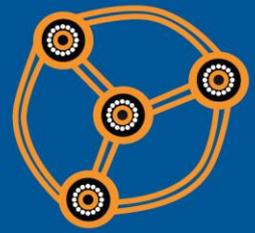


# KANYINI

## newsletter



Issue 6 | October 2011

Welcome to the 6th edition of the newsletter of the Kanyini Vascular Collaboration; a collaboration between The George Institute for Global Health, the Baker IDI Heart and Diabetes Institute and participating Indigenous primary health care services in the Northern Territory, New South Wales, Queensland and South Australia.

### KVC Centre for Research Excellence (CRE)



KVC has been successful in securing four years of funding (2011-2014) through the Australian Primary Health Care Research Institute (APHCRI) to establish a CRE for Indigenous primary care intervention research in chronic disease. This will build on the work of the KVC and will allow us to progress the next stage of the KVC program of research.

The CRE's key objective is to improve the quality of care, quality of life and outcomes for Aboriginal and Torres Strait Islander people with chronic disease. The CRE will also focus on examining the impact, utility and effectiveness of the Australian Government's 'Closing the Gap' chronic disease package elements within partner primary care services as well as continuing the KVC's work to build Indigenous research capacity within primary health care.

An Operations Management Group comprised of key staff from The George Institute for Global Health and Baker IDI Heart and Diabetes Institute has been established. Guided by the KVC Chief Investigators,

this Group will oversee the operations and activities of the KVC.

We will be contacting each of our partners over the coming months to discuss how they would like to engage with this next exciting stage of the KVC program of research. If you have any questions, please do not hesitate to contact us. More information will be available on the KVC website which is currently undergoing an update: [www.kvc.org.au](http://www.kvc.org.au)

### CRE Research Projects

Three new research projects are funded under the CRE including a project to develop a model of chronic disease care for Indigenous Australians; a family-based chronic disease prevention and care pilot trial; and a project examining the burden and management of depression for Indigenous Australians with chronic disease. Central to the work of the KVC CRE are processes and activities for the translation of knowledge into policy and practice and we will be working closely with our partners on these activities. Information sheets on each of these research projects will be available shortly on the KVC website.

### New Staff

Anne-Marie Eades commenced working at The George Institute (TGI) last month as the KVC Program Coordinator. Anne is a Noongar woman from Cranbrook in the South West of Western Australia. As a trained nurse, Anne has extensive experience in providing clinical care in metropolitan, rural and remote settings. Anne has also worked in the

University sector, in Government, in Aboriginal health research and in education, training and support of Aboriginal Health Workers.

Dr Deborah Askew from the Inala Indigenous Health Service (IIHS) will be joining the KVC in a part time capacity as a Senior Research Fellow. Deborah will be responsible for overseeing the KVC research projects at IIHS as well as contributing to the planning and implementation of the research projects more broadly, supporting and mentoring KVC's Indigenous Research Fellows as well as contributing to our capacity building and knowledge translation activities.

Valmai McDonald has lived and worked in Central Australia for many years and has extensive experience as a nurse as well as in health promotion and community development. Valmai will be working with KVC on a casual basis to support our capacity building and knowledge translation activities.

We welcome Anne, Deborah and Valmai to the KVC team and look forward to working with them.

## Study Updates

### The Kanyini Qualitative Study (KQS)

Over the next few months the KVC team will be delivering feedback to the health service partners and stakeholders across the sites that participated in the KQS. This is a significant study milestone and will facilitate dialogue with the health services and stakeholders about the study findings.

Stakeholder feedback comes after many months of work in coding the 226 interviews, producing the written analysis of the data for each site and preparing this in the best format for feedback to the various stakeholders. The KQS team includes the Indigenous Research Fellows employed through a number of the KVC partner organizations, who have been involved in each stage of the study and will participate in delivering the feedback.

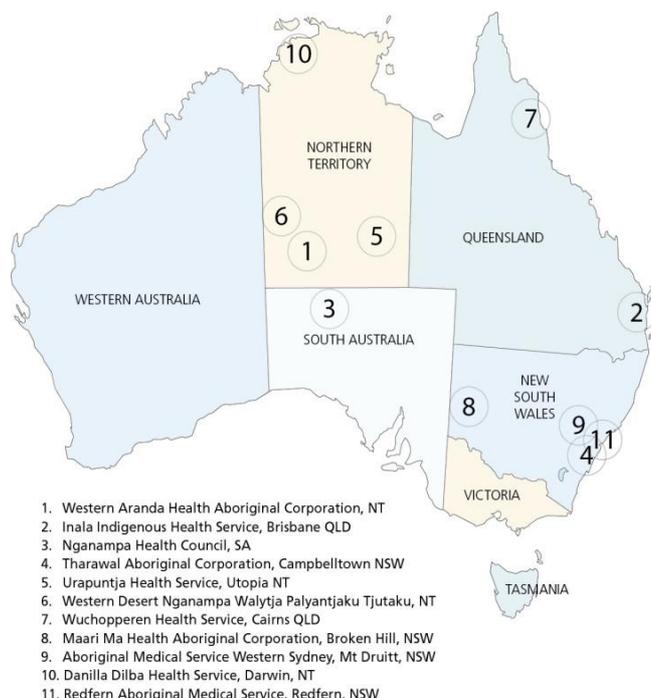
The next phase of this study will be to undertake in-depth analysis of the national dataset. This analysis will draw out key themes in the data and explore the barriers and enablers to care for Indigenous Australians with chronic disease to understand what is needed to build better systems of care. These findings will be published in peer reviewed journals and presented at policy forums in an attempt to influence and inform Indigenous primary health care policy and practice.

