Highlights from ISAC’s second F2F meeting - CAIRNS 15 May 2015

The second ISAC face to face meeting was held at the Rydges Esplanade resort in a warm but windy Cairns 15 months after the previous face to face meeting. ISAC chief investigators, associate investigators, staff and collaborators were excited to exchange news and ideas and catch up on projects and experiences. This is a quick summary.

The aims for the meeting were: to share ideas about what is working well and not well in health services for Aboriginal and Torres Strait Islander children; and to understand specific gaps/areas that should be a focus for new projects and ISAC.

SESSION 1: MENTAL HEALTH SERVICES

The day was kicked off by the team from Apunipima Cape York Health Service: Rachael Ham, Sandy Campbell and Janya McCalman telling us about the plans for the Baby One Program (BOP) evaluation and associated research. The Baby basket evaluation, which included mixed methods, started in May 2014 and has gained high acceptability.

The BOP was launched in July 2014. It was informed by the Baby Basket evaluation and other Apunipima MCH programs. It is a complex intervention that uses the family centered approach and is health worker led. The program has been delivered in 11 communities and includes yarning topics about creating healthy environments for baby and family and delivery of age specific baby baskets (containing information as well as useful things for baby and fruit and veg vouchers). Evaluation of the program will assess participation, dose and fidelity.

A systematic literature review entitled family-centred models of care by primary healthcare services for early childhood health and wellbeing care is planned and a mother baby cohort is being developed.

Overall aim of ISAC

To improve health and developmental outcomes in Aboriginal and Torres Strait Islander children in Australia through improvements in health services

ISAC objectives

- Generate new knowledge that leads to improved health and developmental outcomes in Aboriginal children
- Ensure effective transfer of research outcomes into health policy and practice
- Develop the health and medical research workforce by providing opportunities to advance the training of new researchers
- Facilitate collaboration across ISAC and national and international networks
- Work across primary, secondary and tertiary level health services but have a specific focus on improving pathways within primary community care

Also in this edition...

- Highlights of 2015 ISAC face to face meeting
- 2015 Award of Outstanding Service
- Congratulations: Rhonda Marriott
- Conferences 2015/6
- ISAC Contact Details
Julia Marley and the KAMS team presented their study on the effectiveness of the Kimberley Mums Mood Scale (KMMS) in screening Aboriginal women for perinatal depression and anxiety. The KMMS was developed in collaboration with local Kimberley Aboriginal women from 8 language groups. Part one of the KMMS is similar to the Edinburgh Postnatal Depression Scale (EPDS) however more culturally appropriate and provides flags for concerns. Part 2 allows for additional clinical information.

Julia reported that the KMMS had high acceptability and a good detection rate for clinically diagnosed depression/ anxiety. Julia also reported that the KMMS enabled staff to understand contributing factors to perinatal depression/anxiety.

In the next session Rhonda Marriott reported about “Birthing on Noongar Boodjar”. This program was developed after a workshop on “birthing on Country” in Alice Springs for implementation in metropolitan Perth. The research questions are based around the cultural security of Aboriginal mothers birthing in urban maternity facilities and the cultural competency, workforce and education needs of midwives.

The project involves yarning about cultural needs for birthing. Research yarns will be used to develop recommendations for policy changes to ensure culturally secure maternity care. Participants include Aboriginal women (including young and senior women and women Elders), midwives, Aboriginal Health Workers, senior midwifery managers, and midwifery educators. This is a NHMRC funded Partnership project 2015-2018.

Tanya Jones (on behalf of Dr Michael Wright) told the meeting that the Looking Forward Project are “Creating conditions for systemic change in the mental health and drug and alcohol sectors for Nyoongar families”.

The project started in 2010, focussing around mental health services and engagement with Nyoongar peoples. The project aims to make changes within the system and bring together mainstream services and Elders. ‘Working together’ meetings allow for story telling about ‘self’ and valued Elders as custodians of Nyoongar worldview. Nyoongar worldview is central to relationship building. The Debakarn Koorliny Wangkiny (‘Steady Walking and Talking’) framework has been developed and the next phase will look at ‘Looking forward moving forward’.

