THE UNINVITED GUEST: REINFECTION THROUGH REMOTE COMMUNITY MOVEMENT

THE NEED

The crisis in Aboriginal health is at its most acute in remote communities. This is well understood. That this crisis culminates in a 17-year gap between the life expectancy of Indigenous and non-Indigenous Australians, similarly, is known and understood. Obviously, it means that Aboriginal people in remote communities die young, and everyone goes to a lot of funerals. In fact, in remote Top End communities, they're the most common form of community event. This means that people move about a lot. Traditionally, and now more than ever, as people gather to mourn yet another loss.

Less obvious is the headache this causes for community health. Mobility means reinfection. Just as you get scabies under control in a household or community, for example, a new influx of people into town means you're back at square one. No sooner than you've eradicated trachoma then a new family arrives with the condition. It's frustrating, and so is the fact that we're working within Western service paradigms and treatment protocols that don't factor remote Aboriginal realities.

THE PARTNERSHIP OPPORTUNITY

This project involves ongoing collaborations with demographic investigators from the University of Melbourne and Charles Darwin University. It is a major study to establish patterns of mobility among remote Aboriginal populations. It will bring together mathematical modelers and health researchers, Aboriginal community leaders and health service providers. It will share its findings and recommendations with government housing and health care providers. It will incorporate smart technologies such as GPS tracking, and novel community education campaigns that respond to realities on the ground as we attempt to contain disease spread.

THE IMPACT

At Menzies, in Indigenous health research and practice, we understand the job in front of us better than ever. This is hard work, with intractable health issues that have become endemic in Aboriginal communities. It will take dedicated effort over years and decades. Critically, it will take a much better understanding of, with due adjustments for, the realities of life in remote communities. Clearly, some of those realities are untenable, and must be tackled in tandem. But the fact of ongoing population mobility hasn't been accounted for in the ways we tackle community infections, but if we're going to 'win' here, we absolutely must.

This project promises a major impact on infectious diseases such as scabies, trachoma, skin infections, and influenza. At any time, one in two Indigenous kids will have a severe skin sore. At Menzies, we're looking to a future in which we can get this down to one in 100, or one in 1,000. But until we understand the movement of people, and design new solutions and treatment protocols, this will be impossible.

Work such as this – factoring the social determinants of health – is non-negotiable if we're serious about closing the gap between Indigenous and non-Indigenous lifelong health and overall life expectancy.

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PARTNERSHIP SOUGHT

Menzies requires $250,000 to conduct this project over two years, including $100,000 to support part of a post-doctoral salary; $30,000 to support part of a project officer salary; $40,000 to support salaries for community based researchers; $40,000 of travel related costs to and from remote communities, Darwin and Melbourne and $40,000 for mobile phone and Facebook app development.

FACTS AND STATS

- While Australia is on track to eliminate trachoma by 2020 there are still 'hot spots' with endemic levels of trachoma (over 5% prevalence rate for three consecutive years) that will require continued focused efforts, including antibiotic distribution, health promotion and environmental improvements to facilitate facial cleanliness.
- In the Northern Territory, trachoma rates are as high as one in four. Along the Eastern seaboard, it is virtually non-existent
- In remote communities, up to 70% of children are affected by infectious skin diseases before their first birthday, with some statistics putting skin sore prevalence as high as 90% of all remote children.
- At any time, 50% of children and 25% of adults in remote communities will have a severe skin sore
- Menzies' work towards skin disease eradication – with routine screenings and better treatment regimes – has resulted in a 15% decrease in rates of infection
- Indigenous people were 12 times as likely as non-Indigenous to be hospitalized with swine flu in 2009 as a result of the rapid spread of disease and underlying health problems

"It's one thing to say to wash everything in your house in boiling water and don't touch anyone who's still infected, but if your house doesn't have a working washing machine and you're suddenly sharing your bedroom with six members of your extended family, what then? You're going to need a different response. Menzies is at the forefront of work to determine the social determinants of health, and to design better responses, duly armed with clear evidence and long experience in the remote context." *– Associate Professor Steven Tong*

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