A paper detailing the methods used in KQS will soon be submitted for publication in a peer reviewed journal.

### The Kanyini Polypill Study

The Kanyini GAP study has been recruiting for 21 months and has 539 participants registered and 455 participants randomised. Recruitment has been challenging, but at each site, the team of GPs, Research Nurse/Coordinators and Indigenous Research Fellows (IRFs) are working together to achieve their recruitment targets. We now have over 80 GPs and Pharmacists on board committed to the study. Three new Aboriginal Medical Services in Sydney, Dubbo and Darwin are commencing recruitment in October. The international sister studies are well under way. The UMPIRE study, being

### Health Service Partners Map



conducted in India and Europe, met its recruitment target of 2000 in July this year. The IMPACT study continues to recruit in New Zealand. Brazil has joined the collaboration and will start recruitment in the coming months.

## New Research Projects

### Electronic Decision Support Tool – TORPEDO Study

The Treatment of Cardiovascular Risk Using Electronic Decision Support (TORPEDO) Study is a cluster randomised controlled trial of an electronic decision support system called HealthTracker. We are looking at whether using HealthTracker system will lead to improved identification and management of cardiovascular risk when compared with usual care. It will involve 40 General Practices and 20 Aboriginal Community Controlled Health Services in NSW and Queensland. We are making good progress and have currently recruited around 30 health services including 12 Aboriginal Community Controlled Health Services. Funding has been provided by the National Health and Medical Research Council and NSW Health. The study is managed by the George Institute in collaboration with the University of Sydney, Queensland Aboriginal and Islander Health Council, the Aboriginal Health and Medical Research Council, University of New South Wales and NSW Health.

## New Partners

Several new partners have joined KVC. Danila Dilba Health Service, Darwin NT (Kanyini GAP & engaging regarding CRE), Aboriginal Health and Medical Research Council, Sydney NSW (TORPEDO & engaging regarding CRE) and the Australian Indigenous Doctors' Association, Canberra ACT (CRE). We welcome these new partners and look forward to working with all our partners over the coming years.

## 6th KVC Annual Meeting

The 6th Annual Meeting of the KVC was held in Sydney in early May 2011. There were more than 40 people in attendance including representatives from a number of the KVC health service partners, sector peak bodies, researchers engaged in the projects as

well as government stakeholders. It was a successful meeting and offered all participants the opportunity to discuss what has already been achieved as well as the future directions of the new program of research funded under the CRE.

The meeting also incorporated an excellent panel discussion highlighting the IRF's experiences as part of the KVC. Attendees reported this as one of the highlights of the meeting.

On behalf of the team at KVC we would like to say thank you to John Brady for his great contribution to the KVC studies as an IRF at Inala Indigenous Health Service. We wish him well with his new opportunities.



Photos from 6<sup>th</sup> KVC Annual Meeting

## Publications

Liu H, Peiris D, Hayman N, Fewquandie B, Senior T, Brown A, Cass A on behalf of the Kanyini Vascular Collaboration. Safe and high quality health care for Aboriginal and Torres Strait Islander peoples: A perspective from the Kanyini Vascular Collaboration. In: Australian Commission for Safety and Quality in Health Care. Windows into Safety and Quality in Health Care 2010. Sydney: Australian Commission for Safety and Quality in Health Care, 2010: 29-38.

Liu H, Patel A, Brown A, Eades S, Hayman N, Jan S, Ring I, Stewart G, Tonkin A, Weeramanthri T, Wade V, Rodgers A, Usherwood T, Neal B, Peiris D, Burke H, Reid C and Cass A, on behalf of the Kanyini Vascular Collaboration (KVC) and Kanyini Guidelines Adherence with the Polypill (Kanyini GAP) Study Team. Rationale and design of the Kanyini guidelines adherence with the polypill (Kanyini-GAP) study: a randomised controlled trial of a polypill-based strategy amongst Indigenous and non-Indigenous people at high cardiovascular risk. BMC Public Health 2010; 10:458.

Peiris D, Patel A, Cass A, Howard M, Tchan M, Brady J, DeVries J, Rickards B, Yarnold D, Hayman N, Brown A. Cardiovascular disease risk management for Aboriginal and Torres Strait Islander peoples in primary health care settings - findings from the Kanyini Audit. Medical Journal of Australia 2009; 191 (6): 304-9.

Peiris D, Brown A, Cass A. Addressing inequities in access to quality health care for Indigenous peoples. Canadian Medical Association Journal 2008; 179 (10): 985-6.

### HSRAANZ Conference Dec 2011

KVC have been invited to make 4 presentations at this conference which will be held in Adelaide from 5th – 7th December 2011. Josee Lavoie and Sharon Mah, who work in Canada on the 'Medical Relocation' Project looking into the effects on Indigenous Canadians of relocating from home into regional and urban centres in order to access health care, will be presenting one of the papers. Alex Brown and Alan Cass will also present. Two of the KVC IRFs will present at this conference. David Peiris will also present regarding the TORPEDO study.

For further information about the Kanyini Vascular Collaboration please contact

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