Our Vision For Change

The Poche Centre of Indigenous Health is about partnering to deliver practical innovative solutions to complex health problems.

We are convinced that by building skills in the community and sharing the best evidence, health equality can be achieved for all Australians.
Founders’ foreword

The value of philanthropy is that it is flexible and responsive; it enables innovation and encourages collaboration. Our support of the Poche Centre for Indigenous Health has proven this to us.

When we founded the Centre within the University of Sydney, our aim was extremely clear and simple: we wanted to help improve Aboriginal and Torres Strait Islander health; we wanted to make a difference. We believed the Poche Centre could play a key role in making that happen, and we have not been disappointed. We have watched a dynamic team with a can-do attitude make a real difference where help was needed.

We are thrilled with the work of the Centre – all that has been achieved so far - and we feel our vision is in good hands with the strategic outlook to 2020. The road ahead looks incredibly promising from our perspective.

We are confident in the Centre’s direction and we are excited about what the future holds for those who will benefit from the continued focus on Healthy Kids, Healthy Teeth and Healthy Hearts.

These are still critical areas of need. We are also pleased to see that research remains embedded in all aspects of the work being undertaken. It is our firm belief that research is vital to informing and influencing Aboriginal health care policy and services.

As anyone involved in Aboriginal health will tell you, there is still much to be done. We are convinced that the Poche Centre for Indigenous Health, its affiliates and wonderful volunteers will continue to make a genuine contribution. We look forward to witnessing the Centre’s maintained commitment, energy and strategic focus.

Greg Poche AO, Kay Van Norton Poche & Reg Richardson AM
FOUNDERS OF THE POCHE CENTRE FOR INDIGENOUS HEALTH
A note from our Patron

Over the past three years, I have witnessed an amazing amount of energy and growth within the Poche Centre for Indigenous Health at The University of Sydney, and it is with a sense of excitement that I look towards the next five years.

More and more communities are engaging with the Centre and we're seeing encouraging results across the full spectrum of health services, from prevention and early intervention to chronic disease management.

The positive effects we’re witnessing are illustrative of what can happen when consistency and focus is maintained; when Aboriginal culture and expertise is valued; and when Aboriginal people themselves are empowered to take a leading role in designing, developing and delivering programs.

As Patron of the Poche Indigenous Health Network and a Board Member of Poche Sydney, I look forward to keeping the focus on Aboriginal health and building a stronger, healthier future for our people.

Professor Tom Calma AO
PATRON, POCHE INDIGENOUS HEALTH NETWORK & BOARD MEMBER OF POCHE SYDNEY

Message from the Board

Three years ago, the Poche Centre for Indigenous Health set out on a new strategic direction, with ambitious goals for three high-need areas: Healthy Kids, Healthy Teeth and Healthy Hearts.

The Board congratulates the entire Poche team, including clinicians, scholars, volunteers and donors for the excellent results achieved to date.

I am pleased to report that the Poche Centre has again set ambitious goals for the next 5 years.

On behalf of the Board, I would like to acknowledge the efforts of the Poche team. Your commitment to genuinely and measurably making a difference has been unflinching. We thank you and applaud you.

Professor Arthur Conigrave
CHAIR, POCHE CENTRE FOR INDIGENOUS HEALTH
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We Prioritise Open & Proactive Communication
We work in collaboration with communities, consulting closely to gain an understanding of community needs and partnering to achieve mutually agreed goals. We prioritise open and proactive communication. We act in accordance with community values to establish respectful and constructive relationships. We endeavor to influence public policy and service delivery in the interests of Aboriginal people and communities.

We work to develop sustainable, long-term improvements in health services and health outcomes for the people and communities we are engaged with.

In application, our respect-based approach means that all of our work is shaped by three principles:

- **We form lasting partnerships**
  We establish productive working relationships built on trust, mutuality, confidence and a commitment to long-term engagement.

- **We respond to needs**
  We provide services and initiate new activities at the invitation of communities that fill gaps, solve problems and break down barriers to improving health.

- **We are respectful of culture**
  We respect the holistic definition of Aboriginal health which takes in not just the physical well-being of an individual but the social, emotional and cultural wellbeing of the whole community, and we ensure that everything we do happens in a way that is sensitive and appropriate to the particular requirements of the communities we work with.

Future references in this document to Aboriginal people, communities and organisations are inclusive of Aboriginal and Torres Strait Islander people, communities and organisations.
Executive Summary

It has been a privilege to lead the Poche Centre for Indigenous Health over the past four years.

The Poche Centre’s new 5 Year Strategy is built upon a strong foundation of success. Partnerships born in 2007 continue to inform and support our work. Over the course of 2013-2015, our activities grew from providing 4,000 services to communities to providing 10,000, and we went from supporting 5 Aboriginal scholars to supporting 77. We remain steadfast in our commitment to a minimum of 50% of our team being Aboriginal.

We have enabled students from across the health disciplines to participate in meaningful service learning. They have made a service contribution and learnt so much about themselves, and about Aboriginal cultures. We believe this enables them to be better practitioners when they graduate.

In the years ahead, we will be maintaining both our focus, on Healthy Kids, Healthy Teeth and Healthy Hearts, and our approach – ensuring each project is guided by the principles of respect and collaboration; follows our Collective Impact process; and incorporates service delivery, service learning, workforce development and research.

We will continue to work with the many communities we have engaged with thus far, and hope to extend our work to additional communities.