**SESSION 2: EVIDENCE AND GUIDELINES**

After a quick break for tea, David Atkinson’s presentation covered Protocols and Guidelines in Primary Care based on the Kimberley experience. He reported that primary care settings are complex due to diversity of presentations, acuteness and severity, as well as diversity of clinical staff. He asked the question whether there are too many guidelines/protocols, and emphasized the need for guidelines to be appropriate for clinical staff and public health staff. David also suggested an evidence base could be developed about when to have guidelines or not to have guidelines.
Janet Struber followed by reporting on the latest review of the CARPA Remote Primary Health Care Manuals (5 primary healthcare manuals). A multilevel review process to ensure content appropriate, up-to-date, evidence-based manuals will be done and will take into consideration remote/Indigenous context. All updates will be supported by evidence. Janet discussed the CARPA evidence cascade approach which involves first reviewing if any evidence based guidelines are already available that can be used.

Peter McCormack focused on the Queensland Chronic Disease Manual and Primary Clinical Care guidelines update which is almost completed. This has been performed as a partnership between Queensland Health and Apunipima Cape York Health Council. The team has focused on the evidence base behind the guidelines and making the manuals more user friendly for clinical staff.

Some of the meeting attendees visited Yarrabah Aboriginal Community (photo: Carolyn Moylan)

Cath Chamberlain next discussed her care coordination project. This involves assess the recurring theme of fragmentation of care and the need to improve service coordination for Aboriginal families. Problems include lack of consultation with key stakeholders, the ‘full picture’ not being apparent to care providers; under use of kindergartens and childcare; underuse of allied health and MCH services and high turnover of staff. She explained the project outline: (1) service mapping, (2) interviews with Aboriginal families and staff/key stakeholders, and (3) systematic review (complex, mixed methods).

Peter Morris reported on new developments from Cochrane, he reported that Australia has the most contributors per capita, and are high users. Peter explained that all new Cochrane reviews will, after 12 months, be open access and from 2016 all new and updated reviews will also be open access. Cochrane is going into partnership with Wikipedia to assist with quality and relevance of evidence. A program ‘Covidence’ is under development which will aid streamlining of reviews. Peter also reminded all of the Australian Cochrane meeting in November 2015 (Melbourne).

ISAC’s Natalie Strobel next discussed the fact that health service providers and researchers are currently approaching ISAC with questions about how to understand the evidence for: (1) Effectiveness of interventions, (2) Improving preventive and clinical practice guidelines, (3) Determining the gaps in a particular topic area, (4) Qualitative / mixed methods. ISAC is developing a guide for these issues. ISAC currently has one title registered with the Cochrane Collaboration, 6 submitted and 9 under development. Natalie also reported that ISAC is also assisting with improving guidelines and evidence mapping.
Jason Agostino presented in the first session after lunch. Jason’s presentation focused on a proposed NHMRC partnership project to understand the evidence base and improve the child health assessment tool for Aboriginal and Torres Strait Islander children. The aim is to improve health and developmental outcomes by improving the quality of primary care delivered to Aboriginal and Torres Strait Islander children aged under five years. The project plan includes (1) Scoping, (2) Inventory, (3) Evidence reviews, (4) Analysis of available data, (5) Delphi process and prioritisation, (6) Tool development, (7) Pilot test, (8) Synthesis and recommendations.

Heather Ferguson, from the NT DoH, was attending her first ISAC face to face meeting, and reported on a project titled Improving Child Health Service outcomes by Enhancing Child Health Systems. Approximately one third of NT Aboriginal children under 12 months are anaemic and treatment is currently poor; approximately one third of children are being treated correctly. The key components of the program evaluation is based on: (1) Coverage (2) Compliance (3) Timeliness. The Healthy under 5 kids program supports all children 6-24 months to have their haemoglobin measured routinely every 6 months. The program started with 4 communities and 20 more have joined. Assessing quality of care includes whether a care plan has commenced. The implementation of the program has resulted in greater identification of children with anaemia, successful tracking of treatment and improving outcomes for children with anaemia.

