

**APHCRI STREAM 7 LINKAGE and EXCHANGE TRAVELLING  
FELLOWSHIP – FINAL REPORT, 31 JANUARY 2008**

Elizabeth McDonald  
Menzies School of Health Research

**The Stream 4 Linkage and Exchange Program**

*Topic Area:* Children and young Australians, health promotion and prevention

*Review Title:* Interventions to Prevent Growth Faltering in Children in Remote Indigenous Communities

*Investigators:* Ross Bailie, Elizabeth McDonald, Alice Rumbold, Peter Morris and Barbara Patterson.

*Research Question:* What preventive or health promotion program models/approaches are most likely to improve patterns of growth faltering in children  $\leq 5$  years of age in the Australian remote Indigenous community context, and do the models or the nature of the evidence vary depending on the age of the child?

*Reflecting on the Stream 4 Process*

Linking with the other review teams provided good opportunities for networking, sharing ideas and expanding our knowledge concerning the different issues associated with, and approaches that may be taken, to conducting systematic reviews. However, opportunities to link and exchange information on our review topic were limited as there was only one other group who was conducting a review that came under the same topic area. While initially the plan was for our groups to work closely together, it soon became apparent that our problem of interest, population of interest and the approaches each child health team chose to conduct their reviews, had little in common. Hence, outside the meetings facilitated by APHCRI in Canberra, communications between the two groups were limited. However, this did not detract from the overall positive experience and benefits of participating in Stream 4.

The process followed for Stream 4 was satisfactory. Not coming from a major centre on the eastern seaboard of Australia did put our group at somewhat of a disadvantage because the cost of travel and time out required to travel the longer distance meant that, except for on one occasion, only one person from our team could attend the meetings in Canberra. On most occasions the other groups, bar the group from Western Australia, had two to four group members attending. However, this issue is relatively minor.

We found using the 1:3:25 approach to present review methods very challenging. It was not possible to meet the 25 page limit. This may have been due to our review topic being so complex. We were generally unhappy with the constraints of the 1 page summary requirement, having to leave off what we believed to be some important information. Completing the 3 page summary presented no problems. The 1:3:25 templates that APHCRI supplied to use to write up the review we found to be too complex and restrictive. They were not suitable to easily present the type of information generated by our review.

The systematic reviews could be more widely disseminated by alerting policy officers to their existence through listing the documents on the APO's Weekly Briefing WWW site which is edited by the Institute of Social Research, Swinburne Institute of Technology.

### **The Stream 7 Linkage and Exchange Travelling Fellowship – Liz McDonald**

The Stream 7 Linkage and Exchange Travelling Fellowship program provided me with the opportunity to investigate and increase my knowledge on a number of water, sanitation, hygiene and nutrition factors relevant to child health and remote Indigenous communities. In particular, it provided an opportunity to interact face to face with the developers of existing cause-effect environmental health models and frameworks and gain a better understanding of the theory that underlies the existing cause-effect child environmental health model and framework. At the same time I was able to explore with key persons issues concerning getting research evidence into policy and practice.

*Overseas Linkage and Exchange Activities*

**21 November 2007 - INTARESE Annual Project Meeting, Prague.**

The INTARESE Consortium (<http://www.intarese.org/>) is a European Union funded project that comprises a total of 33 partners, from many of the leading research and user organisations in Europe – including 10 universities, 17 national research institutions/centres, 4 national governmental agencies, 1 inter-governmental organisation and 1 representative from industry. INTARESE brings together a team of internationally lead scientists in the areas of epidemiology, environmental science and biosciences to collaborate on developing and applying new, integrated approaches to the assessment of environmental health risks and consequences, in support of European policy on environmental health. A major aim of INTARESE is to develop a conceptual framework within which to bring together the latest scientific evidence across all the relevant environmental sectors and disciplines as a basis for integrated assessment of both environmental and health impacts and risks. The project is co-ordinated at Imperial College London – led by Prof. David Briggs.

