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## #126 - Implementation of preventive chronic disease health checks for Indigenous Australians: a realist review

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### Objectives/aims

Regular structured, comprehensive health assessments are available through the Medicare Benefits Schedule in the prevention and early detection of chronic diseases among Aboriginal and Torres Strait Islander people in Australia. However, there has been no comprehensive evidence to guide the implementation of health checks for Aboriginal and Torres Strait Islander people. Therefore, the current study to identify context-specific enablers and barriers and contribute to developing a program theory to guide the implementation of preventive chronic disease health checks for Aboriginal and Torres Strait Islander people.

### Methods

This study involved the following steps (i) Aboriginal and Torres Strait Islander engagement and research governance (ii) defining the scope of the review; (iii) developing the search strategy; (iv) screening, study selection, and appraisal; (v) data extraction and organisation of evidence; (vi) data synthesis and drawing conclusions. This realist review involved secondary (period 1 November 1999 to 31 June 2022) and primary qualitative data (2023) to gain a deeper understanding of context and underlying mechanisms that influence the implementation of health checks in the prevention and early detection of chronic diseases among Aboriginal and Torres Strait Islander people in Australia. This study involved the triangulation of data from 16 full-text articles, five grey literature documents, 15 in-depth interviews, and three focus group discussions with patients and Indigenous healthcare providers.

### Main findings

Context-specific enablers and barriers affecting health checks' implementation for Aboriginal and Torres Strait Islander people operate at the policy and health systems, practice environment, and patient and community level. Major enablers identified in this review were: culturally competent practice staff, availability of current practice protocols/procedures, delineating clear responsibilities of staff, offering transport and incentives, a system of sending a reminder to patients to book their next health check appointment, and in-house IT support to improve staff efficiency to complete health checks. The shared decision-making and patient-centered approaches with a friendly

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feedback system (smiley faces and yarn with drivers) were crucial for a stepwise approach to completing the health check at primary health care and were achieved through strong Indigenous participation or formal partnership with local communities. Conversely, barriers included time pressures for both patient and practice staff, experience of discrimination and racism, lack of clarity about the completion of health checks amongst practice staff, workforce issues, lack of cultural safety competent staff, limitations in staff capacity to use complex clinical information systems and lack of effective cultural and local clinical leadership. The lack of holistic approaches to address priorities identified by patients was a notable barrier to health check utilisation. The service level factors were underpinned by resource constraints, for example in remote areas that included inadequate infrastructure and resources, and limited skills of practice staffs across Indigenous and non-Indigenous primary health care services, suggesting a need for interventions and policies specific to the local context/settings. This study also generated a program theory that was iteratively refined with subject experts and Aboriginal and Torres Strait Islander consumers to guide the implementation of health checks in the prevention and early detection of chronic diseases for Aboriginal and Torres Strait Islander people. However, the evidence base is not sufficiently methodologically sound to make general inferences about the effectiveness of particular methods or approaches.

## Conclusion

This study provides an understanding of how Aboriginal and Torres Strait Islander annual health checks are being provided and identified opportunities to improve the prevention and early detection of chronic disease across Indigenous and non-Indigenous primary health care services. A program theory developed from this study will help academics, policymakers, and service providers to identify opportunities and strategies for service improvement regarding preventive health checks at the primary healthcare level.