Kyla Ulmer reported that the AHCWA Continuous Care Improvement Project that involves three strategies: Training and support, Clinical Advisory Network, Rapid Plan-Do-Study-Act (PDSA) cycles. The expected outcomes are understanding of CQI costs, implementation and sustainability; improved staff knowledge; more efficient services offering higher quality of care. There have been successes with PDSA cycles and 715 improvements. Challenges remain in that training has not been well utilised, there has been difficulty in getting services together for the clinical advisory network, data issues, workforce issues, change management and travel costs.

Michelle Dowden gave a quick overview on CQI, and reported that Clinical Governance drives quality improvement and PDSA cycles and that this is not well understood (Clinical governance pillars framework).

Ross Bailie reported that a plan for further work is ensuring that CQI is embedded in all elements of Aboriginal and Torres Strait Islander primary health care; led by Aboriginal and Torres Strait Islander people; championed by leaders in Aboriginal and Torres Strait Islander health; supported by effective systems at local, regional and national levels; and proactive in responding to need with minimal variation in quality of care between health centres and jurisdictions. A new CRE has been developed.

Carolyn Moylan, the ISAC Poche Fellow, reported on the Aboriginal Ambulatory Care Coordination (AACC) Qualitative research project, which commenced in July 2012 at the Perth Princess Margaret Children’s Hospital. The AACC program is designed to improve ambulatory care for WA Aboriginal children aged between 0-19 years, in partnership with non-government providers, especially the Aboriginal Medical Services of WA. Program successes include increase in children attending outreach and hospital services; increase in attendance at follow-up appointments; decreased length of stay in hospital; and increase in client referrals. A qualitative research project is underway and involves interviews with primary carers and service providers about their experiences and child’s care received during hospital stay, as well as at follow-up.

Emma Griffiths reported that, as part of improving primary care for Aboriginal mothers and babies in the Kimberley region, the Nini Helthiwan Project will assess if a model of enhanced health care support can improve maternal health and significantly reduce anaemia rates in babies at six months of age, with project phases: (1) Baseline systems strengthening (2) Intervention (3) Evaluation (4) Data analysis and policy development. It is an enhanced model of clinical governance and peer led targeted support for maternal and early infant care. Maternal and child health service providers throughout the region, supported by midwife intervention coordinators employed through the project. Components include: assistance with coordination of care; assistance with access to best practice and
Kimberley McAuley reported on another of ISAC’s new projects: The Stork population based study, an enhanced model of early infant primary care aiming to improve the health outcomes in Aboriginal babies. Objectives are to improve access to primary health care services in the first three months of life. This will be a stepped wedge cluster randomised controlled trial design. It will be implemented at WA maternity hospitals and their surrounding primary care clinics, which will be grouped into distinct geographic clusters. The intervention will be tailored to each hospital/health service to enhance current practices and may include pre-birth interviews, consulting with families about their health care needs; providing information about health care in the first three months of life; offering assistance with birth and Medicare forms; consulting with families about their choice for primary care provider; offering to notify the chosen primary care provider about the baby’s health needs; offering assistance with health care coordination after discharge from hospital. The outcome measures will be child health checks (MBS data), immunisations (ACIR data), hospitalisation rates (WA linked data), satisfaction surveys and a breast feeding rates.

SESSION 4: PLANNING AND NEXT STEPS
After lunch, this session commenced with a very informative presentation by Komla Tsey on the development of the Lowitja Research Evaluation (REVAL) Tool to improve the value of research for Indigenous health and well-being. The tool was developed using a participatory action research process based on ‘plan–do–study/reflect–act’ cycles. It includes (1) Priority assessment matrix (2) Monitoring and evaluation logic (3) Data base of examples, measures or indicators as prompts for users (4) Data collection templates (5) Guides for users (6) Training introductory course on research evaluation (7) Background papers describing the development and evaluation of the tool.

Victor Nossar next presented on early life determinants of health. He discussed that experiences in the earliest years of life shape the infant’s brain development and subsequent health. He stated that the focus needs to be on preventing health, behavioural and developmental problems before they become established by supporting the best possible early childhood development for every child. The Nurse Family Partnership home visiting program has had substantial impact. Key issues for improving outcomes should include: coverage; program fidelity; compliance with protocols; timeliness; delivery. Victor also spoke about the importance of parenting in the early years of life.

