



KVC Newsletter

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It has been a busy and productive year for all of the KVC team. Three monographs from the Kanyini Qualitative Study are now available on the KVC website, with two more to come in the new year. The HOME study has shown positive results in relation to depression and blood pressure at six and twelve months, and as a result, has secured permanent funding for the model of care and has secured funding for an extension of the study until June 2016 with employment of additional case managers. The Wellbeing Model study has successfully developed a Wellbeing Framework for local adaptation into primary healthcare services, and will be seeking funding to develop resources and pilot the model in the coming year. The Tool Validation study is now preparing to recruit 500 Aboriginal and Torres Strait Islander people attending 10 primary healthcare services around Australia, with several sites agreeing to participate as recruitment centres. Bridge Funding from the Australian Primary Healthcare Research Institute (APHCRI) has been secured for 2015 in order to maintain existing networks, including the Indigenous Caucus and Annual Meeting, and to continue funding PhD scholarships.

Kanyini Qualitative Study

We are delighted to announce that the Kanyini Qualitative Study Monograph Series is nearing completion, and that several of the monographs are now available on the KVC website (www.kvc.org.au):

- **Monograph One** - To your door: Factors that influence Aboriginal and Torres Strait Islander peoples seeking care
- **Monograph Two** - The fork in the road: Exploring factors which influence whether Aboriginal and Torres Strait Islander peoples living with chronic disease remain engaged with health services
- **Monograph Four** - Complex needs and limited resources: Influences on the provision of primary healthcare to Aboriginal and Torres Strait Islander peoples living with chronic disease



Both Monograph Three (Care and Caring) and Monograph Five (Wellness and Wellbeing) are still in development but will be uploaded on the KVC website early in the new year.

If you have any questions about these monographs, please contact Dr Carol Davy via email:

carol.davy@sahmri.com

Photo: The KQS study team

HOME Study

The Home-based Outreach Chronic Disease Management Exploratory (HOME) Study continues to provide case management to Aboriginal and Torres Strait Islander clients of the Inala Indigenous Health Service living with complex chronic conditions. The Study began in late 2012 with the aim of exploring if an outreach model of chronic disease care was feasible, acceptable and appropriate for Aboriginal and Torres Strait Islander people, their families and primary health care services. Initial participants in this small exploratory study are now completing their 24 month assessments.

The HOME Study model of care takes a holistic approach to meet the participants' social, cultural and physical health care needs. This person-centred, outreach case management model is integrated within the primary health care service engaging a multidisciplinary team, coordinated by the case managers, who are registered nurses. Participants are supported to develop and implement their health and wellbeing goals with the case managers providing proactive and responsive care and support.

Preliminary analysis of the assessment data collected at baseline, six months and 12 months and qualitative data from interviews with participants and health service staff has shown positive results. At 12 months there was a statistically significant decrease in the number of participants with

depression compared to baseline. Participants are also feeling better in themselves with a statistically significant increase in the proportion of participants rating their health as good, very good or excellent. There has been an improvement in blood pressure control between baseline and 12 months, while other clinical indicators have remained unchanged to date.

Participants reported a considerable level of satisfaction with the model of care and indicated that the relationships developed with the case managers that were based on mutual trust and respect, were critical to what had been achieved. Several participants had achieved their goals after 12 months, with some making transformative changes in their lives. Importantly, participants reported a sense of taking more control of their health and wellbeing. Health service staff were positive about the implementation of the model of care and its contribution to improving the quality of care and outcomes for people with complex chronic conditions.

As a result of the positive outcomes, Inala Indigenous Health Service has secured permanent funding for the model of care. Funding has also been secured for an expansion of the model of care and extension of the Study until June 2016 with the employment of additional case managers. This funding also enables the ongoing employment of the Indigenous Research Officer and the developmental evaluator; positions that were originally funded through the KVC Centre of Research Excellence.

Wellbeing Model Study

The study, *Toward the development of a Wellbeing Model for Aboriginal and Torres Strait Islander Peoples Living with Chronic Disease* (Wellbeing Model study), is now complete. It aimed to develop an alternative primary healthcare model for Aboriginal and Torres Strait Islander peoples. Rather than only focusing on the provision of evidence-based practice, the aim of this model was to also improve the quality of life for Aboriginal and Torres Strait Islander peoples. The three-stage project was guided by a national Reference Group made up of Aboriginal and non-Indigenous researchers, healthcare providers, state and commonwealth policy makers and Aboriginal community representatives.

During Stage One, two systematic literature reviews were undertaken, and close to 100 other grey and peer reviewed reports and papers which could assist the research team to understand how primary healthcare services could support the wellbeing of Aboriginal and Torres Strait Islander peoples living with chronic disease were reviewed. Stage Two involved synthesising all of this literature using qualitative analysis software (NVivo) in order to identify themes and principles that should be included in a primary healthcare Wellbeing Model.

Stage Three began with a week-long capacity development workshop with the Aboriginal and Torres Strait Islander Research Fellows, focusing on practical qualitative research skills and refining the themes and principles identified in Stage Two. During the following eight weeks, core staff members travelled to the various health services to support the Research Fellows in conducting interviews and community assessment workshops. A total of seventy two community members or healthcare providers participated in forty interviews or community assessment workshops across the seven participating sites. Stage Three concluded with another week-long workshop, in which Research Fellows and core staff together analysed and interpreted the interview transcripts and field notes in order to further refine principles for inclusion in a Wellbeing Model. Finally, the Reference Group members and Research Fellows attended a two day consensus workshop on 18-19 November 2014 to review and finalise the framework, which is shown and described below.