Fundamental to everything we undertake in the years ahead will be our research. We will continue to contribute to the evidence about what makes a difference in Aboriginal health and measure the impact of services and programs over time. Our research will continue to be collaborative and informed by the Aboriginal communities who partner with us.

Key to our vision at the Poche Centre is influencing public policy in the interests of improving health outcomes for Aboriginal people. We will continue to be a strong and considered voice in Aboriginal health policy.

We could not achieve what we achieve without the collaboration and generosity of many partners.

I am excited about our next five years and know that we can do our part to improve outcomes, work in collaboration and demonstrate excellence in Aboriginal health.

Kylie Gwynne
DIRECTOR, POCHE CENTRE FOR INDIGENOUS HEALTH
The Poche Centre Story

The Poche Centre for Indigenous Health was established and funded by philanthropists Greg Poche AO and Kay Van Norton Poche in 2008.

The Poches, along with their friend and co-founder, Reg Richardson AM, had seen an opportunity for the skills, expertise and resources of the University of Sydney to be harnessed to improve Aboriginal health. Key to their vision was engaging Professor Tom Calma AO to lend guidance and support to the direction of the Centre.

Professor Calma has been Patron of the Poche Centres since 2010.

Since establishing the first Poche Centre at the University of Sydney, a network of Centres has been created across the country – at Flinders University, the University of Western Australia, the University of Melbourne and the University of Queensland.

Each Centre is working to improve health outcomes in their own way and to make a genuine contribution to closing the gap in life expectancy.

Since 2008, Greg and Kay have gifted more than $50m to the Poche Centres and in 2015 the Poche Indigenous Health Network was established to amplify the strengths and successes of the individual Centres.

Our Objectives

In working towards our vision for real, long-term change our strategic objectives are to:

- Deliver and expand evidence-informed services for Aboriginal people that meet a proven need and have a positive impact.
- Stimulate, inform and contribute to debate about strategies for improving Indigenous health so as to influence public opinion and public policy.
- Expand our research effort and draw on this to inform the work of the Centre.
- Maintain sustainable funding from a variety of sources – philanthropic donors, governments, medical and health professionals.
- Provide professional development opportunities and scholarships for Aboriginal people.
- Achieve maximum impact within the available resources.
Collective Impact is the structured process that informs the way we work. It draws separate organisations together to resolve complex problems. Five processes underpin Collective Impact:

1. **Common Agenda**
   A common agenda is one that is agreed between the parties of the project. Clarity about the purpose and expected outcomes or impact of the activity is a critical first step in the Collective Impact process.

2. **Shared Measurement**
   Shared measurement is about agreeing what is important to measure, the ways in which it will be measured and how the data and other information collected will be analysed and used.

3. **Mutually Reinforcing Activities**
   Mutually reinforcing activities build and promote interdependence and are essential to genuine partnership. Across our projects the mutually reinforcing activities include: shared resources, personnel, clinical supervision, data, equipment, space, training, and knowledge.

4. **Continuous Communication**
   Continuous communication is about making explicit expected outcomes, resolving issues that may arise, adapting and changing as required and ensuring all partners in the process understand the direction, status, issues and outcomes of the project.

5. **Backbone Support**
   The backbone organisation takes responsibility for overall coordination, secretariat and reporting.
Two Boards oversee the activities of the Poche Centre for Indigenous Health. Each of these has significant Aboriginal representation.

The Board comprises of seven members and is chaired by the Dean of the Sydney Medical School. The Board meets quarterly to advise and monitor the implementation of the Healthy Kids, Healthy Teeth, Healthy Hearts strategies and the Annual Research Plan.

The Research Advisory Board, comprised of 20 members and chaired by the Director of the Poche Centre, meets bi-annually to advise and monitor development and implementation of the Annual Research Plan.

Board members are invited to attend the meetings of the Research Advisory Board.

The Poche Centre collaborates with the University of Sydney to promote and support the aims and intent of Wingara Mura–Bunga Barrabugu, the University’s strategy for placing Aboriginal and Torres Strait Islander engagement at the centre of all aspects of the University.

Specifically we jointly host forums, promote and develop joint research initiatives, and encourage and support Aboriginal students and staff.
2013–2015: A Strong Foundation

In 2013, the Poche Centre embarked upon its Healthy Kids, Healthy Teeth, Healthy Hearts strategy.

With wide support, we were able to meet or exceed all of our key milestones by the end of the three-year period. Thank you to all who contributed!

Poche Centre For Indigenous Health - 2013-2015 A Strong Foundation
I had always wanted to go to University and study but I had always been too scared and unsure of exactly what I wanted to study. So, in 2013 I took the plunge and completed the Graduate Diploma of Indigenous Health Promotion at the University of Sydney.

After really enjoying the course, I decided I wanted to enrol in a Master of Public Health (MPH) at the University of Sydney. I was a bit nervous about enrolling in the degree, as I hadn’t done very much study before, so I discussed my options with Professor Sandy Eades who took me down and introduced me to Kylie from Poche.

Poche gave me a scholarship to support me in doing my MPH, which I am very grateful for. Going to Uni in such a big place where I don’t know anyone and haven’t done very much study prior was scary, but I felt more supported knowing that I had Poche there if I ever needed help with anything.

Knowing that Poche had chosen to support me with my studies made me feel like I could achieve something that felt quite unachievable at first.

I’m glad I got introduced to the Poche Centre as I have been able to meet some wonderful people and hear about all the fantastic things they are doing for Aboriginal health, which is really inspiring.

I have one subject left to complete for my MPH and then I am planning to enrol in a PhD, which is something I never imagined myself saying.

