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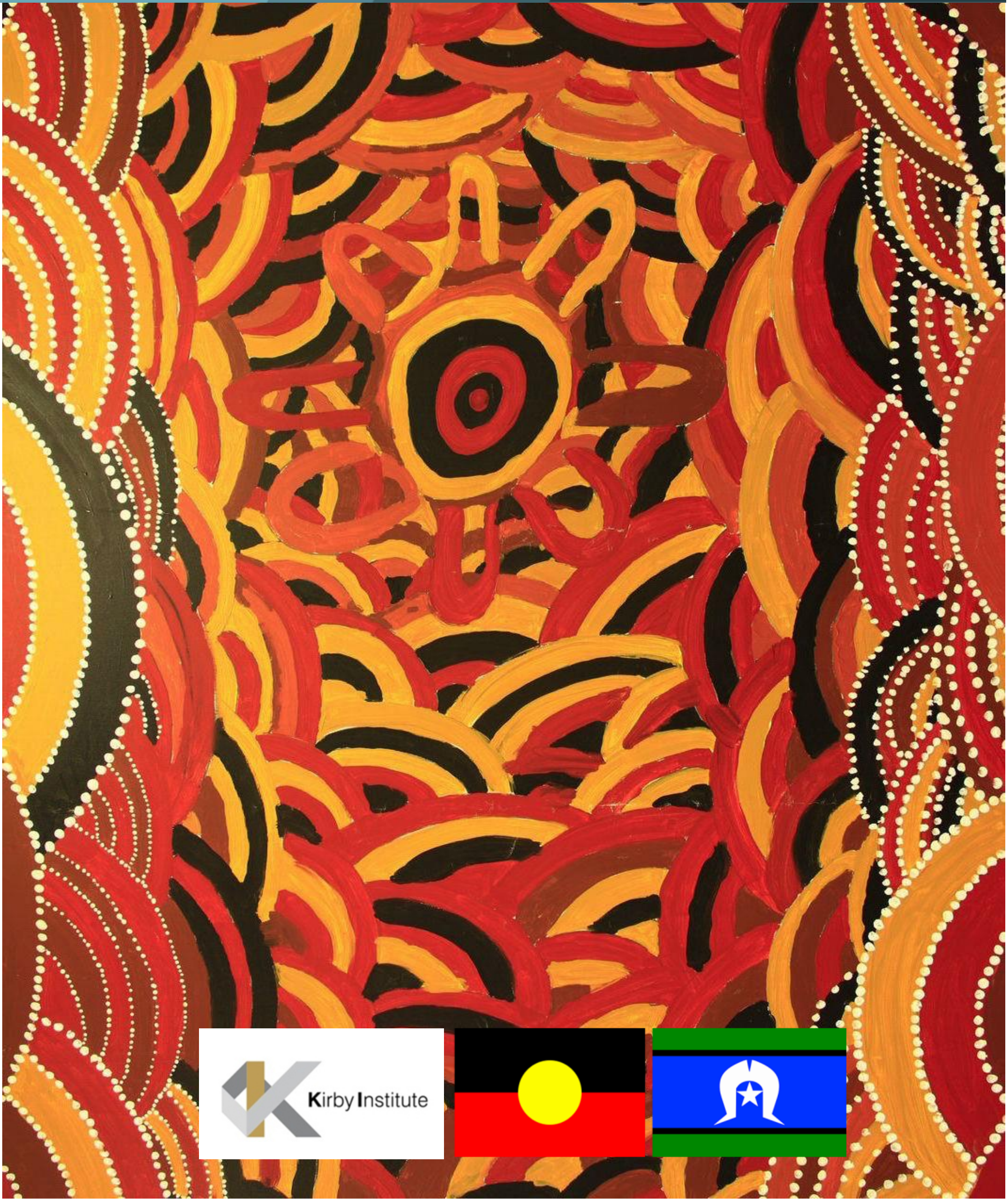
Aboriginal and Torres Strait Islander Research at the Kirby Institute 2015

Never Stand Still | Medicine | The Kirby Institute



Kirby Institute

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The Kirby Institute

The Kirby Institute at UNSW Australia has been conducting research for almost 30 years. Our main focus of research is on viral hepatitis, HIV and sexually transmissible infections (STIs). We conduct research which improves knowledge about the social determinants of health, reduces the burden of viral hepatitis and STIs and influences policies and programs.

Viral hepatitis and sexually transmissible infections

For two decades, higher notification rates of chlamydia, gonorrhoea, syphilis, hepatitis B and hepatitis C have been diagnosed among Aboriginal compared with non-Aboriginal people in Australia. Factors which can increase the risk of STI infection include young age, living in a remote area and frequent partner change. For viral hepatitis they can include unsafe injecting practices and incarceration.

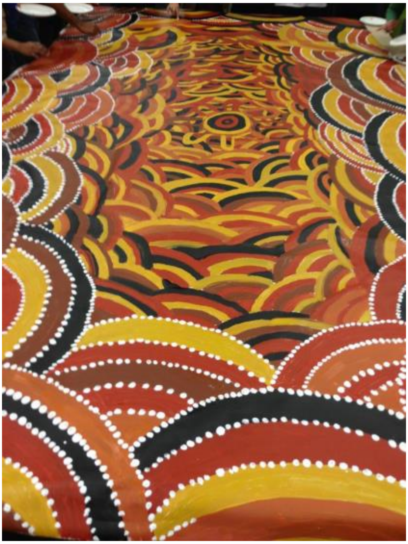
Aboriginal and Torres Strait Islander Australians

In 2011, the Australian Bureau of Statistics estimated that there were 669,881 Aboriginal and/or Torres Strait Islander (Aboriginal) people, accounting for 3% of the Australian population. The jurisdiction with the largest Aboriginal population was New South Wales with 208,476 people followed by Queensland with 188,954 people. The median age of the Aboriginal population was 21 years compared with 38 years in non-Aboriginal people, and 38% of Aboriginal people were aged less than 15 years compared with only 19% of non-Aboriginal people. A higher proportion of Aboriginal compared with non-Aboriginal people lived in inner regional (22.0% vs 18.3%), outer regional (21.8% vs 8.7%), remote (7.7% vs 1.2%) and very remote (13.7 vs 0.9%) areas of Australia.

Although Aboriginal people make up for 3% of the Australian population, they account for 26% of the prisoner population. Compared with non-Aboriginal Australians, Aboriginal people have higher rates of chronic diseases such as diabetes and renal disease and higher rates of communicable diseases including viral hepatitis and STIs.

