

Improving developmental practice in remote Aboriginal communities: The TRAK study

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discovery for a healthy tomorrow

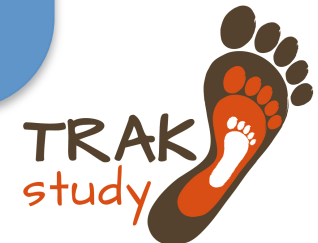
Background



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



TRAK Study Aim



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



2 case study sites

Health service N - Top End

Health service Y - Central Australia

Mixed methods

Interviews

Clinical observations

Training feedback surveys

Medical record audits

Samples

AHWs

Key community informants

Aboriginal parents

ECD experts

Children <5

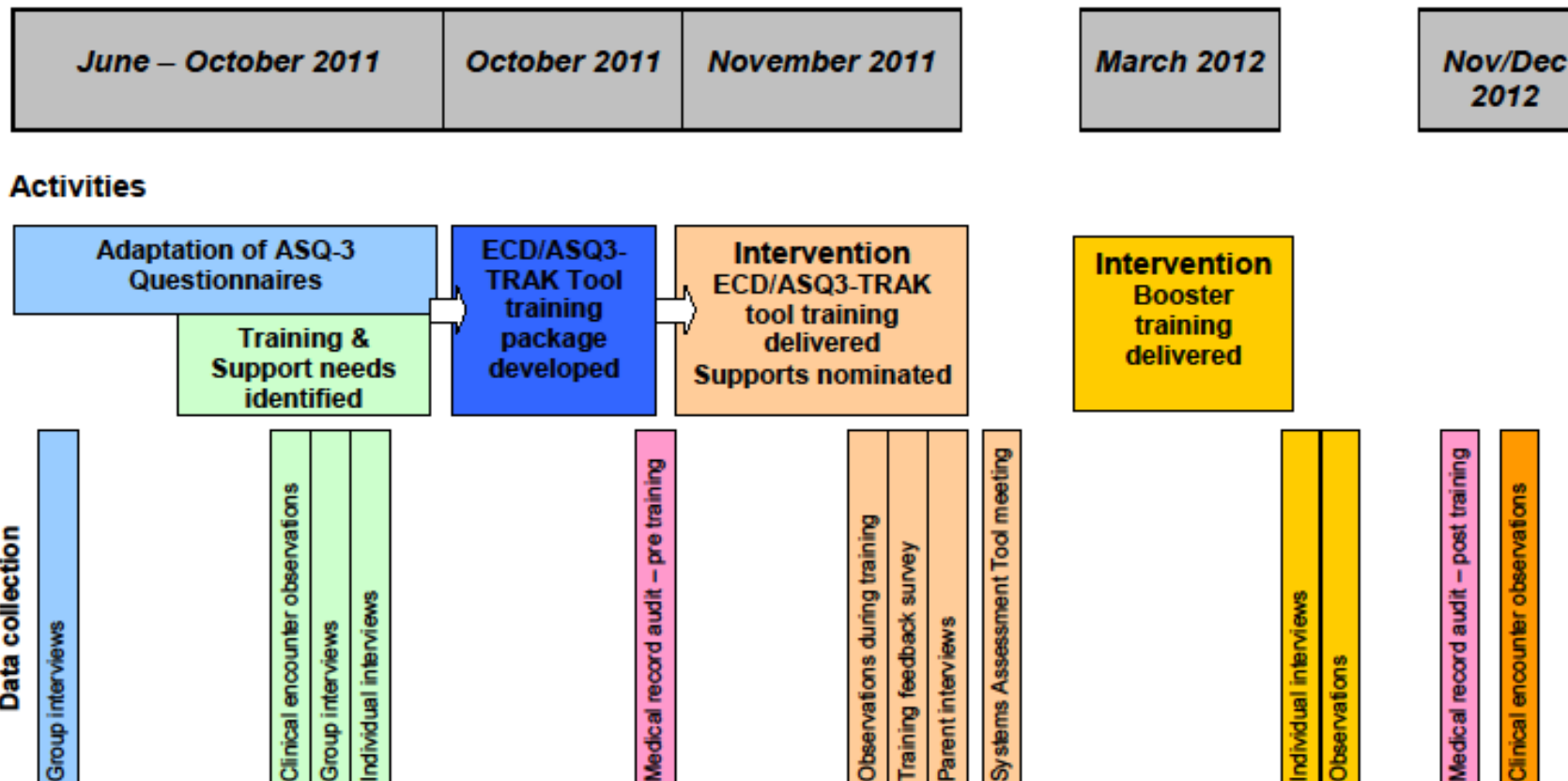
Analysis

Thematic analysis of QUAL data

Descriptive analysis of audits



Activities and Data collection



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

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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