I think being around people doing such amazing work has really motivated me to want to keep studying so I can hopefully one day help make a difference to Aboriginal health in Australia.
2016–2020: Growing Our Impact

* Scholarship numbers will drop as students move through VET qualifications to
In the years ahead, the Poche Centre will maintain its focus on Healthy Kids, Healthy Teeth, Healthy Hearts. With support from our partners, we will continue with our comprehensive approach and we will maintain our core activities – delivering specialist services, clinical training, and research.

Bachelor programs and higher degrees in research, where the costs are greater.
Healthy Kids Strategy

Overview

Our Healthy Kids strategy is about helping kids get the healthiest start in life, helping them stay healthy. It’s also about addressing health issues early and preventing chronic illness.

We do this in a range of ways: through research, clinical training, capacity building, service delivery and policy influence.

Our work is informed by evidence about community capacity building and the social determinants of health, as well as contemporary approaches to health promotion, prevention, early intervention and chronic disease management.

We work in partnership with communities, Aboriginal health services and local organisations to develop unique responses that meet the particular needs of communities.

We have engaged student researchers with communities to look at targeting therapy services to promote school readiness and explore alternative models of therapy service delivery to expand access to allied health services.

We host senior nursing and medical students on their clinical placements and mentor new allied health graduates through their early years of practice.

The Road Ahead – The Next Five Years

Over the next five years we will be investing in building local, qualified and skilled people to drive the delivery of health care services to Aboriginal people.

There are essentially three elements around this strategy. The first centres on allied health – establishing a local workforce of Aboriginal people who are skilled and experienced in the delivery of allied health services.

Initially we will have people at the Certificate IV Allied Health Assistant level working with local and visiting allied health professionals, assisting families, schools and others to implement allied health plans and facilitating access to timely and effective allied health services. This approach will build a skilled, local workforce that will be encouraged to become future allied health professionals.

We have had five positions funded, jointly with NSW Health, to implement this model of service delivery in western NSW in a community health context. As part of the roll out of these positions, we will conduct a formal evaluation including an honours student project to build the evidence base around this service model.

The next project – the Dalang Project – focuses on reducing obesity and improving overall health by targeting oral health. The primary outcome is about ensuring that water is delicious, cold and free. We are initially trialing this in nine communities and over the next five years we expect to roll this program out in many schools and communities, measuring the impact over time.
The Road Ahead – continued...

We will be exploring whether children drink more water if water is available, free, cold and yummy, and whether that has an impact on both their oral health and dietary intake.

Again, this has a workforce element. We are providing training to Aboriginal people to act as oral health aides within the school context; they will receive training for that function and also some employment. We hope that some of the oral health aides go on to other qualifications, supported through scholarships by the Poche Centre. Our overall direction has service delivery, workforce development, service learning and research components.

The final component is around scholarships. The scholarships that have been established under Healthy Kids will continue for the next five years and include primary health care, counselling and allied health. We will be offering by mixed mode the Diploma of Counselling, the Aboriginal Healthcare Primary Practice qualification and the Allied Health Assistance program. We expect some of the students who complete these TAFE level training courses will go on to Bachelor programs in counselling, social work, oral health and nursing. In addition to employment outcomes, we see the TAFE scholarships as an alternative pathway into university.

Our research program under Healthy Kids is all about program evaluation and asks questions such as:

- Does the allied health program have an impact on workforce and service delivery?

- Is the Dalang project design and rollout effective?

- Does it have an impact on health outcomes as well as workforce?

- Do TAFE scholarship recipients, progress into health careers and higher qualifications?
<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td><strong>Aboriginal people</strong></td>
<td><strong>Aboriginal people</strong></td>
<td><strong>Aboriginal people</strong></td>
<td><strong>Aboriginal people</strong></td>
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<tr>
<td><strong>undertaking</strong></td>
<td><strong>undertaking</strong></td>
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<td><strong>undertaking</strong></td>
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<tr>
<td><strong>Certificate IV in Allied Health Assistance</strong></td>
<td><strong>Certificate IV in Allied Health Assistance</strong></td>
<td><strong>Certificate IV in Allied Health Assistance</strong></td>
<td><strong>Certificate IV in Allied Health Assistance</strong></td>
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<tr>
<td><strong>(Speech/OT/Nutrition)</strong></td>
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</table>

**Healthy Kids**

This table shows the change in activity over time to achieve our goals in Healthy Kids. We begin with fly in fly out services and transition over time to local staff skilled and qualified staff providing local health services.

Post Docs appointed in allied health, nursing/midwifery, AMS join as research partners, ethics obtained & data collection commenced.

Aboriginal people supported to enter and complete university study in social work, psychology, allied health, midwifery and nursing.

Aboriginal people undertaking Diploma in Counseling Assistance for university preparation.

Aboriginal people supported to enter and complete university study in allied health, nursing/midwifery, AMS join as research partners, ethics obtained & data collection commenced.

Aboriginal people undertaking Certificate III or IV in Primary Health Care.

Mobile health clinics purchased and established in two locations.

Allied health positions (OT & Speech) living and working locally.

