

PARTNERSHIP NEWS

Official Newsletter of the Rio Tinto Child Health Partnership

January 2007

WHAT IS THE RIO TINTO CHILD HEALTH PARTNERSHIP?

This innovative collaboration brings together the research expertise of Kulunga Research Network and the Telethon Institute for Child Health Research with corporate partners Rio Tinto Ltd and the AER Foundation, and government partners through public sector agencies in Western Australia, Queensland and the Northern Territory. This ambitious partnership aims to deliver improvements in Aboriginal and Torres Strait Islander maternal and child health by translating research findings into policies and health promotion programs that make a real difference to Indigenous communities.

The first outcome of the Rio Tinto Child Health Partnership has been the translation of the WA Aboriginal Child Health Survey (WAACHS) to Queensland and the Northern Territory, an important and significant step to achieving nationally consistent indicators of Aboriginal and Torres Strait Islander health. The WAACHS is the first cross-sectional study of its kind to investigate the health of Aboriginal children, and has produced a comprehensive set of indicators of Indigenous child health. More information about the WAACHS can be found at www.ichr.uwa.edu/waachs, or on the WAACHS Fact Sheet.

Another program of work undertaken through the Partnership is looking at ways to prevent tobacco and alcohol consumption during pregnancy, the principle causes to low birth weight births and fetal alcohol spectrum disorder. Findings through the WAACHS indicate around 50 per cent of pregnant women used tobacco, and almost one quarter of women drank alcohol during their pregnancy, figures that suggest contemporary health promotion messages are not cutting through to Indigenous women. Using health promotion and action research approaches, trial communities across the three states have developed resources designed to reduce and prevent substance use during pregnancy.

The final program of work involves developing an Indigenous maternal and child health workforce. An important and successful outcome in Queensland is the development of a unique train-the-trainer resource to help health care professionals train community workers in promoting maternal and early infant health.

The Rio Tinto Child Health Partnership is a useful demonstration of how corporate, government and research agencies can work together to deliver outcomes in health.

More information about the Rio Tinto Child Health Partnership can be found at www.ichr.uwa.edu.au/kulunga, or by contacting Colleen Hayward, Partnership Manager on 08 9489 7777.

Delivering improvements in Aboriginal and Torres Strait Islander Child and Maternal Health

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A MESSAGE FROM THE MANAGER



Welcome to the first edition of the Partnership's newsletter for 2007.

This year is shaping up to be an exciting year for the Partnership with a number of activities planned. The Partnership is pleased to be offering its inaugural travel scholarships designed to provide the successful Aboriginal and Torres Strait islander candidates an opportunity to pursue travel related to their research or work and to further the priorities of the Partnership.

On the 8th and 9th of May, we will be hosting a national symposium in Perth. This year's theme is **Enhancing Indigenous Capacity: Building a Sustainable Future**, and will focus on workforce development in maternal and child health in Indigenous communities. More information on these events is available in this newsletter and is also available on the Kulunga website.

Over the next coming months representatives from the Partnership will be undertaking visits to the sites within each of the jurisdictions. These visits will provide an opportunity for the Partnership to see the range of activities and the progress being made on each of its key objectives.

We are looking forward to an eventful year that will build on the achievements of the Partnership and enable it to continue to have a significant impact on improving the lives of Aboriginal and Torres Strait Islander children.

Happy reading!

A handwritten signature in black ink that reads "Colleen W".

Associate Professor Colleen Hayward
Partnership Manager

TRAVEL SCHOLARSHIPS ON OFFER

The Rio Tinto Child Health Partnership is pleased to be offering travel scholarships worth \$5000 each.

The scholarship is intended to fund travel to enable recipients to attend national or international meetings/conferences to progress their research and/or related work experience.

The aim of the scholarship is to increase knowledge and understanding of maternal alcohol and tobacco use and/or workforce development in maternal and child health, and to translate such information into practical outcomes in Australia.

The scholarship is open to all Australian Aboriginal and/or Torres Strait Islander people who are either:

- working in community based organisations;
- PhD or Postdoctoral students; or
- can demonstrate substantial involvement working in the area to be further researched.