Photo: Research fellows attending SAHMRI for The Wellbeing Model - Capacity Development Workshop

Wellbeing is supported by upholding peoples' identities in connection to culture, spirituality, families, communities and Country.

Wellbeing is supported by culturally safe primary healthcare services.

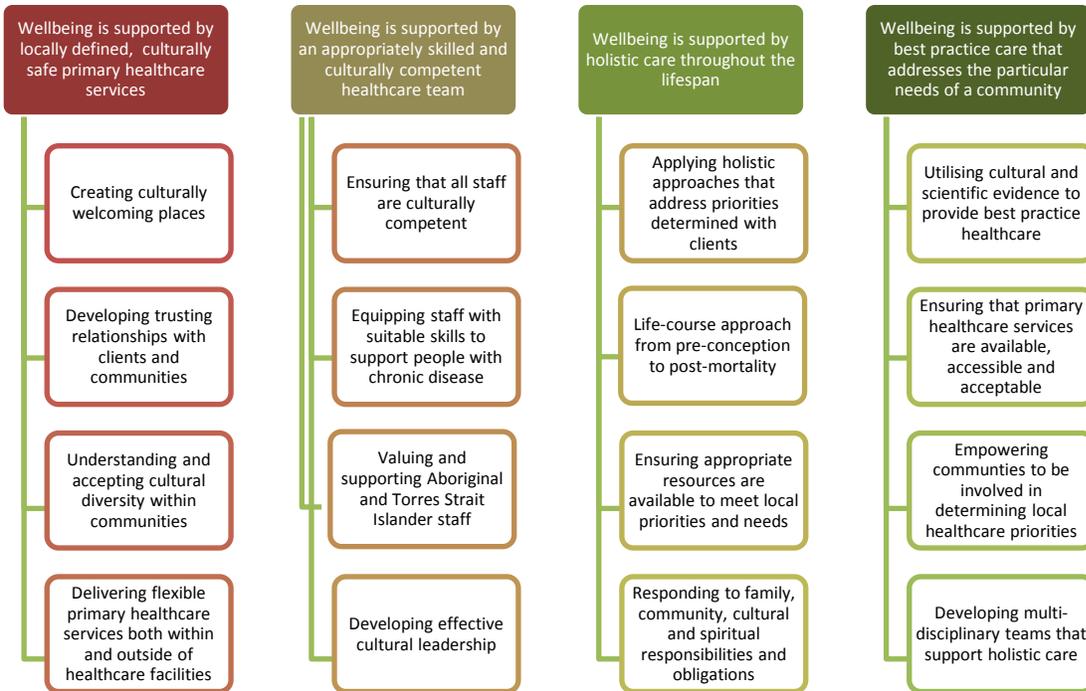
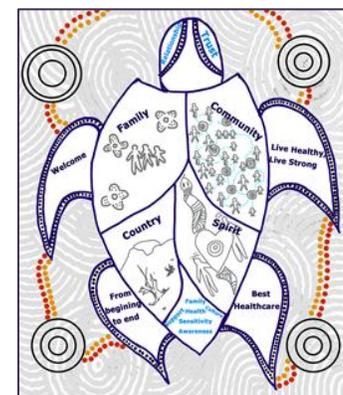


Figure 1: Wellbeing Model

In addition to **two overarching themes**, the Wellbeing Model comprises **four essential elements**. Each element is supported by **four principles** that articulate key features of each element (Figure 1). While not included in the above pictorial representation, underpinning each principle are a number of **practical applications** based in the literature which suggest how these principles can be applied within a primary healthcare setting. The following information provides an overview of each of the four primary elements. It is envisaged that diverse primary healthcare services will adapt the Wellbeing Framework into locally relevant Wellbeing Models that visually represent the overarching themes, elements and principles in locally specific ways. It is also anticipated that each healthcare service will implement specific applications that are appropriate to their local context. Funding is being sought to develop resources and pilot the implementation of the Wellbeing Model into primary healthcare settings.

Photo: An example of a Wellbeing Model for a community group, designed by Research Fellows



“Getting it right” - the Validation Study

The Validation of a Culturally-Specific Measure to Identify Depression in Aboriginal and Torres Strait Islander Peoples study (Validation study) will contribute to the understanding of depression in the Aboriginal and Torres Strait Islander community, and will hopefully ‘Get it right’ by using a culturally appropriate depression screening tool. The screening tool is a culturally adapted version of the Patient Health Questionnaire (aPHQ-9).

We aim to validate the tool and provide evidence on whether to recommend its use in primary health care services, and during annual adult health assessments. We will check the results of the aPHQ-9 against the results of another interview call the Mini International Neuropsychiatric Interview (or the MINI for short). We will also ask some additional questions to see if some extra information will help with the diagnosis of depression after stroke. If validated, the aPHQ-9 will be the first culturally-adapted, appropriately valid, simple, free, depression screening tool for use by this group.

We aim to recruit 500 Aboriginal and Torres Strait Islander people, attending 10 primary health care services around Australia.

We are underway, and have identified several sites to participate as recruitment centres. We plan to begin recruitment in the first service in early 2015.



Where to from here?

The KVC has secured Bridge Funding from APHCRI to The KVC has secured Bridge Funding from APHCRI to maintain existing networks, including the Indigenous Caucus and Annual Meeting, and to continue funding Aboriginal and Torres Strait Islander PhD scholarships. We therefore look forward to our continued collaboration in 2015. In the meantime, we would like to wish you and your family a safe and happy holiday season.