Aboriginal people undertaking Certificate IV in Allied Health Assistance.
<table>
<thead>
<tr>
<th>Year</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>FIFO Specialist Medical</td>
</tr>
<tr>
<td></td>
<td>Allied Health Assistants employed locally</td>
</tr>
<tr>
<td></td>
<td>Health services delivered locally using existing positions &amp; Medicare funding (Speech/OT/Nutrition)</td>
</tr>
<tr>
<td></td>
<td>Create employment opportunities for Allied Health Assistants</td>
</tr>
<tr>
<td></td>
<td>Aboriginal people undertaking Problem Gambling Skill Set</td>
</tr>
<tr>
<td>2018</td>
<td>Diploma in Counselling</td>
</tr>
<tr>
<td></td>
<td>Local Aboriginal people providing local health services</td>
</tr>
<tr>
<td></td>
<td>into health-related programs</td>
</tr>
<tr>
<td></td>
<td>complete university study in social work, psychology, allied health, midwifery and nursing</td>
</tr>
<tr>
<td>2019</td>
<td>Data collection &amp; analysis</td>
</tr>
<tr>
<td></td>
<td>Impact measurement, publish findings &amp; shape policy</td>
</tr>
<tr>
<td></td>
<td>Student rotations – Nursing, Medicine, Allied Health</td>
</tr>
<tr>
<td>2020</td>
<td>undertook Primary Health Care</td>
</tr>
</tbody>
</table>
I’m a proud Ngemba descendant from Bourke, Western N.S.W and a Registered Nurse and Midwife. I have been specialising in frontline, clinical hands-on practice in rural nursing in Aboriginal communities’ for 30 years. I don’t come from a privileged background; I was raised in a tin shed on a property with no running water or power, with the family living off the land until the age of 18 when the family relocated to town. I’m the eldest of five siblings with additional responsibilities to extended family and my homelands as a traditional custodian of country.

My education journey commenced after I left school, my mother was influential in the decision to undertake nursing as a profession as she had been a nurse and had found it quite rewarding to help our people. So my journey in life had begun. To pay for my qualifications, I combined working on properties as a shearing hand with mustering and jillarooying to also assist my younger siblings with their endeavour for an education so that we could have a better quality of life and return to our homelands with skills we could develop and use to advocate for our people.

After 30 years of physical hard work, I’ve recently refocused my career direction by returning to study with the University of Sydney as a research scholar with the Poche Centre for Indigenous Health.

I plan to complete my MPhil/PhD. I’m currently an Associate Lecturer for Rural and Remote Health within the Nursing and Midwifery Faculty.

Being given the opportunity to work for the Poche Centre and the Sydney Nursing School as a clinical co-ordinator, cultural advisor and lecturer has been the highlight of my career. At the start, the thought of working for and within a university escalated the stress levels a fraction. The idea of making the transition from clinical practice to the world of academia was quite frightening as I was just a nurse from the bush.

The Poche Centre for me personally has provided research, study opportunities and flexible work hours that have opened up rewarding personal and professional development that one could never imagine. The experience of working with the Poche Centre and Professors in specific fields of knowledge has also empowered my own self-determination. Knowing that all concepts of knowledge are invaluable as I take the next step in proactively advocating for equality and social justice for Indigenous people.

Without the opportunity, support and encouragement of the Poche Centre I wouldn’t have been able to turn my dream into a reality.
Healthy Teeth Strategy

Overview

Healthy teeth are extremely important for overall health. This is why our Healthy Teeth Strategy covers the full spectrum: from influencing oral health policy to delivering oral health services, building capacity within communities, and promoting oral health.

Together with our Aboriginal Health Service partners we have delivered more than 20,000 oral health services in nine rural and remote NSW communities since we launched the strategy in 2013.

We provide advice and assistance to Aboriginal Community Controlled Health Services and other organisations – giving practical advice on how to establish a service, with step-by-step information on policy, equipment, systems and ordering.

Our work is informed by evidence about what works, both from a community capacity building perspective and a prevention, early intervention, treatment and rehabilitation perspective. As always, we work in partnership with communities, Aboriginal health services and local organisations to develop unique responses that meet the particular needs of communities.

We fund a research position within the Faculty of Dentistry to evaluate our work and to keep us informed about the latest research in Aboriginal and rural oral health.

Our mobile equipment allows us to work anywhere and our team is supported with tele-dentistry equipment that enables junior dentists to get advice and support from senior, experienced dentists when and where they need it.

The Road Ahead – The Next Five Years

Under the Healthy Teeth Strategy, our focus continues to be on sharing and transferring skills and knowledge. Fundamental to all aspects of our strategy is building a local, skilled Aboriginal workforce – and through that workforce, maintaining sustainable, long-term services that the community needs.

We have engaged local Aboriginal people in the delivery of oral health services; created employment opportunities and assisted Aboriginal scholars to complete TAFE training so they can work as dental assistants and in oral health promotion. We are now starting to see people move from TAFE level qualifications into Bachelor programs. This is how we hardwire sustainability into this program. When local people are the clinicians, the service is made sustainable.

For the past three years we have been establishing these services in the community by working with existing Aboriginal Health Services, community health services and other providers (schools).

Poche Centre For Indigenous Health - Healthy Teeth Strategy
The Road Ahead – continued...

We know, and we are deeply committed to the notion, that fly-in-fly-out is never an effective or efficient model, except for highly specialised services. For a service that people need to access every week, and one that needs to be available every day, you have to have local skilled people delivering it. The Poche Centre’s vision around the Health Teeth Strategy is to make ourselves largely redundant over the next three to four years in the communities that we are currently working with.

We are ensuring that there is a proper skills transfer and that there is a planned process around funding transfer as well. We need to ensure that the programs are viable and can run within budget when they’re handed over; that we have used a Collective Impact model to design and deliver this; and we are confident that by 2019 in many of the communities that we’re working with now, they’ll have their own locally run, locally organised health services. The Centre’s role will then shift to focus on skills development, scholarships, research partnerships, and service design and development over time. Services will be owned and run locally.

