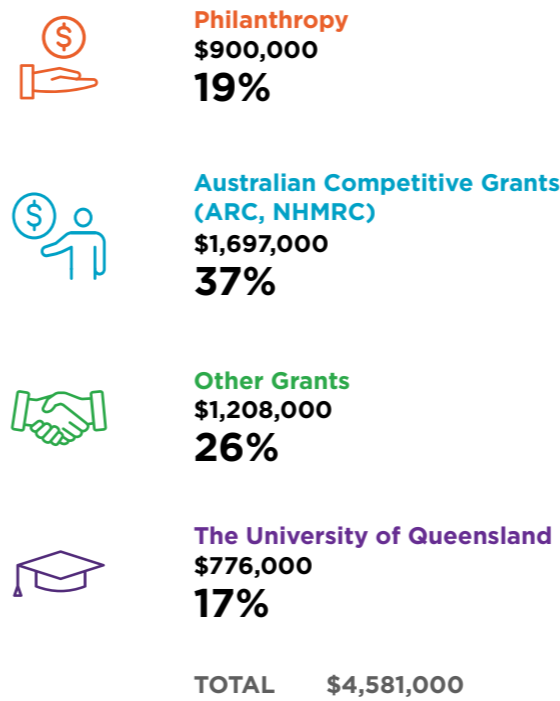
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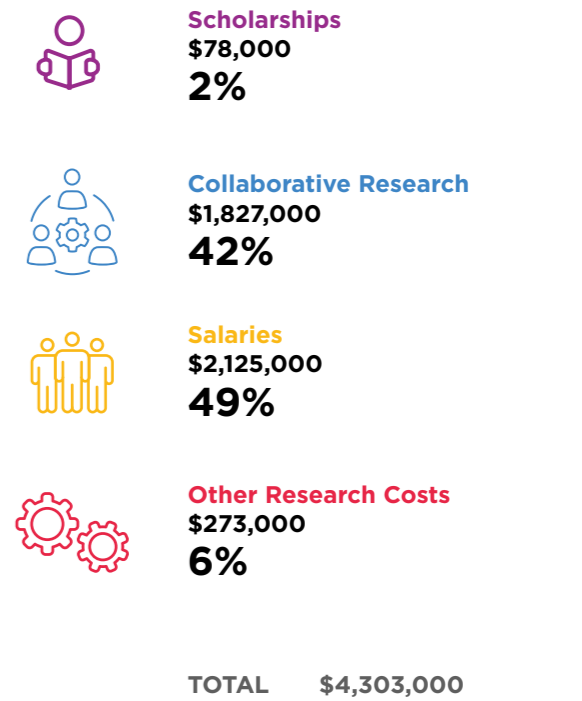
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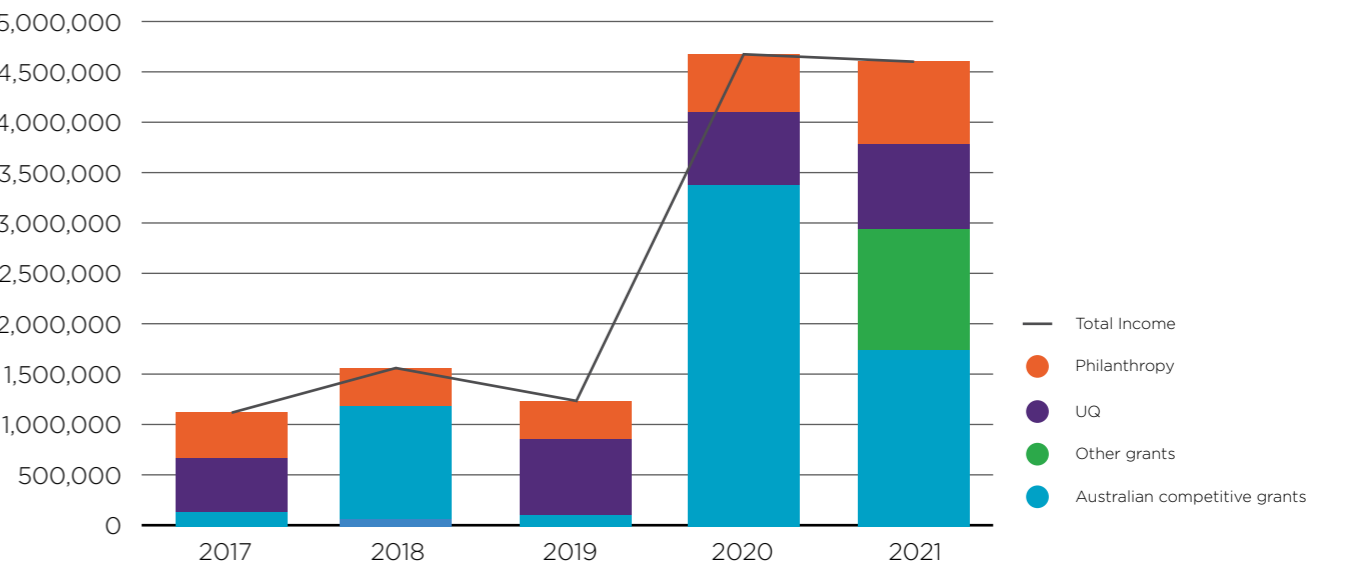
INCOME SOURCES 2021



TOTAL EXPENSES 2021



INCOME BY TYPE 2017 - 2021





The UQ Poche Centre is proudly an Indigenous-led research centre.

Pictured from left to right:
 Amba-Rose Atkinson, Jasmine Wasiu,
 Jethro Romer, Taleah Carson,
 Troy Combo, Janet Stajic,
 Stephen Harfield, Prof James Ward,
 Edwin Dyson, Shea Spierings,
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