Alan Ruben next presented on developing knowledge translation platforms (KTPs) with an upwards–downwards approach. This includes partnerships between policymakers, stakeholders, and researchers. The aim would be to enhance evidence-informed health policymaking (EIHP). Alan suggested developing a template for use in ISAC studies as a first step.

Alan also proposed a child health course focused on up skilling child health practitioners, health workers, practitioners and nurses. He also suggested a Graduate Diploma in Indigenous and remote child health with aims to provide health service providers with the opportunity to upgrade their paediatric clinical knowledge/skills as well as acquiring an understanding of community child health principles, values and practices that contribute to improving health care access for children. He also added information about a Contemporary Practice in Child Health & Development (CPiCHD) Project - Development and Delivery of Post Graduate Education and Continuing Professional Development Training in Child Public Health for Queensland in July 2014 – Aug 2016:

Estelle Dawes reported on ISAC Communications: the ISAC website went live in October 2014 (1,946 visitors to date (www.uwa.edu.au/isac)). Suggestions from the meeting included: more colourful photos on the website, reduce text, add interesting ideas, add links to individual websites/profiles, add links to website on email signatures. Suggestions also included optimising google searches. Suggestions on improving the newsletters included adding personal stories from Aboriginal researchers/participants/features on individual researchers, add more personal aspects as well as professional profiles/interesting researcher profiles (with photos), pictures and success stories. Suggestions also included adding the profile of CIs and AIs in each newsletter – question and answer styles were suggested. A formal branding/logo was also discussed. It was suggested that the Aboriginal researchers could make a recommendation about formal branding, something with a positive inspiring meaning for them. However others did not think a more formal brand was necessary and felt that the individual projects could have their own brand.
Karen Edmond then gave a summary of the day. ISAC projects are focusing on many of the following issues (also shown in the diagram below):

Helping to improve tools and reduce duplication:
- Diagnostic tools including screening and diagnostic accuracy studies – e.g. KMMS, Child health check (Also ASQ-TRAK, HemoCue);
- Evidence synthesis and guidelines and mixed methods approaches including: obtaining stakeholder and consumer perspectives especially about priority outcomes and barriers and facilitators to uptake; helping to fill gaps in systematic reviews; helping to improve systematic review methodology; using cascade approaches.

Testing new and enhanced models, especially those to improve social and emotional wellbeing and maternal health;
- Improving Quality – Cultural birthing, Nini Helthiwan, CCI, CQI, ABCD, Baby One
- Improving Access – Baby One, Stork, AACC, Care coordination

Understanding effectiveness of current services including:
- Linkage, Differentials and Audit analyses
- Helping co-investigators analyse their own routinely collected data including sub groups such as Preterm infants.

ISAC’s new plans for next 12 months include developing the following projects:
- Enhancing early childhood neurodevelopment,
- Research transfer and training,
- Economic evaluation;
- Development of common data sets across studies with the same variables collected in all studies;
- Linking with international collaborators especially our colleagues in UK and Canada;
- Disseminating our next training and capacity building EOI.

Karen Edmond then thanked all the meeting attendees and suggested that the 2016 face to face meeting be held in WA. We will discuss the location soon!
2015 Award of Outstanding Service

Professor John Boulton - for his passion, impulse, humour, dedication and care when serving the children and peoples of the Kimberley, Professor John Boulton is the 2015 Recipient of the Award for Outstanding Service to Rural and Remote Health

He recently retired at age 71 years after 10 years as senior regional paediatrician for Kimberley Health, working half time on clinical work and the rest of the time in an honorary capacity on service development in the few last years. In March this year at the Rural Health West conference in Perth, the governor presented him with their award for the “outstanding contribution to rural and remote health in WA”

He continues his connection with the Kimberley through his work through the office of Ms Josie Farrer, MLA Kimberley, on the Kimberley Alternative Juvenile Justice Strategy. They hope to get funds from the WA Youth Justice Board to implement a trial of outstation care and education for boys with intellectual disability from Fetal Alcohol Spectrum Disorder who are within Corrective Services.