One of the major sustainability elements of our approach is around supporting clinical staff who live a long way from where the latest techniques and research is happening. We established a weekly tele-dentistry clinic in late 2015 and that will continue operating over the coming years. We are constantly evaluating this, to test the value that the clinicians gain from it and to ensure that it is also influencing their practice. Thus far the tele-dentistry clinic, which is deliberately low-tech, has proven to be one of the cheapest and most effective things we do.

We will also continue to deliver services into the schools. Over the last three years we have focused on getting people out of pain and into good oral health. Moving forward, we will be shifting our treatments back to early intervention and prevention. This involves ensuring that there are tooth brushing and drinking water programs in the schools, brushes and paste available to families cheaply and easily, and fluoride varnish programs being rolled out systematically each term. We think with those strategies we should see a lowering of tooth decay in these communities and an obvious improvement in health over time.

Around all of this work, we have a large program of research examining each of the elements: the service delivery, the community experience, the clinicians’ experience, the dentures and the tele-dentistry. We want to measure the impact of the service over time and the reduction of tooth decay. Our aim is to improve oral health in these communities and measure that improvement quantitatively.

This is not to mention the impact that teeth can have on dignity and employment.

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<table>
<thead>
<tr>
<th>Year</th>
<th>FIFO Allied Health Services</th>
<th>Tele-dentistry equipment purchased, literature review commenced &amp; protocol developed</th>
<th>Portable and mobile equipment purchased and established in each location</th>
<th>Local Trainee DAs</th>
<th>Local DAs Cert II &amp; IV completed. Assistance for university preparation.</th>
<th>Data collection &amp; analysis</th>
<th>Publish findings &amp; shape policy</th>
<th>Student rotations –</th>
<th>Denture Service &amp; Dental Tech cadets</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>Advice and policy shaping</td>
<td>Credentialing process developed and implemented</td>
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</table>

This table shows the change in our emphasis and activity over time from fly in fly out to local skilled and qualified clinicians providing local health care services.
<table>
<thead>
<tr>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
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<tbody>
<tr>
<td>FIFO Specialist Medical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinicians living &amp; working locally</td>
<td></td>
<td>Tele-dentistry supplementing &amp; informing local decision making</td>
<td></td>
</tr>
<tr>
<td>Portable and mobile equipment utilised effectively</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locals supported to enter and complete Oral Health Therapy or Dentistry</td>
<td>Local clinicians providing services and local DAs assisting</td>
<td></td>
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</tr>
<tr>
<td>Program refinement &amp; shaping / Impact measurement</td>
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<tr>
<td>Dentistry, OHT, Dental Tech, Dental Assistants</td>
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<tr>
<td>Cadets graduate</td>
<td>Local technicians providing local dentures and mouth guard service</td>
<td></td>
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<tr>
<td>implemented using local &amp; visiting staff including local Oral Health Aides, water filtration &amp; cooling, brushes and paste, fluoride varnish</td>
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Hi my name is Folau (Paul) Talbot and I’m from a little community called Boggabilla. Growing up in this little community was hard - there are not many opportunities but I always wanted to make something of myself and make my family and friends proud.

My goal was to finish school and then get a job in health, so that’s what I did. I finished school, got my HSC and became a Dental Assistant for The Poche Centre for Indigenous Health. Initially I did a stint at Queensland Health and got trained on the job.

I first heard of and met the Poche team when they were on their first trip to Boggabilla back in early 2013. They were working out how to approach setting a dental clinic up, but they didn’t have a fixed clinic; they had a dental van and a demountable at the school to store all of their stock. I became a part of the Poche team and I was on loan to Queensland Health for six months before I actually started working for Poche.

In 2014, the Poche Centre for Indigenous Health announced that they would be giving out a Scholarship to complete a Cert III and Cert IV in Dental Assisting and to study in Sydney over a period of 6 months. I applied for the scholarship and was successful. I completed my Cert III in Dental Assisting at the start of 2015.

The Poche Centre for Indigenous Health advertised for 2 Dental Cadetships to complete a Diploma in Dental Technology (Dental Technologist) so I applied for one of the cadetships and was successful. Then I had to make the very, very tough decision of leaving my loved ones and moving to Sydney to pursue my career.

I wanted to be a role model for the young back home in my community - to help them believe that if they set their mind to something, they can achieve anything; the sky is the limit, and there is a lot of help and support out there you, just have to keep trying.

I didn’t want to be a Dental Assistant forever so I wanted to go further and so that’s what I’m doing after I finish this Diploma in Dental Technology I want to further my studies.

I would like to give a big thank you the Poche Centre for Indigenous Health and the whole team for their support along the way. I really appreciate the help they gave me in achieving my goals.
Healthy Hearts
Healthy Hearts Strategy

Overview

Our Health Hearts strategy operates in a number of communities and has four components:

1. Visiting Cardiology, Cardiac Sonography, Endocrinology & ENT Services
2. Health Promotion
3. Outreach Advice
4. Policy Influence

Our work is informed by evidence about what works, both from a community capacity building perspective as well as prevention, early intervention, treatment and rehabilitation.

We work in partnership with communities, Aboriginal Health Services, the Rural Doctors Network and Local Health Districts to develop unique responses that meet the particular needs of communities.

We only provide visiting services where local services are able to support and coordinate the clinic, host patient records and manage the ongoing care of patients.

Visiting services are provided where they are unavailable locally. Wherever possible we seek to promote and support local services.

