

The Coolamon Study

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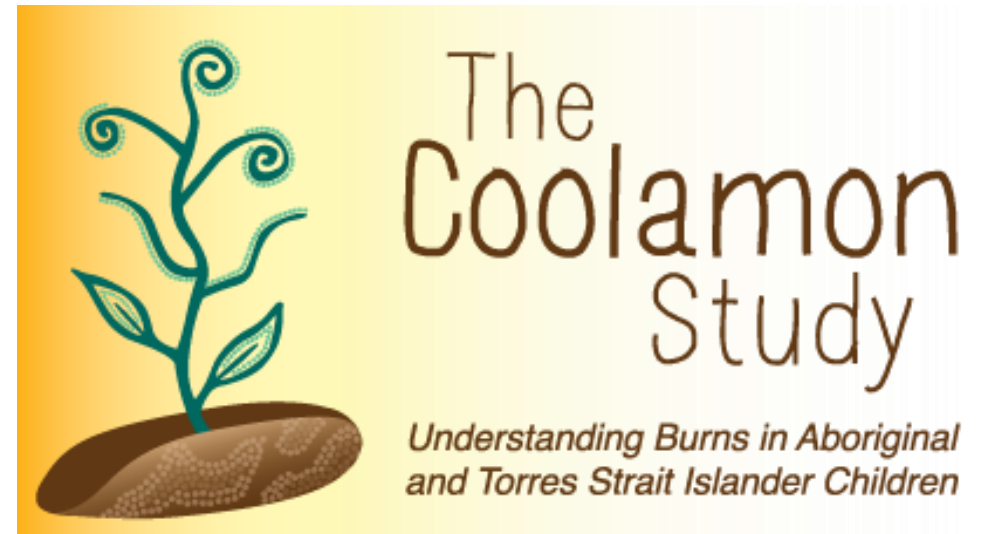
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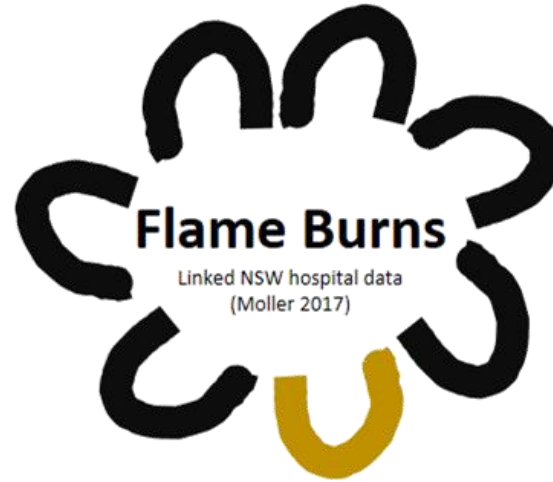
🐦 @courtcryder



Acknowledgement of Country

We acknowledge and respect the traditional lands of all Aboriginal people, we respect all Elders past, present & future. We ask all people that walk, work & live on traditional Aboriginal lands, to be respectful of culture & traditions and work together as one to better Aboriginal Health.

● What do we know? ... Not much ...



- Moller et al 2017:
 - Higher rates of hospitalisation in Aboriginal children, rate increases (17.6) with remoteness
 - With hospitalisation length of stay is greater
 - Flame burns incidence greater



BMJ Open Understanding burn injuries in Aboriginal and Torres Strait Islander children: protocol for a prospective cohort study

Rebecca Q Ivers,^{1,2} Kate Hunter,^{1,3} Kathleen Clapham,⁴ Julieann Coombes,¹ Sarah Fraser,² Serigne Lo,¹ Belinda Gabbe,⁵ Delia Hendrie,⁶ David Read,⁷ Roy Kimble,⁸ Anthony Sparnon,⁹ Kellie Stockton,⁸ Renee Simpson,⁷ Linda Quinn,⁹ Kurt Towers,¹⁰ Tom Potokar,¹¹ Tamara Mackean,¹² Julian Grant,² Ronan A Lyons,¹³ Lindsey Jones,¹⁴ Sandra Eades,¹⁵ John Daniels,⁴ Andrew J A Holland^{14,16}

To cite: Ivers RQ, Hunter K, Clapham K, *et al*. Understanding burn injuries in Aboriginal and Torres Strait Islander children: protocol for a prospective cohort study. *BMJ Open* 2015;5:e009826. doi:10.1136/bmjopen-2015-009826

ABSTRACT

Introduction: Although Aboriginal and Torres Strait Islander children in Australia have higher risk of burns compared with non-Aboriginal children, their access to burn care, particularly postdischarge care, is poorly understood, including the impact of care on functional outcomes. The objective of this study is to describe the burden of burns, access to care and functional outcomes in Aboriginal and Torres Strait Islander children in Australia, and develop appropriate models of care.

