



Media Release

'FOLLOW UP' KEY TO SUCCESS IN ABORIGINAL CHILD HEALTH

Sunday May 18 2008

Delivery of primary health services to Aboriginal children in remote areas of the Northern Territory is "relatively good" according to a cross-jurisdictional study published in the Medical Journal of Australia (MJA) today.

However, the study also found that despite the good level of access to primary health services for Aboriginal children living in remote areas of the NT, their health outcomes were significantly worse than for Aboriginal children living in other regional areas of Australia.

This suggests that NT remote communities would benefit significantly from more resources being allocated to improving follow up of children who have been identified as having medical problems and high-risk social conditions.

This finding also has implications for the Commonwealth Government's current NT emergency intervention, which to date has focused much of its effort on primary health checks rather than follow-ups.

The Audit and Best Practice in Chronic Disease (ABCD) project conducted audits of health records for 297 children who attended 11 primary health care centres in the NT, Far West New South Wales and Western Australia during 2006. All the health records were for children aged between three months and 5 years.

The ABCD study aimed to provide data on the Commonwealth Government-funded Indigenous health checks announced in June 2005 and implemented in mid-2006.

In the MJA paper published today (*"Delivery of child health services in Indigenous communities: Implications for the federal government's emergency intervention in the Northern Territory"*), the ABCD research team led by Menzies School of Health Research Senior Principal Research Fellow Prof Ross Bailie found that:

- Documentation of delivery of primary medical services was relatively good, with little or no difference between the NT and other centres.
- Compared with children attending the NSW and WA centres, those attending NT centres were significantly more likely to have a record of growth faltering, underweight, chronic ear disease, anaemia or chronic respiratory disease.
- Documented follow-up of identified medical and social problems was poor for all centres.

The paper concludes that “existing systems are not providing for adequate follow-up of identified medical and social problems for children living in remote Aboriginal communities”.

“Without effective systems follow-up, screening children for disease and adverse social circumstances will result in **little or no benefit**,” the paper says.

Director of the Menzies School of Health Research, Prof Jonathan Carapetis, said that improving systems for following up the results of health screening, and for instituting care to prevent further illness, is crucial if there is to be long term improvement in the health of Indigenous children.

“This work proves once again that a ‘fly in fly out’ approach to kids’ health is not the whole answer. We need to build long term capacity within existing primary health care services to ensure children who are at risk, in terms of their health and wellbeing, are identified early and that identified health and social problems are effectively followed up and resolved.”

“This cannot be done solely by fly in fly out services. Sure, kids and families need access to specialist care, but just as importantly we need to build integrated and comprehensive primary health care services in communities, training and involving local people in service delivery.”

Mick Gooda, Chief Executive of the CRC for Aboriginal Health – which helped fund the ABCD project – said the results showed that “existing NT primary health care services have been producing results, despite some flaws”.

“The Commonwealth Government has said it wants to base its health policies on sound evidence, and that’s what this study provides,” Mr Gooda said. “If we’d had this evidence before the emergency intervention took place and we’d had decision-makers who would listen, maybe the intervention would have taken a different approach.”

The ABCD data on clinical attendance is backed up by another Menzies research project, supported by the CRCAH. The East Arnhem Healthy Skin project recently found that remote-area Aboriginal children in the NT are seen by a health practitioner on average about once a fortnight.

The MJA article is available online at www.mja.com.au under “Addressing Diseases of Disadvantage”.

-ends-

Media contact – Julie Carmichael – 0429 916758; 08 89226759