The Road Ahead – The Next Five Years

Under our Health Hearts strategy, we are continuing the work that started in 2008. This strategy draws on the expertise of the Sydney Medical School, using the experts in the faculty and in the clinical schools to provide free, highly specialised services to Aboriginal people in remote communities.

Poche specialists come in, do the complex assessments, prepare treatment plans and arrange access to the tertiary system if that is what is required. If not, patients are treated within the community.

The benefits of this are two-fold: we can identify people with complex problems early; and when we bring specialists into the community, they provide health education to the other health professionals in the community.
The Road Ahead – The Next Five Years

This is consistent with our overall approach to knowledge sharing and skills sharing, which of course is always a two-way street because our clinicians value the knowledge locals share with them about remote and Aboriginal health.

The other component is about using the very best available technology safely and remotely.

We have portable cardiac ultrasound machines that we make available to our clinicians as well as other equipment that is available when it is needed. All of this is about respecting that people who live regionally and remotely should get the very best care wherever they are.

Over the next five years, we are going to be implementing our smartphone ECG project.

This is an initiative whereby we will train local Aboriginal people to undertake ECGs using a smartphone and an app. Through that process, they will hopefully identify people before they become unwell and get them into a treatment pathway.

Our research under Healthy Hearts is aimed at estimating the prevalence of atrial fibrillation in Aboriginal people and the feasibility of apps like this for the early identification of illness and the effectiveness of getting people into treatment in a timely way.

The essence is about providing the best care wherever people live and also maximising the use of technology so that assessments can occur as early as possible in the disease process.
**Healthy Hearts**

This table shows our changing activity and emphasis over time to achieve our goals in Healthy Hearts. We are building our focus on technology to bridge the distance between rural and remote communities and the best available medicine.

### 2013

- Portable and fixed equipment established for ENT and cardiology
- Develop and roll out iECG Project in analyse data and share
- Develop and implement service mapping
- Telemedicine - specialists providing phone and video advice when needed

### 2014

- Advice and policy shaping
- Co-host RHD Conference
- Portable and fixed equipment established for ENT and cardiology
- Local specialists providing local services

### 2015

- NHMRC CVD Inequalities Project
- Portable and mobile equipment utilised effectively

### 2016

- Develop and implement ENT outreach analyse and publish
- Develop and implement service mapping analyse and share
- Telemedicine - specialists providing phone and video advice when needed
- Co-host RHD Conference
- Portable and fixed equipment established for ENT and cardiology
- Student rotations -

### 2017

- Infor m policy and fundin g in health servic es for Aborigina l peo ple in NSW
- survey , collect data,

### 2018

- Survey, collect data,

### 2019

- Policey advocacy re: RHD prevention and treatm ent
- FIFO specialist services linked to local patient management

### 2020

- Telemedicine – specialists providing phone and video advice when needed

This table shows our changing activity and emphasis over time to achieve our goals in Healthy Hearts. We are building our focus on technology to bridge the distance between rural and remote communities and the best available medicine.
### Advice and policy shaping

**Student rotations** – medicine, social work, pharmacy, nursing & allied health

<table>
<thead>
<tr>
<th>Year</th>
<th>Activity</th>
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<tbody>
<tr>
<td>2017</td>
<td>FIFO specialist services linked to local patient management</td>
</tr>
<tr>
<td>2018</td>
<td>Local specialists providing local services</td>
</tr>
<tr>
<td>2019</td>
<td>Portable and mobile equipment utilised effectively</td>
</tr>
<tr>
<td>2020</td>
<td><strong>NHMRC CVD Inequalities Project</strong></td>
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</tbody>
</table>

**Policy advocacy re: RHD prevention and treatment**

- FIFO specialists providing phone and video advice when needed

**NSW, NT and WA, findings**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>project, collect data, findings</td>
<td>Inform policy and funding in health services for Aboriginal people in NSW</td>
</tr>
<tr>
<td>survey, collect data, findings</td>
<td>Improving fitness study</td>
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Hi my name is Carmen Parter, and I am a proud descendent of the Darumbal clan of the Birra Gubba Nation (of Queensland). I am also a South Sea Islander descendant.

After many years working in government and on policy, particularly in the Aboriginal and Torres Strait Islander health areas, I desired to do something different.

I wanted opportunities that would offer more contact with community and something that would take me into doing Aboriginal and Torres Strait Islander health research. So being a Poche Fellow ticks all the boxes for me.

I will get the opportunity to work on projects collaboratively with community, commence an academic career as part of the University of Sydney’s Wingarra Murra Leadership program, and undertake a Doctorate of Philosophy (PhD) at the same time.

I am humbly honoured and blessed to be a part of such an exciting centre as the Poche Centre for Indigenous Health.
Research

The Poche Centre for Indigenous Health activity engages in Indigenous health research by supporting ethics applications, funding research programs and supporting higher degree research students.

Our research is highly applied and we are committed to ensuring the research process is always in collaboration with Aboriginal people, communities and organisations.

Our overall approach to research is based on collaboration and respect that values Indigenous research methodologies and actively encourages the potential of Indigenous methodologies to influence the academy.

The Road Ahead – The Next Five Years

- Wraps robust research around the service delivery partnerships we develop, so we know clearly what works and what does not
- Invests in high impact research that will improve the health of Aboriginal and Torres Strait Islander people
- Supports and promotes Aboriginal and Torres Strait Islander health researchers
- Advocates and embeds Indigenous research methodologies into the way that we undertake research
- Grows our research outputs so that the Poche Centre is recognised as a centre of excellence in Aboriginal and Torres Strait Islander health research and engagement
- Seeks additional external funding for our research whenever possible
- Engages in research approaches that are consistent with the Guidelines for Aboriginal and Torres Strait Islander Research, developed by the National Health and Medical Research Council (NHMRC) and the Aboriginal Health and Medical Research Council (AH&MRC).

