



Kimberley mob on the machine do as well as other mob



What was the study about?

- If your kidneys fail you might be put on the machine (haemodialysis), on the bags (peritoneal dialysis), or receive a new kidney (transplantation).
- We wanted to find out who in the Kimberley needed treatment when their kidneys failed.
- We also wanted to see how well the Kimberley mob who were on the machine did compared with other Aboriginal and Torres Strait Islander mob from NT, rest of WA, rest of Australia and non-Indigenous patients.

How was this study done?

- With the help of clinic staff from KSDC, RPH, and others we collected data about how many Kimberley mob received each type of treatment during 2003-2007.
- We also received information about people on the machine (no names were mentioned):
 - How old they were when their kidneys failed,
 - Male or female,
 - How their treatment went,
 - Other diseases (eg diabetes),
 - How many were seen too late by the doctor,
 - How many died.



What were the results?

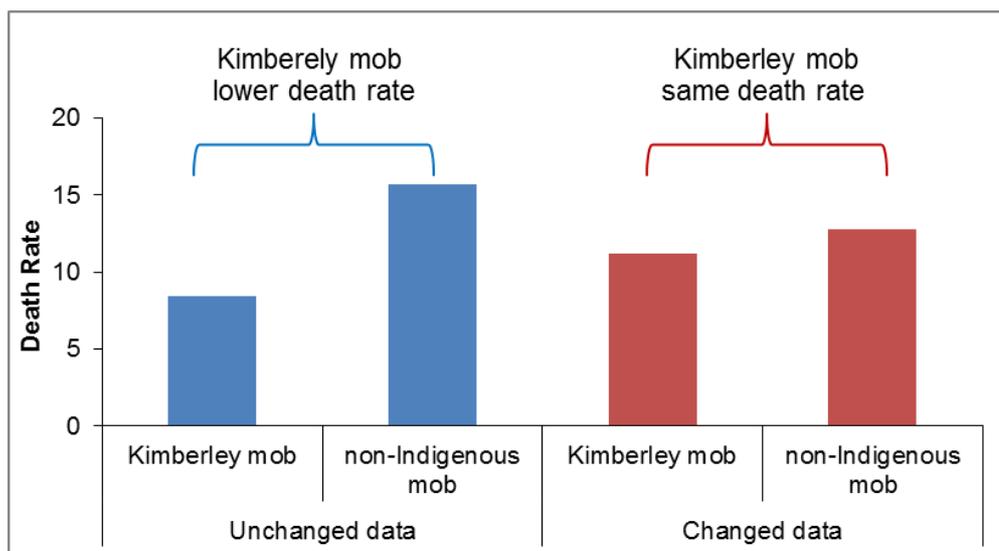
What we found about Kimberley mob:

- Over 5 years, 77 Kimberley mob's kidneys failed and they started treatment. This means that 1 in 1000 Aboriginal and Torres Strait Islander mob in the Kimberley start treatment each year.
- This is similar to the number of Aboriginal people in the NT who start each year.
- This is a lot when you compare it to non-Indigenous people, which is 10 times lower.
- Most of the Kimberley mob are on the machine (70%), and most of these receive treatment in Broome at KSDC (70%).
- Patients at KSDC turn up to nearly all of the treatment (96%).

On the machine – Kimberley mob compared to others:

- Aboriginal and Torres Strait Islander mob were more likely to be
 - younger,
 - female,
 - have more other diseases (eg diabetes) .
- Most Kimberley mob were seen too late by the doctor.
- The treatment for each group went OK.

- There were half the number of deaths for the Kimberley mob compared to non-Indigenous patients.
- But the Kimberley mob were younger and we would expect them to live longer than the non-Indigenous patients, who were older. This lowered the death rate for the Kimberley mob.
- So we had to change the data to take this into account. After we did this there was no difference in death rate between the Kimberley mob and others (see picture below).
- This is the first study showing similar treatment and death rates for Aboriginal and Torres Strait Islander mob from a remote area of Australia and non-Indigenous people on the machine.



What does this mean?

- KSDC delivers most of the treatment for Kimberley mob who are on the machine.
- It is culturally safe treatment that is close to home, and Kimberley mob are happy to attend.
- KSDC is managed by an Aboriginal community control health service in a remote location. With help from RPH, health outcomes for the Kimberley mob are similar to those of non-Indigenous people on the machine. Treatment in the Kimberley allows the Kimberley mob to have a better life than if they receive treatment in Perth.
- We need to lower the number of Kimberley mob whose kidney fail each year.
- Until this happens, we need more machines in Kimberley health services that feel more like home.

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This study was a joint project between the Kimberley Aboriginal Medical Services Council, The Rural Clinical School of Western Australia, ANZDATA and Royal Perth Hospital. If you have any questions or comments please direct them to Associate Professor Julia Marley by email (Julia.Marley@uwa.edu.au) or phone (08) 9193 6043.