Improving developmental practice in remote Aboriginal communities: The TRAK study

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Background

Experts internationally recognise that developmental care vital to improve long term outcomes in child health, education and well-being.

Key challenges in remote Australian Aboriginal primary health care centres:
- absence of culturally appropriate developmental screening tools;
- AHWs, and many other remote health practitioners, do not have adequate training in early childhood development.
To design, implement and evaluate a capacity building program in developmental practice for Aboriginal Health Workers

- **a) cultural adaptation of the Ages and Stages Questionnaire (ASQ-3) for use in remote Aboriginal communities**
- **b) design and trialing of an early childhood development training program**
- **c) implementation of the adapted ASQ-3 into standard health service practice, in remote Aboriginal health services**
Case-study evaluation

Mixed methods

Interviews
Clinical observations
Training feedback surveys
Medical record audits

Samples

AHWs
Key community informants
Aboriginal parents
ECD experts
Children <5

Analysis

Thematic analysis of QUAL data
Descriptive analysis of audits

2 case study sites

Health service N - Top End
Health service Y - Central Australia
Activities and Data collection

**Activities**

- **June – October 2011**
  - Adaptation of ASQ-3 Questionnaires
  - Training & Support needs identified

- **October 2011**
  - ECD/ASQ3-TRAK Tool training package developed

- **November 2011**
  - Intervention ECD/ASQ3-TRAK tool training delivered
  - Supports nominated

- **March 2012**
  - Intervention Booster training delivered

**Data collection**

- Group interviews
- Clinical encounter observations
- Medical record audit – pre training
- Observations during training
- Training feedback survey
- Parent interviews
- Systems Assessment Tool meeting

**Follow-up**

- Individual interviews
- Medical record audit – post training
- Clinical encounter observations
Findings

Adapted ASQ-3 high face validity

- Adaptation culturally and linguistically appropriate
- Acceptable and relevant to AHWs, Parents, ECD experts

Training successful

- 100% attendance over 2 ½ days
- Highly valued by all participants
- Staff effectively trained in ECD principles and competent in administering adapted ASQ-3

Embedding of adapted ASQ-3 challenging

- Barriers identified in 3 themes:
  - Leadership and Governance
  - Workforce support
  - Health centre structures
Implications: enablers

- Leadership and Governance
- Support for remote health workforce
- Structures in the health centre

Improved practice
Integration of adapted ASQ-3 into routine care
Implications: enablers

Leadership and Governance
- Strong and consistent leadership
- Allocation of primary health care roles and responsibilities
- Commitment to primary health care
- Support for the ASQ3-TRAK process
- Policy framework

Support for remote health workforce

Structures in the health centre

Improved practice
integration of adapted ASQ-3 into routine care
### Implications: enablers

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#### Support for remote health workforce
- Local clinical champions
- Culturally safe workplace
- Health centre partnerships and community collaborations
- Ongoing TRAK training and support
- Workforce stability and adequate staffing
- Incentives

#### Structures in the health centre

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Structures in the health centre
- Service delivery model
- Access to care
- Infrastructure
- Clinical quality improvement practice (including audit and feedback)

Improved practice
Integration of adapted ASQ-3 into routine care
Training and Tool alone not sufficient...

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Improved practice
integration of adapted ASQ-3 into routine care
Enablers inter-dependent

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Improved practice
integration of adapted ASQ-3 into routine care
For the ASQ3-TRAK tool to become part of routine care, policy and health service planning needs to ensure that an integrated, multilevel approach is available.
Implications: enablers

Key factors

- addressing workforce stability
- enabling culturally safe workplaces that empower AHWs
- promoting the importance of the PHC model of care among remote health centre managers
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