NSW HEALTH

2007 NSW Health Awards Entry

Complete under the following headings and use the italics as a guide.
Remove the italics when completed.

Entry Title (50 characters or less)
Adult Health Check Events – comprehensive early detection for disease in Aboriginal people
Abstract (120 Words)
The Adult Health Check (AHC) has evolved from Far North Queensland in the late 1990s to far western NSW as a way of detecting early new cases of disease, particularly in Aboriginal people. Maari Ma Health Aboriginal Corporation have run AHC events in Menindee (February 2005), Ivanhoe (August 2005), Wilcannia (March 2006), Balranald (May 2006), Dareton (July 2006) and Broken Hill (September – December 2006). 711 people have participated in one of the checks up to December 2006; 359 (50%) were Aboriginal and 501 (70%) were aged 15 – 54 years. 104 (15%) of those checked had raised sugar, 379 (53%) had raised cholesterol, 126 (18%) had high blood pressure and 96 (14%) had an abnormal urine test (ACR) for kidney health. The number of chronic disease careplans being managed by Remote Cluster health services has significantly increased by 14% since September 2006 – from 1264 to 1440.
Aim (30 Words)
The AHC provides an opportunity for local health services to screen clients for chronic disease in order that the disease can be detected early and managed successfully. The AHC is also used to access community members who have not been to the health service for a long time.
Nature of the Problem (100 words)
There are people in the community who are at higher risk of developing a chronic disease and they are frequently the people who are least likely to attend the health service. The local health service needs to identify ways to • help people to stay well • prevent serious and common chronic health problems • provide an opportunity for people to discuss their health concerns • check whether people are staying well or if they need referral for treatment or advice

Extent of the problem (150 words)
The Adult Health Check evolved from the *Well Person's Health Check* (WPHC), which was originally developed in Northern Queensland in 1998. The AHC events have been run in Menindee, Ivanhoe, Wilcannia, Balranald, Dareton and Broken Hill. Currently the AHC includes the HIC's requirements of the 'Aboriginal and Torres Strait Islander Adult Health Check' (MBS item 710) as evidence of best practice. Covered in the Check are: Pathology o fasting blood sugar and lipids o urinalysis Oral examination Assessment for smoking, alcohol, nutrition and physical activity Physical assessment o blood pressure, pulse rate and rhythm o height and weight to calculate BMI o waist circumference for central obesity o ear and hearing examination o visual acuity Assessment of social and emotional wellbeing Opportunity for women's health referral (mammography and pap smear) Opportunity for chlamydia/gonorrhoea testing (offered to those aged 15 – 30)
Strategic importance (100 words)
The AHC is run as a partnership. Local health service workers, Maari Ma Health regional staff, GWAHS staff and a dentist are all involved. Other key partners are the Royal Flying Doctor Service, local GPs, the University Department of Rural Health and the community. The AHC is a chance for this partnership to work together to support individuals, families and communities to protect, promote and maintain health. The early detection and ongoing collaborative management of chronic disease is imperative to improving the quality of life of our clients and their families. It also provides the remote workforce with important positive outcomes.

Planning and implementing solutions (300 words)
The AHC ideally targets Aboriginal people aged between 15 – 54 years who are not known to the local health service as having a chronic disease (that is, diabetes, hypertension, ischaemic heart disease, dyslipidemia or renal vascular disease). The AHC event is usually conducted by Maari Ma Health in a place that community members find easy to access: not just physically accessible but socially and culturally accessible. The venue should also have an appropriate range of facilities. It may be a community hall, lands council, CDEP, health service or a marquee. The clients who attend will formally consent to the check: or they may consent to just parts of it. Clients decide if they want their results to go to their local doctor and or the local health service and their local dentist (if they have one). The AHC is run as a series of stations – each one addressing one Check item. In attendance at each station are health care staff with expertise in their field. Health care trainees under supervision may also be in attendance: the AHC can form an important part of their training. Clients visit each station and will have the opportunity to talk to staff about any health concerns or risk factors related to the tests and questions at each station. Clients who have a risk factor identified or who show a positive test result will have follow-up arranged. This may include an appointment for doctor, dietician, local health service (for example the 'Smokers' Program') women's health nurse, alcohol & other drugs worker, dentist, sexual health or mental health worker. For all clients, whether or not a positive test result was detected, appropriate information and/or brief intervention will be given on keeping well. A large focus of the AHC is on health promotion and education. The 'exit station' at the check provides an opportunity for clients to receive written feedback about how they went at the check, have further questions answered, and confirm their follow-up plan.
Outcomes and Evaluation (200 words)
711 people have participated in one of the checks; 359 (50%) were Aboriginal and 501 (70%) were aged 15 – 54 years. We have found that • 104 (15%) people had raised blood sugar. • 379 (53%) people had raised cholesterol. • 126 (18%) people had raised blood pressure.

- 90 (14%) people had poor kidney health.
- 317 (45%) scored medium or high on a modified 'mood scale' (41 'High'; 276 'Moderate').
- 367 (52%) people required follow-up dental care. 50 (14%) required follow-up as a high priority.
- 44% were current smokers compared to 20% in NSW. Almost two thirds (62%) of the smokers expressed interest in a QUIT program.
- 74% were current drinkers.
- 66% were overweight or obese compared to 50% in NSW. 75% had an unhealthy waist measurement.
- 44% of the women aged 18 to 70 had a pap smear in the 2 years before the AHC.
- 57% of women aged 50 – 69 had a mammogram in the 2 years before the Check.

All of the people identified are referred to the local GP (or RFDS) for further investigations. As a result the number of people with diagnosed chronic disease has increased from 1264 to 1440 by March 2007 – a significant increase of 14% ($p < 0.001$).

Sustaining change (100 words)

The management of the new cases of disease incur an increased responsibility for local health services however maintaining best practice, evidence based, complication screening should minimise the workload of the workforce. In fact, the ABCD study has shown that the management of clients with chronic disease has improved over 2005/06 year – from 51% over scheduled services delivered in 2005 to 58% in 2006

Future Scope (100 words)

The AHC is an excellent opportunity for health services to access those in the community who, as a rule, do not access local services well. It provides an opportunity to interact with the community in a non-threatening manner at the same time as potentially detecting new cases of undiagnosed disease.

The AHC can be easily adapted to other small rural and remote communities – particularly those with a high number of Aboriginal people. In conjunction with annual auditing, the management of people with chronic disease can be monitored and the environment reviewed and adapted in order to improve the quality of life of our clients and their families.

Total: 1200 words (including references but excluding reference list and entry title)