

Rationale for the structure of the RHD Endgame Report

There is no existing or agreed framework for presenting comprehensive research outcomes and translational recommendations to Government or other stakeholders. A review of recommendation document from other diseases of disparity is underway to identify critical inclusions components. However, the overarching architecture for the Endgame report can be developed in the interim, informed by the needs of target end users and pragmatic choices about inclusions.

Suprastructure

The overarching structure of the RHD Endgame report has three main concepts:

1. The burden of RHD → human, personal and economic impact.
2. Outline root causes of RHD → identification strategies to address these cases.
3. Modelling the effect of strategies → targets and recommendation

These paired presentations of cause and effect are intended to allow the presentation of existing evidence and inform opportunities for intervention.

Subheadings for Chapter 3 and 4: Causes of RHD

The direct and indirect causes of group A streptococcal infection, acute rheumatic fever and rheumatic heart disease can be thought of using several frameworks. The framing of these causes will inform thinking and presentation of potential strategies to address these causes.

Biomedical model

Classically, opportunities to intervene in RHD are presented as primordial prevention, primary prevention, secondary prevention and tertiary intervention. However, this framework is unique to this disease, does not readily articulate with other health priorities and privileges biomedical causes of RHD. Consultation with Aboriginal and Torres Strait Island representatives, clinicians and others working in RHD control suggests that a primordial-primary-secondary-tertiary framework is insufficient to accounts for the broad determinants of health and health outcomes for Indigenous Australians. Some elements of the biomedical model will be used in the Endgame Report but this simplified framework does not provide enough detail for structure the whole report.

Life course model

The determinants and consequences of ill health can be described using a life course approach. This life course model unifies medical and social research on burden of disease, social determinants of health, health service requirements and the lived experience of disease over time. The equity focus of the life course approach offers particular relevance for diseases of disparity, reflected in choice of a 'whole of life' model to underpin the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023. However, the life course model is more useful for articulating determinants of ill health, rather than identifying potential strategies to address established ill health. The life course model will be used to illustrate elements of the lived experience in the Endgame report but does not provide a natural fit for the final report.

Government Models

The Commonwealth Government has developed unique frameworks for conceptualising broad determinants of Indigenous health. Produced in collaboration with stakeholders and spanning a range of diseases of disparity, some of these models are subject to ongoing reporting. Their genesis means that frameworks are imbued with political commitments and a mandate for action.

1. **Close the Gap** is the most stable contemporary effort to tackle Aboriginal and Torres Strait Islander disadvantage in Australia. A Close the Gap report has been produced by Prime Minister and Cabinet annually since 2008.
2. The health components of Closing the Gap were addressed in detail through the **National Aboriginal and Torres Strait Islander Health Plan 2013 – 2023**. Released in 2013, the plan is strengths-based, incorporating the centrality of culture in the health of Aboriginal and Torres Strait Islander people. The plan underwent 17 consultation meetings and was informed by 140 submission on content and structure.
3. An **Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013 – 2031** was released in 2015 and reflects a ‘whole of life’ approach across seven key domains: health system effectiveness, maternal health and parenting, childhood health and development, adolescent and youth health, healthy adults, healthy aging, social and cultural determinants of health.
4. Outcomes of the Implementation Plan are reported using a pre-existing tool, the **Aboriginal and Torres Strait Islander Health Performance Framework** (HPF) developed in 2006. HPF reports are produced every 2 years by the Australian Health Ministers Advisors Council using Australian Institute of Health and Welfare data.
5. Rheumatic fever and rheumatic heart disease are already identified in Tier 1 of the HPF as a priority condition. Tier 2 provides an overview of the determinants of health and tier 3 addresses health system performance. This approach

Of these cascade of documents, the HPF seems to offer the best fit for articulating the causes and contributors to GAS infection, ARF and RHD. Tier 1 can be adapted to address the biomedical causes of infection, transmission and disease progression. Tiers 2 and 3 offer an opportunity to articulate the broad social and systems issues which contribute to outcomes of this disease.

Proposed approach:

Chapter 3 of Endgame Report will be grounded in the Health Performance Framework, with elements of a biomedical model and a life course approach. This maximises the chance of engaging Government with the recommendations, minimises duplication and provides some protection against shifting political priorities.



Tier 1 Health Status and Outcomes



Health conditions

- 1.01 Low birthweight
- 1.02 Top reasons for hospitalisation
- 1.03 Injury and poisoning
- 1.04 Respiratory disease
- 1.05 Circulatory disease
- 1.06 Acute rheumatic fever and rheumatic heart disease
- 1.07 High blood pressure
- 1.08 Cancer
- 1.09 Diabetes
- 1.10 Kidney disease
- 1.11 Oral health
- 1.12 HIV/AIDS, hepatitis and sexually transmissible infections

Human function

- 1.13 Community functioning
- 1.14 Disability
- 1.15 Ear health
- 1.16 Eye health

Life expectancy and wellbeing

- 1.17 Perceived health status
- 1.18 Social and emotional wellbeing
- 1.19 Life expectancy at birth

Deaths

- 1.20 Infant and child mortality
- 1.21 Perinatal mortality
- 1.22 All causes age-standardised death rates
- 1.23 Leading causes of mortality
- 1.24 Avoidable and preventable deaths



Tier 2 Determinants of Health



Environmental factors

- 2.01 Housing
- 2.02 Access to functional housing with utilities
- 2.03 Environmental tobacco smoke

Socio-economic factors

- 2.04 Literacy and numeracy
- 2.05 Education outcomes for young people
- 2.06 Educational participation and attainment of adults
- 2.07 Employment
- 2.08 Income
- 2.09 Index of disadvantage

Community capacity

- 2.10 Community safety
- 2.11 Contact with the criminal justice system
- 2.12 Child protection
- 2.13 Transport
- 2.14 Indigenous people with access to their traditional lands

Health behaviours

- 2.15 Tobacco use
- 2.16 Risky alcohol consumption
- 2.17 Drug and other substance use including inhalants
- 2.18 Physical activity
- 2.19 Dietary behaviour
- 2.20 Breastfeeding practices
- 2.21 Health behaviours during pregnancy

Person-related factors

- 2.22 Overweight and obesity



Tier 3 Health System Performance



Effective/Appropriate/Efficient

- 3.01 Antenatal care
- 3.02 Immunisation
- 3.03 Health promotion
- 3.04 Early detection and early treatment
- 3.05 Chronic disease management
- 3.06 Access to hospital procedures
- 3.07 Selected potentially preventable hospital admissions
- 3.08 Cultural competency

Responsive

- 3.09 Discharge against medical advice
- 3.10 Access to mental health services
- 3.11 Access to alcohol and drug services
- 3.12 Aboriginal and Torres Strait Islander people in the health workforce
- 3.13 Competent governance

Accessible

- 3.14 Access to services compared with need
- 3.15 Access to prescription medicines
- 3.16 Access to after-hours primary health care

Continuous

- 3.17 Regular GP or health service
- 3.18 Care planning for chronic diseases

Capable

- 3.19 Accreditation
- 3.20 Aboriginal and Torres Strait Islander peoples training for health related disciplines

Sustainable

- 3.21 Expenditure on Aboriginal and Torres Strait Islander health compared to need
- 3.22 Recruitment and retention of staff

Structure of the Aboriginal and Torres Strait Islander Health Performance Framework