APPLICATIONS CLOSE ON WEDNESDAY 28 FEBRUARY 2007

NO LATE APPLICATIONS WILL BE ACCEPTED

Visit www.ichr.uwa.edu.au/kulunga to obtain the application form and guidelines.

For further information, please contact the Rio Tinto Child Health Partnership on 08 9489 7760 or email at clairs@ichr.uwa.edu.au.

ENHANCING INDIGENOUS CAPACITY: Building A Sustainable Future

The Rio Tinto Child Health Partnership is pleased to be hosting a second two-day national symposium, **ENHANCING INDIGENOUS CAPACITY: Building a Sustainable Future**, which will focus on workforce development in Indigenous maternal and child health

Following on from the success of the START OUT STRONG: A healthy beginning in life, national symposium in May 2006,

This symposium provides an opportunity to bring together the views and experiences of people in health, research, education, training, government sectors, Aboriginal communities and organisations.

Participants will share their success stories, workshop new strategies for enhancing and retaining a representative and culturally secure workforce in Indigenous maternal and child health, learn about ways of addressing particular maternal and child health issues including maternal alcohol and tobacco use.

Through workshops, presentations and keynote forums, the aim of the national symposium is to showcase, inform, instruct and inspire.

JURISDICTIONAL PROJECT UPDATES

NORTHERN TERRITORY

The Department of Health and Community Services has produced a five year Framework for Action on Aboriginal Health and Families. The framework is based on a life course approach to the planning and delivery of services to Indigenous communities.

The framework priorities four key periods in life that impact on Aboriginal health and family wellbeing. They are:

- o Early Years
- o Adolescence and Transition from School
- o Family Years
- o Granny Years.

The framework will direct the future activities, programs and services of the Department and is aimed at establishing an integrated, comprehensive primary health care system in the Northern Territory. The Office of Aboriginal Health, Family and Social Policy has been established within the Department to specifically lead the implementation of the framework and ensure a collaborative approach to achieving better health outcomes in Indigenous communities. All projects and activities undertaken within the partnership in the Northern Territory will be directed by the framework and its methodological approach.

WESTERN AUSTRALIA

The Partnership is operating in the Pilbara through the Strong Women, Strong Babies, Strong Culture (SWSBSC) program. The SWSBSC program works to encourage Aboriginal women to visit clinics for their antenatal care at an early stage during their pregnancy. Through the involvement of senior Aboriginal women, the SWSBSC program offers advice and support to younger women during their pregnancy and promotes healthier practices in a culturally appropriate and safe manner.

A major aim of the SWSBSC program is to increase infant birth weights and improved maternal weight status through earlier attendance for antenatal care. Birthweight is commonly used as a measure of antenatal care and as a key indicator of the health status of the infant. Lower birthweight is associated with a higher risk of a number of chronic diseases in adult life and as such, a person's life expectancy.

The project has commenced in a second site in the East Kimberley with Ms Cissy Gore Birch managing the program sites in Kalumbaru, Oombulgarri and Warmun. Activities undertaken in the East Kimberley to date include establishment of a Mums & Bubs and Dads & Bubs play group, and a Kids Festival promoting healthy family messages.

QUEENSLAND

The Healthy Pregnancy and Baby Resources Kit for Health Promotion, Early Intervention and Prevention has been completed with 20 copies of the kit produced for trialling. The kits provide information on the risk and protective factors for a health pregnancy and baby and are designed to assist in developing community capacity in relation to promotion, prevention and early intervention strategies to reduce prenatal exposure of the mothers to smoking and alcohol use. The kits are designed to be adaptable to the needs of individual communities and to provide different ways of educating people about maternal health utilising a variety of tools and materials including a CD, photos and overheads.

The three trial sites are building on existing Fetal Alcohol Spectrum Disorder (FASD) and smoking prevention research and methodological approaches to programs designed to deliver services that reflect a holistic approach to the mother, baby and family that is in accordance with best practice processes and is culturally appropriate. In each of the sites the Health Promotion Officers

are developing their own community action plans with new measures/strategies that will also build on existing activities that have proved successful.

