ISAC news

NEWSLETTER FOR NHMRC Centre of Research Excellence
Improving health services for Aboriginal and Torres Strait Islander children

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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

Nyoongar Seasons:
Makuru (June – July)
Cold and wet time of the year (fertility season). Makuru sees the coldest and wettest time of the year come into full swing.

Djilba (August - September)
Growing season (season of conception). Djilba is a transitional time of the year, with some very cold and clear days combining with warmer, rainy and windy days mixing with the occasional sunny day or two.

In this edition...
- Chronic Conditions Manual
- HSB Appointments
- Feature research articles
- NHMRC review
- 2016 Publications
- 2016 Conferences
Chronic conditions, or chronic diseases, are characterised by prolonged illnesses causing functional impairment or disability due to multiple and (mostly) preventable risk factors, with little chance of cure or spontaneous resolution. These conditions often affect the most vulnerable and make the largest contribution to premature death in our society. In Australia, Aboriginal and Torres Strait Islander people disproportionately carry the greatest burden of chronic disease.

In response to this picture, the Rural and Remote Clinical Support Unit of the Torres and Cape Hospital and Health Service in partnership with the Royal Flying Doctor Service and Apunipima Cape York Health Council have produced the Chronic Conditions Manual: Prevention & Management of Chronic Conditions in Australia (the Manual). The Manual has been developed in response to demand in an environment not only characterised by high rates of chronic conditions, but one of complex co-morbidities and a population experiencing development of chronic conditions at younger ages. It clearly identifies the special risks and considerations for the Aboriginal and Torres Strait Islander population.

The manual contains:

- Lifestyle advice: Evidence-based behaviour recommendations in five major lifestyle areas so that clinicians can support consumers in proactive planning, management and optimisation of their health, wellbeing and quality of life while living with one or more chronic conditions.
- Chronic conditions information: Information on the 20 most common chronic conditions in Australia including an explanation of: each condition; diagnosis; management; medications; and care plans for follow-up and recall.
- Health checks: The knowledge and practice requirements for the conduct of regular child and adult health checks.
- References & resources: Links to the reference sources and further resources which can be accessed to support prevention and care.

The Manual is supported by a set of evidence based Child Health Check and Adult Health Check forms which guide clinicians from the very first weeks of life through to old age. The Manual is designed to be used by all health workers and professionals including Aboriginal and Torres Strait Islander Health Workers and Health Practitioners, Allied Health, Nurses and Medical Officers.

One major aim of the Manual is for these health professionals to use the information to support client health literacy. In aiming to fulfil this role and to support our consumers to take some control and responsibility for their own health, there is a range of useful, practical, plain language tips for health promotion, early detection, brief interventions and planning with the patient for lifestyle change.

The guidelines in the manual and the associated health checks are not definitive statements or procedures; rather, they constitute a general guide to be followed, subject to the context in which they are used as well as the scope of the clinician's practice. This manual is available for purchase in A5 size hard copy format and can also be purchased on a USB drive.

The manual, health check forms for various ages and order forms for both can be viewed or downloaded free of charge from https://publications.qld.gov.au/dataset/chronic-conditions-manual.

Any enquiries regarding the manual, the forms or ordering the forms can be submitted by email to Peter McCormack, Executive Director, Rural and Remote Clinical Support Unit at chronic.conditions.manual@health.qld.gov.au.
HSB Appointments

Congratulations to three of our investigators on being appointed to the newly established Health Service Boards.

The Boards are comprised of highly capable and committed professionals with a diverse range of experience across the fields of medicine and health care, finance, law, and community and consumer engagement. The Boards will enable greater local authority and accountability and will bring a diverse range of skills and experience to ensure the delivery of safe, high-quality and sustainable health care to our communities. From 1 July 2016 following the enactment of the Health Services Bill 2016, each health service is a separate board-governed health service provider that is a statutory authority, legally responsible and accountable for the delivery of health services to Western Australian.

These health services are:

- WA Country Health Service (WACHS)
- North Metropolitan Health Service (NMHS)
- South Metropolitan Health Service (SMHS)
- Child and Adolescent Health Service (CAHS)
- East Metropolitan Health Service (EMHS)

Dr Dan McAullay (CI), has been appointed to the Child and Adolescent Health Service Board. Dr Stephanie Trust (AI), has been appointed to the East Metropolitan Health Service Board. Dr Kim Isaacs (Collaborator), has been appointed to the Western Australian Country Health Service Board.