All of our projects have ethics approval from AH&MRC.

We draw on our research to influence public policy and to be a strong and credible voice in Aboriginal health.
From the moment the plane’s wheels leave the runway at Bankstown I begin to smile. I know I am with friends. I know I am going to a very special part of Australia that relatively few will get the opportunity to visit. I know I am going to spend two busy but rewarding days, hopefully making a difference to a couple of communities which have become very dear to me over the last 2 years. I love it. For me, quite simply, it is a breath of fresh air. We all lead hectic lives in the city where we can become overwhelmed and enveloped by our commitments; Teaching, operating, lecturing, running research projects and so on. My trips to Brewarrina and Bourke every couple of months are a reminder for me of what is really important. Making a difference to people who really need our help and really appreciate it.

Since 2014, I have been very privileged to be the ENT surgeon on a team that travels out to the communities of Brewarrina and Bourke. Our entourage includes an Endocrinologist, a Social Worker and an ENT surgeon but our small plane always accommodates additional team members which might include students, registrars, allied health practitioners or others whom we feel could benefit the communities.

We land on the small strip of tarmac at Brewarrina, hemmed in by a Kangaroo deterrent fence and little else. From there we are met by the fantastic team of the Brewarrina Aboriginal Medical Service. Our clinic runs for the greater part of the day. I will generally see a wide diversity of ENT conditions. There are many challenges in treating patients from remote communities such as these, not least the huge impact that surgical intervention imparts with the necessity of travel to Sydney, some 12 hours drive away.

Recovery and potential risks following surgery mandate a prolonged stay in the city before return to their homes and of course follow up may not be possible until the next planned trip, generally every 2 months. Poche has realised the importance of continuity of care for these patients. By having the same team travel up each time, we believe that a good rapport has built up between doctor and patient, based on trust and mutual respect. We hope this translates to a better standard of care for all involved.

But sometimes it is from the little things, that truly wonderful consequences can occur. One key aspect of every trip is the dinner held on the night between the two days of clinic. Generally this is in Brewarrina, with us driving to Bourke the following day. Poche had the clarity of mind to see that this in itself represents a wonderful opportunity to bring all of the carers involved in these clinics together. Our dinners are always attended by the local GP, the local nurses and care workers as well as hospital administrators and anyone involved with making the trips a success. In the winter we will sit around a roaring fire under the stars and exchange stories and ideas. This is one of the most enjoyable and I am sure beneficial parts of every trip. It brings the local and visiting teams closer together and can only bring about better communication, comradery and ultimately benefit to the people we are there for, the patients.

I feel incredibly honoured to call myself a member of the Poche team. I feel their philosophy and aspirations for what needs to happen is exemplary. Their ability to action their objectives and implement change is a marvellous testament to the philanthropic purpose of Greg and Kay Poche. I am already looking forward to my next trip.
Public Policy Influence

From its inception, the Poche Centre for Indigenous Health has been recognised as a landmark model for bringing together philanthropic interest, professional expertise and the public sector to address a proven and urgent need – in this case Indigenous health. From this unique position we are well placed to actively inform the future directions of health service delivery for Indigenous people.

Our service delivery, education, scholarships and research has and will continue to contribute to the development of our public policy presence.

Building Awareness

The Poche Centre will continue to encourage stakeholders and all other interested parties to actively engage with the Centre across the complete profile of its work. Increasing awareness around Aboriginal health impacts the debate about strategies for change.

Poche Key Thinkers Forums

We will continue our active involvement in the Poche Key Thinkers Forums, which now brings experts, policy makers, community members and practitioners twice a year. These forums – and the resulting Poche Opinions produced from them – are an excellent tool for contributing to knowledge and drawing on the wider community for input and expertise in key debates and issues in Indigenous health. We host the Key Thinkers Forum in collaboration with the Poche Indigenous Health Network.

Sharing Resources

As the knowledge and understanding we gain through our practical experience and research continues to deepen and expand, our hub of relevant resources and information will too. Our experience has shown that facilitating access to information in various forms – from emergency triage guides to Poche Opinions – has the potential to rapidly accelerate the reach and impact of our work and, therefore, to accelerate improvements in Aboriginal health.

Representation on Committees and Forums

We share our knowledge and experience and seek to shape public policy in the interests of better health outcomes for Aboriginal people.
Our Volunteers

The Poche Centre relies on a committed group of volunteers to assist us in the work we do. We attribute a great portion of our success to their dedication.

Clinical Volunteers

Our clinical volunteers are health professionals who supply free outreach services, including:

- Neurologists
- Dentists
- Dermatologists
- ENT Specialists
- Cardiologists
- Social Workers
- Sports Medicine
- Registered Nurses
- Oral Health Therapists
- Endocrinologists

Centre Based Volunteers

These regular weekly volunteers assist us with administrative tasks helping us direct more money into activities rather than into administration costs.

General Volunteers

These volunteers are called upon to assist in activities such as our annual packing day, where we pack over 7,000 health kits for schools and community work.

To volunteer at the Poche Centre, please get in touch.

call 02 9114 0829 | email poche.admin@sydney.edu.au
I’m Norma Binge, I am a Goomeroi woman from Boggabilla northern NSW I have been with the Poche Centre now since the Central Tablelands oral health program started in 2013.

