

“Y Health – Staying Deadly”
**an Aboriginal Youth focussed Translational
Action Research project**
Presentation to DoHA
Canberra, September 17 2013

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Watto Purrinna Aboriginal Health Service
Northern Adelaide Local Health Network



**Government
of South Australia**

SA Health

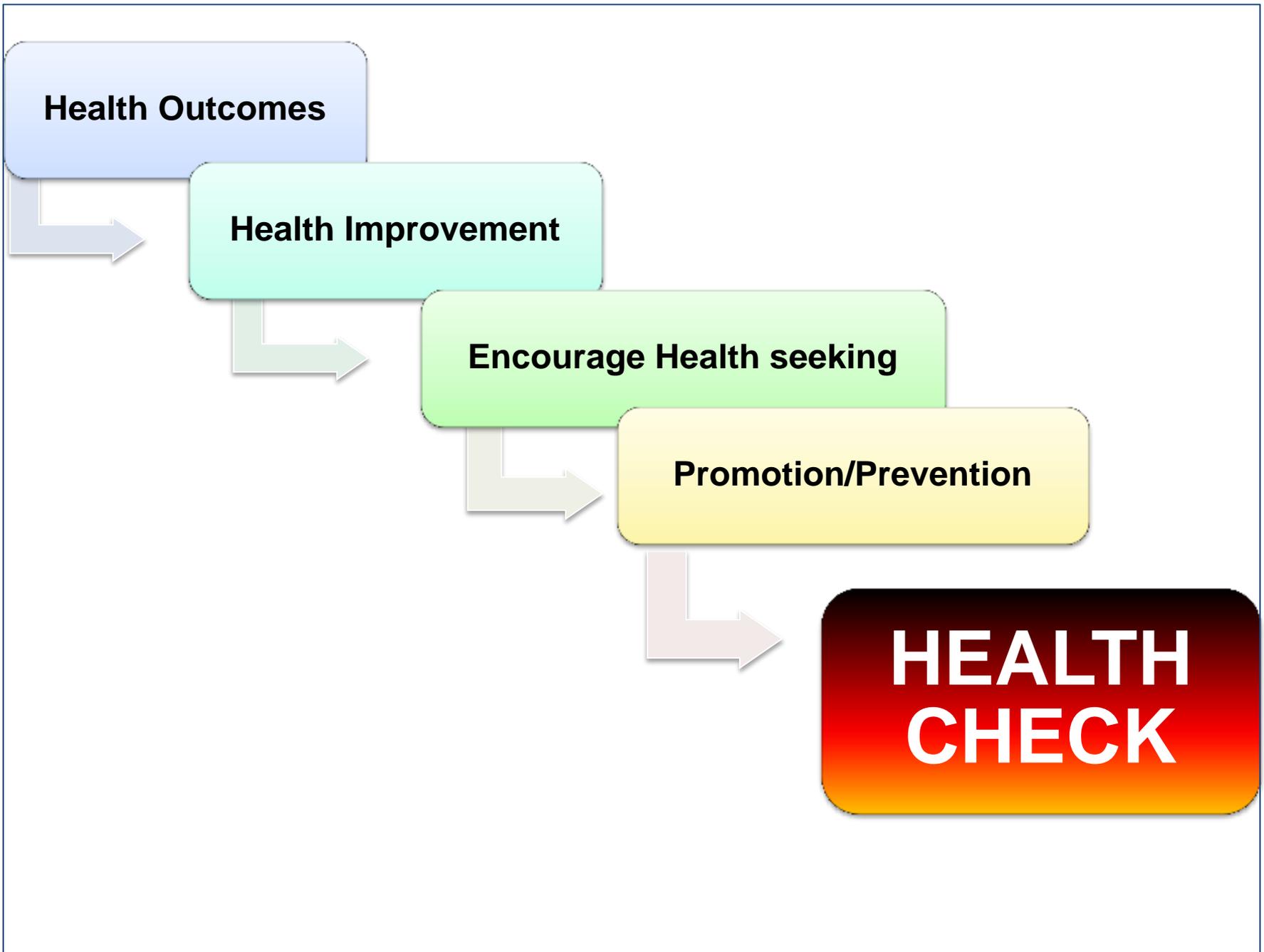
OUTLINE

- ? Brief overview of project aims and method
- 🔑 Key findings and Policy implications
- 🔒 Discussion of key findings
- 💡 Discussion of methodology



