We undertake research, service delivery and health care development initiatives that enhance the delivery, diagnosis, prevention and care of chronic and infectious diseases in remote Australia and for Aboriginal and Torres Strait Islander people with a particular focus on heart disease and diabetes.

Research Brief

The Clinical Services program is one of four complementary programs undertaken by Baker IDI Central Australia. Based in Alice Springs, this office undertakes synergistic programs covering the areas of clinical services research and delivery, health service research; global indigenous health and sexually transmissible infections and blood borne viruses. Baker IDI Central Australia is committed to identifying and answering gaps in existing knowledge that are relevant to health and health care in remote Australia and for Indigenous Australians, investing in translational activities which ensure new and existing knowledge leads to better health outcomes, providing health care services where there are gaps and synergies with our research activities and advocating more generally for health and health care equity in this setting. Our health services program has the skills, linkages and expertise required to undertake a broad range of activities including:

1. **Policy**: Comprehensive health service reviews and advice regarding the development of sustainable and appropriate models of care (renal, cardiac and respiratory services)

2. **Health service evaluation**: Development and delivery of focused continuous quality improvement programs spanning primary, specialist and hospital-based care and the Government, non-Government and Indigenous community-controlled health sector (pneumonia, COPD, rheumatic heart disease, remote specialist outreach)

3. **Health provider education**

4. **Pathophysiology**: studies of disease development (lung, vascular, infectious)

5. **Diagnosis**: Improved diagnosis of chronic disease in a remote setting (diabetes and heart disease)

6. **Clinical trials**: randomised controlled trials of smoking cessation and secondary prophylaxis programs for heart and lung disease, rehabilitation

Methodologies

Extends from detailed studies of organ-specific dysfunction (detailed lung function, echocardiography, airway inflammatory markers) to quantitative (clinical audit, clinical trials, health and disease burden surveys, epidemiologic case control and cohort studies) and qualitative research techniques. We also bring a suite of skills and experience pertinent to education, policy and protocol development and advocacy more generally. Finally we provide clinical care to ensure our work is firmly grounded in the needs of the patients and communities we serve.

Selected Publications

- How prepared are rural and remote health care practitioners to provide evidence-based management for people with chronic lung disease? Australian Journal of Rural Health 2012; 20: 200–207
- Four weeks of inspiratory muscle training improves self-paced walking performance in overweight and obese adults: a randomised controlled trial. The Journal of Obesity 2012 (epub 10 May 2012a)
- Infective Endocarditis and Rheumatic Heart Disease in the North of Australia. Heart, Lung and Circulation 2012; 21 (1): 38-41
**getting Every Child’s Heart Okay**
Echocardiographic screening for rheumatic heart disease in 5000 children across northern and central Australia.

**Kimberley BOLD**
Risk factors for and prevalence of obstructive lung disease in remote and Aboriginal Australians.

**BOABS – Be Our Ally Beat Smoking**
A primary healthcare based randomised controlled trial of an Aboriginal Australian-led multidimensional intervention to help Aboriginal people stop smoking in remote Australia.