Feature articles

An ‘equity’ domain could strengthen the utility of a framework for assessing care coordination for Australian Aboriginal families

Abstract

Improving the health of Aboriginal people is a national priority and improving coordination of services for Aboriginal families is critical to achieving this goal. A care coordination framework has been developed from a limited range of clinical settings. We reflect on the utility of this framework for assessing service coordination for Aboriginal families in Australia. We conducted stakeholder consultation, service mapping and in-depth interviews with service providers and an Aboriginal mother, using a tool based on the framework domains. A fragmented range of services support Aboriginal families with complex and changing needs, highlighting the importance of care coordination. Relationships underpinned care coordination; however, we identified few opportunities for developing relationships and several factors that undermined relationships, including unclear accountability mechanisms, resource constraints, anxiety about follow-up and transfer of information to child protection. The Care Coordination Framework enabled a ‘systems-perspective’ of the main care coordination domains for Aboriginal families from individual experiences. However, there were some limitations in capturing subtle historical and cultural dimensions affecting care coordination in this context where health care practice in large institutions is framed by the dominant culture. An additional ‘equity’ domain would capture these dimensions, address a growing international policy challenge and strengthen the framework.

Uptake of long-acting, reversible contraception in three remote Aboriginal communities: a population-based study

Abstract
Objective: To assess the use, effectiveness and acceptance of prescribed contraception in three remote Western Australian Aboriginal communities.

Participants and design: Mixed method study, including retrospective file review of contraception methods for 566 regular female Aboriginal patients, 1 November 2010 – 1 September 2014, and semi-structured interviews with 20 Aboriginal women.

Setting: Primary care clinics in three remote Aboriginal communities.

Main outcome measures: Number of episodes of contraceptive use, effectiveness and continuation rates of prescribed contraceptive use; personal experiences, attitudes towards and beliefs about contraception options.

Results: 34% of women had used contraception, ranging from 15% of women aged younger than 15 years to 55% of women aged 15–19 years. The most common forms of contraception at the census date were long-acting reversible contraceptives (LARCs): 77% of women using contraception had an etonogestrel implant and 7% had depot medroxyprogesterone. Etonogestrel continuation rates at 1, 2 and 3 years were 87% (95% CI, 81–92%), 72% (95% CI, 64–78%) and 51% (95% CI, 41–60%) respectively. Medroxyprogesterone depot continuation at one year was only 14% (95% CI, 8–22%). Social acceptance of the etonogestrel implant was high; no concerns were raised about stigma or unwanted attention related to implant use.

Conclusion: The high uptake of LARCs in these communities is consistent with international recommendations about contraception use. High acceptability was reflected in excellent continuation rates. Service delivery models that use community engagement and capacity building are recommended for broadening the focus of sexual health beyond sexually transmitted disease detection and management, giving priority to the reproductive rights and unmet needs of Aboriginal women.


No official identity: a data linkage study of birth registration of Aboriginal children in Western Australia

Abstract
Objective: Evidence of identity, particularly a birth certificate, is essential to access many rights. However, the births of many Aboriginal Australians are not registered when they are infants. We examined factors related to birth registration among Western Australian children born to Aboriginal mothers.

Methods: All births to Aboriginal mothers in the Midwives Notification System in Western Australia (WA) from 1980 to 2010 were linked to birth registrations. Associations between registration and maternal and child characteristics were examined for children aged under 16 years in 2012.

Results: Among 49,694 births between 1980 and 2010, 18% of those aged under 16 years had unregistered births, compared to 3% of those aged 16–32 years. Unregistered births were most strongly associated with young maternal age at first birth (adjusted odds ratio [AOR] 5.22; 95%CI 3.07–8.86; for 16 years or younger vs 30 years or older, among non-smokers), remoteness (AOR 2.17; 95%CI 1.87–2.52; very remote vs major cities), mothers whose own birth was unregistered (AOR 3.00; 95%CI 1.78–5.07) and no private hospital insurance (AOR 0.19; 95%CI 0.11–0.31; insured vs uninsured).

Conclusions: Unregistered births are common among WA Aboriginal children, particularly in disadvantaged families.