Trial Site 1: Inala Community Health Service

A new project officer has been appointed - Ms Lorian Hayes who is a well respected expert in health promotion and prevention programs to reduce Foetal alcohol syndrome. Ms Hayes had previously worked on the Partnership when she was employed within the Queensland Department of Health.

Trial Site 2: Townsville Aboriginal & Islander Community Health Service

Activities to date include the implementation of a Smoking Cessation program for pregnant women, the development of health promotional resources relating to smoking and drinking, presentation of monthly displays with a health theme in the Mums & Babies clinic, the distribution of monthly Mums and Babies newsletter, a weekly morning tea health topic information sessions for pregnant women and the establishment of a teenage pregnancy support group.

Trial Site 3: Woorabinda

A new project trial site has been identified – Woorabinda which is 175 kilometres from Rockhampton with a population of approximately 1200 people. Woorabinda has replaced the Kowanyama trial site. The site will be implementing the ‘Woolcare’ program. The program is intended to:

- Increase the skills of Health Workers in the identification of and response to risk factors during pregnancy;
- Increase expecting mothers awareness of factors which contribute to positive birth outcomes;
- Increase access to information and intervention relate to tobacco, cannabis and alcohol consumption; and
- Reduce the prevalence of smoking and alcohol consumption amongst pregnant women.

Ms Shirley Perkins has been appointed as the Health Promotion Officer for Woorabinda and has already developed a work plan for implementation initiatives around health promotion and established a community reference group.

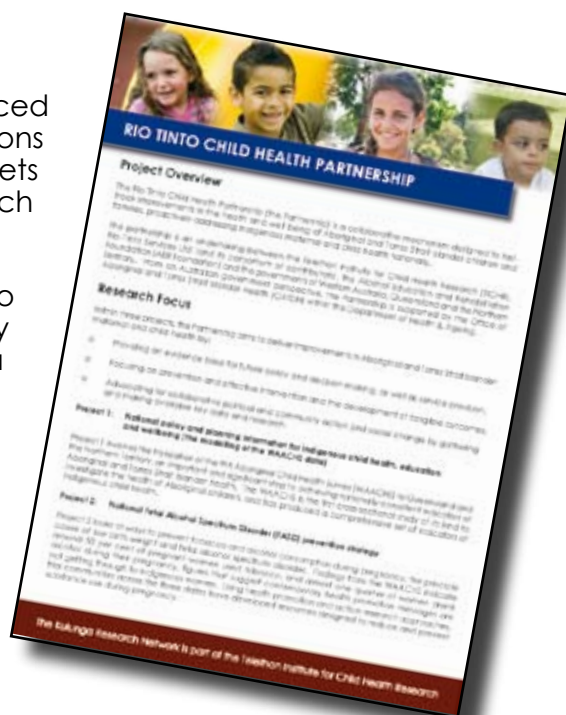
PROMOTIONAL MATERIAL

A fact sheet on the Partnership has been produced by the Partnership’s Manager and Communications Officer as part of a broader series of fact sheets highlighting the work of the Kulunga Research Network.

The intention of the RTCHP fact sheet is to communicate the work of the Partnership by translating the research projects and findings in a concise and easily accessible format.

It is anticipated that it will be updated in six months to include information on the 2007 national symposium and any updates on projects that may occur during that time.

The fact sheet will be available electronically on the Kulunga website and will be linked to each Partner’s website in the future.



Above: The RTCHP Fact Sheet

ALCOHOL AND PREGNANCY UPDATE

The Alcohol and Pregnancy Project at the Telethon Institute for Child Health Research, aims to develop and evaluate evidence-based health promotion material for health professionals to use when advising women on alcohol use and its consequences during pregnancy.

The Project is based on previous research which found that most health professionals do not enquire about or provide women with information on the consequences of alcohol use during pregnancy, and most reported their need for resources such as written material for themselves and for distribution to clients.

