the Lowitja INSTITUTE

Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

Incorporating the Cooperative Research Centre for Aboriginal and Torres Strait Islander Health

Northern Territory Research Priorities Roundtables

- Nutrition, physical activity, obesity and food security
- Telehealth
- Environmental health, housing and hygiene

June 2012

DARWIN

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The Lowitja Institute

The Lowitja Institute is Australia's National Institute for Aboriginal and Torres Strait Islander Health Research.

By bringing together researchers, policy makers and experts in service delivery, we enable high quality, collaborative health research that makes a difference to the lives of Aboriginal and Torres Strait Islander people.

Our collaborative approach has been developed over fifteen years with the Cooperative Research Centres for Aboriginal and Torres Strait Islander Health. It's earned us a reputation as national leaders in the translation of research knowledge into evidence-based practice and policy.

Research Roundtables

The Lowitja Institute (and its predecessor organisation the Cooperative Research Centre for Aboriginal Health) has regularly held 'research roundtables' to explore areas for potential research. The roundtables bring together the users of research (from health services and from policy making agencies) and researchers so that future research is most likely to be used and make a difference.

In June 2012, the Institute hosted three roundtable discussions in Darwin on:

- Nutrition, physical activity, obesity and food security (4 June);
- Telehealth (4 June); and
- Environmental health, housing and hygiene (5 June).

These three broad areas were selected by researchers, service providers and policy makers in the Northern Territory in early 2012.

Each roundtable took place over one full day, and was attended by between 13 and 23 participants. Overall, 44 people attended the roundtables (some people attended more than one), with the participants being divided roughly equally between those from Aboriginal organisations (15), research organisations (16), and mainstream government agencies / NGOs (13). See Appendix 1 for a list of attendees.

The roundtables were facilitated by David Thomas (Head, Northern Australian Health Research Unit and Associate Director, Research & Innovation at the Lowitja Institute) and Edward Tilton of Edward Tilton Consulting.

Aims and Methodology

The aims of each roundtable were to:

- work together to agree a set of priority research questions for the Northern Territory; and
- build relationships between researchers and the users of research.

Each roundtable was a process of structured discussion, knowledge sharing and decision-making around four sessions:

1. **Setting the scene:** presentations from experienced practitioners and/or researchers to give an outline of the topic (see Appendix 2 for a list of presenters);

2. **What we know:** building upon the expert presentations to establish broad agreement about what is already known in the field. As well as building a shared understanding across the different sectors, this process was important to help identify gaps in knowledge;

3. **What we need to know:** collaborative work to establish and prioritise the key questions that need answering in order to lead to improvements in the health and well-being of Aboriginal and Torres Strait Islander people;

4. **Filling the knowledge gaps:** more detailed work on prioritized research questions, to explore how it might be possible to go about answering them.

Results

Nutrition, physical activity, obesity and food security

What we know

Some of the key issues identified by participants as 'already known' included that:

- improvements in nutrition, physical activity, obesity and food security are possible, with multi-strategy, integrated, community driven processes over the long-term having the most chance of sustained impact;

- cost is a barrier to increased consumption of healthier foods, with some evidence that economic policies that promote turnover of specific commodities do work;

- access to traditional lands and traditional foods can make a contribution to improved health;

- many communities need a better understanding of diet and physical activity and its effect on health, but any approach must take account of the local cultural environment.

What we need to know

Four questions were prioritized as 'gaps in knowledge' which it would be important to address in order to improve Aboriginal health and well-being, service delivery and policy settings.

- What is the place of traditional foods in contemporary life? It is accepted that access to traditional foods can make a contribution to improved health, but some key questions remain, particularly the proportion of the diet which is traditional food in particular communities, how to promote and re-engage the community in traditional food use, and the sustainability of livelihoods that include traditional foods (particularly in the face of climate change).

- What is the cost-benefit impact of various economic incentives? There is the potential to look at the cost-effectiveness of different models of assisting Aboriginal families to overcome the cost-barrier to healthy foods. Such models could include taxation approaches (retaining GST exemptions, a 'fat' tax) or subsidies (including vouchers, school meals, subsidized fruit and vegetables, freight subsidies, and in-store cross subsidization). Key policy questions on models would include who bears the cost (retailers, wholesalers, transport agencies, individuals, communities, government), with research challenges likely to include data issues for modeling and price elasticity in remote/urban Aboriginal communities.

- How can we build sustainable models for a nutrition / physical activity workforce? Answering this question could begin by describing how the current workforce has evolved and how this

current model compares to what has worked in other Indigenous and developing countries. It could also include analysis of the effectiveness of various models (fly in-fly out versus locally-based workers, for example), identification of the success factors/barriers to an effective sustainable local workforce, and an investigation of local thinking about developing a culturally appropriate workforce.

- What are the success factors for 'scale-up' of multi-strategy approaches. While the evidence points to multi-strategy, integrated, community driven processes to address nutrition, physical activity, obesity and food security issues, this evidence is generally at a local, community level. Identifying the key success factors in these interventions would be key knowledge in order to 'scale-up' local programs to make a broader impact. Community-engagement, participatory decision making and flexibility are likely to be key, with the possibility of encouraging shared learning across communities.