Government
of South Australia

SA Health



MBS ITEMS HEALTH CHECK



0 - 14



15 - 54



55+

Are about
26% of the
population

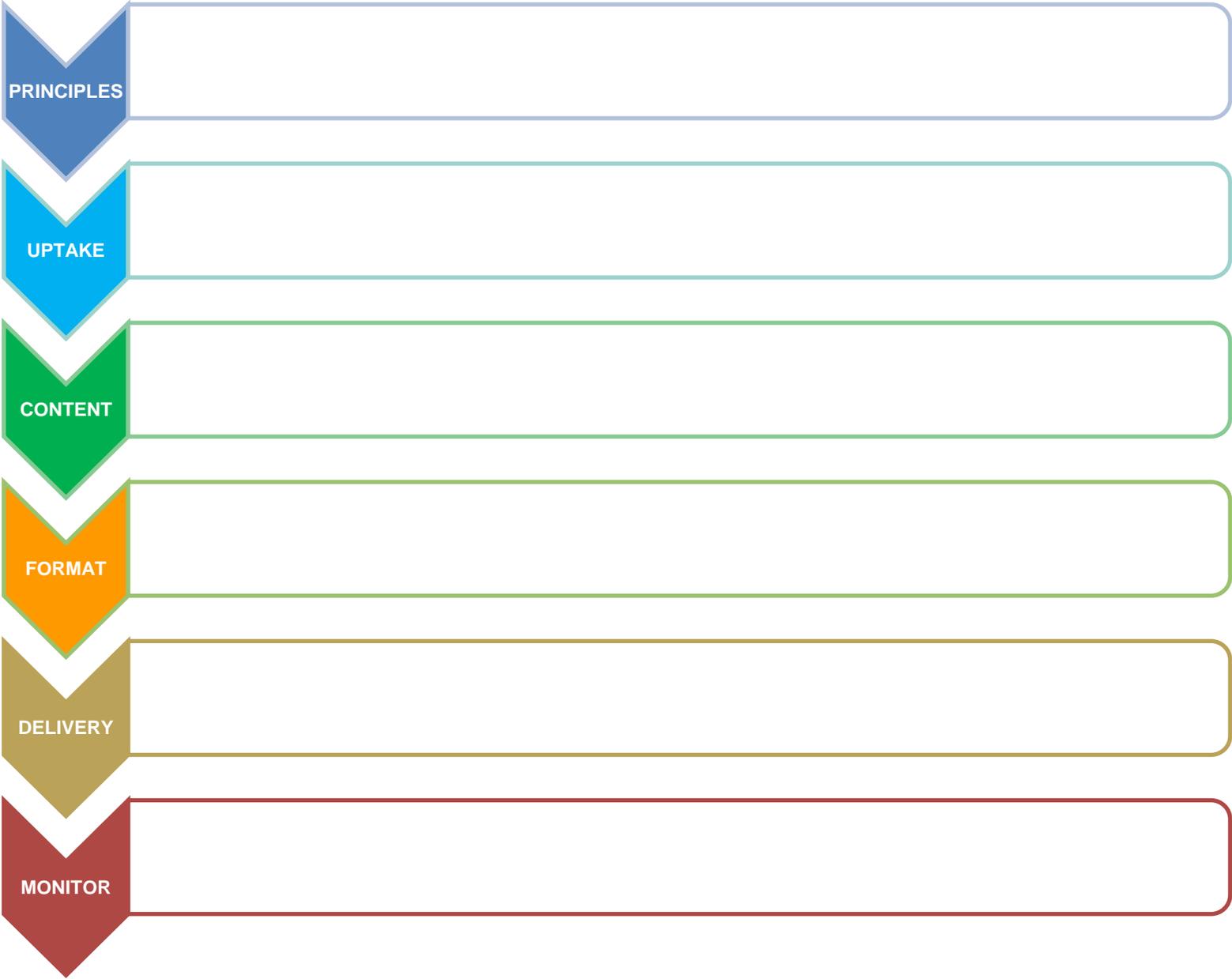
*Future
parents*



*Different
needs*

Risk taking
behaviour

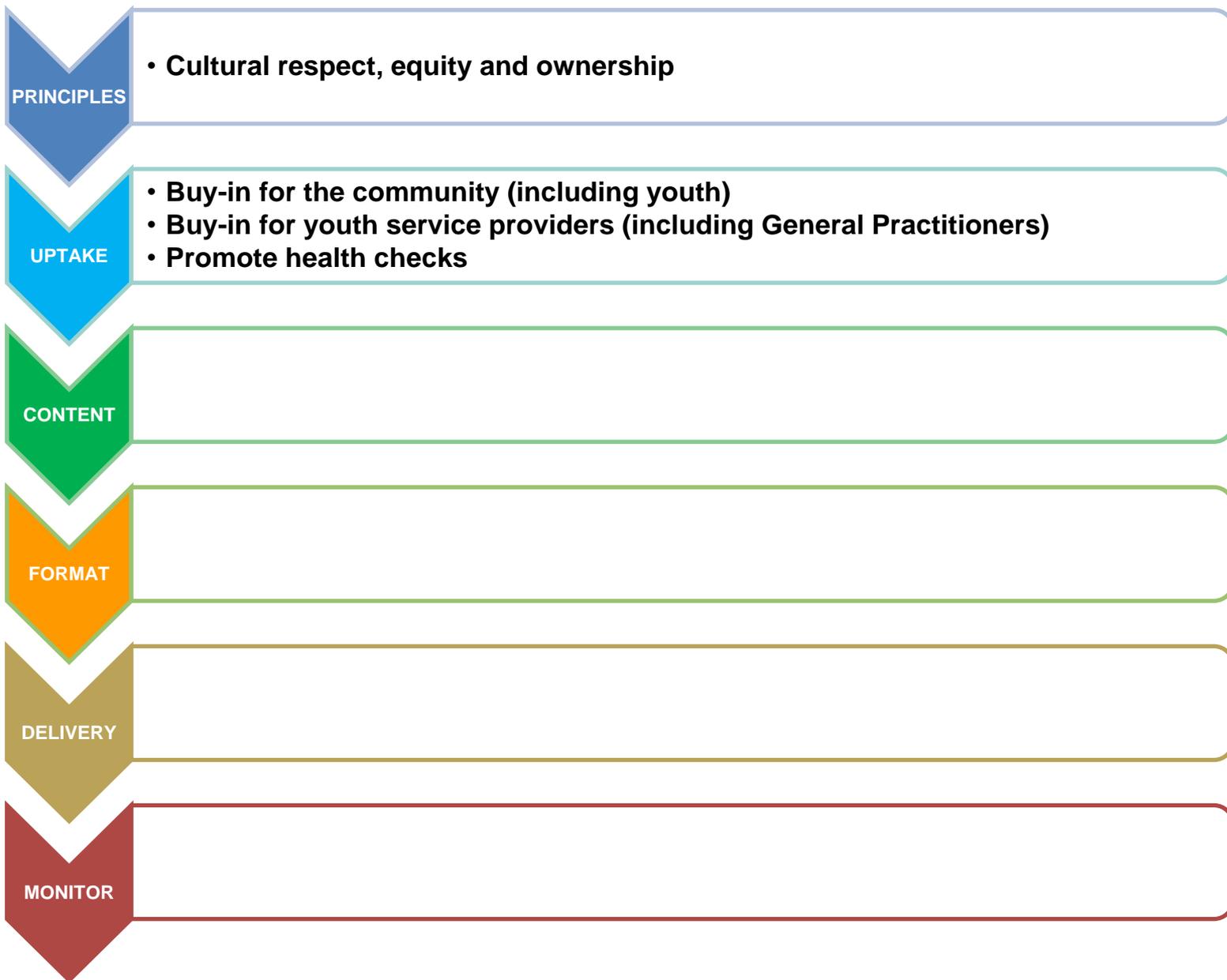
Youth Health Check - FRAMEWORK



Youth Health Check - FRAMEWORK



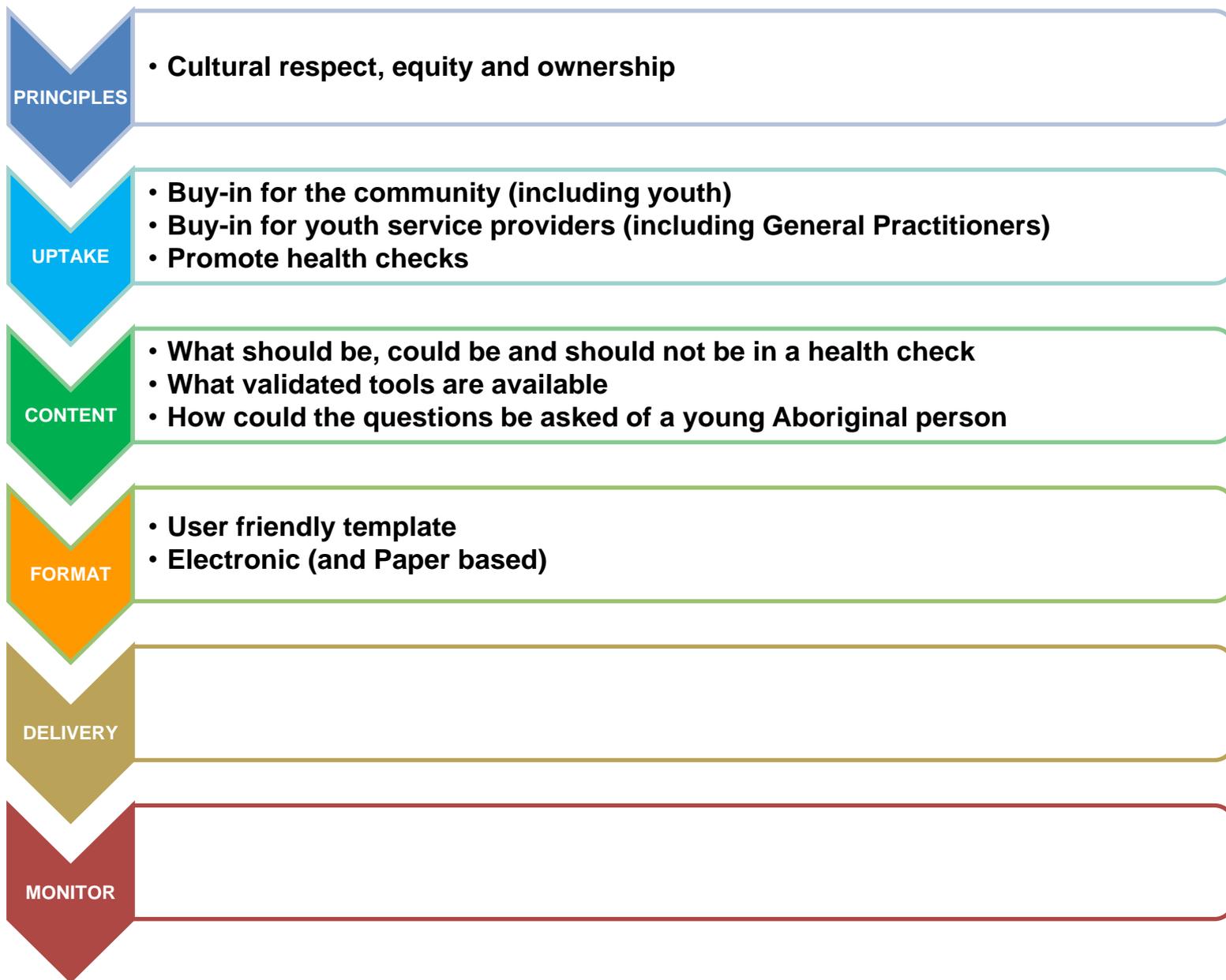
Youth Health Check - FRAMEWORK



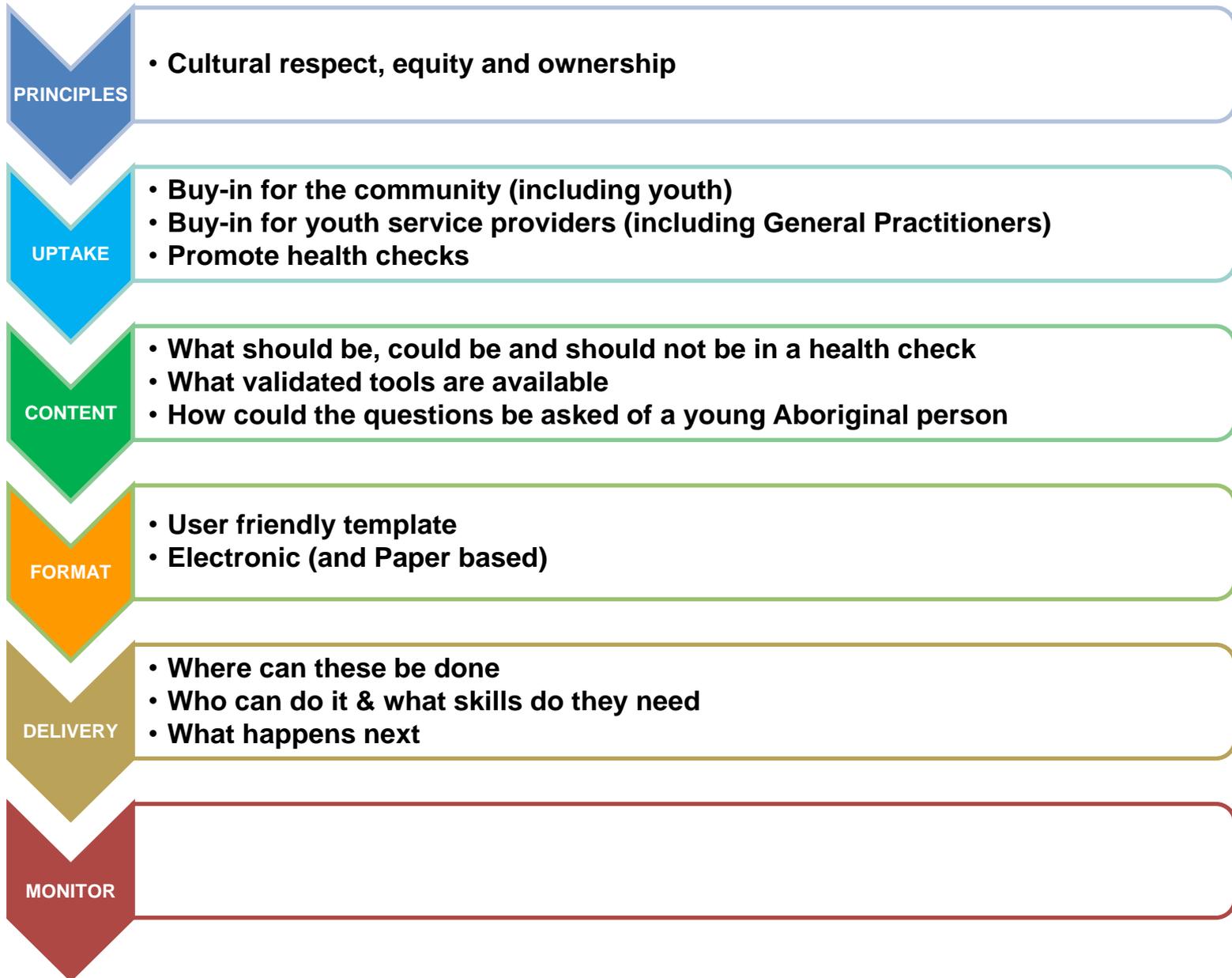
Youth Health Check - FRAMEWORK



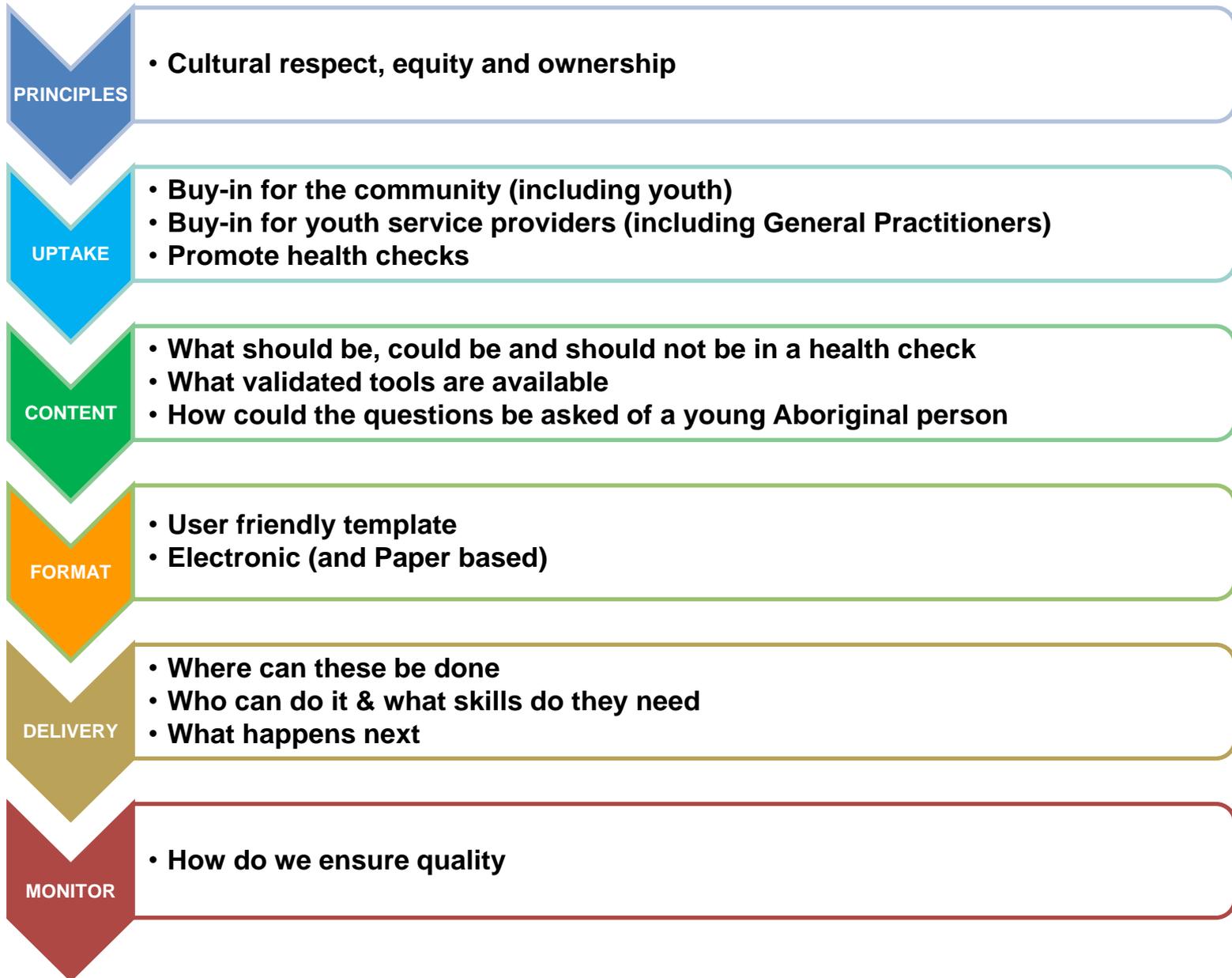
Youth Health Check - FRAMEWORK

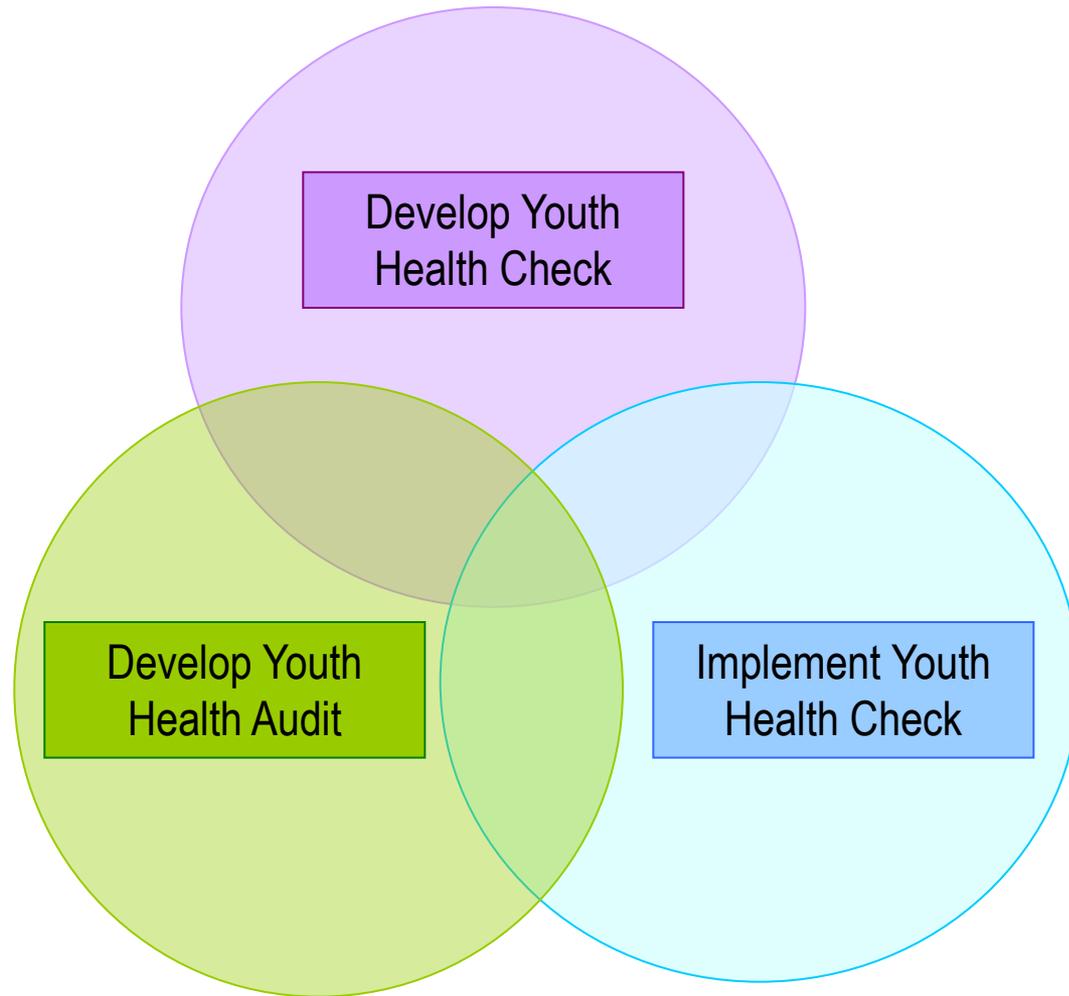


Youth Health Check - FRAMEWORK

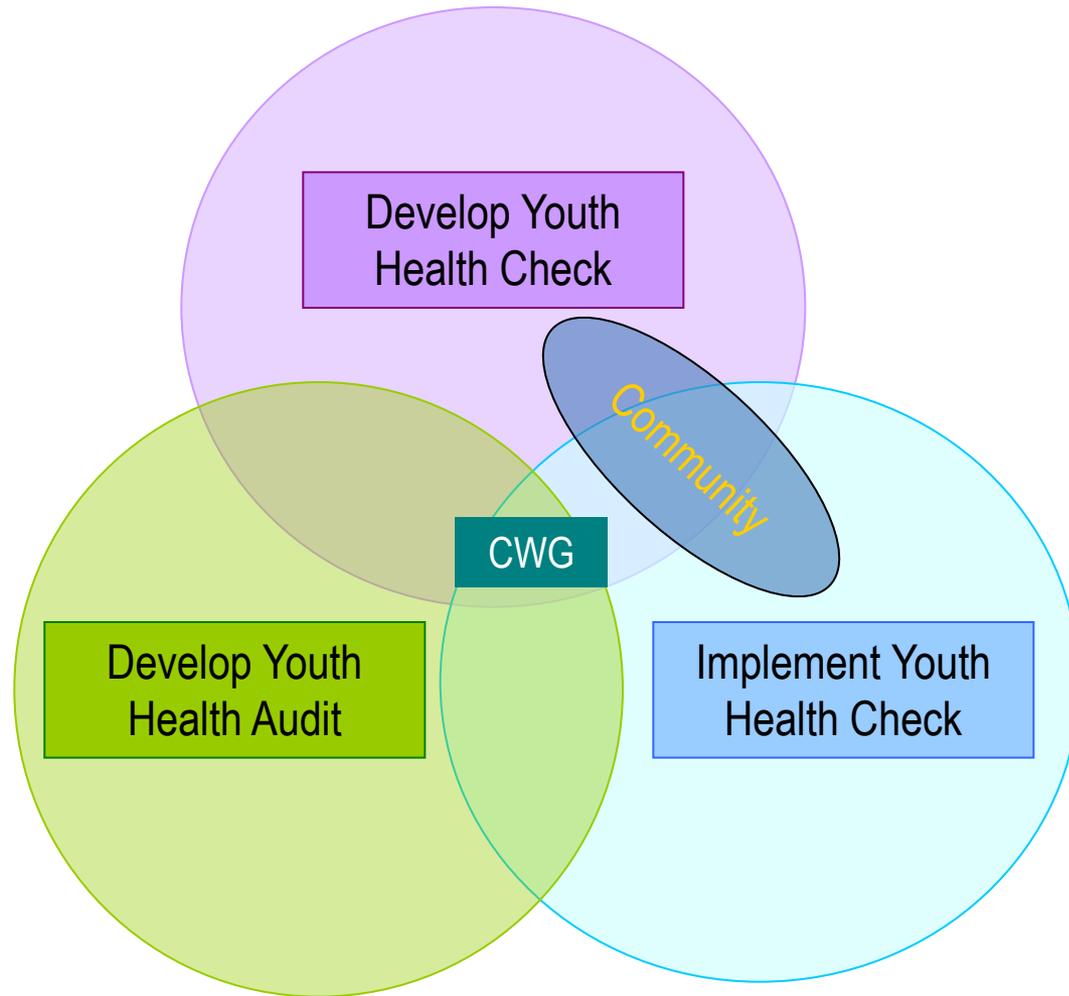


Youth Health Check - FRAMEWORK

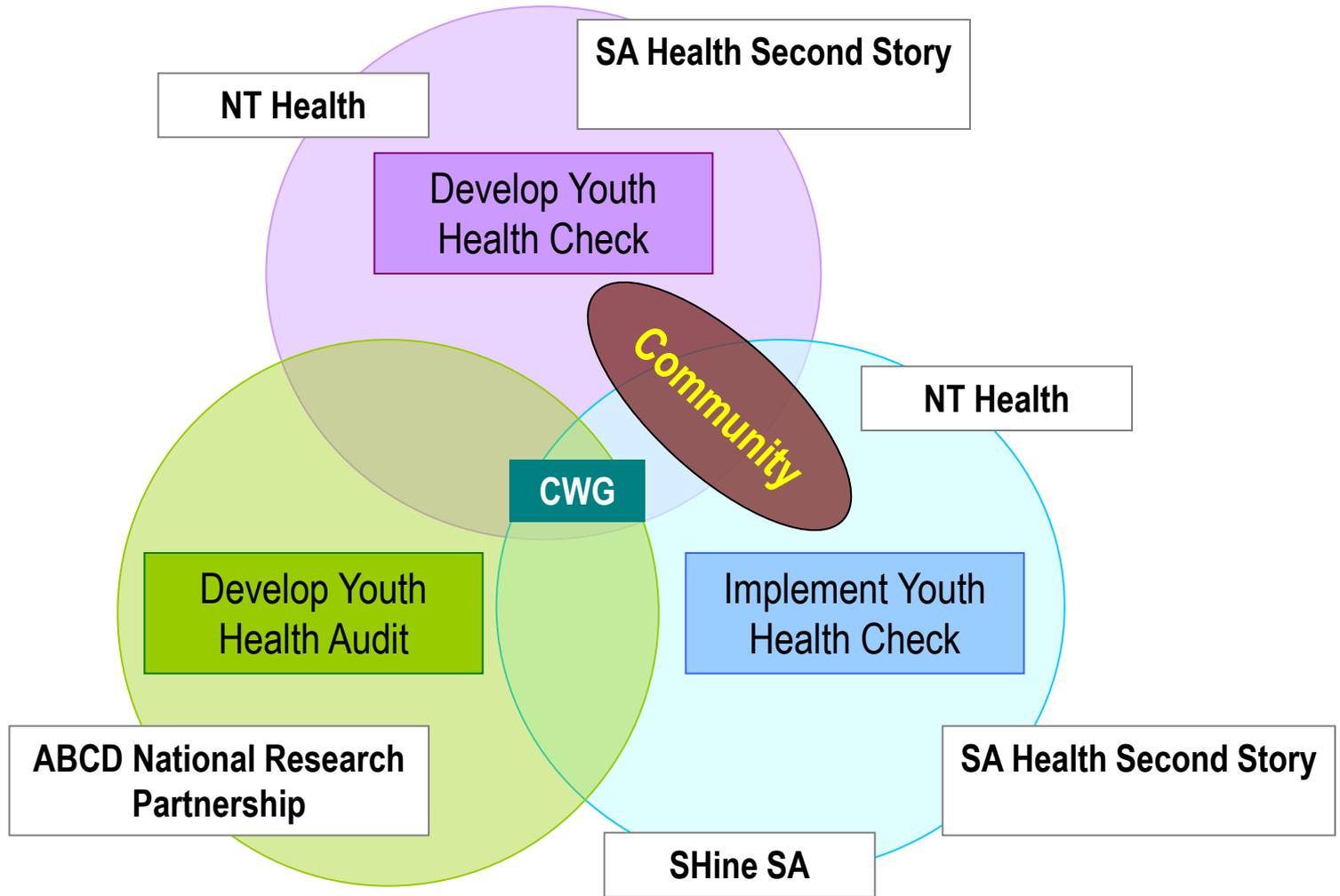




CBPTAR Arrangement and Partners



CBPTAR Arrangement and Partners



CBPTAR Arrangement and Partners

KEY FINDINGS 1

Preventive approaches are

- core component of Australian Government “Close the Gap” &