Strengths and limitations of this study

- The study has support from peak Aboriginal health bodies, and data will be collected by Aboriginal research assistants or staff with significant experience working with Aboriginal people.
- The study will include detailed measures of cost of care as well as functional outcomes in Aboriginal and Torres Strait Islander children

Multi-Site



Source: Map Customise

Coolamon Study

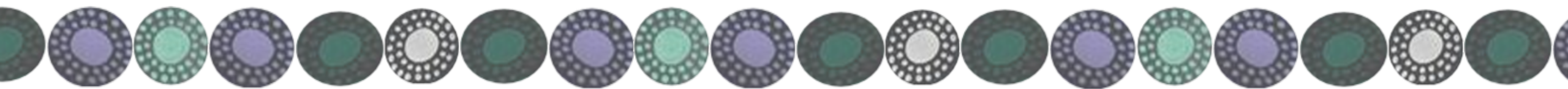
- **Study Aims (Ivers et al 2015):**

1. Describe impact of burns

2. Describe treatment received (including clinical guidelines)

3. Identify barriers to health care

4. Inform, development of clear and practical clinical guidelines



● Coolamon Study

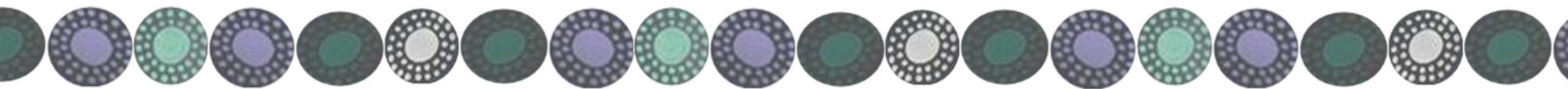
•NHMRC – Keeping Research On Track

Aboriginal ownership and involvement in study crucial

- Aboriginal investigators Cis & Als
- Aboriginal students x 3 – PhD
- Peak Aboriginal Community Controlled Health service support
- Aboriginal steering committee
- Community and health service input
- Capacity building & training



Image: Family participating in the study.



PhD Students



Models of Care – What Informs Burn Care?
Sarah Fraser, Flinders University (2015-19)

Determining the support needs of Aboriginal and Torres Strait Islander children and their families.

Hayley Williams, University of Queensland (2017-20)
Scholarships: NHMRC & CHF



Is Anybody Listening?
Julieann Coombes, University of Technology (2017-20)
Scholarship: Jumbunna

Burns Outcomes in Aboriginal and Torres Strait Islander Children
Courtney Ryder, University of New South Wales (2017-20)

Scholarship: NHMRC



● My Journey in Coolamon

Quality of life, associated psychological and economic family impacts, and trajectory of recovery in Aboriginal and Torres Strait Islander paediatric burns patients.

