

INQUIRY INTO OVERCOMING INDIGENOUS DISADVANTAGE

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To:

Re Inquiry into closing the gap-overcoming Indigenous disadvantage

The Standing committee on social issues

socialissues@parliament.nsw.gov.au

24th November 2007

To whom it may concern

On behalf of myself, Lesley Salem a Wonaruah woman and a Nephrology Nurse Practitioner with Hunter New England Health in NSW and Della Yarnold, a Biripi Dunghutti woman and Medical Officer at John Hunter Hospital, I would like to present the contributions of a NSW (Masters) 'Renal research project' completed this year and the ensuing outcomes that directly address the disparity in the existing mortality gap between Aboriginal and non-Aboriginal people in NSW.

The submission includes this accompanying summary letter and a report of the Research Project that was submitted to the NSW Department of Health.

Why do the research - Significance of the problem of CKD

Three main issues were relevant to CKD that made this research important.

These were:

1. The lack of true incidence on CKD statistics in Aboriginal people in NSW with the resultant poor strategic approach to prevention
2. The lack of understanding of the comorbidity of CKD with Cardiovascular_ disease and diabetes – with CV death being the predominant comorbidity of CKD and the cause of death
3. The lack of expenditure (seed funding) on CKD prevention (rather than chronic disease management such as dialysis)

With continued inadequate capital (financial, labour force) for early CKD detection and management, health systems will continue to struggle with the increasing burden of end stage renal and cardiovascular disease. “In today’s dollars, the cumulative discounted total cost of RRT for all current and new ESKD patients, projected forward 10 years, will be approximately \$4 billion by the end of this decade, rising to almost \$6 billion by 2019” (Cass). Preventive healthcare can both reduce costs to the health sector and enhance health equity for Aboriginal peoples and Torres Strait Islanders if renal disease is detected early, end-stage renal failure can be avoided and treatment will reduce mortality by 50%.(Hoy WE et al)

(Cass) Cass,A., Chadban,S., Craig,J., Howard,H., McDonald,S., Salkeld,G., & White,S. The Economic Impact of End-Stage. Kidney Disease in Australia. Kidney Health Australia, Melbourne, 2006 [available at <http://www.kidney.org.au/>].

Hoy WE Wang Z, Baker PR, Kelly AM. Secondary prevention of renal and cardiovascular disease: results of a renal and cardiovascular treatment program in an Australian Aboriginal community. *J Am Soc Nephrol* 2003; 14 (7 Suppl 2): S178-S185.)

Statement of the problem

Insufficient data on the incidence of CKD in NSW is contributing to under recognition of kidney and renovascular disease as a major health problem for the Aboriginal People of NSW.

The research also became important for reasons other than the numerical identification of the incidence of markers for CKD or the comorbidity of CV disease.

It was also important to establish the need for education around CKD to those primary health care providers that deliver care to the Aboriginal communities in NSW.

Screening Strategy

The target (Aboriginal) groups approached are varied in location so that participants with illness attending a medical service are not the only participants in the research. It was imperative to capture participants who consider themselves well.

Referral to the screening program was facilitated by community word of mouth and active recruitment methods with a wide variety of community groups being approached.

As much demographic variability (age, employment, patronage of aboriginal organisations [CDEP, AMS, Land councils], educational experience, gender, and town of residence [including rural and urban settings]) amongst the screened sample group was included.

Four (4) male correctional centres within the Hunter New England Area Health Service boundaries were targeted for screening. The Justice Health staff undertook this screening.

Summary

The research evaluated the rates of positive micro-albuminuria (MA), which is indicative of chronic renovascular disease.

All risk factors measured were shown as a single measurement and in combination with other risk factors to establish possible causal or contributing factors.

The research explored the level of community and primary healthcare worker knowledge on CKD and its identification, prevention and management as well as the

potential for interfacing with the specialist services from the secondary health services.

As part of the screening project, a review was presented on innovative approaches to the identification and treatment of CKD in other Aboriginal populations within Australia.

Result

This research provided local and state data and knowledge on incidence of CKD, fundamental for developing and implementing community and state based programs, education and partnerships targeting CKD that will facilitate health gain for Aboriginal people in NSW.

As a descendent of the Wonaruah and Biripi Dunghati Nations in NSW, this research was about Aboriginal women conducting Aboriginal centered research to address Aboriginal health issues and to affect health gain through Aboriginal self-determination. It was crucial that the research was centered and conducted in a manner that was considerate of 'our' issues, our perspective of the conceived problem and was for 'our' own purposes.

Outcomes

1. Contribution to the development of Aboriginal specific kidney disease education for Aboriginal Health Workers, community based nurses, practice nurses, GP's with financial and human resource support from Amgen Australia a pharmaceutical company.
 - a. This entailed

- i. An Aboriginal chronic kidney disease educational flip chart that can be used to educate clients and other workers in 'Aboriginal English' and is commensurate with;
 - 1. Easy translation for required Aboriginal or Torres Strait Islander language group
 - 2. Varying literacy skills of worker or client
 - ii. An education program (education and case studies)
 - iii. This program was delivered across 6 sites in WA, NT and Queensland by Amgen Australia using these resources.
 - iv. Delivered at one site in NSW and hopefully to be delivered to the 31 NSW Health Aboriginal Chronic Care Program (Health Services Improvement) sites
- 2. Lesley Salem has accepted a secondment for 2 days a week for 1 year with the NSW Department of Health (February 2007 to February 2008)
- 3. This secondment and research has enabled
 - a. Development of a business case for seed funding for kidney disease detection and clinical intervention (2 million in December 2007) to be split across Justice Health and the 8 area health services for the primary health care providers
 - b. Participation on the CKD prevention group in State Wide Services which will be developing policy around opportunistic adult health checks (which will detect kidney disease) for patients in hospital
 - c. Delivery of the Aboriginal kidney disease education
 - d. Purchase, printing and distribution of the Aboriginal Chronic Kidney Disease education tool (flip chart)

4. Mrs Salem is convening the 'Rural Renal Clinical Advisory Group' and it is hoped that through this group seed funding and formal recognition of CKD can be obtained to achieve a dedicated workforce in screening and secondary prevention of chronic kidney disease and the comorbidity of cardiovascular disease.

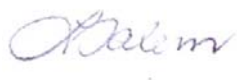
Thank you for considering this submission into the inquiry into closing the gap.

Within my Masters submission (to be finished 10th December 2007- copies supplied upon request), This submission has outlined in more detail the connection between underlying kidney disease and cardiovascular death, which is the greatest cause of Aboriginal death. It is my belief of the authors that if chronic kidney disease is specifically targeted the disparity in mortality will be directly affected and be sustainable.

It is not possible to address population-based problems without the appropriate workforce. To this extent Aboriginal people should be self-determining in the delivery of evidence_ based care by a dedicated medical and nursing workforce.

Thank you for considering this submission

Yours sincerely



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