- aligned to National Strategic Framework for Aboriginal & Torres Strait Islander Health 2003-2013

Significant gap in appropriate preventive screening tool for Aboriginal & Torres Strait Islander youth

- who are a priority at-risk group

Aboriginal **community has endorsed** need for a youth specific Health Check

GP shortage

Culturally appropriate care effective and highly recommended

- **an Indigenous workforce** central to culturally appropriate care

KEY FINDINGS 2

- 🔑 **Evidence-informed, Culturally valid, Strengths-based** Youth Health Check developed and successfully piloted
 - national blueprint
 - template: acceptable, user friendly, potential for electronic versatility
- 🔑 Aboriginal Clinical Health Workers can be **cornerstone** of **preventive care delivery**
- 🔑 Youth Health **Audit** tool developed (led by Menzies' School of Health Research)
- 🔑 “**Hunt for the Zero Phone**” **Comic book and posters** are in production
- 🔑 Uptake of YHC by health providers requires **official endorsement**

POLICY IMPLICATIONS

-  Endorse an Aboriginal & Torres Strait Islander **Youth Health Check**
 - adjust existing MBS Item 715 to include category 12 – 24 years
 - support electronic template development
-  Endorse and support **Aboriginal Clinical Health Workers**/Aboriginal Clinical Health Practitioners to deliver preventive care
-  Endorse incorporation of **Cultural Validity** and **Cultural Specificity** into Indigenous research methodology
-  Promote **Aboriginal Primary Health Care research model**
 - support local Aboriginal primary care research networks
 - support Aboriginal Primary Care organisations taking ownership of research

POLICY IMPLICATIONS

MBS ITEMS HEALTH CHECK



0 - 11



12 - 24



25 - 54



55+

Some quotes

“Thank you, thank you, for your project, for doing something about the fact that our young people need a different kind of assessment and different kind of help. Cos we know they think different and behave different don’t they?”