Aboriginal people are one of the priority populations for research conducted at the Kirby Institute. The Kirby Institute manages a range of Aboriginal research and surveillance projects including viral hepatitis and STI clinical interventions in Aboriginal Community Controlled Health Services, prisoner health surveys, behavioural surveys, national STI and BBV surveillance, trachoma surveillance, training and education and policy development. This booklet provides an overview of our current Aboriginal research projects.

NAIDOC celebrations at the Kirby Institute



Since 2012, the Kirby Institute has held an annual research seminar and cultural event to celebrate National Aborigines and Islanders Day Observance Committee (NAIDOC). At a recent NAIDOC celebration, Kirby Institute staff participated in an Aboriginal painting workshop facilitated by Koomurri. At the workshop Kirby Institute staff learnt about Aboriginal painting, colours and symbols, and then created a large painting using traditional symbols and colours (pictured above). This painting now hangs in our offices and a photo of it is used on the cover of this booklet.

Research Excellence in Aboriginal Community Controlled Health Services (REACCH): a focus on STIs and BBVs

Photo: The REACCH investigators and ACCHS partners at the 2014 Annual Meeting

Description of the project: REACCH was a 5-year research collaboration between the National Aboriginal Community Controlled Health Organisation (NACCHO), the Kirby Institute, and four Aboriginal Community Controlled Health Services (ACCHS). The aim of REACCH was to improve clinical practice, program delivery and research capacity in the Aboriginal Community Controlled sector through developing service-led, data driven projects. In 2015, an evaluation of REACCH is being conducted by a research team at the School of Public Health and Community Medicine, UNSW Australia. This evaluation will explore how the REACCH governance processes have impacted participating ACCHS experience of research; and the extent and success of capacity development activities, such as research training, project development and implementation, and publications or presentations.

Several projects that began under REACCH will continue in 2015:

- *STI and BBV quality improvement* supports services to improve STI/BBV clinical service delivery using local data. For some REACCH services, this activity will be linked to ACCESS (The Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmitted Infections (STIs) and Blood Borne Viruses (BBVs)).
- *STI and Young People survey* explores current STI service delivery and supports development of service-specific clinical pathways for STI testing and management.
- *Antenatal Project* is a mixed methods evaluation of antenatal service delivery using routine clinical data, audit data, survey, interviews and a literature review.

Expected benefit to the Community:
Participating ACCHS have been able to use local data to identify areas of priority and develop research projects. This has resulted in improvements in the clinical management of STIs and BBVs. Additionally, community research capacity has been strengthened through dedicated funding for Aboriginal researchers based in participating services, and provision of research training and support to a number of ACCHS staff and community members.

Investigators: John Kaldor, James Ward, Greg Dore, Basil Donovan, Dea Delaney Thiele, Sophia Couzos, Jenny Hunt, David Scrimgeour

Associate investigators: Julie Mooney Somers, Mark Saunders, Peter Waples-Crowe, Sidney Williams

Aboriginal Community involvement: REACCH is jointly managed by the National Aboriginal Community Controlled Health Organisation and the Kirby Institute. Four ACCHS participate in REACCH.

Organisations:
Four ACCHS have contributed to REACCH: Nunkuwarrin Yunti of South Australia, Inc.; Goondir Aboriginal Health Service, Queensland; Western Sydney Aboriginal Medical Service, NSW; Victorian Aboriginal Health Service, VIC

Four state-based NACCHO affiliate organisations also play an active role in REACCH: Queensland Aboriginal and Islander Health Council; Aboriginal Health and Medical Research Council; Aboriginal Health Council of South Australia; and Victorian Aboriginal Community Controlled Health Organisation

Funding body: National Health and Medical Research Council

Achievements/key findings:

- REACCH has delivered a model that supports Aboriginal Community Control of research projects.
- REACCH has assisted participating ACCHS in improving research capacity and ownership of research projects. Several Aboriginal researchers based in ACCHS have expanded their research skills as a result of participating in REACCH.
- Local projects have increased the evidence base around service delivery for STI and BBV infections in Aboriginal communities. The project outcomes have been shared in peer-reviewed publications and at conferences.

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Australian Chlamydia Control Effectiveness Pilot (ACCEPT) in Aboriginal Community Controlled Health Services

Description of the project: ACCEPT is a randomised control trial that aims to determine whether an annual chlamydia screening program can reduce the prevalence of chlamydia, is acceptable to health care providers and will be cost effective.

Eight Aboriginal Controlled Community Health Services (ACCHS) have been recruited to the study; half randomised to the quality improvement intervention arm and the other half to the standard care arm. Those in the standard care arm will continue chlamydia testing as usual. Those randomised to intervention will receive a multifaceted quality improvement package to support annual chlamydia testing for all sexually active men and women aged 16-29 years.

The quality improvement package is tailored to suit the needs of each clinic and includes; computer reminders, support with recall registers, incentive payments, access to health promotion, and chlamydia education resources for patients and staff (GPs, practice nurses, and Aboriginal Health Workers).

All participating ACCHS (intervention and standard care) will receive feedback reports on chlamydia testing rates. De-identified data on testing rates and positivity will be collected securely from the ACCHS using a computer extraction tool known as GRHANITE.

Expected benefit to the Community: The study aims to reduce the community prevalence of chlamydia by increasing annual testing. Increased detection of chlamydia may lead to a reduction in the morbidity associated with untreated chlamydia, such as pelvic inflammatory disease and infertility.

Investigators: Jane Hocking, James Ward, Rebecca Guy, Christopher K Fairley, Nicola Low, Basil Donovan, John Kaldor, Matthew Law, Jane Gunn, Meredith Temple-Smith on behalf of the ACCEPT Consortium.

Organisations: Participating ACCHS, University of Melbourne, Kirby Institute, University of Bern, Deakin University, La Trobe University, Burnet Institute, Melbourne Sexual Health Centre, Royal Women's Hospital, Victorian Cervical Cytology Registry, Victorian Cytology Service, Aboriginal Health & Medical Research Council, Queensland Aboriginal Islander Health Council, Victorian Aboriginal Community Controlled Health Organisation, National Aboriginal Community Controlled Health Organisation

Funding body: Department of Health/National Health and Medical Research Council project grant

Achievements/key findings

ACCHS in the quality improvement arm are showing an increase in annual testing rates since baseline.