The consequences of alcohol use in pregnancy may include physical, mental, behavioural, and learning disabilities with possible lifelong implications. Fetal Alcohol Spectrum Disorder is a general term that describes the range of effects that can occur in an individual who was exposed to alcohol during pregnancy.

Consultation with the community and health professionals and the collection of information and materials about alcohol use in pregnancy are key components of the Alcohol and Pregnancy Project. An Aboriginal Community Reference Group and a Consumer and Community Reference Group have met throughout the year and have provided valuable input and perspective in several areas of the project.

To inform the development of materials, qualitative data have been collected from a range of health professionals and women in the metropolitan area, the Kimberley and the Goldfields. The interviews and focus groups explored the experiences of health professionals in communicating about alcohol use in pregnancy and its effects, and provided insight into what information and materials may support health professionals knowledge and advice.

The project also explored issues relating to the communication on alcohol use during pregnancy and its effects on the unborn child by speaking with Aboriginal and non-Aboriginal women.

The findings from these interviews and focus groups have informed the production of evidence-based health promotion material for health professionals and for health professionals to give to women to supplement their advice.

Currently these materials are being pre-tested with health professionals and women in the community to ensure that they would be happy to receive them. Any necessary amendments will be made prior to final production. The Alcohol and Pregnancy: Health Professionals Making a Difference materials will be disseminated to health professionals throughout WA early in 2007.

The Alcohol and Pregnancy Project has been made possible by funding from Healthway and is a collaboration between researchers at the Telethon Institute for Child Health Research, Edith Cowan University, Curtin University of Technology, University of Sydney and the WA Department of Health.

SITE VISITS

Over the next coming months representatives from the Partnership will be undertaking visits to the sites within each of the jurisdictions. These include three sites in Queensland and two in the Pilbara and East Kimberley in Western Australia.

These visits will provide an opportunity for the Partnership to see the range of activities and the progress being made on each of its key objectives.

The first of the site visits will take place in early February in Darwin, Northern Territory.

MORE THAN 50% OF WOMEN DRINK ALCOHOL WHILE PREGNANT

A new study by researchers at the Telethon Institute for Child Health Research has found that more than half of West Australian women surveyed drank alcohol during pregnancy.

The report, published in the February issue of the international journal *Alcoholism: Clinical & Experimental Research*, also found that nearly half had not planned their pregnancy, and 80% consumed alcohol in the three months before conception.

Report author Lyn Colvin said the findings have important implications for health promotion.

"Binge drinking among women of child bearing age is of particular concern. The findings that 14.2 percent of women surveyed consumed five or more standard drinks per occasion during the three months prior to pregnancy, and that almost half of the pregnancies were unplanned pregnancies, indicate that many women may have exposed their babies to high levels of alcohol before they were aware of their pregnancy," she said

"It's important that women understand that there is no known safe level of alcohol consumption during pregnancy. We recommend not drinking as the safest option because the impact of alcohol on the fetus depends on so many factors including the stage of pregnancy, the frequency of consumption and the type of beverage consumed."

Ms Colvin said that complications due to drinking during pregnancy can range from the very serious Fetal Alcohol Syndrome to the often less severe but more common Fetal Alcohol Spectrum Disorders which include behavioural and developmental difficulties.

She said it was encouraging that many women who drank alcohol reduced their consumption in the first trimester of pregnancy.

"It suggests to us that with appropriate education, more women will reduce or abstain from consuming alcohol when they are pregnant or might soon become pregnant," she said

"It's also important that while we raise awareness that we don't generate undue fear or guilt. Most pregnancies are healthy, but women also have a right to know about the risks to a baby from alcohol and, if they are drinking, they need to take precautions to prevent unplanned pregnancies."

The findings are based on a survey of 4,839 women taken 12 weeks after delivery. It represents a 10-percent random sample of all non-Indigenous women giving birth in Western Australia.

FURTHER INFORMATION

For more information on the Rio Tinto Child Health Partnership, please visit our website at: www.ichr.uwa.edu.au/kulunga or contact us at:

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