“Of course this is important. We want our young people to be healthy, not like us, all full of diabetes and dyin’ early and stuff. Half my family is gone, so many funerals, I want something better for my kids, I want them to get their checks and pick up problems before it’s too late”.

“Ya I remember one time we went to see the doctor and she said I should get a well health check and my mom said that was OK. It was real funny cos the doctor, she kept saying, oh this bit is not for you, this is for younger kids and you’re twelve. And she kept crossing bits out because I was too old for those questions and I kept laughing and my mom kept telling me to stop it but she was laughing too. It was silly that most of the check up was not right for me and it was a child check up but it was like I wasn’t a child but I wasn’t an adult neither.”

“Are you going to talk to the Prime Minister and make sure this young health check gets recognised?”

CBPTAR

Underpinned by a **Systematic**
and **Systems** approach

Changing the position of the
Knowledge Broker

Level of participation

Role of consumers & community members

Explanation & examples

HIGH

Initiates the research

The community identifies the research needed and sets the appropriate research agenda.

Has full control

The researcher asks a community to identify a problem and to make all key decisions on goals and means. The researcher is willing to help the community at each step to accomplish goals.

Has defined level of control

Researchers identify the research needed and present the problem to the community, define the limits and ask the community to make decisions.

Plan jointly

Researchers present a tentative plan to the consumers and the community. The plan is open to change (slight or substantial) by those affected.

Are consulted

Researchers try to promote a plan. They seek to develop support or facilitate acceptance of the plan.

Receive information

Researchers make a plan and announce it. The community is convened for information purposes. If relevant to the research, participation is invited under conditions specified by Ethics Committee

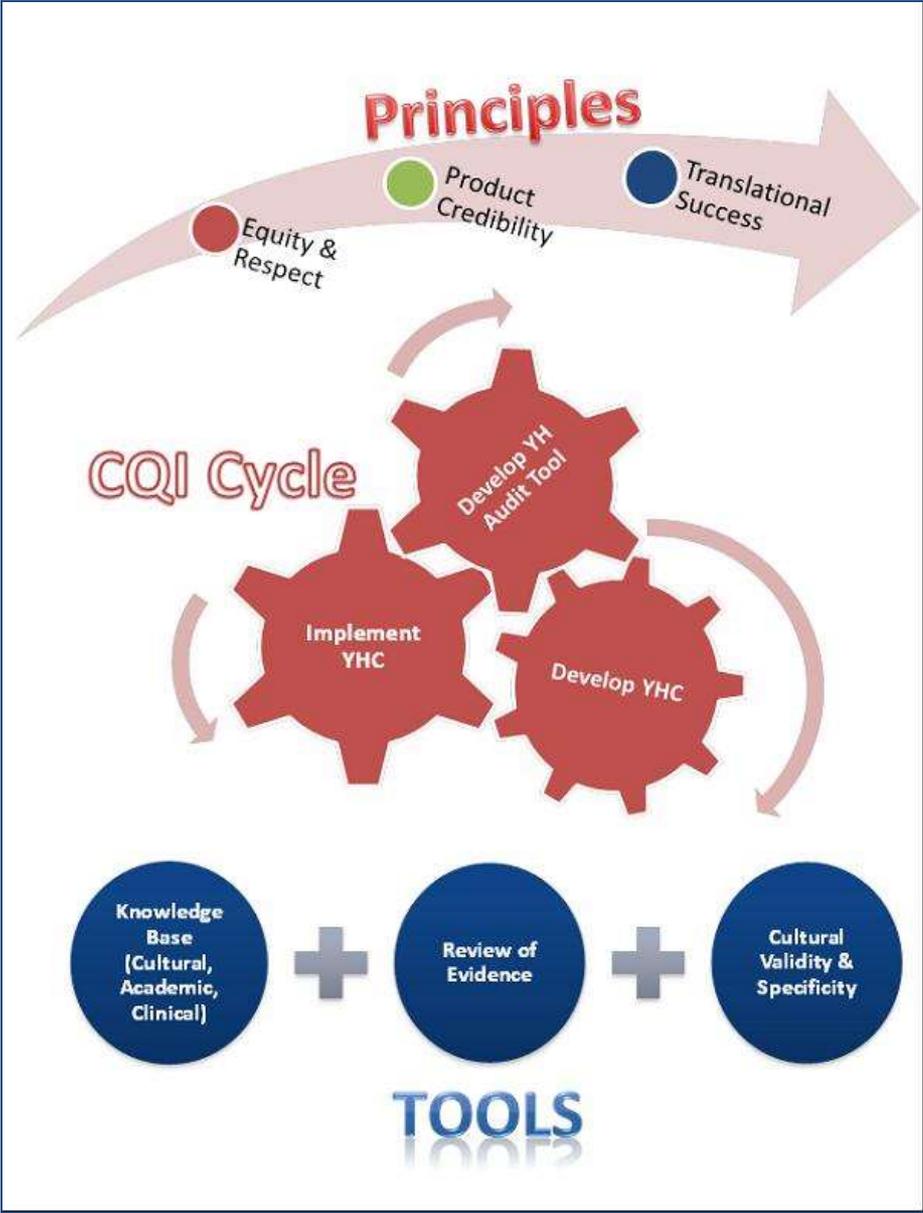
None

Community not involved ;

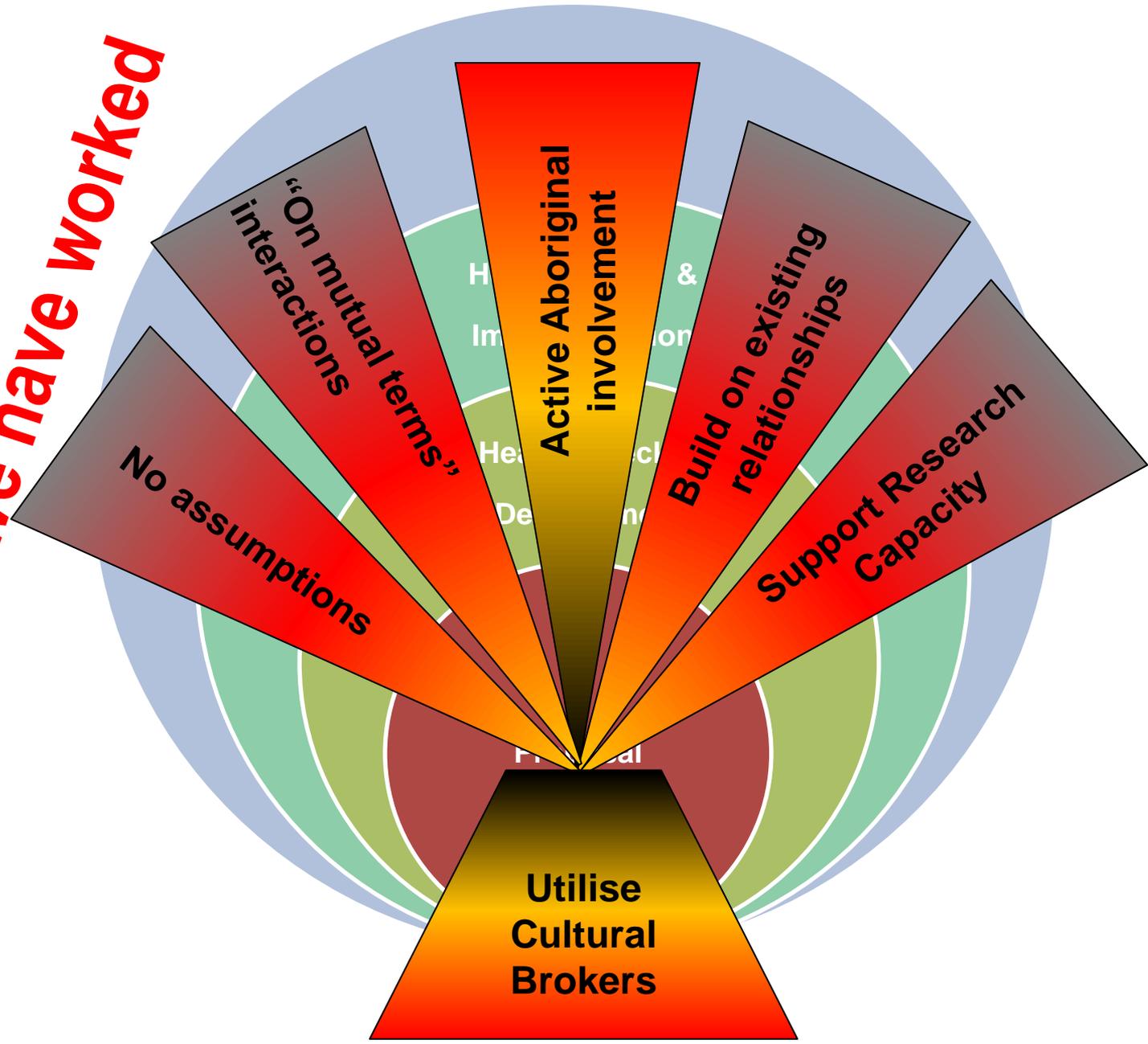
LOW

Consumer and Community Participation in Health and Medical Research
Anne McKenzie and Bec Hanley
2007





The way we have worked





Natural Ways to
Help De-Stress and
Lift Your Mood







Woman in purple hoodie sitting at the table, looking towards the speaker.