Implications: Assistance before discharge from hospital may increase birth registrations.

Indigenous and tribal peoples' health (The Lancet–Lowitja Institute Global Collaboration): a population study

Abstract

Background: International studies of the health of Indigenous and tribal peoples provide important public health insights. Reliable data are required for the development of policy and health services. Previous studies document poorer outcomes for Indigenous peoples compared with benchmark populations, but have been restricted in their coverage of countries or the range of health indicators. Our objective is to describe the health and social status of Indigenous and tribal peoples relative to benchmark populations from a sample of countries.

Methods: Collaborators with expertise in Indigenous health data systems were identified for each country. Data were obtained for population, life expectancy at birth, infant mortality, low and high birthweight, maternal mortality, nutritional status, educational attainment, and economic status. Data sources consisted of governmental data, data from non-governmental organisations such as UNICEF, and other research. Absolute and relative differences were calculated.

Findings: Our data (23 countries, 28 populations) provide evidence of poorer health and social outcomes for Indigenous peoples than for non-Indigenous populations. However, this is not uniformly the case, and the size of the rate difference varies. We document poorer outcomes for Indigenous populations for: life expectancy at birth for 16 of 18 populations with a difference greater than 1 year in 15 populations; infant mortality rate for 18 of 19 populations with a rate difference greater than one per 1000 livebirths in 16 populations; maternal mortality in ten populations; low birthweight with the rate difference greater than 2% in three populations; high birthweight with the rate difference greater than 2% in one population; child malnutrition for ten of 16 populations with a difference greater than 10% in five populations; child obesity for eight of 12 populations with a difference greater than 5% in four populations; adult obesity for seven of 13 populations with a difference greater than 10% in four populations; educational attainment for 26 of 27 populations with a difference greater than 1% in 24 populations; and economic status for 15 of 18 populations with a difference greater than 1% in 14 populations.

Interpretation: We systematically collated data across a broader sample of countries and indicators than done in previous studies. Taking into account the UN Sustainable Development Goals, we recommend that national governments develop targeted policy responses to Indigenous health, improving access to health services, and Indigenous data within national surveillance systems.


The Medical Journal of Australia special issue


Including...

Research

- Uptake of long-acting, reversible contraception in three remote Aboriginal communities: a population-based study. Emma K Griffiths, Julia V Marley, Domenica Friello and David N Atkinson
- Psychological distress in carers of Aboriginal children in urban New South Wales: findings from SEARCH (phase one). Anna B Williamson, Catherine A D’Este, Kathleen F Clapham, Sandra J Eades, Sally Redman and Beverley Raphael.

Short report


Systematic review

- Spirometry reference values in Indigenous Australians: a systematic review. Tamara L Blake, Anne B Chang, Helen L Petsky, Leanne T Rodwell, Michael G Brown, Debra C Hill, Bruce Thompson and Margaret S McElrea
NHMRC Structural Review

The NHMRC has opened the public consultation on the Structural Review of NHMRC’s Grant Program. Information about the consultation is available on the NHMRC website and the consultation paper can be downloaded from https://consultations.nhmrc.gov.au/public_consultations/nhmrc-grant-program.

The purpose of the paper and consultation is to determine how NHMRC could best structure its grant program to distribute research funds from the MREA.

The consultation paper proposes three alternative grant program models for discussion. The three models are:

Alternative Model 1 - The focus of this structure is on supporting teams to conduct collaborative programs of research. The drivers of this structure are collaboration, capacity building, simplicity and flexibility.

Alternative Model 2 - The focus of this structure is on supporting the full research program of high performing researchers with a single grant, providing flexibility to collaborate widely and enter into partnerships to achieve commercialisation, translation and implementation. The drivers of this structure are support for the best researchers and a more structured pathway to becoming an established researcher.

Alternative Model 3 - The focus of this structure is on supporting teams of researchers on ideas-based grants. The driver of this structure is simplification of the grant program, while continuing support for a breadth of research to create new knowledge and promote the translation of research into policy and practice.

Individuals or organisations are invited to respond to the consultation questions, by lodging a written submission. Consultation closes on Thursday, 25 August 2016, 11:59pm (AEST).