Telehealth

What we know

In the Telehealth roundtable, many of the key issues identified by participants as 'already known' pointed towards gaps in knowledge (particularly at the Northern Territory level). Key points included:

- telehealth works – evidence from outside the Northern Territory shows that it can increase access to and quality of care and reduce clinical error;
- despite this, implementing effective telehealth systems will be expensive, and evidence of effectiveness will be needed to drive change;
- much data already exists that could be used to measure effectiveness, but it needs analysis and different data sources need to be linked;
- technical issues (including infrastructure, technology and support) are critical to ensuring data comparability and interoperability.

What we need to know

A number of areas were identified as priority gaps in knowledge for telehealth in the Northern Territory[1]. The two key priorities were:

- What is the cost-benefit impact of the use of telehealth? In order to drive investment and acceptance of the technology (and its potential to improve health) some key questions about the costs and benefits of telehealth in the Northern Territory need to be answered. This includes the need to identify and describe the risks and benefits of telehealth for Aboriginal people specifically, with key measurements to include cultural safety, quality of care, improved access and pathways of care, client satisfaction and empowerment, clinician acceptance and

[1] Some differences in the definition of 'telehealth' emerged during this roundtable, with some participants defining it more tightly (for example, as referring solely to the use of telecommunications technology to undertake or facilitate clinical care such as through video conferencing etc) while others saw it more broadly (to include, for example, the use of shared electronic health records). Such differences may reflect the relative newness of 'telehealth' as an area of action and discussion in the Northern Territory and may be resolved over time. In the meantime, the priorities identified by the participants below tend to reflect a broad definition of telehealth.

capital and recurrent costs. The analysis also needs to address which specific health conditions might have the best cost-benefit profiles.

- How can we map the telehealth operating environment against health need? With telehealth in its relative infancy in the Northern Territory, a critical first step to guide strategic investment was identified as an assessment of the *needs* which telehealth services may be expected to address (for example, the health needs of patients / clients, the needs of health professionals and specialists, or of primary health care centres) with a description of the operating environment (for example, what telecoms infrastructure are in place to support telehealth services, and what operating environment would best meet the needs identified).

Other priorities included:

- What are the clinical outcomes of telehealth services (including clinical safety)? This might include a long-term comparison of outcomes from face-to-face consultations with telehealth consultations;

- How might telehealth affect the working of multi-disciplinary teams? This might include looking at specific conditions (for example Rheumatic Heart Disease) as well as its affect more generally.

Environmental health, housing and hygiene

What we know

- Environment impacts on health in ways that we can measure, but the causal pathway through which the environment affects health is often complex and non-linear (a 'wicked problem');

- Housing is key for health, yet currently housing does not necessarily support health;

- 'Healthy Settings' approaches[2] (characterised amongst other things by ecological and inter-sectoral approaches) have been shown to work elsewhere;

- Participatory community development approaches that involve the community in identifying issues and solutions are effective;

- Complex relationships between multiple providers (e.g. health, housing, power, water etc) challenges service delivery;

- Case management can be an effective means of improving environmental health.

What we need to know

- Can we apply the WHO Healthy Settings framework to the Northern Territory? The Healthy Settings Framework is a holistic and multi-disciplinary approach to health promotion that focuses on integrated action across risk factors in a particular setting. It is considered to be best practice in terms of the built environment. Examining the effect of such an approach in the Northern Territory Aboriginal setting could involve gathering data (using, for example, the Healthy Community Assessment Tool developed by Liz McDonald of the Child Health Division at Menzies School of Health Research), to measure key environmental factors (for example,

[2] See http://www.who.int/healthy_settings/en/

sewage, roads, water, electricity, animal management) both before and after the application of a Healthy Settings program. A key additional learning would be how to encourage community / participative approaches in such a program.

- How can community engagement / participation be encouraged and supported? Approaches based on community participation and community development were agreed to be effective – but the question remains for many practitioners of how to effectively engage the Aboriginal community with policies or programs. A series of case studies could aim to reveal factors for success (including community and cultural factors) in this process.

- How can the housing sector be engaged to improve health? Housing has a profound effect on health – but programs responsible for building and/or maintaining housing in Aboriginal communities are not always based on public health approaches and evidence. This gap could be filled by an independent evaluation of current housing programs, based on robust and targeted indicators that can be collected on a large scale, as well as process evaluation (for example, processes for maintenance of housing stock). The National Indigenous Housing Guide could form an important starting point. Any such research would ethically have to be based on a "no survey without service" approach.

- What are the key indicators/factors for successful home hygiene? Examining the content and approach to successful home hygiene programs, including the effectiveness of 'enhanced case management', the availability of support mechanisms for families, and taking into account social and cultural factors.

- What is best practice for health outcomes in housing? This might include a description of policy, funding, repairs and maintenance and construction processes, and a cost benefit analysis on quality construction.

- How can government housing policy support health? Government policy and practice has significant effects on whether Aboriginal community housing supports better public health or not. Examining the history of policy settings, their successes and failures, could also help to identify key points at which government policy may be influenced to provide healthy public policy.