The key theme at the November 2007 meeting was the issues and challenges of achieving integrated assessment. The content of presentations and following discussions were research oriented, however, it was also interesting to observe the workings of a very large project based on the principles of linkage and exchange between individuals, teams and research institutions across borders. The need for teams to build in linkage and exchange mechanisms and taking an integrated approach to research was a condition of grant funding. The formal and informal discussions concerning how willing individuals and institutions are prepared to work cooperatively and share information, as well as issues such as institutional constraints to working collaboratively, were very interesting. The approach appears to have achieved mixed success so far. Further interesting discussion centred on the tensions brought about by the funders/policy makers stipulating the parameters of the research to be conducted.

I am grateful to Prof Briggs for facilitating my invitation to attend this workshop.

**26 November – 18 December 2007 –Environmental Health Group, London School of Hygiene and Tropical Medicine (LSHTM)**

Prof. Sandy Cairncross, Prof. of Environmental Health, supervised my placement at the LSHTM. The objective of my placement was to broaden my knowledge on water, sanitation and hygiene improvement models and approaches and establish an ongoing linkage and exchange, and generally collaboratively working relationship, with individuals and teams in the LSHTM Environmental Health Group. My placement proved to be very successful. I was introduced to a number of experts in their field, all of whom were very welcoming and generous with their time. The exchange was not one-way and I was able to share information on work being completed in Indigenous health in the Northern Territory, e.g. on promoting hand washing. By the end of my stay I had established good working relationships with many members of the LSHTM Environmental Health Team with the intention of working in collaboration on shared research areas of interest in the future. During my placement I presented at a team meeting, giving an overview of Australian Indigenous child health issues and a summary of our research findings.

**6 December 2007 – Children’s Environmental Health Indicators’ (CEHIs) Secretariat, World Health Organisation (WHO), Geneva.**

Fiona Gore, CEHIs Secretariat, facilitated a one day visit for me at WHO to learn more about WHO’s CEHIs initiative and application of the MEME Model. During my visit I met a number of WHO personnel who work in the area of children’s environmental health and indigenous health, including Dr Jenny Pronczuk, the head of the WHO Children’s Environmental Health Division. The visit provided a good opportunity to cement an already established link with the CEHI Secretariat. While the objective of my visit to WHO was to gather as much information as possible to help develop CEHIs for use in remote Indigenous communities, personnel at WHO were equally interested in the approach we are planning and wish to be kept informed of our initiatives and progress to disseminate information about our work more widely.

### **17 December 2007 – Meeting with Prof David Briggs, Prof Environmental Health, Imperial College London.**

This was a follow-up meeting with Prof Briggs as we had already met at the workshop in Prague. At this meeting we discussed in depth the use of the Multiple Exposure Multiple Effects (MEME) model which Prof Briggs developed and issues about developing children's environment health indicators for use in remote Indigenous communities. The discussion was invaluable in helping to plan developing indicators based on the MEME model. Prof Briggs also provided me with introductions and contact details for other key persons who were likely to be able to support this work. He agreed to review and comment on work in progress.

### **Comparing Stream 4 results with the International Context**

The approach taken in our review and review findings are generally consistent with other research completed or underway in the area of trying to improve child health in contexts of poverty. My visit to WHO reinforced this perception. Finding ways to address the social determinants of poor child health and taking a long term approach is providing a difficult challenge for all health researchers, most of whom undertake research that looks to identify better treatment options or develop vaccines to prevent disease. Much of the existing research on poor child health in contexts of poverty takes place in economically poor developing countries and findings need to be adapted for the Australian context. There is little research published that focuses on addressing poor child health in resource rich countries such as Australia where often political and social factors contribute as much to poor Indigenous child health as poor economic circumstances.

### **Conclusion**

Drawing from the knowledge I gained and my observations while overseas, several issues stand out. I found the issues surrounding trying to get evidence into policy, and policy into practice, are common across the globe. It appears that the political imperative dominates the content of policy and frequently what research is funded. This is the case of WHO whose work is dependent on funding from powerful donor countries. I was struck by the fact that wherever I went the researchers I met were welcoming and eager to

share information and learn of research happening in the Northern Territory. Broadening my network enabled me to assess the suitability of the existing models and frameworks for use in remote Indigenous communities. I was able to establish good ongoing relationships with leaders in the field and these persons have indicated their ready availability to provide ongoing advice at all stages of indicator development, trialling, implementation and evaluation.

I would like to thank APHCRI for the opportunities provided to me in winning the Stream 7 Linkage and Exchange Travelling Fellowship.