Woman in dark blue and white long-sleeved shirt speaking and gesturing with her hands. A pink phone is on the table in front of her.



WELCOME TO

SMILING FACE













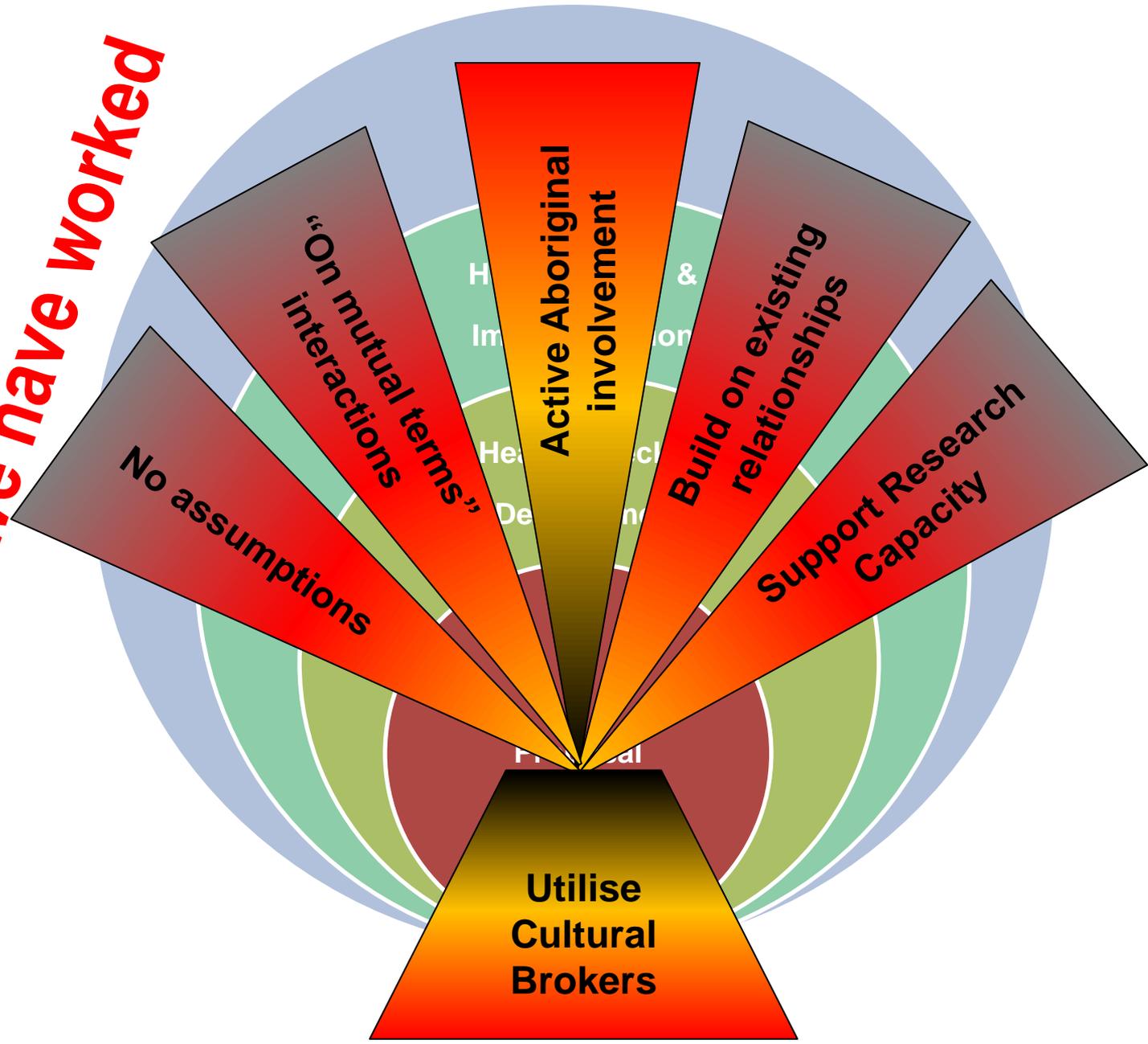




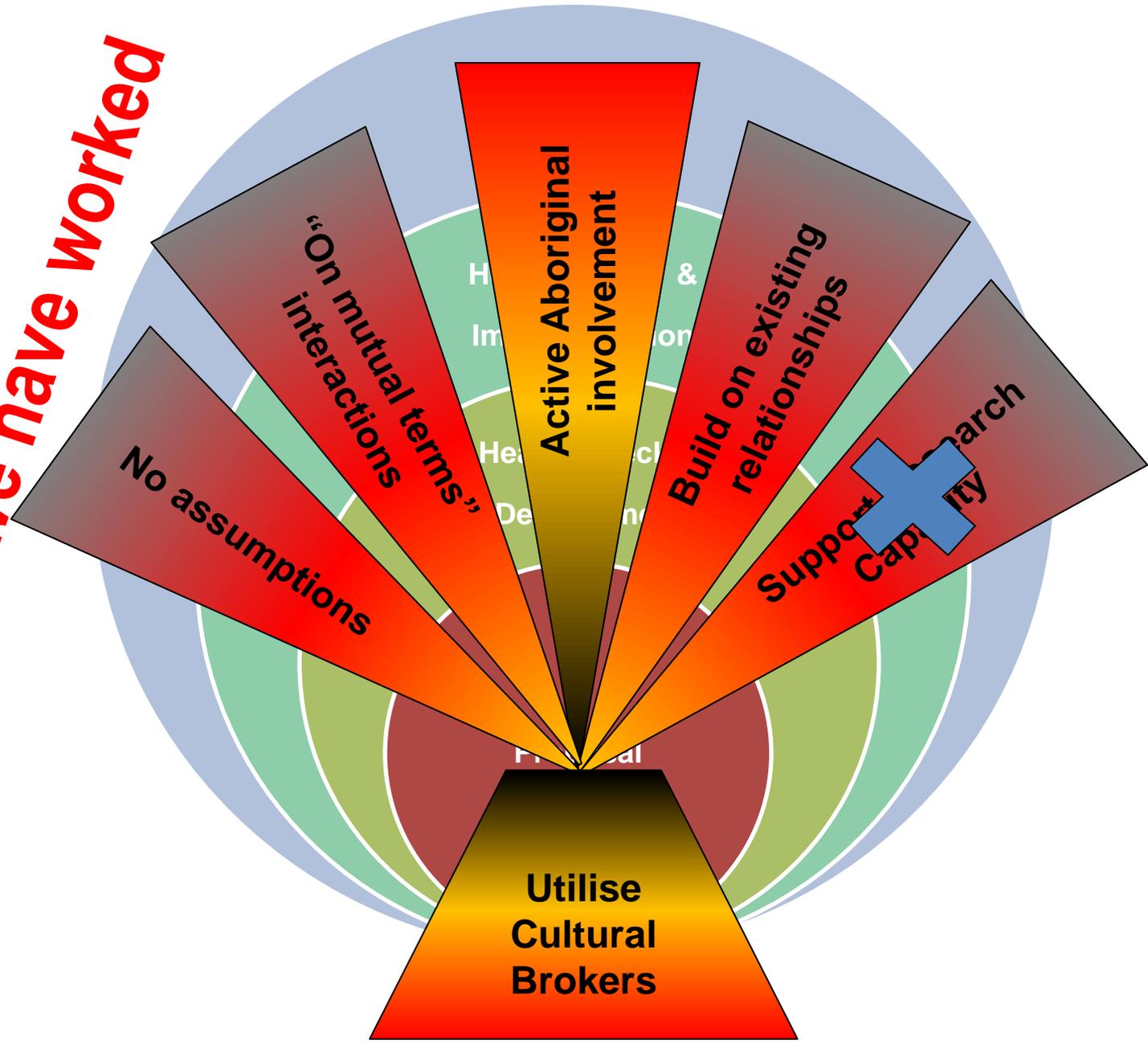




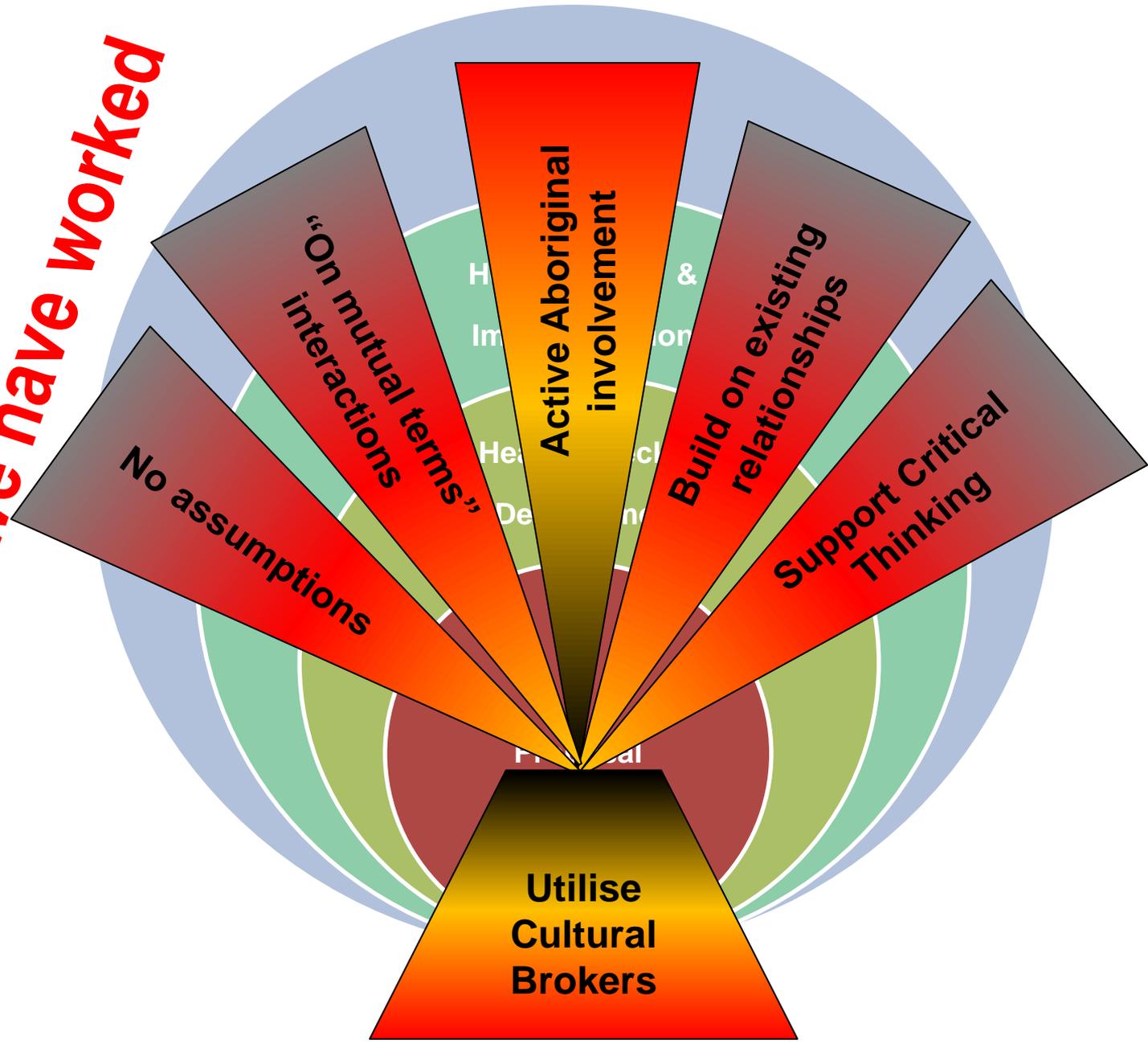
The way we have worked