Strategies used by the ACCHS in the intervention group used the following testing strategies:

- Incorporating chlamydia tests during annual Adult Health Checks.
- Involving Aboriginal Health Workers and nurses in STI discussions and testing.
- Displaying posters and leaflets in the waiting rooms and clinic toilets to improve patient awareness and provoke discussions about testing.

An Aboriginal Health Worker (AHW) chlamydia education pack “Chlamydia Kit” has been developed. The education pack was rolled out at face-to-face training sessions with AHW working at quality improvement intervention ACCHS during 2014. The education folder aims to increase AHW knowledge of chlamydia and encourage AHWs to become involved in testing.

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STI in Remote communities: ImproVed & Enhanced primary health care (STRIVE)

Description of the project: STRIVE is a randomised community trial aiming to control sexually transmitted infections in remote Aboriginal communities in the Northern Territory, Far North Queensland, and the Kimberley region of Western Australia. The objectives of STRIVE are to determine whether targeted support to health services can achieve substantive and sustained improvements in the provision of sexual health clinical services in these communities. In addition, STRIVE aims to determine whether such improvements can reduce the prevalence of STIs. Communities were grouped into trial clusters, and over each of the three years (2011-2013), a third of the clusters were randomly assigned to participate in the sexual health quality improvement program (SHQIP).

The SHQIP is comprised of the following main elements:

- Trial coordinators based in each region
- Agreed best practice targets in STI control such as coverage, interval time to treatment, retests for cure of infection, and contact tracing with clinic staff
- Use of computer-driven reports to provide regular feedback on uptake of best practice
- Review and update of action plans
- Incentive payments to health services for reaching best practice targets and
- Health promotion initiatives.

Aboriginal Community involvement: Key partners are the Aboriginal Medical Services Alliance Northern Territory, the Central Australian Aboriginal Congress, Apunipima Cape York Health Council, and the Kimberley Aboriginal Medical Services Council, as well as individual community controlled health services.

Expected benefits to the Community: It is expected that the outcomes of this research will contribute significantly to the understanding of STI control in remote communities. It should lead to improvements in service delivery, and ultimately reductions in STI prevalence with long terms benefit for the sexual health and wellbeing of young Aboriginal people. The trial will also provide evidence of a model of primary health care enhancement that could be applied to other settings.

Investigators: John Kaldor, James Ward, Alice Rumbold, Rebecca Guy, Matthew Law, Basil Donovan, Lisa Maher, Robyn McDermott, Christopher Fairley, Linda Garton, Bronwyn Silver, Belinda Hengel, Debbie TaylorThomson, Amalie Dyda , Donna Ah Chee, John Boffa, Steven Skov, Skye McGregor, David Glance

Organisations: Kirby Institute, South Australia Medical and Health Research Institute, Menzies School of Health Research, Northern Territory Department of Health, Aboriginal Medical Services Alliance Northern Territory (AMSANT), Kimberley Aboriginal Medical, Services Council (KAMSC), Western Australia Country Health Service (WACHS), Queensland Health, Apunipima Cape York Health Council

Achievements/key findings

The STRIVE study concluded in all participating communities in September 2014. Baseline findings on STI incidence and prevalence have been published, as have results from qualitative research on health service staff's understanding and attitudes related to STI service delivery. Final analyses are underway for the main trial outcomes.

Funding body: National Health and Medical Research Council Project Grant

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STRIVEplus: Refinement and translation of an intervention designed to improve sexual health service delivery in remote communities

Description of the project: STRIVEplus is a long-term observational study in the Northern Territory, that follows on from the STRIVE trial. The objectives of STRIVEplus are to evaluate the long-term translation, uptake and sustainability of sexual health service delivery arising from the implementation of a large-scale quality improvement study in remote clinics. In addition, STRIVEplus will identify health service characteristics and contexts that predict successful change in sexual health service delivery following the implementation of a quality improvement program, assess whether a sexual health quality improvement program has an impact on other components of primary care service delivery in remote clinics, and implement and evaluate the translation of the sexual health quality improvement strategies in town-based Aboriginal primary health care settings.

Expected benefits to the Community: It is expected that the outcomes of this research will contribute significantly to understanding about the role of quality improvement in STI control in remote communities. An analysis of the relationship between quality improvement in sexual health and other areas of service delivery will show whether the focus on a single area has the potential to undermine other areas of service, or if quality improvement in one area stimulates improvement elsewhere. The project will also lead to a set of evaluated quality improvement tools for sexual health and refinement of processes in other areas of quality improvement in the Aboriginal health sector.

Investigators: Prof John Kaldor, A/Prof James Ward, Dr Stephen Bell, Prof Ross Bailie, A/Prof Rebecca Guy, Dr Alice Rumbold, Dr Nathan Ryder, Dr Christine Connors, Dr Matthew Thalanany, Ms Linda Garton, Ms Natasha Pavlin, Prof Matthew Law, Dr Marlene Kong, Dr Steven Skov, Prof Basil Donovan, Prof Christopher Fairley, Prof Steven Guthridge, Prof Lisa Maher, Dr Elizabeth Moore, Ms Amalie Dyda, Ms Louise Patel, Ms Kerry Copley, Ms Jenny Brands, and A/Prof Handan Ward.

Organisations: The Aboriginal Medical Services Alliance Northern Territory (AMSANT), The Kirby Institute, SAHMRI (South Australian Health and Medical Research Institute), Menzies School of Health Research, Northern Territory Department of Health and Families, and participating primary health care centres and community-controlled services.

Funding body: National Health & Medical Research Council
Partnership Grant

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TTANGO – Test Treat ANd Go

Description of the project: Rates of sexually transmissible infections (STIs) are high in regional and remote Indigenous communities. Control of STIs can be compromised by delays between a test and diagnosis and treatment due to considerable distances between services and laboratories, and difficulties locating and recalling patients to provide treatment. Point-of-care (POC) tests can provide results at the time of consultation, allowing for immediate treatment, contact tracing, and follow-up.

The "TTANGO – Test, Treat ANd Go – trial" is the first to evaluate the addition of POC testing for chlamydia and gonorrhoea to standard diagnostic procedures. POC testing has the potential to improve current STI diagnosis and management, because testing and treatment can happen on the same day. This trial aims to find out whether this approach can improve the timeliness of treatment and lead to a decrease in re-infection rates which has been shown to be close to 50% in some remote communities. The trial will also assess acceptability to staff and clients and cost-effectiveness. TTANGO will run for two years

Expected benefit to the Community: The trial is a combination of rigorous research and newest available technology that may have a significant impact on STI rates in regional and remote communities and lead to reductions in the short and long-term adverse consequences of these infections and their impacts on individuals, families and communities.