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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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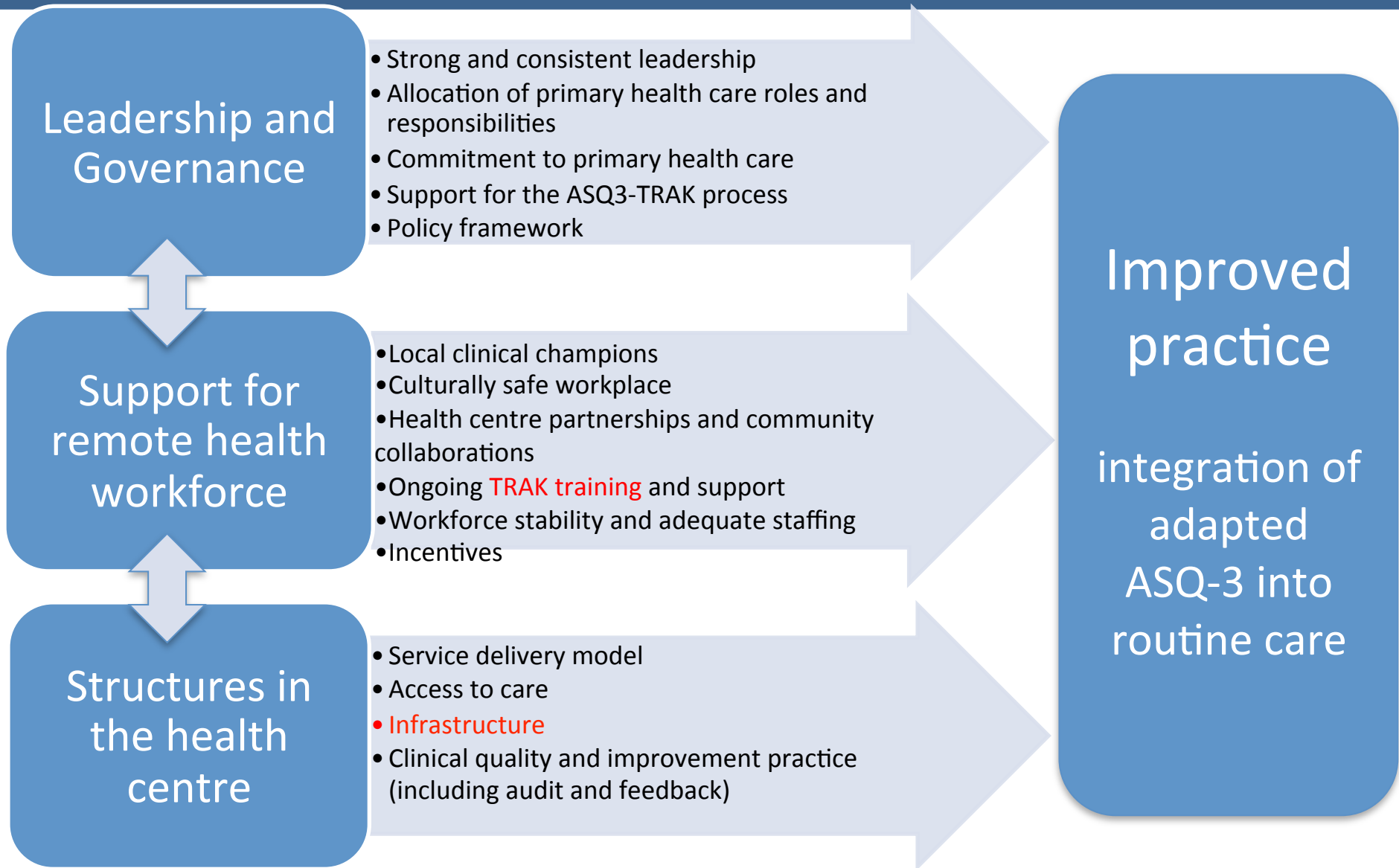
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Improved practice

integration of adapted ASQ-3 into routine care

Enablers inter-dependent



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.

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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