Indigenous Research Reform Agenda

• Historical experience of cultural and physical anthropology
• Biomedical research co-developed with physical anthropology; health research has grown in its own right significantly over last 2-3 decades
• Focus of research practice
• Indigenous critique of research ethics and relations with Indigenous communities
### Indigenous Research Reform Agenda

<table>
<thead>
<tr>
<th>Australia</th>
<th>Original Research</th>
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<tbody>
<tr>
<td></td>
<td>All</td>
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<td>1987–88</td>
<td>19</td>
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<td>1997–98</td>
<td>80</td>
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<td>2001–03</td>
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Source: Sanson-Fisher et al MJA 2006
Indigenous Research Reform Agenda

- Key aspects of the Indigenous Health Research Reform Agenda:
  - Priority Setting
  - Collaborative Relationships
    - Research agenda development
    - Research implementation and transfer
  - Capacity building
    - Research infrastructure, method & networks
    - Service, Policy and Community Engagement
    - Indigenous Leadership
    - Ethics
Burden of Disease and Injury

- Burden of Disease and Injury: 2.5 times that of non-Indigenous Australia
- 18% total - ischaemic heart disease and stroke
- 15% total - mental disorders
- 8% each - chronic lung disease, diabetes and cancers
Burden of Disease and Injury

- In the top seven broad cause categories largest differential was in cardiovascular disease, diabetes mellitus and intentional injuries.
- 10 major risk factors to which the disease burden can be attributed,
  - 10% tobacco smoking causes
  - 9% high body mass
  - 7% physical inactivity
  - 4-3% each high blood cholesterol, alcohol, high blood pressure, low fruit and vegetable intake
Indigenous health gap - Indigenous burden of disease would be 59% lower if Indigenous Australians had the same level of mortality and disability as the Australian population.

70% of gap was non-communicable diseases - cardiovascular disease at 23%; diabetes (12%), mental disorders (12%) and chronic respiratory diseases (9%).

15% of the gap - Injuries and group I conditions (communicable diseases, maternal and neonatal conditions)
Burden of Disease and Injury

- 11 selected risk factors - total burden would be 29% lower if no health gap accounting for half the overall Indigenous health gap of 59%.
- Tobacco accounted for 17% of the health gap; high body mass 15%; and physical inactivity 12%.
Role of clinical care

• Significant contribution of mortality and disability as a consequence of disease:
  o Access to health care
  o Quality of health care (treatment protocols, organisation of care, treatment relationships)
  o Effective clinical care, interventions
Our Vision

Sustained improvement in Aboriginal Health through strategic research and development
INDUSTRY

- Central Australian Aboriginal Congress (Congress)
- Danila Dilba Butji Binnilutlum Medical Service (Danila Dilba)
- Commonwealth Department of Health & Aging (DoHA)
- Northern Territory Department of Health & Community Services (DoHCS)
Research Partners

- Menzies School of Health Research
- Charles Darwin University
- Flinders University
- La Trobe University
- University of Melbourne
- Australian Institute of Aboriginal and Torres Strait Islander Studies
- University of Queensland
- Queensland Institute of Medical Research
The Programs

- Primary Health Care, Health Systems and Workforce;
- Chronic Conditions;
- Healthy Skin;
- Social Determinants of Aboriginal Health; and
- Aboriginal Social and Emotional Wellbeing.
Research development

CRCAH BOARD

Priority Program
Roundtable
Project Priorities
Proposal Writing
Quality Assurance
Research Process
Research Transfer

Researchers
Aboriginal community Health Sector
NGOs
Governments
Changing how clinical services are organised: ABCD project
ABCD project

- Continuous quality improvement
- Enthusiastic uptake from staff, services and jurisdictions
- Simple organisational changes
- Impact on care
- Improvements in health indicators

Project leader: Ross Bailie, Menzies School of Health Research
Changes in intermediate patient outcomes – ABCD sites

Proportion (%)

- Round 1
- Round 2
- Round 3

<table>
<thead>
<tr>
<th></th>
<th>Round 1</th>
<th>Round 2</th>
<th>Round 3</th>
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<tbody>
<tr>
<td>HbA1c &lt;7.0%</td>
<td>34</td>
<td>42</td>
<td>40</td>
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<tr>
<td>BP &lt;130/80mmHg</td>
<td>25</td>
<td>23</td>
<td>37</td>
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<tr>
<td>ACR ≤3.4</td>
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Better tools for mental health care in primary settings: AIMHI

- Development of appropriate messages and ways of talking about mental health
- Care plans and assessment tools
- Working with workforce agencies and practitioners to increase capacity
- Integration of tools into ABCD systems approach
Project leader: Tricia Nagel, Menzies School of Health Research
Skin disease: from the lab to the clinic and beyond
• Skin disease a major cause of illness for Aboriginal children in nth Australia
• Emerging resistance to current treatments
• Treatments unpleasant and onerous
• Current clinic practice inadequate
• Environmental factors important

Project leader: Ross Andrews, Menzies School of Health Research