It is anticipated that the results of this research will provide compelling and influential findings that will inevitably raise the profile of sexual health POC technology on the policy agenda, and advance diagnostic, clinical and public health practice.

Health service staff will receive training in STI epidemiology, clinical management, and use of the newest available technology for chlamydia and gonorrhoea POC detection.

Investigators: Rebecca Guy , James Ward, Lisa Natoli, Belinda Hengel, Louise Causer, Steve Badman, Annie Tangey, Sepehr Tabrizi, David Whiley, Basil Donovan, Christopher Fairley, Mark Shephard, David Anderson, Handan Wand, David Wilson, David Regan, John Kaldor.

Organisations: The trial is a partnership between: The Kirby Institute; Baker IDI; The Burnet Institute; Apunipima Health Council; Ngaanyatjarra Health Service; Department of Microbiology and Infectious Diseases, The Royal Women's Hospital, Victoria; Queensland Paediatric Infectious Diseases (QPID) Laboratory; Melbourne Sexual Health Centre; Flinders University International Centre for Point of-Care Testing, and government, pathology providers, and community organisations in WA, SA and QLD.

Funding body: National Health and Medical Research Council (NHMRC) Project grant, UNSW Major Research Equipment and Infrastructure Initiative (MREII) Grant

Achievements/key findings

- Initial preparation stages are complete. This included:
    - Engagement of remote health services and communities
    - Laboratory and field evaluations to select the ideal assay
    - Development of standard operating procedures and a formal training package
    - Establishment of a quality assurance program
- Implementation is underway in 12 remote health services in QLD, WA and SA.
- Early findings suggest that integration of point-of-care testing for chlamydia and gonorrhoea in remote health services is both feasible and acceptable to staff and clients.

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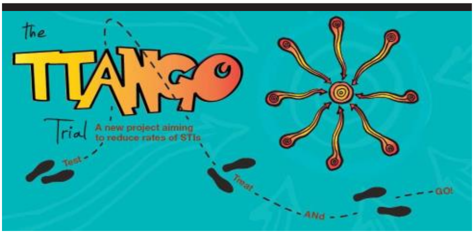

From Broome to Berrima: building capacity Australia-wide in Indigenous offender health research

Description of the project: Australia has one of the highest Indigenous incarceration rates in the OECD which impacts profoundly on Indigenous communities. With offender populations known to endure a greater health burden compared with the general community, there is a need to develop knowledge in this area, particularly in relation to Indigenous incarceration. This NHMRC funded project sees Indigenous and non-Indigenous academics and mentors work with and support a team of Indigenous and non-Indigenous investigators to build research capacity in offender health.

Together investigators and project members make up the Indigenous Offender Health Capacity Building Group (IOHR-CBG). Investigators are working on projects in areas critical to the health and wellbeing of Indigenous offenders.

Main research projects:

Exploring the feasibility of Justice Reinvestment

Jill Guthrie – Research Fellow, National Centre for Indigenous Studies (ANU)

Justice Reinvestment (JR) has been reported as a possible solution to Indigenous over-representation in Australia's criminal justice system. JR aims to divert funds intended to be spent on criminal justice matters back into local communities to fund integrated services (e.g. mental health, drug and alcohol, employment initiatives, housing) that address the determinants of offending, thus preventing people from entering the criminal justice system. Dr Guthrie's work is an exploratory case study investigating the conceptual, methodological and operational governance issues of JR in a NSW regional town.

The Social and Emotional Wellbeing and Cultural Resilience of Aboriginal Mothers in Prison

Mandy Wilson – Research Fellow (National Drug & Alcohol Research Institute, Curtin University)

This project explored issues facing incarcerated Aboriginal mothers in WA and NSW. It was a mixed methods project which included the administration of standardised health and wellbeing measures such as the Kessler Five and the SF-12, coupled with semi-structured narrative interviews. Questions were designed to elicit material relating to women's health, social and mental wellbeing, experiences of mothering, family histories, alcohol and other drug profiles, and experiences with the criminal justice system. In WA, researchers Jocelyn Jones and Mandy Wilson conducted 84 interviews with Aboriginal mothers in five prisons across the state. A major theme to emerge was the overwhelming presence of violence in the women's lives. The majority were victims of violence and two-thirds identified involvement in violence perpetration. Despite violent acts constituting a large and growing proportion of offence charges among women (particularly Aboriginal women), no women in the study had undertaken an intensive violence prevention program in prison or the community. Based on these findings, a NHMRC research project proposal was submitted (2015 - pending) to conduct a prison-based violence intervention program for incarcerated female perpetrators in WA and NSW.

Exploring the Pathways to Contact with Juvenile Justice in Aboriginal and Torres Strait Islander children: developing a profile of the risk and protective factors
Jocelyn Jones - PhD candidate (UWS); Research Fellow (National Drug & Alcohol Research Institute, Curtin University)
This study explores and identifies the protective factors that prevent a child from coming into contact with the justice system. Identifying these factors will inform a model and rationale for producing policy and programs that have the capacity to divert children from early contact with the criminal justice system.

Prison based treatment for alcohol & related other drug use among Aboriginal & non-Aboriginal men
Michael Doyle – PhD Candidate (The Kirby Institute, UNSW Australia)
This PhD research examines alcohol and other drug (AoD) use among men entering prison and the experience of undertaking a behavioural treatment program in prison. Quantitative methods have been used to report on the AoD use history and qualitative methods are being used to report on the treatment experiences of those undertaking the Intensive Drug and Alcohol Treatment Program (IDATP) in Sydney which was established in 2013. Pre and post AoD treatment interviews are being conducted.

Connective services: Post-prison release support in an urban Aboriginal population
Megan Williams - PhD (UNSW Australia); Lecturer, Muru Marri (UNSW Australia)
This research provides insights into Aboriginal knowledge and processes of post-prison release support - what goes on ‘behind closed doors’ in Aboriginal families and services to reduce risks for reincarceration, improve health and wellbeing and fulfil their role in family and community. Current recidivism rates indicate a majority of Aboriginal people return to prison – but some do not. This is a multi-phased grounded theory study which used in-depth interviews to explore the type, timing and processes of support in an urban Aboriginal population. Findings show that Aboriginal people have multiple support roles, with reciprocal connections to Aboriginal leaders and the next generations, as well as instrumental connections with mainstream service providers. Findings are discussed in terms of implications for developing future health and criminal justice practice, theory and policy.