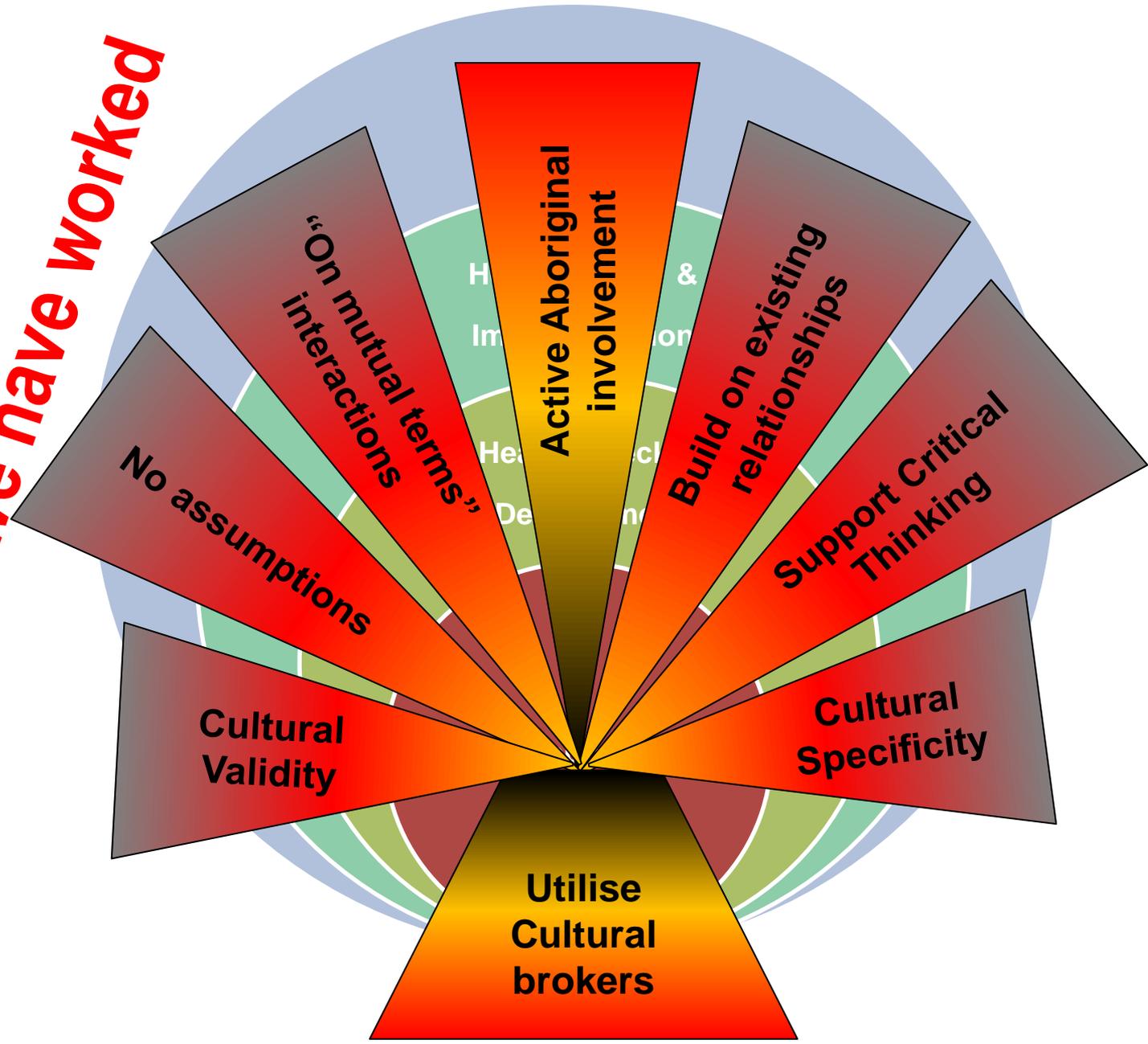
The way we have worked



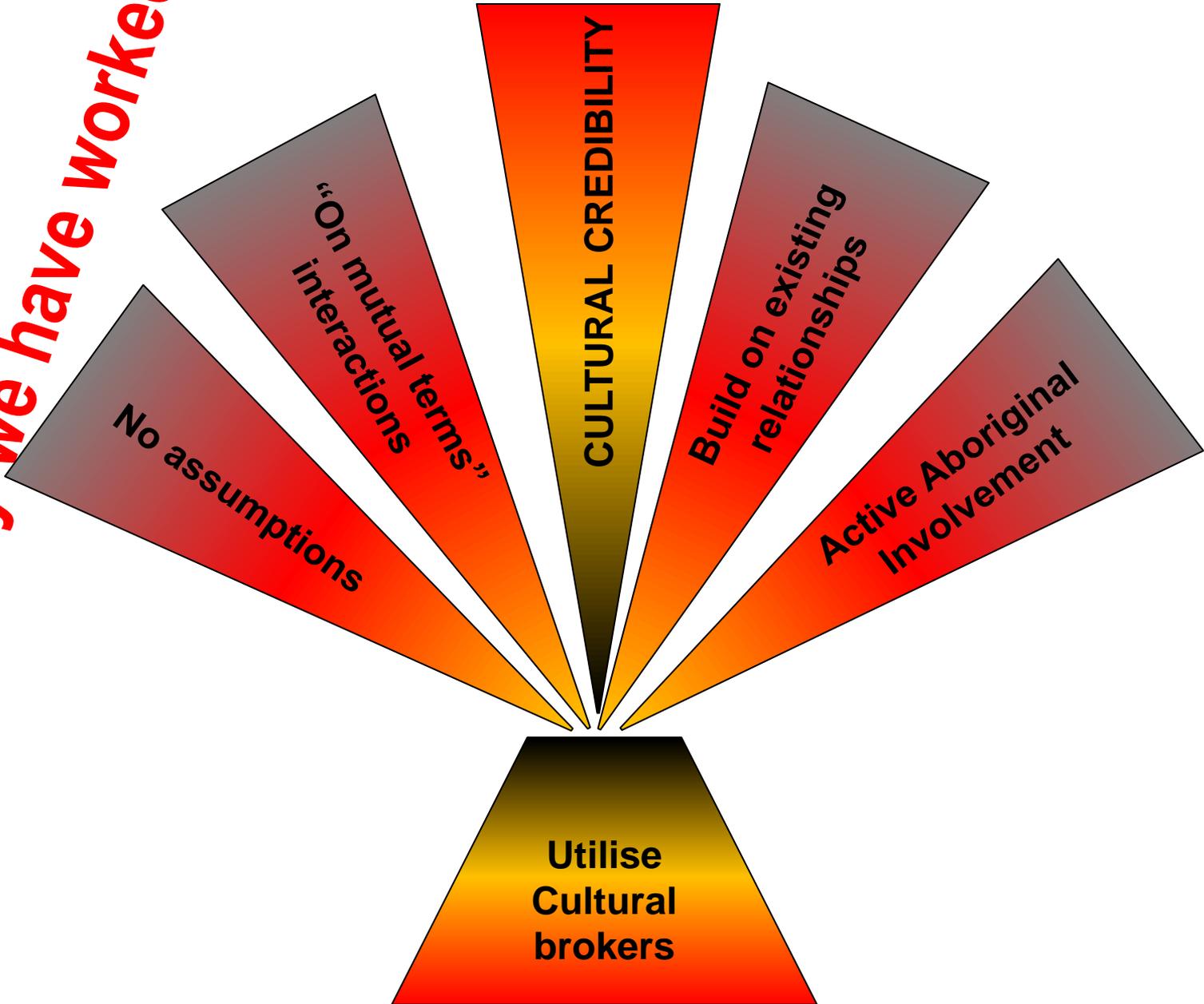
The way we have worked



The way we have worked



The way we have worked



No assumptions

"On mutual terms"
interactions

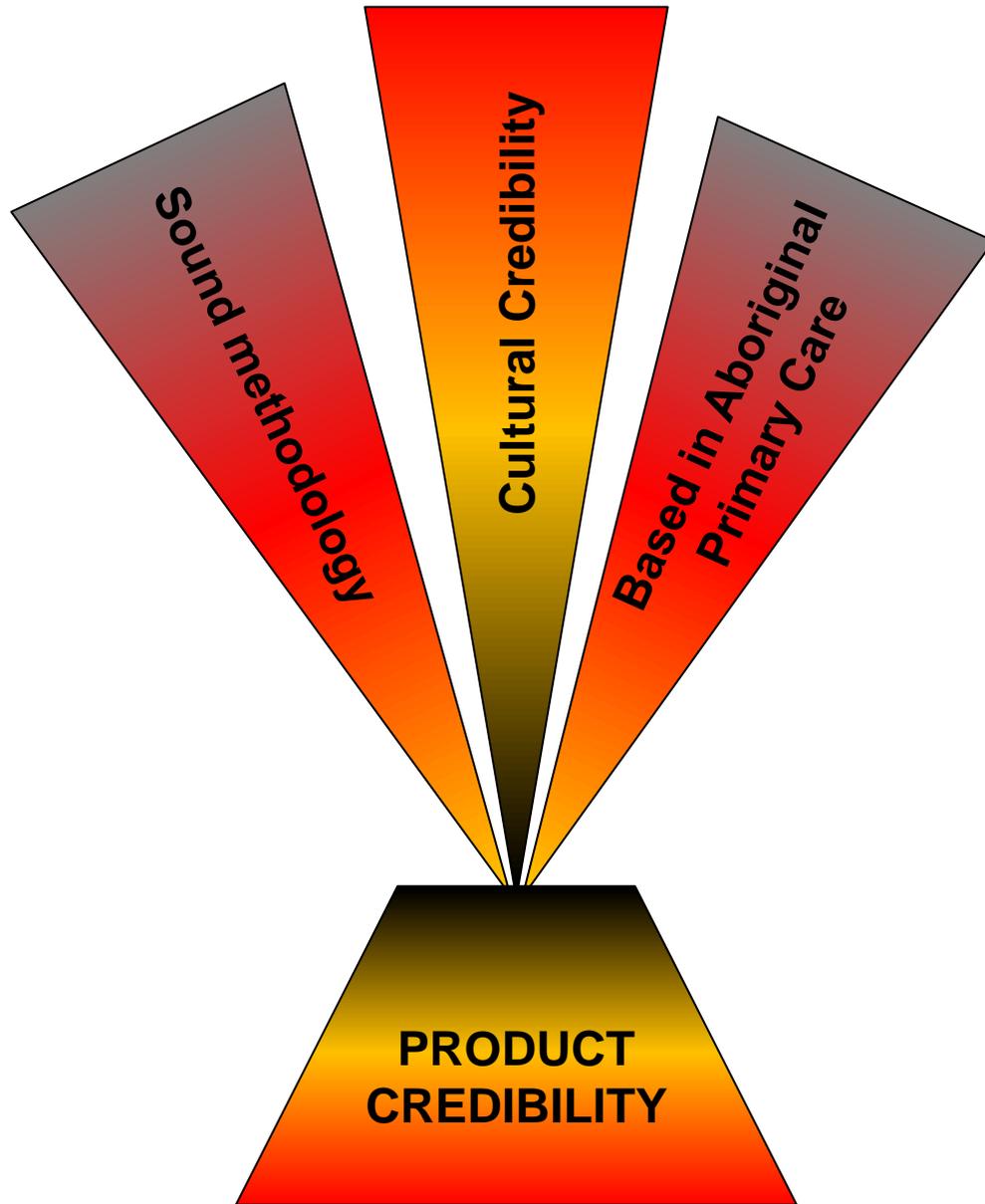
CULTURAL CREDIBILITY

Build on existing
relationships