I was working in an employment agency looking for jobs for clients and saw a job advertised for the Poche Centre for Indigenous Health in dental oral health for the Boggabilla, Toomelah, Mungindi and Moree communities. I decided to apply for the job myself and after the interview process I got the call saying that I had the job. I was very pleased and it’s the best move I have ever made.

I never thought I would have a job in health and now I never look back; I only move forward since completing my Cert III in Dental Assisting, IV in Oral Health Promotion in 2014. I am currently studying ATSI Primary Health Care Practice through the Poche Centre Scholarship Program, which has changed my life dramatically and given me the chance to upskill and gain knowledge for the job that I am in.

Being hands on with patients and helping them change their lives through oral health has been very rewarding for me and I think also the people in these communities.

Coming from the area that the Poche Centre is now servicing I have seen a huge change. I can remember when there wasn’t a dental service here and because we lived in NSW (we couldn’t see the dentist in QLD just a 10min drive over the border because of NSW/QLD border issues). I would have to travel to Moree NSW which is over 100kms away not knowing if there was road works and any other thing that could stop you from being on time, if you weren’t there on time you would be turned away.

I know I am grateful for this service in my community looking forward to bigger and better things in the future being a part of this team.
Thanks to our Partners

The work of the Poche Centre is truly a collaboration. Special thanks to all of the following:

- Aboriginal Health & Medical Research Council
- Albert Yaacoub
- Albury Wodonga AMS
- Alex Saxby
- Alex Shaw
- Andy Blinkhorn
- Anyinginyi AMS
- Armajun AMS
- Austair Jet Services
- Awabakal AMS
- Barwon Learning Centre
- Ben Freedman
- Boe Rambaldini
- Boggabilla Central School
- Boggabilla Community Health Centre
- Bourke AMS
- Brewarrina AMS
- Brewarrina Hospital
- Bruce Robinson
- Budyari Cardiology Clinic
- Casey Orcher
- Cathryn Forsyth
- Cathy Schafer
- Central Australian Aboriginal Congress
- Centre for Aboriginal Health
- Centre for Oral Health Strategy
- Chris Gosling
- Christine Corby
- David Manton
- Dean Poutney
- Debbie McCowen
- Dental and Hearing
- Dental Council of NSW
- Diana Richards
- Durri AMS
- Eleanor Duncan AMS
- Faculty of Dentistry
- Faculty of Health Sciences
- Foonghar Choong
- Graham Tanswell
- Greg Poche
- Harry Lowe
- Heather Finlayson
- Helen Ferguson
- Hellen Mannix
- Ismail Larney
- Johanne Wilson
- John England
- John Skinner
- John Watson
- Judy Caswell
- Kay Van Norton Poche
- Keren Eagle
- La Perouse Community Clinic
- Maddie Bergman
- Maja Baska
- Melanie Lowe
Michelle Lincoln
Miray Birray Youth Service
Mirri Mirri
Moree East Public School
Moree Public School
Mungindi Central School
Nandita Mathur
Narrabri Public School
Nepean & Blue Mountains Local Health District
NSW AMA
Office of Liquor, Gaming and Racing
Office of the DVCISS
OTEN Western Sydney Institute
Pat Dixon Centre
Paul Sinclair
Peak Hill AMS
Phillip Clifton-Bligh
Pius X AMS
Poche Centres for Indigenous Health
Raj Puranik
Rajah Selvarajah
Ramesh Sivabalan
Redfern AMS
Reg and Sally Richardson
Rhodanthe Lipsett Indigenous Midwives
Charitable Trust
Rogers Kumar
Rose Gordon
Rural Doctors Network
Sally Tracy
Sandra Eades
Shane Houston
South West Sydney Institute
Souths Cares
Susannah Tobin
Sydney Dental Hospital
Sydney Institute of TAFE
Sydney Medical School
Sydney Nursing School
Tanya Crisp
The George Institute
The NSW Ministry of Health
The Rotary Club of Sydney
Tim Agius
Tobwabba AMS
Tom and Heather Calma
Toomelah Community Health Centre
Toomelah Public School
Tracey Atkinson
Ungooroo Aboriginal Corporation
University of Melbourne Dental School
University of Newcastle
Walgett AMS
Warren and Susan Walsh
Wee Waa Public School
Western NSW Local Health District
Yerin AMS
Zoe Terpening
Each year, the Poche Centre works with base funding from the original gift and the support of the Sydney Medical School. As The University of Sydney meets the administrative, office and human resources costs of the Centre, we are able to dedicate further earnings towards our strategic aims.

It is our task to secure at least two million dollars each year to scope and scale our important work.

Our strategy is a practical and pragmatic one – we have a clear focus for our activity and a defined structure that will shape our work. This strategy is grounded on the principle of delivering in response to an established need, and underwritten by our collaborative, respectful approach.

We are confident in the potential of the Poche Centre to increase its impact and drive ever-greater improvements in Aboriginal health.

The Poche Centre seeks funding from five key groups:

- Philanthropic donors
- Governments
- Medical and other health professionals
- Competitive research grants through the National Health and Medical Research Council (NHMRC) and Australian Research Council (ARC)

How to donate

To donate to the Poche Centre for Indigenous Health at The University of Sydney, please contact us:

call 02 9114 0829 | email poche.admin@sydney.edu.au
Contact Us

If you would like to get involved with our projects, offer feedback, suggestions, or make an enquiry, please contact us directly.

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