Next steps

To encourage researchers to explore the prioritised questions, the Lowitja Institute is providing a small number of development grants (of $10,000) to contribute to the development of prioritised questions into full research funding proposals to NHMRC or other agencies. Further information is available at www.lowitja.org.au.

Appendix 1: Attendees

Nutrition, physical activity, obesity and food security

Jaki Barton	The Fred Hollows Foundation - Program Manager
Julie Brimblecombe	MSHR - Senior Research Fellow
Susan Colles	MSHR - Research Fellow
Michelle Dowden	Miwatj Aboriginal Health Corporation - Regional Manager
Heather Ferguson	NT DoH - Nutritionist
Marcus Goddard	MSHR - Program Director
Amanda Lee	Nganampa Health/QUT - Nutrition Consultant/ Prof Public Health Nutrition
Selma Liberato	MSHR - Nutrition Researcher
Leisa McCarthy	MSHR - PhD Student
Jodi Phillips	MSHR
Alison Rogers	The Fred Hollows Foundation - Program Development Coordinator
James Ward	Baker IDI - Group Head Preventative Health
Tania Whight	Outback Stores - Nutritionist

Telehealth

Lynnell Angus	Beyondblue - Program Leader
Sven-Erik Bursell	Telehealth Research Institute, University of Hawaii and Dept of Medicine, University of Melbourne - Director of Diabetes Telehealth Programs
David Corbet	AMSANT
Margie Cotter	AMSANT - Communicare Support
Heather D'Antoine	MSHR - Associate Director, Aboriginal Programs
Adrienne Farago	MSHR - Executive Officer
Jo Haddow	Wurli Wurlinjang - Deputy Medical Director
Amanda Hand	Danila Dilba - Health Systems Manager
Greg Henschke	AMSANT - eHealth MeHR Project Manager
Mark Horton	IHS-JVN Teleophthalmology Program - Director
Beatrice Iezzi	The Fred Hollows Foundation - Research Coordinator
Leonie Katekar	NT DoH - Chief remote Medical Practitioner
Dan Kyr	AMSANT
Joy McLaughlin	The Fred Hollows Foundation – Indigenous Program Manager
Liz Moore	AMSANT - PHMO
David Murtagh	AMSANT
Rus Nasir	NT DoH - Director, Aboriginal Health Policy
Jackie Plunkett	Digital Regions - Director
Jenne Roberts	MSHR - Monitoring and Evaluation Coordinator
Simon Stafford	AMSANT - EHealth Unit Manger
Peter Stephens	MSHR - Business Development Unit Manager
Shaun Tatipata	The Fred Hollows Foundation - Senior Program Officer

Environmental health, housing and hygiene

Patiyan Andersson	MSHR - Senior Research Officer
Sven-Erik Bursell	Telehealth Research Institute, University of Hawaii and Dept of Medicine, University of Melbourne - Director of Diabetes Telehealth Programs
David Cooper	AMSANT
Margie Cotter	AMSANT - Communicare Support
Rob Curry	AMSANT - Program Manager
Michelle Dowden	Miwatj Aboriginal Health Corporation - Regional Manager
Adrienne Farago	MSHR - Executive Officer
Marcus Goddard	MSHR - Program Director
Jo Haddow	Wurli Wurlinjang - Deputy Medical Director
Mark Horton	IHS-JVN Teleophthalmology Program - Director
Beatrice Iezzi	The Fred Hollows Foundation - Research Coordinator
Amanda Leach	MSHR - Leader Ear Health Research
Elizabeth McDonald	MSHR - Senior Researcher
Joy McLaughlin	The Fred Hollows Foundation
Liz Moore	AMSANT - PHMO
Rus Nasir	NT DoH - Director, Aboriginal Health Policy
Jenne Roberts	MSHR - Monitoring and Evaluation Coordinator
Alicia Ross	Danila Dilba - Aboriginal Health Worker
Nicola Slavin	NT DoH
Jeff Standen	NSW Health - Manager of Aboriginal Environmental Health
Peter Stephens	MSHR - Business Development Unit Manager
Penny Taylor	Larrakia Nation Aboriginal Corporation - Head Researcher
Leah Valenzia	The Fred Hollows Foundation - Program Officer - Trachoma

Appendix 2: Presenters

Nutrition, physical activity, obesity and food security

- Amanda Lee, Nutrition consultant Nganampa Health / QLD University of Technology
- Julie Brimblecombe, Senior Research Fellow, Menzies

Telehealth

- Leonie Katekar, Chief Rural Medical Practitioner, Remote Health, NT Government
- Simon Stafford, eHealth Unit Manager, Aboriginal Medical Services Alliance Northern Territory
- Mark B. Horton, Chief, Eye & ENT Phoenix Indian Medical Center, Director, IHS/JVN Teleophthalmology Program
- Sven-Erik Bursell, Director, Telehealth Research Institute, University of Hawaii

Environmental health, housing and hygiene

- Jeff Standen , Aboriginal Environmental Health Unit, NSW Health
- Liz McDonald, Child Health Division, Menzies School of Health Research