Factors associated with blood borne viruses (BBVs) among Indigenous prison entrants
Dina Saulo – Researcher (Kirby Institute, UNSW Australia).

Specific risk factors for acquisition of hepatitis B and hepatitis C in prison have not been described in detail for the Indigenous population. This study examined hepatitis B and hepatitis C prevalence and associated risk factors in Indigenous and non-Indigenous prison entrants utilising data from the National Prison Entrant Blood Borne Virus and Risk Behaviour Survey.

HCV treatment among male inmates in NSW: Determining social capital indicators for accessing treatment and improvements in QALYs post-treatment (Social Capital of Men in Prison)
Lise Lafferty - PhD Candidate (The Kirby Institute, UNSW)
The Social Capital of Men in Prison study will provide a comparison of social capital between Indigenous and non-Indigenous male inmates living with and being treated for the hepatitis C virus (HCV) in NSW correctional centres. The project will focus on identifying and measuring the social capital of inmates in custody living with HCV and providing a comparison of the social capital experienced by Indigenous and non-Indigenous men. Self-identified changes in social capital and quality-adjusted life years (QALYs) following treatment will also be measured to identify any gains achieved following completion of treatment.

Evaluation of the national prison entrant blood borne virus and risk behaviour survey
Dina Saulo - Researcher, (Kirby Institute, UNSW Australia).
The national prison entrants' blood borne virus and risk behaviour survey (NPEBBVS) is a repeatable survey gathering data on the prevalence and related characteristics of hepatitis B (HBV), hepatitis C (HCV), human immunodeficiency virus (HIV), sexually transmissible infections (STI) and risk behaviours among Australian prison entrants. The NPEBBVS has not been formally evaluated previously. Evaluation of surveillance systems is important to ensure the capturing and monitoring of conditions of public health importance are effective, efficient and meeting surveillance system objectives. This study describes the systems and processes of the NPEBBVS, identifies the extent to which the NPEBBVS meets its objectives, and provides recommendations for future NPEBBVS.

Findings and knowledge generated from these projects and others are shared and disseminated through annual symposia, journal publications, the Indigenous offender health *HealthInfoNet* web portal and other media.

Expected benefits to the Community:

Output: An Australia-wide network for developing and sharing knowledge in Indigenous offender health (http://www.healthinfonet.ecu.edu.au/population-groups/offender-health)

Benefits: Better health services for Indigenous offenders, and more generally improved health and wellbeing for those in the communities from which they come, and to which they return.

Investigators:

Kirby Institute members: Tony Butler, John Kaldor, Paul Simpson, Michael Doyle, Lise Lafferty, Dina Saulo.

Other investigators: Mick Dodson, Michael Levy, Jocelyn Jones, Jill Guthrie, Megan Williams, Mandy Wilson, Brooke Heard, Nerelle Poroch, Kay Wilhelm, Fadwa Al-Yaman, Dennis Gray, Steve Allsop.

Mentors: Ted Wilkes, Stuart Kinner, Peter Schofield, Jane Freemantle, Ian Anderson, Beverley Raphael, Steve Larkin.

Funding body: National Health and Medical Research Council

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Health research involving prisoners: A deliberative research approach to examining research priorities and ethical issues

Description of the project: This project assesses the views of those with lived prison experience, prison health service planners, and human research ethics committee members on health research involving prisoners. In 2013, researchers at the Kirby Institute, Australian National University, and the Baker Institute were awarded a National Health and Medical Research Council Centre of Research Excellence (CRE) award to establish an offender health research centre. It was decided that a necessary first step would be to determine whether the proposed research portfolio aligned with the thinking of key stakeholders including prison health service planners and Aboriginal and non-Aboriginal people with lived prison experience. Another important issue of research involving prisoners concerns ethics. The use of prisoners as research participants is contentious and complex. Compounding this is the (over)representation of marginalised groups in prisoner populations, namely Aboriginal and Torres Strait Islander people. No studies in Australia have investigated what stakeholders in this space assess as health research priorities and the ethical issues.

Group-based deliberative methods will be used to address research aims. Deliberative research methods such as Citizens Juries (CJs) tend to be used for topics which are relatively complex, where there are multiple solutions and trade-offs which cannot be adequately explored using other research techniques, and where the population may need a more complete explanation on the topic due to literacy issues. Deliberative methods involve the provision of information in order that participants are able to develop a clear understanding of the issues under discussion and of the options facing them. CJs will be used to assess the views of those with lived prison experience and two deliberative roundtable (DR) events are proposed to assess the views of key prison health service personnel and HREC members. Up to three CJs are proposed for NSW, two for WA and one for Queensland.

Expected benefit to the Community: Consultation and input from Aboriginal and non-Aboriginal people with lived experience of incarceration is important in determining research priorities, processes and translation, that in turn maximise opportunities for improved offender health outcomes.

Investigators: *Kirby Institute members*: Tony Butler, Paul Simpson

Other investigators: Jill Guthrie, Melissa Lovell.

Research Reference Group: Raymond Brazil (Aboriginal Legal Service NSW/ACT), Susan Helyer (ACT Council of Social Service), Debbie

Kilroy (Sisters Inside), Jocelyn Jones (National Drug Research Institute (WA), Brett Collins (Justice Action), Alison Churchill (Community Restorative Centre), Karolyn White, (Australasian Ethics Network Chair and Research Ethics, Macquarie University), Melanie Schwartz (UNSW Law), Michael Levy (Justice Health ACT).

National Centre for Indigenous Studies (Australian National University); the Kirby Institute (UNSW Australia).

Funding body: National Health & Medical Research Council, as part of the Centre for Research Excellence in Offender Health

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Prison based treatment for alcohol and related other drug use among Aboriginal and non-Aboriginal men

Description of the project: This PhD project is being conducted by an Aboriginal researcher and is now is its third year with a projected completion date of August 2016. The aim is to study alcohol and other drug (AoD) use among men entering prison and the experience of undertaking a behavioural treatment program in prison. Quantitative methods have been used to report on the AoD use history, qualitative methods are being used to report on the treatment experiences of those undertaking the Intensive Drug and Alcohol Treatment Program (IDATP) in Sydney which was established in 2013. Both pre and post AoD treatment interviews are being conducted.

The project was developed as a history of problematic AoD use is common among prison inmates. Aboriginal people are a focus due to the vast overrepresentation of this group in Australian prisons at 1,857 versus 144 per 100,000 population (2014) for other Australians. The male focus was because 90% of prison inmates are male, and it may not be appropriate for the researcher as an Aboriginal man to interview Aboriginal women about AoD use.