↓
Systematic Review

↓
Studies in PhD

1. BRANZ

2. OOPHE

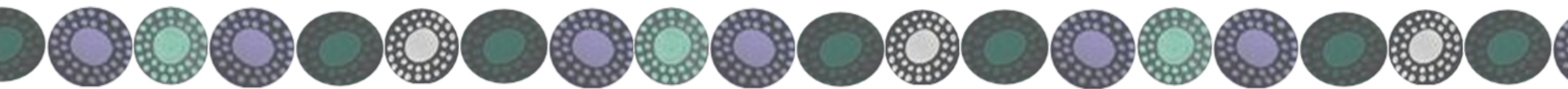
2a. Phase 1

2b. Phase 2

Coolamon Study

3. HRQoL

4. Parental Resilience



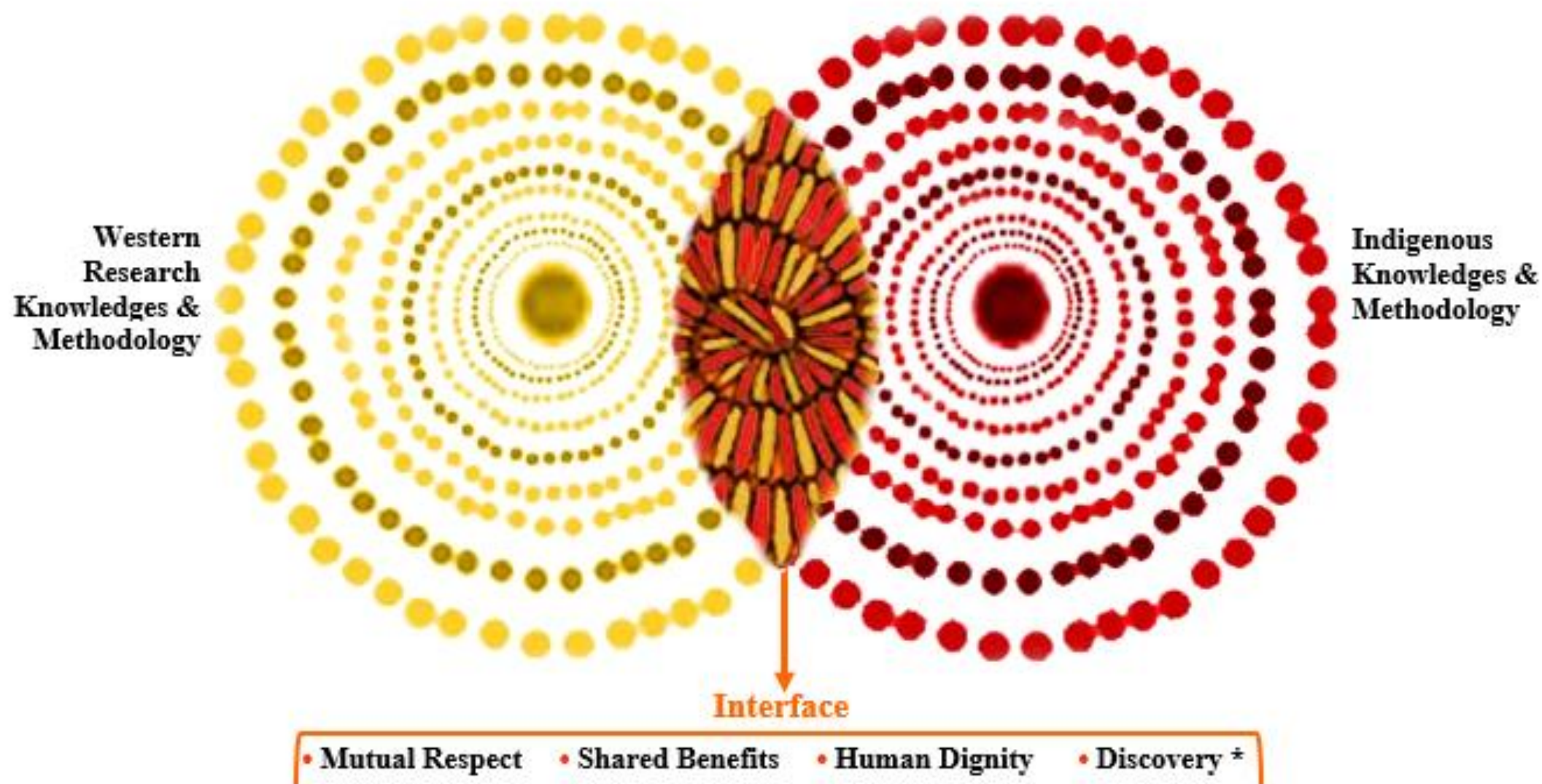


Figure 1. Visual representation of weaving a methodology for 'research at the interface' for the first author.

* The interface for science and Indigenous Knowledge from Durie 2004 (Durie, 2004a).

BRANZ Study

•Background



Hospitalisation Rates

Linked NSW hospital data (Moller 2017)

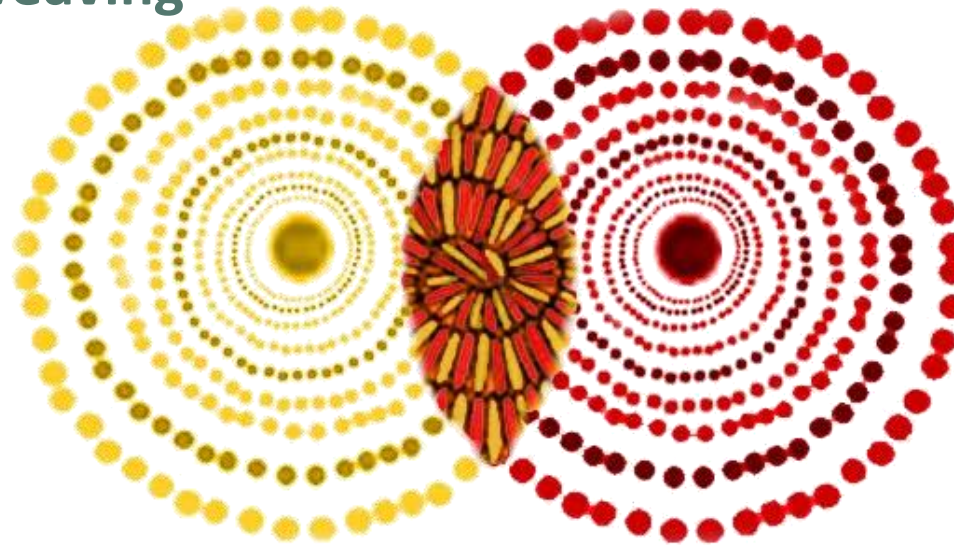
•Source & Participants

- Burns Registry of Australia & New Zealand
- July 2009 – July 2016, 7 years of data
- Australian Ethnicity, < 16 years, acute burns admission