Training and Capacity Building

One of our key strategies is to fill in gaps in training and capacity building activities in health services research, for Aboriginal and Torres Strait Islander health professionals and researchers. We are putting out a targeted call for Aboriginal and/or Torres Strait Islander people who are studying in Aboriginal health and need top-up funding to:

- attend a training course (plus associated expenses)
- attend a conference (plus associated expenses)
- provide a stipend for living expenses
- assist professional development
- seed fund a research project / pilot / proof of concept project

The final amount will be dependent on the needs of the applicant. Please email or phone Estelle at estelle.dawes@uwa.edu.au or 08 9340 7507 for more information. Could you please circulate widely and pass on to people who would benefit from this kind of support.
ISAC is keen to enhance current international partnerships and support our researchers to present at international conferences, especially our early/mid-career researchers.

Conference participation and learnings align with ISAC aims and objectives through:
- Development of independent researchers
- Ascertainment of new knowledge that leads to improved health and developmental outcomes in Aboriginal and Torres Strait Islander children through improved health services
- Ensuring effective transfer of research outcomes into health policy and practice
- Improving primary, secondary and tertiary level health services with specific focus on improving pathways within primary community care

We have funding to support conference participation and we would like to invite you to submit an expression of interest for support to attend an international conference. Please email or phone Kimberley at Kimberley.Mcauley@uwa.edu.au or 08 9340 7507 for more information.

### Conferences - 2016

#### SEPTEMBER 2016

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<th>Event</th>
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<td>7 - 8</td>
<td>Quality Assurance for Aboriginal and Torres Strait Islander Medical Services (QAAMS)</td>
<td>Darwin</td>
<td><a href="http://www.qaams.org.au/what_we_do/annual_qaams_workshop">http://www.qaams.org.au/what_we_do/annual_qaams_workshop</a></td>
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<tr>
<td>14 - 16</td>
<td>Epidemiology for Action</td>
<td>Canberra</td>
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#### OCTOBER 2016

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<tr>
<td>16 - 19</td>
<td>33 The International Society for Quality in Health Care (ISQua) Conference</td>
<td>Tokyo, Japan</td>
<td><a href="http://www.isqua.org/">http://www.isqua.org/</a></td>
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<tr>
<td>17 - 19</td>
<td>22nd Annual Qualitative Health Research Conference</td>
<td>Kelowna, British Columbia, Canada</td>
<td><a href="http://www.iqm.ualberta.ca/Conferences_and_Workshops/QualitativeHealthResearch.aspx">http://www.iqm.ualberta.ca/Conferences_and_Workshops/QualitativeHealthResearch.aspx</a></td>
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<td>NOVEMBER 2016</td>
<td>2 to 4 8th Rural and Remote Mental Health Symposium Kingscliff, NSW</td>
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<td><a href="http://anzmh.asn.au/rrmh/">http://anzmh.asn.au/rrmh/</a></td>
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<td>7</td>
<td>The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Melbourne</td>
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<td><a href="http://catsinam.org.au/conference/conference-catsinam">http://catsinam.org.au/conference/conference-catsinam</a></td>
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<tr>
<td>14 - 18</td>
<td>Fourth Global Symposium on Health Systems Research Vancouver Canada</td>
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<td><a href="http://healthsystemsresearch.org/hsr2016/">http://healthsystemsresearch.org/hsr2016/</a></td>
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<td>MARCH 2017</td>
<td>31 to 2 April 7th International Meeting on Indigenous Child Health Denver, Colorado</td>
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<td><a href="http://www.aap.org/nach">www.aap.org/nach</a></td>
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**Publications - 2016**

Please let us know of any others.


Vasant BR, Matthews V, Burgess CP, Connors CM, Bailie RS: Wide Variation in Absolute Cardiovascular Risk Assessment in Aboriginal and Torres Strait Islander People with Type 2 Diabetes. Front Public Health 2016, 4:37. [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4781864/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4781864/)


Save the date

The 2016 ISAC face to face meeting will be held on 11 November at the Woodward Centre/Uniclub at the University of Melbourne. All are welcome. If you are interested in attending please contact Estelle.dawes@uwa.edu.au to register your interest.
This meeting is immediately after the 2016 Lowitja Conference.

ISAC news 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.

ISAC web site:
http://www.paediatrics.uwa.edu.au/research/isac

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