Expected benefit to the Community: Findings could lead to improved AoD treatment in Australian prisons. This could mean that people being released are better able to address their AoD use when they return to the community and are as such less likely to return to prison.

Investigators: Michael Doyle (PhD Candidate, Kirby Institute), Professor Tony Butler (Kirby Institute), Dr Jill Guthrie (National Centre for Indigenous Studies, Australian National University), Professor Anthony Shakeshaft (National Drug and Alcohol Research Centre, UNSW Australia)

Organisations: The project reference group members includes: Aboriginal Medical Service Western Sydney, Aboriginal Health and Medical Research Council of NSW, Babana Aboriginal Men's Group, Corrective Services NSW, Justice Health NSW, and Hepatitis C Council of NSW.

Funding body: UNSW Australia postgraduate scholarship and National Health and Medical Research Council capacity building grant tilted *From Broome to Berrima: building capacity Australian wide in Indigenous offender health research.*

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HCV treatment among male inmates in NSW: Determining social capital indicators for accessing treatment and improvements in QALYs post-treatment (Social Capital of Men in Prison)

Description of the project: The Social Capital of Men in Prison study will provide a comparison of social capital between Indigenous and non-Indigenous male inmates living with and being treated for the hepatitis C virus (HCV) in NSW correctional centres. The project will focus on identifying and measuring the social capital of inmates in custody living with HCV and providing a comparison of the social capital experienced by Indigenous and non-Indigenous men. Self-identified changes in social capital and quality-adjusted life years (QALYs) following treatment will also be measured to identify any gains achieved following completion of treatment.

Expected benefit to the Community: The study aims to identify any social capital indicators which might predict a person's decision to seek HCV treatment whilst in custody.

Investigators: Lise Lafferty (PhD Candidate), Prof Tony Butler, Dr Georgina Chambers, Dr Jill Guthrie

Organisations: The Kirby Institute (UNSW Australia), National Centre for Indigenous Studies (ANU)

Funding body: Lise Laffferty is the recipient of a National Health and Medical Research Council Aboriginal and/or Torres Strait Islander Health Research Postgraduate Scholarship. This project is supported by the Capacity Building Grant under the National Health and Medical Research Council.

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JOSH – Juvenile Offender Sexual & Reproductive Health Survey

Description of the project: Young offenders are at increased risk of sexually transmissible infections (STIs) and blood-borne viruses (BBVs), and have increased fertility and abortion rates. To address this knowledge gap we will systematically survey young people in contact with the juvenile justice system aged between 14 and 18 years to provide a comprehensive picture of their sexual and reproductive behaviours and needs. The aims of the project are to:

1. Determine the self-reported sexual and reproductive health, behaviours, knowledge, risk perceptions and attitudes to sex of young people in contact with the criminal justice system in New South Wales and Queensland.
2. Compare the self-reported sexual and reproductive health and behaviours of young people in contact with the criminal justice system with their peers in previous school and community based surveys.

Aboriginal Community involvement: Through a process of consultation, Indigenous people will be involved in the project questionnaire design and data collection. The project will also build the capacity of early career Indigenous researchers in the fields of sexual and reproductive health.

Expected benefit to the Community

- Knowledge of a key at-risk group of young Indigenous and non-Indigenous Australians (14-18 years).

- Information on which to develop policy and practice guidelines for health care providers for young Indigenous and non-Indigenous people in contact with the criminal justice system.

Investigators: Tony Butler, James Ward, Basil Donovan, Elizabeth Sullivan, Janaki Amin, Lorraine Yap, Sally Nathan, Megan Williams, Luke Grant, Alun Richards.

Funding body: National Health and Medical Research Council

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Social and Cultural Resilience and Emotional wellbeing of Aboriginal Mothers in prison (SCREAM)

Description of the project: Aboriginal women are the fastest growing group in the Australian prison population and most are mothers of children under 18 years of age. There are a paucity of culturally safe programs and services in prisons and the community to meet these mothers' health and social needs. SCREAM aims to address this gap by involving Aboriginal women, agency and community stakeholders in identifying ways to reduce health inequalities and promote social and emotional wellbeing and resilience for Aboriginal mothers in prison and as they transition into the community.

1. Consultation phase – incorporated consultation with stakeholders across NSW and WA, formation of project advisory groups and setting up of the project infrastructure, development of a consultation and communication strategy and development of research tools and materials.
2. Operational phase incorporates ongoing community consultation through the project advisory groups, the recruitment of participants, collection and analysis of data, and the dissemination of findings.

Benefit to Communities: Through the project advisory groups, SCREAM has collaborative, reciprocal working relationships with community organisations that guide the research process. We engage in ongoing consultation with our project advisory groups to ensure that the research is responsive to the priorities identified by the community.

Investigators: Elizabeth Sullivan, Juanita Sherwood, Jocelyn Jones, Eileen Baldry, Tony Butler, Marisa Gilles, Michael Levy

Associate investigators: Mandy Wilson

Research staff: Sacha Kendall, Lise Lafferty

Organisations: National Perinatal Epidemiology and Statistics Unit (University of New South Wales), the National Drug Research Institute (Curtin University) and the University of Technology Sydney. WA prisons – Bandyup Women's Prison, Boronia Pre-release Centre for Women, Eastern Goldfields Regional Prison, Greenough Regional Prison and West Kimberley Regional Prison. NSW prisons – correctional centres included are: Broken Hill Correctional Centre, Dillwynia Correctional Centre, Emu Plains Correctional Centre, Mid North Coast Correctional Centre, Silverwater Women's Correctional Centre and Wellington Correctional Centre.

Funding body: National Health & Medical Research Council

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BBV and STI in Aboriginal and Torres Strait Islander people: Surveillance and Evaluation report

Description of the project: Each year the Aboriginal and Torres Strait Islander Health Program collates nationally notifiable diseases and produces a Surveillance Report published by the Kirby Institute for the purposes of stimulating and supporting discussion on ways forward in minimising the transmission risk of blood borne viruses and STIs as well as the personal and social consequences of these infections within Aboriginal and Torres Strait Islander communities.

Aboriginal Community involvement: The design and results of the report are presented at annual meetings of the National Aboriginal Community Controlled Health Organisation (NACCHO). The reports are also made freely available to Aboriginal Community Controlled Health Services across Australia.

Expected benefits to the Community: The data will be used to inform programs to reduce STI/BBVs in Indigenous communities in Australia.

