

The Good News

Improving the workforce is but one part of the solution to the Aboriginal and Torres Strait Islander health crisis. There are examples of success out there. An increased health workforce, appropriately trained and resourced can have a huge impact relatively quickly on this problem. Lest we forget this we have included some good news. Below are summaries of 5 successful research projects.

Secondary prevention of renal and cardiovascular disease: results of a renal and cardiovascular treatment program in an Australian aboriginal community. Authors: Hoy WE, Wang Z, Baker PR, Kelly AM.

Australian Aborigines are experiencing an epidemic of renal and cardiovascular disease. In late 1995 the Menzies School of Health Research in Darwin, introduced a treatment program into the Tiwi community. Treatment included the use of prescription drugs to reduce blood pressure (BP); attempts to control glucose and lipid levels; and health education. Thirty percent of the adult population (267 people) were enrolled and were on average follow for over 3years. There was a dramatic reduction in BP in the treatment group, which was sustained through the 3 years of treatment. Rates of natural deaths were reduced by an estimated 50%; renal deaths were reduced by 57%; and non-renal deaths by 46%.. Millions of dollars have been saved, based on avoidance of dialysis alone, but the reduction in premature death was the greatest benefit. **Publication: Journal of the American Society of Nephrologists. 2003 July;14(7 Supplement 2):S178-85.**

Birth weight changes in the pilot phase of the Strong Women Strong Babies Strong Culture Program in the Northern Territory. Author: Dorothy Mackerras.

The Strong Women Strong Babies Strong Culture Program had specific goals to increase infant birth weights by earlier attendance for antenatal care and improved maternal weight status. Starting in August 1993, Aboriginal women in three pilot communities worked with pregnant Aboriginal women in a program that emphasised both traditional practices and Western medicine. Data from the Northern Territory Midwives Collection shows that in the pilot communities the average birth weight of Aboriginal babies increased by 171 g between 1990/91 and 1994/ and by only 92 g in the surrounding three rural regions.

Publication: Australian and New Zealand Journal of Public Health. 2001;25(1):34-40.

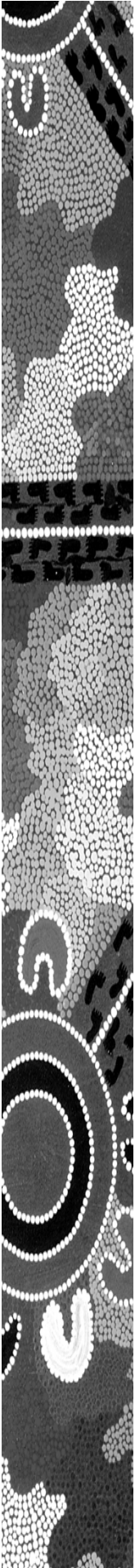
There is a large amount of international evidence that this kind of birth weight increase will significantly reduce health problems in infancy and later life.

Mums and Babies Project. Project Report. Authors: Townsville Aboriginal and Islander Health Services (TAIHS) Ltd. July 2003.

In February 2000, TAIHS commenced this new maternal and child health program. A dedicated team of 2 health workers, one childcare worker, a driver and 2 female doctors was set up. The team holds a clinic every morning for young families and pregnant women. This programme has successfully improved access to antenatal care services for Aboriginal and Torres Strait Islander women: 50% are now presenting before 11 weeks, the number of visits per pregnancy is doubled, the number of women with less than 4 visits has fallen from 65% to 25%. A range of positive outcome have been observed: births before 37 weeks have fallen significantly from 17% to 9.5%, low birth weight has fallen from 16% to 11.7%, average birth weight has increase and perinatal deaths have fallen from 5.8% to 2.2%.



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Survival tucker: improved diet and health indicators in an Aboriginal community.

Authors: Lee AJ, Bailey AP, Yarmirr D, O'Dea K, Mathews JD.

The poor nutritional status of Aboriginal Australians is a serious and complex public health concern. This paper describes a successful health and nutrition project initiated by the people of Minjilang, NT. Community dietary intake was assessed by the local store-turnover. Blood tests, weight, height and body fat measurements were used as measures of health and nutritional status. They were measured before the project and at three-monthly intervals during the project year. Following the project activities, there was a significant decrease in dietary intake of sugar and saturated fat, an increase in amount of micronutrient consumed, corresponding improvements in blood test results were observed: a 12 per cent decrease in blood cholesterol, increases in blood and red blood cell folate, serum vitamin B6 and plasma ascorbic acid. A decrease in mean systolic and diastolic blood pressures and normalisation of body mass index (they lost weight), and a normalisation of blood indices were all observed. **Publication: Australian Journal of Public Health. 1994 September;18(3):277-85.**

Improving diabetes care in the primary healthcare setting: a randomised cluster trial in remote Indigenous communities. Authors: McDermott RA, Schmidt BA, Sinha A, Mills P.

In 1999 a one year Diabetes control project was set up covering the primary healthcare staff in 21 primary healthcare centres in the Torres Strait and Northern Peninsula Area (NPA) Health Service District, north Queensland. 678 people with diabetes were recruited to the project. A recall system was established at eight of the 21 sites, staff were given training in basic diabetes care and were supported by regular phone calls from the project officer, a two-monthly newsletter and a mid-project workshop. There was improvement in most measures at most sites. Intervention sites showed greater improvement in most indicators than control sites. The intervention group showed a 32% reduction in hospital admissions for diabetes-related conditions over the study period. At follow-up, patients in intervention sites were 40% less likely to be hospitalised for a diabetes-related condition than those in control sites. **Medical Journal of Australia. 2001 May 21;174(10):497-502.**



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