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

Dr Annapurna Nori, FAFPHM, FRACGP
Watto Purrunna Aboriginal Health Service
Northern Adelaide Local Health Network
OUTLINE

- Brief overview of project aims and method
- Key findings and Policy implications
- Discussion of key findings
- Discussion of methodology
Are about 26% of the population

**Future parents**

**Different needs**

Risk taking behaviour

0 - 14

15 - 54

55+
Youth Health Check - FRAMEWORK

- PRINCIPLES
- UPTAKE
- CONTENT
- FORMAT
- DELIVERY
- MONITOR
Youth Health Check - FRAMEWORK

PRINCIPLES
- Cultural respect, equity and ownership

UPTAKE

CONTENT

FORMAT

DELIVERY

MONITOR
Youth Health Check - FRAMEWORK

PRINCIPLES
• Cultural respect, equity and ownership

UPTAKE
• Buy-in for the community (including youth)
• Buy-in for youth service providers (including General Practitioners)
• Promote health checks

CONTENT

FORMAT

DELIVERY

MONITOR
Youth Health Check - FRAMEWORK

**PRINCIPLES**
- Cultural respect, equity and ownership

**UPTAKE**
- Buy-in for the community (including youth)
- Buy-in for youth service providers (including General Practitioners)
- Promote health checks

**CONTENT**
- What should be, could be and should not be in a health check
- What validated tools are available
- How could the questions be asked of a young Aboriginal person

**FORMAT**

**DELIVERY**

**MONITOR**
Youth Health Check - FRAMEWORK

PRINCIPLES
- Cultural respect, equity and ownership

UPTAKE
- Buy-in for the community (including youth)
- Buy-in for youth service providers (including General Practitioners)
- Promote health checks

CONTENT
- What should be, could be and should not be in a health check
- What validated tools are available
- How could the questions be asked of a young Aboriginal person

FORMAT
- User friendly template
- Electronic (and Paper based)

DELIVERY

MONITOR
Youth Health Check - FRAMEWORK

PRINCIPLES
- Cultural respect, equity and ownership

UPTAKE
- Buy-in for the community (including youth)
- Buy-in for youth service providers (including General Practitioners)
- Promote health checks

CONTENT
- What should be, could be and should not be in a health check
- What validated tools are available
- How could the questions be asked of a young Aboriginal person

FORMAT
- User friendly template
- Electronic (and Paper based)

DELIVERY
- Where can these be done
- Who can do it & what skills do they need
- What happens next

MONITOR
Youth Health Check - FRAMEWORK

PRINCIPLES
- Cultural respect, equity and ownership

UPTAKE
- Buy-in for the community (including youth)
- Buy-in for youth service providers (including General Practitioners)
- Promote health checks

CONTENT
- What should be, could be and should not be in a health check
- What validated tools are available
- How could the questions be asked of a young Aboriginal person

FORMAT
- User friendly template
- Electronic (and Paper based)

DELIVERY
- Where can these be done
- Who can do it & what skills do they need
- What happens next

MONITOR
- How do we ensure quality
Develop Youth Health Check

Develop Youth Health Audit

Implement Youth Health Check

CBPTAR Arrangement and Partners
Develop Youth Health Check

Implement Youth Health Check

Develop Youth Health Audit

Community

CWG

CBPTAR Arrangement and Partners
Develop Youth Health Check

Implement Youth Health Check

SA Health Second Story

NT Health

CWG

SHine SA

ABCD National Research Partnership

CBPTAR Arrangement and Partners
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
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
Consumer and Community Participation in Health and Medical Research
Anne McKenzie and Bec Hanley
2007
The way we have worked

- Active Aboriginal involvement
- Build on existing relationships
- Support Research Capacity
- „On mutual terms” interactions
- No assumptions
- Utilise Cultural Brokers

Dissemination
Health Check & Audit
Implementation
Health Check & Audit
Development
Proposal
Active Aboriginal involvement
Utilise Cultural Brokers
The way we have worked

- Utilise Cultural Brokers
- Active Aboriginal involvement
- Build on existing relationships
- Support Research Capacity
- "On mutual terms, interactions"
- No assumptions
- Health Check & Audit
- Development Proposal
- Health Check & Implementation
- Dissemination
The way we have worked

- No assumptions
- "On mutual terms"
- Active Aboriginal involvement
- Build on existing relationships
- Support and capacity

Utilise Cultural Brokers
Dissemination
Health Check & Audit
Implementation
Health Check & Audit
Development
Proposal
Active Aboriginal involvement
Utilise Cultural Brokers
“On mutual terms” interactions
No assumptions
Build on existing relationships
Support Critical Thinking
The way we have worked
The way we have worked

- Cultural Validity
- Cultural Specificity
- Support Critical Thinking
- Build on existing relationships
- Active Aboriginal involvement
- "On mutual terms"
- Interactions
- No assumptions
- Utilise Cultural brokers
The way we have worked

- Utilise Cultural brokers
- No assumptions on mutual terms
- Build on existing relationships
- Active Aboriginal involvement

CULTURAL CREDIBILITY
The way we have worked

PRODUCT CREDIBILITY

- Sound methodology
- Cultural Credibility
- Based in Aboriginal Primary Care
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