Outstanding Service to Rural and Remote Health - This Professor has spent the last 10 years working in the Kimberley region as a Senior Regional Paediatrician. A previous recipient of the Royal Australasian College of Physicians Howard William Medal, he has made an outstanding contribution to the needs of children and their families in the Kimberley region- with some of his achievements being noted as follows:

- Improving child health systems
- Increasing the Kimberley paediatric team from one consultant and one registrar in 2005, to three consultants and two registrars by 2014
- Implemented and transitioned the paediatric service team from Derby to Broome in 2011
- Fostered a community-based program to improve the clinical assessment and management of febrile children. He was lead author of benchmark report on paediatric deaths that led to quality improvements in clinical practice, resulting in death rates from sepsis to dramatically decrease.
- Supported the landmark Fitzroy Valley Foetal Alcohol Spectrum Disorder (FASD) prevalence study, and also the Marulu FASD strategy
- Promoted and established leadership roles for nurses, creating the position of Paediatric Nurse practitioners for the Kimberley, resulting in improved capacity and standards of care and improved skills for acute neonate, critically ill, and children with disability and chronic disease in Broome hospital
- Delivered frontline community paediatric services- providing care to hundreds of children, their parents and families
- Brought paediatric services in the Kimberley in line with national and international standards
- Exemplified huge commitment to Aboriginal child health, working in partnership with elders and parents, on the basis of mutual respect and partnership
- A major supporter of local communities in being able to have input into what happens to their children and young adults who have offended; a proponent and advocate of seeking fairer juvenile justice to bring children back to their families to enable them to be rehabilitated
- Long term advocate for the needs of country through his longstanding involvement as WACHS representative on the WA Clinical Senate.

Congratulations…

CI Prof Rhonda Marriott has been nominated as a finalist in the Aboriginal category for the Celebrate WA awards. Winners will be announced next month.
### Conferences 2015/6:

#### June 2015

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<tr>
<td>24 to 26</td>
<td><strong>Coming Together for Australia’s Children ARACY Early Years Chapter</strong></td>
<td><strong>Hobart</strong></td>
<td><a href="http://www.togetherforchildren.net.au/">http://www.togetherforchildren.net.au/</a></td>
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<td>29 June to 3 July</td>
<td><strong>UCL Health and Society Summer School: Social Determinants of Health</strong></td>
<td><strong>UCL London</strong></td>
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#### July 2015

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#### August 2015

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<tr>
<td>11 to 15</td>
<td><strong>The Leaders in Indigenous Medical Education (LIME) Connection VI</strong></td>
<td><strong>Townsville</strong></td>
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<td>19 to 21</td>
<td><strong>6th International Conference on community health nursing research: Knowledge translation into community health nursing practice</strong></td>
<td><strong>Seoul, South Korea</strong></td>
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#### September 2015

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<tr>
<td>28 to 30</td>
<td><strong>International forum on Quality and Safety in Health Care</strong></td>
<td><strong>Hong Kong</strong></td>
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#### October 2015

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<td>3 to 10</td>
<td><strong>Cochrane Colloquium 2015</strong></td>
<td><strong>Vienna, Austria</strong></td>
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<td>19 to 21</td>
<td>21st Qualitative Health Research Conference (QHR)</td>
<td>Toronto, Canada</td>
<td><a href="http://iigm.ualberta.ca/Conferences_and_Workshops/QualitativeHealthResearch.aspx">http://iigm.ualberta.ca/Conferences_and_Workshops/QualitativeHealthResearch.aspx</a></td>
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<td>22 to 24</td>
<td>Rural Medicine Australia</td>
<td>Adelaide</td>
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**NOVEMBER 2015**

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**DECEMBER 2015**

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<td>1 to 3</td>
<td>2015 International Closing the Gap Indigenous Health Conference</td>
<td>Cairns</td>
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**APRIL 2016**

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ISACnews is intended to be a way to highlight some of the most noteworthy activities of ISAC and report back on progress and promote communication. This way we will also promote the common purpose of ISAC, inform all involved of research and other opportunities.

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A/Prof Alan Ruben
A/Prof Mark Wenitong
Prof Victor Nossar
Prof Betty Kirkwood
Prof Fiona Stanley

“We can't solve problems by using the same kind of thinking we used when we created them.”
Albert Einstein