Active Aboriginal
Involvement

Utilise
Cultural
brokers

The way we have worked



The Deadly Team

Annapurna Nori

Ngiare Brown (AIDA)

Rebecca Piovesan

Smita Shah (Uni Sydney)

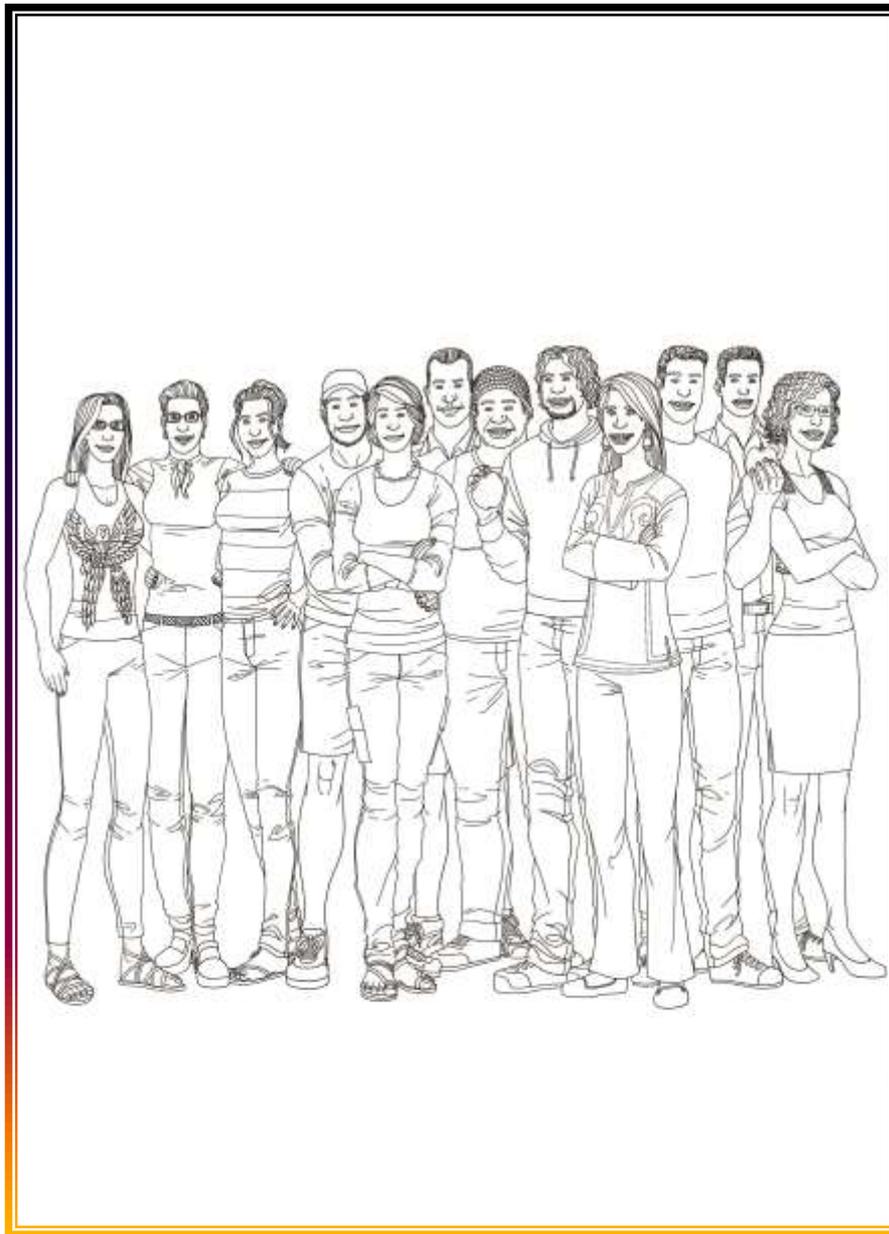
Joanne O'Connor

Amy Graham

Damian Rigney

Mark McMillan

Joanne Newham (One21seventy)





Live long and prosper