Background Note 1 | March 2018

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 Minster 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.

Structure of the Aboriginal and Torres Strait Islander Health Performance Framework