Organisations: Kirby Institute, state and territory health departments, Department of Health, other research organisations

Funding body: Department of Health

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National Trachoma Surveillance Reporting Unit

Description of the project: Australia is the only developed country where trachoma is still endemic. It occurs primarily in remote and very remote Aboriginal communities in the NT, SA and WA; however mapping has also been undertaken in QLD and NSW. The Australian Government, in accordance with GET 2020 initiative and Closing the Gap – Improving Eye and Ear Health Services for Indigenous Australians, invested $16 million over a four-year period towards eliminating trachoma in Australia, and in 2013 a further $16.6 million was committed. The National Trachoma Surveillance and Reporting Unit (NTSRU) are responsible for trachoma data collation, analysis and reporting related to the ongoing surveillance of trachoma and evaluation of trachoma control strategies in Australia.

The NTSRU undertook a mathematical natural history and transmission model for trachoma in Australia to advise whether Australia is on track to eliminating trachoma in communities by 2020 under current guidelines and agreements.

The NTSU has also undertaken research examining how different azithromycin treatment strategies have affected trachoma prevalence.

Investigators: John Kaldor; David Wilson; Carleigh Cowling;; Marlene Kong; Bette Liu, Andrew Hayen & Tom Snelling

Organisations:

- Aboriginal Community Controlled Health Services in the NT, WA and SA
- The Health Department of Queensland
- New South Wales Ministry of Health
- Aboriginal Medical Services Alliance of the Northern Territory
- Aboriginal Health Council of South Australia
- Country Health South Australia
- Health Department of Western Australia
- The University of Melbourne
- Western Australia Country Health Service
- National Trachoma Surveillance and Control Reference Group
- National Aboriginal Community Controlled Health Organisation
- Communicable Diseases Network Australia
- Working Group on Aboriginal and Torres Strait Islander Environmental Health

Funding body: Department of Health and Ageing

Achievements/key findings

- National Trachoma Surveillance Report: The prevalence trend of trachoma is variable in the NT, SA and WA, with slight increases in the NT and SA after a decreasing trend in all jurisdictions since 2009. Endemic levels of trachoma are found in 30% of at-risk communities. Communities designated as at-risk of trachoma are decreasing in the NT, SA and WA.

- Treatment strategy research: Community-wide azithromycin administration reduces trachoma prevalence. Less intensive treatment in moderate prevalence communities may lead to similar reductions in prevalence.

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The role of resiliency in responding to blood borne viral and sexually transmitted infections in Indigenous communities (ICIHRP)

Description of the project: A collaborative project between Australia, Canada and New Zealand, to examine resilience to blood-borne viruses (BBVs) and sexually transmissible infections (STIs) in Indigenous communities. Indigenous people remain vulnerable to blood-borne and sexually transmitted infections and this places burdens on families and communities. This study explores how Indigenous people in Australia, Canada and New Zealand protect themselves against these infections.

By focusing on resilience, the project moves beyond the past emphasis on risk and disadvantage, through the conduct of research that aims to identify and implement strategies to enhance the ability of Indigenous people to avoid acquiring these infections. With focus on adolescents and young adults in urban settings, this projects aims to:

1. Identify factors among Aboriginal and Torres Strait Islander people that indicate protection against acquisition of blood-borne viral and sexually transmitted infections (BBV/STI);
2. Identify factors that enhance access to services for prevention and management of BBV/STI;
3. Develop and assess interventions to enhance these protective factors that can be delivered through Aboriginal community-controlled health services (ACCHS).

Surveys were completed in 2011 and papers have been submitted for publication.

Aboriginal Community involvement: ICIHRP is being conducted in the Townsville Aboriginal and Islander Health service and Derbarl Yerrigan Health Service in Perth. This project seeks to identify the factors that protect young Indigenous people against BBVs and STIs, promote access to prevention and treatment and provide capacity building opportunities for Indigenous researchers and Aboriginal Community Controlled Health Service partner organisations. Leadership of the project was transferred to Aboriginal leader Associate Professor Ted Wilkes in 2011.

Investigators: Ted Wilkes, Denis Gray, Robyn Williams, Lisa Oliver, Maurice Shipp, Chris Lawrence, Bradley Mathers, Lisa Maher, John Kaldor.

Organisations: Curtin University, Townsville Aboriginal and Islanders Health Service, Derbarl Yerrigan Health Service, Perth, Kirby Institute UNSW Australia.

Funding body: National Health and Medical Research Council

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MOST: More Options for STI Testing

Description of the project: Based in the Northern Territory and Northern Queensland, the MOST study is a trial of two strategies for increasing the number of young people being tested and treated for sexually transmitted chlamydia, gonorrhoea and trichomonas in remote Aboriginal communities. The study will test two strategies: the reduction of barriers to testing, by offering community members a means of providing a specimen for STI testing without having to see a clinician; the offer of a financial incentive to community members in the target age group to undertake testing. Following a period of qualitative formative research to inform the design and delivery of these strategies, their effectiveness will be evaluated quantitatively, using an interrupted time series analysis in six health services, of the number of young people tested for STIs, and the number found to have infection.

Expected benefits to the Community: Many remote Aboriginal communities continue to experience the impacts of curable STIs that occur at rates among the highest in the world, and are looking for innovative yet pragmatic solutions. This study will be the first rigorous investigation of two novel strategies for increasing the uptake of STI testing among young people in these communities. If successful, the relatively simple and conceptually appealing strategies have the potential to totally change practice and outcomes in this challenging area of public health. A world first innovation in our methodology will be the incorporation of changes in organism load as a marker of effect, complementing conventional quantitative and qualitative indicators that will form the core of the evaluation. If successful, study outcomes will be readily transferrable to other remote communities with endemic STIs, and are likely to be adaptable to other settings of high prevalence.

Investigators: Prof John Kaldor, A/Prof James Ward, Dr Stephen Bell, Dr Nathan Ryder, A/Prof David Whiley, A/Prof Rebecca Guy, Dr Alice Rumbold, Dr Steven Skov, Dr Handan Wand, Prof Lisa Maher, A/Prof Sepehr Tabrizi, Prof Basil Donovan, Prof Christopher Fairley, Dr Marlene Kong, Dr Jackie Mein, Dr John Boffa and Dr Elizabeth Hemphill.

