

POLICY OPTIONS

Y Health – Staying Deadly

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Policy context

WHY FOCUS ON ABORIGINAL AND TORRES STRAIT ISLANDER YOUTH?

Aboriginal & Torres Strait Islander youth are at-risk health consumers, being over-represented in social and health disadvantage. Young people have very different developmental and health needs and causes of illness compared to children or adults. Adolescence is also a period of risk taking and experimentation which have potential for serious adverse health outcomes. In addition, young people are future parents; health promotion activities in this group have the potential for impacting on the next generation.

CURRENT PRACTICE & POLICY GAP

The Australian Government advocates the use of Health Checks "to help ensure that Aboriginal and Torres Strait Islander people receive primary health care matched to their needs, by encouraging early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality". There is specific funding through the Medicare Benefits Schedule (MBS) item 715 for Aboriginal & Torres Strait Islander Health Checks. There are a few concerns in regard to this MBS Item. Firstly, it has categories for Children (0 - 14 yrs.), Adults (15 - 54 yrs.) and Older Persons (>55 yrs.). All of these categories are unsatisfactory in their ability to address youth health needs. Secondly, the evidence base for the specific preventive activities recommended in this MBS Item is unclear. Indeed, one detailed research study has shown that the screening recommendations in the Adult Health Check align poorly to the needs of remote Aboriginal & Torres Strait Islander communities.

THE ABORIGINAL PRIMARY CARE CLIMATE

There continues to be a general practitioner shortage in Australia, with the proportion having declined from 44.8% of the clinical workforce in 1999 to 33.9% in 2011. Aboriginal health services also face medical practitioner shortages with remote services being the worst off. Culturally appropriate care is effective and highly recommended and an Indigenous workforce is central to culturally appropriate care. These issues can be addressed through Aboriginal Clinical Health Workers, who can deliver culturally and clinically competent preventive services with training, mentoring and support.

RESEARCH TRANSLATION IN PRIMARY CARE

Most primary care research is conducted by tertiary educational or research institutions and translating evidence into practice is a well-known problem. The Aboriginal community for too long

has endured the practice of being the subject of research with few demonstrated benefits and very little control over the research direction or process. Self determination in research is likely to assist with the successful implementation of evidence or research findings.

Policy options

Endorse an Aboriginal & Torres Strait Islander Youth Health Check

The changes necessary to support and sustain uptake by health providers are:

- > *Adjusting the existing MBS Aboriginal & Torres Strait Islander Health Check Item 715 to incorporate a Youth Health Check for ages 12-24 years*

This would address the lack of equity in regard to Indigenous Youth in the current MBS Item 715. It has no onerous administrative implications for the Australian Government since the MBS Item number already exists. The following adjustments will need to be made to the existing Health Check age ranges:

- Child Health Check to be changed to 0 -11 years
- Adult Health Check to be changed to 25-54 years
- > *Development of a Youth Health Check electronic template*

This will need to be incorporated within current leading Patient Information Management Systems e.g. Communicare, Medical Director, Genie, Zedmed, Best Practice, and MMEX.

Endorse and support Aboriginal Clinical Health Workers/Aboriginal Clinical Health Practitioners to deliver preventive care

Competent Aboriginal Clinical Health Workers can play a crucial role in the delivery of Youth Health Checks. The necessary tools have been developed through this project. ACHWs do not need any additional training apart from those in common with any clinician working with young people. Such training and mentoring can be addressed through changes in their training curriculum via the Aboriginal & Torres Strait Islander Health Registered Training Organisation National Network (ATSHRTONN).

Endorse the incorporation of Cultural Validity and Cultural Specificity into Indigenous research methodology

In the absence of Indigenous specific evidence or tools, mainstream evidence or tools can be utilised. However, the following questions should be asked: do these mainstream theories or models adequately reflect or address the needs of a minority group, and are there any gaps? These questions are answered best by two approaches that were developed in the field of cross cultural research and in Ethnic Minority psychology. The first looks at the *generalisability* of majority group theories and norms to other cultural groups. The tool for this is Cultural Validity. The second approach looks at aspects that are *specific* or particular to a culture. The tool for this is Cultural Specificity.

Promote an Aboriginal Primary Health Care research model through

- > *Supporting local Aboriginal primary care research networks*
- > *Supporting Aboriginal Primary Care organisations to take ownership of research through an appropriate skill mix of cultural, academic and clinical expertise*
 - Funding dedicated to research officer positions within either Aboriginal Primary Care organisations or Aboriginal primary care research networks.

Key findings

- > There is a significant gap in an appropriate preventive screening tool for Aboriginal & Torres Strait Islander youth who are a priority at-risk group
- > Preventive approaches are a core component of the Australian Government's Close the Gap efforts and are aligned to the National Strategic Framework for Aboriginal & Torres Strait Islander Health 2003-2013
- > There is support from the wider Aboriginal community for a youth specific Health Check
- > An evidence-informed, culturally valid, strengths-based and user friendly Youth Health Check has been developed and successfully piloted. It has the following features:
 - o Acceptable to Aboriginal Youth and the Aboriginal community
 - o Acceptable to Aboriginal Clinical Health Workers
 - o Potential for electronic versatility
- > Aboriginal Health Workers can be the cornerstone of preventive health care delivery
- > An educational and entertaining comic book and accompanying poster to promote and market Aboriginal Youth Health Checks, has been developed and produced
- > In partnership with the Menzies' School of Health Research, a Youth Health Audit tool has been developed
- > The 'Y Health' project has been an example of a culturally credible and inclusive research partnership and sits at the top of McKenzie and Hanley's Ladder of Community Participation. It has strengthened critical thinking and research capacity within Aboriginal Primary Care: for individuals, for an organisation, and within a network. The project has established a governance structure for research to occur within an Aboriginal Primary Health Care setting, and in doing so will enable staff members to engage with research in a culturally sound and safe way.

The Youth Health Check is a culturally valid and culturally specific tool, developed with meaningful participation of community members. The involvement of Aboriginal primary care staff and community members has enabled successful project development and implementation. This has included increasing health worker and community understanding of the importance of the health check content, and building skills and capacity of the health worker to conduct a youth health check. The result has been increased ownership of and commitment to the Youth Health Check. The learning from this project is being developed into a practical framework to support Aboriginal primary care organisations and communities in engaging with research.

In summary, the project meets the criteria for best practice research by meeting cultural, academic and clinical standards in developing an Aboriginal & Torres Strait Islander Youth Health Check. We have successfully tested it in primary health care to ensure its credibility. With appropriate promotion, we expect a good uptake of the Youth Health Check in primary care services around Australia. Effective knowledge translation is likely to result from the tool being developed in the context in which it is applied.

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