

The ATSI Adult Health Check

Towards improving it for remote practitioners

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Introduction

The Adult Health Check (AHC) was launched in 2004¹ with aim of lifting the health of Indigenous Australians through encouraging early detection and intervention for common conditions responsible for early death and disability.² How well does this item perform in remote communities with regards to accepted criteria for screening?

Criteria For Screening^{3,4}

The condition

- should be important and have a recognisable preclinical stage
- the natural history should be adequately understood

The test

- should be simple, safe, precise, validated, acceptable with a known cut-off level in the target population

Treatment

- needs to be available with an agreed policy on who should be treated and how

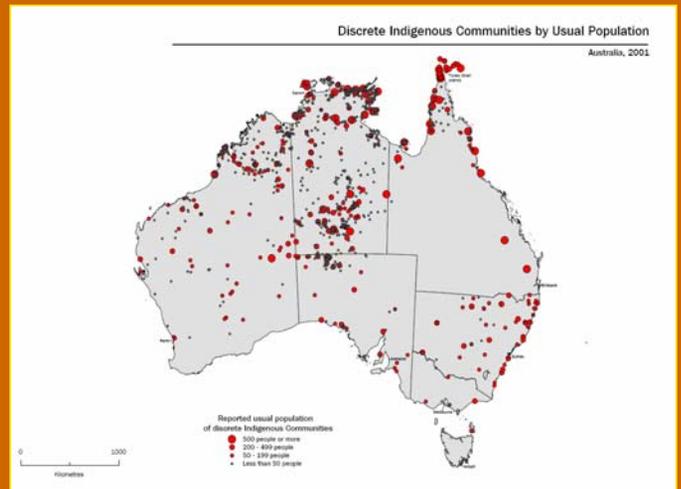
Outcome

- evidence of improved mortality, morbidity or quality of life as a result of screening and that the benefits of screening outweigh any harm

Consumers

- should be informed of the evidence before participation

Indigenous Communities by population⁵



This objective of this study is to examine the appropriateness of the mandatory items in the AHC in a remote Aboriginal community given the constraints of a high burden of acute care provision and inequitable access to specialist follow-up care.⁵

Methods

Cross sectional study with a decentralised program of Adult Health Checks. Semi-structured focus group interview with health staff working in a remote Aboriginal township and surrounding homelands in Arnhem Land, NT.



Preliminary Results: The service is well received by clients.

Approximately half of the 301 participants aged 15-54 were living with a chronic disease or treatable risk factors.

The AHC was successful with early diagnosis and intervention for cardiovascular risk and providing opportunities for lifestyle counselling.

Several mandatory AHC components failed to satisfy criteria for screening:

- ENT and hearing examination;
- Oral health examination;
- Direct questioning about self harm.

These issues undermined staff acceptance and willingness to use the item.

Implications

The AHC could be revised to minimise the opportunity costs to remote practitioners and support evidence based primary health care.

Mandatory items unable to satisfy criteria for screening could be removed or made optional depending on access to referred care.

Strategic investments in sustainable community based interventions targeting smoking, malnutrition and inactivity are required.



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