Organisations: The research team consists of representatives from The Kirby Institute, SAHMRI (South Australian Health and Medical Research Institute), Central Australian Aboriginal Congress (Congress), Apunipima Cape York Health Council, and University of Queensland

Funding body: National Health and Medical Research Council (NHMRC) Project Grant

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Evaluation of long-term effectiveness of the infant hepatitis B vaccination strategy among antenatal women in the Northern Territory

Description of the project: The aim of this data linkage study is to evaluate the long-term effectiveness of the infant hepatitis B vaccination strategy in the Northern Territory (NT). This will be achieved by determining hepatitis B prevalence in birthing mothers. The study will be conducted by linkage of existing datasets including the NT Perinatal dataset, the NT HBV Testing dataset, the NT notifiable diseases database and the NT immunisation register. The study should provide evidence of the effectiveness of hepatitis B vaccination in Australia.

The primary objectives of the study are:

1. To update the evaluation of the long-term effectiveness of the infant hepatitis B vaccination strategy in the Northern Territory by:
    a. Extending previous analysis by three years, with 2011 to 2013 birthing records
    b. Linking to Northern Territory immunisation records.

2. To determine the rate of breakthrough hepatitis B infection in vaccinated antenatal women in the Northern Territory.

Investigators: John Kaldor, Bette Liu, Joanne Micallef, Skye McGregor, Steven Tong, Joshua Davis, Vicki Krause, Steven Guthridge, Jane Davis, Peter Markey, Shu Qin Li

Organisations: The Kirby Institute, UNSW Australia; Menzies School of Health Research; School of Public Health and Community Medicine, UNSW Australia; Northern Territory Department of Health

Funding body: National Health and Medical Research Council Project Grant, Australian Government Department of Health

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VIP-I: The Vaccine Impact on HPV genotypes among Australian Indigenous Women

Description of the project: There is a need to evaluate the impact of the HPV vaccine program on the prevalence of infection among Indigenous women in Australia. Although there has been a documented decrease in HPV vaccine genotypes by other studies they have not had a sufficiently large Indigenous sample size to determine whether there has been a corresponding decrease in the prevalence of infection among Aboriginal and Torres Strait Islander women.

The primary objectives of the study are:

- To estimate the proportion of Indigenous women who have been vaccinated among 18-26 year old women attending for cervical cytology screening.
- To estimate and compare the prevalence of H PV types (including vaccine-specific types 6/11/16/18 and other high risk HPV types) among Indigenous women in the post-vaccine era compared to pre-vaccine era.

Investigators: John Kaldor, Marlene Kong, Dina Saulo, Skye McGregor, Suzanne Garland, Sepehr Tabrizi, Julia Brotherton, Rachel Skinner

Organisations: The Kirby Institute, UNSW Australia; The Royal Women's Hospital, Melbourne; Victorian Cytology Service; University of Sydney

Funding body: Australian Government Department of Health

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Monitoring human papillomavirus (HPV) genotype prevalence in the Aboriginal and Torres Strait Islander Population

Description of the project: There is a need to continue monitoring the impact of the HPV vaccine program not only on the prevalence of infection among Indigenous women in Australia; but on the Indigenous men in Australia. The implementation of a HPV genotype surveillance system is methodologically challenging.
A suitable method for undertaking HPV genotype specific surveillance would be to use a sentinel surveillance model. Population based sentinel surveillance would involve prospective collection of specimens for HPV genotyping in key populations, at diverse sites and services across Australia; with each site providing a certain number of specimens per year, on an ongoing basis. It is important to note, that although the population sampled from such sites may not be representative of the entire Australian population, as long as the source population and methodology remain constant over time, monitoring in such a way will allow for the detection of changes in circulating HPV genotypes 8,9.
The methodology piloted in this study will be used to build a sentinel site framework for HPV genotype surveillance. This will involve prospectively collected specimens for HPV genotyping in key populations at key services across Australia, with each site providing a certain number of specimens per year, on an ongoing basis, to allow for the detection of changes in circulating HPV genotypes over time.

The primary objectives of the study are:

1. To determine the prevalence of circulating HPV types among16 to 35 year old Aboriginal and Torres Strait Islander men and women.
2. To assess the feasibility and per participant cost of recruiting men and women from community controlled health services.
3. To monitor participant satisfaction.

Investigators: John Kaldor, Marlene Kong, Dina Saulo, Skye McGregor, Dr Dorothy Machalek, Sepehr Tabrizi, Dr Alyssa Cornall

Organisations: The Kirby Institute, UNSW Australia; The Royal Women's Hospital, Melbourne; Victorian Cytology Service; University of Sydney

Funding body: Australian Government Department of Health

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Sexual health and relationships in young Aboriginal and Torres Strait Islander people (GOANNA)

Sexual health and relationships in young Aboriginal people: The first Australian national study assessing knowledge, risk practices and health service access in relation to sexually transmissible infections and blood borne viruses among young Aboriginal and Torres Strait Islander people.

Description of the project: The aim of this project is to collect a cross section of self-administered surveys from young (16-29) Aboriginal and Torres Strait Islander people at cultural and sporting events across Australia over three years. The project seeks to establish a national benchmark collection of health data for this demographic. The project is led by Associate Professor James Ward, now at SAHMRI, and involves each State and Territory Health Department; the National Aboriginal Community Controlled Health Organisation (NACCHO); and each State and Territory NACCHO Affiliate. The project is coordinated by affiliates in each jurisdiction recruiting local health workers and members of the community at each site.

Expected benefit to the Community: The project has a strong capacity building component with training provided to Aboriginal communities across Australia and is contributing to strategic policy development in the area of sexual health.

Investigators: James Ward, Heather Worth, Donna Ah-Chee, Marian Pitts, John Kaldor, Joanne Bryant and the late Anthony Smith

Organisations: South Australian Health and Medical Research Institute, Kirby Institute, Centre for Social Research in Health and School of Public Health and Community Medicine, University of New South Wales, Australian Research Centre in Sex, Health and Society Latrobe University, National Aboriginal Community Controlled Health Organisation, Victorian Aboriginal Community Controlled Health Organisation, Queensland Aboriginal & Islander Health Council, Aboriginal Health & Medical, Research Council, Aboriginal Medical Services Alliance of the Northern Territory, Tasmanian Aboriginal Centre Inc., Aboriginal Health Council of Western Australia, Aboriginal Health Council of South Australia, Winnunga Nimmityjah Aboriginal Health Service (ACT).

Funding body: ARC linkage grant

Achievements/key findings: Data collection has been completed at 40 survey sites, and a final report presented with descriptive findings. More detailed analyses are being undertaken for peer-reviewed publication.

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