•Methodology – Interface Weaving

Western Methods

Descriptive Statistics
Correlation – X^2
Cox Regression
Equity



Indigenous Methods

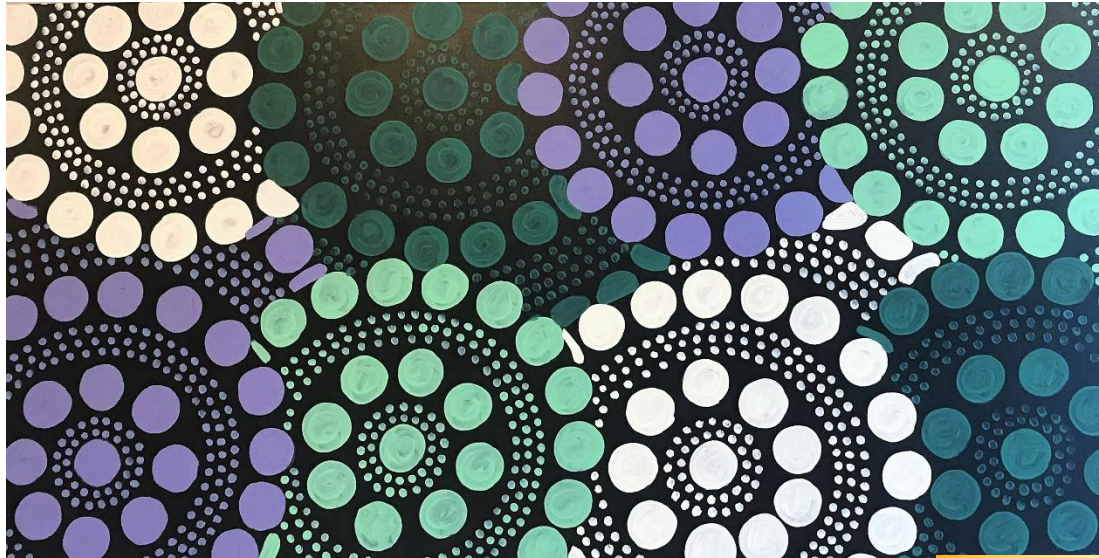
Decolonisation
Nyari Kari
Yuri Ingarnithii
Indigenist Research

•Data Analysis

- Stata Version 15.1

Cox Regression Model – Exploring Length of Stay

Variable	Children: Aboriginal & Torres Strait Islander			Other Australian		
	Discharge Ratio	95% CI		Discharge Ratio	95% CI	
Gender (male)	1.12	0.92	1.37	0.93	0.87	1.00
Age	<i>Note: < 1 year reference value</i>					
1-4yrs	1.12	0.74	1.70	1.00	0.89	1.12
5-9yrs	1.04	0.67	1.63	1.06	0.93	1.22
10-15yrs	1.06	0.67	1.68	1.07	0.93	1.23
Remote Area Index	<i>Note: Major City is reference value</i>					
RA2 - Inner Regional	0.89	0.61	1.28	1.09	1.00	1.20
RA3 - Outer Regional	1.26	0.95	1.68	1.32	1.18	1.48
RA4 - Remote	1.84	1.35	2.50	1.52	1.23	1.88
RA5 - Very Remote	1.85	1.32	2.60	1.67	1.22	2.29
Index of Relative Socio-Economic Advantage and Disadvantage	<i>Note: High (8-10) IRSAD is reference Value</i>					
Low: 1-3	1.05	0.74	1.47	1.01	0.93	1.10
Medium: 4-7	0.87	0.69	1.10	1.01	0.92	1.12
Primary Burn Cause	<i>Note: Scald is reference value</i>					
Contact	1.12	0.89	1.41	0.97	0.88	1.07
Flame	1.50	1.14	1.98	1.13	1.00	1.28
Friction	0.95	0.57	1.58	1.01	0.87	1.18
Other	1.63	1.02	2.59	0.94	0.79	1.11
% Total Body Surface Area	<i>Note: < 10 TBSA% is reference value</i>					
10-19%	1.73	1.19	2.50	1.82	1.62	2.05
> 19%	2.32	1.12	4.84	2.31	1.78	3.00
Bacterial Infection (B95X)	1.24	0.96	1.60	1.54	1.38	1.73
Theatre Procedure	1.74	1.38	2.18	1.04	0.96	1.12



Artwork by Zachary Bennett-Brook, artist and owner of Saltwater Dreamtime, a Torres Strait Islander contemporary artist born and raised in Wollongong (Dharawal Country).

*Artwork by Kylie Cassidy
Native Zests Bush food,
Art & Culture*

