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REVIEW ARTICLE

Community events to increase uptake of Indigenous-specific health assessments: a scoping review

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ABSTRACT:

Introduction: Innovative, culturally safe strategies are required to address the disproportionate level of poorer health outcomes for Indigenous people in Australia compared to non-Indigenous populations. An emerging body of evidence supports the efficacy of Indigenous-specific health assessments, or health checks, despite poor uptake since their introduction in Australia. This poor uptake is attributed to a range of system, patient and provider barriers. Services have begun to deliver preventative health assessments as a community event to address barriers faced by Aboriginal and Torres Strait Islander people in accessing quality preventative care. However, there is a lack of literature exploring how community events have increased the uptake of Indigenous-specific health assessments to date. We expect this review will underpin a larger study to better understand how community engagement supports increased uptake of health checks. The objective of this scoping review was to investigate what is currently known about how community events have been used to increase uptake of Indigenous-specific health assessments.

Methods: A scoping review guided by the Joanna Briggs Institute methodology for scoping reviews was conducted. A search was completed in eight electronic databases using keywords relating to Aboriginal and Torres Strait Islander health, community engagement and preventative health assessments. Published and unpublished sources of evidence were included in the review. As this study aims to explore the entire published literature on the topic, and given there was an expectation that the subject itself is specific, no date ranges were included in the search criteria. Extracted data were reviewed by numerical analysis and conventional content analysis to conduct a narrative synthesis, allowing a summary of the main findings, and addressing the

research question.
Results: Eighteen sources met the eligibility criteria and were included in the scoping review. Programs varied widely in the characteristics of program design and delivery across geographical location, setting of delivery, program format and target population. Programs employed a range of methods to engage with community, including incentivising participation, identifying and addressing specific community healthcare needs, and utilising cultural or sporting ambassadors to promote the program. The conventional content analysis identified three key themes regarding how community events have been used to increase uptake of health checks: adapting the program to the community; providing a culturally safe participant experience; and prioritising community engagement.
Discussion: The findings indicate that an individualised approach to community events is important to their success. Aboriginal Controlled Community Health Services may be best placed to have responsibility for program design and implementation to ensure community control of programs. Aboriginal health workers play a critical role in ensuring the programs deliver culturally safe healthcare, and a clear role for Aboriginal health workers in program delivery is important in their success. An authentic commitment to community engagement is important for program uptake, including the use of passionate cultural ambassadors and individualised cultural programs.
Conclusion: Community events are a promising and well-regarded strategy to increase uptake of Indigenous-specific health assessments. Future research that explores how specific community supports increase engagement with Health Check Day programs and evaluates the delivery of 715 health check programs will strengthen the capacity of Aboriginal Community Controlled Health Services to delivery this intervention effectively.

Keywords:

715, Australia, health check, Indigenous Health Check, Aboriginal health, Aboriginal and Torres Strait Islander health, community engagement, health event, Medicare, health assessment, Indigenous health.

FULL ARTICLE:

Introduction

Chronic disease accounts for much of the health gap between Aboriginal and Torres Strait Islander Peoples and the broader Australian population[1]. Aboriginal and Torres Strait Islander Peoples also experience substantial inequities in access to primary health care. Innovative, culturally safe strategies to improve access to high-quality chronic-disease care and prevention are needed to address these disparities[2].

Medicare-rebated Indigenous-specific health assessments, or the Health Assessment for Aboriginal and Torres Strait Islander People (Medicare Benefits Schedule Item 715), known as 715 health checks, have been introduced to improve limited preventative health opportunities and reduce rates of undetected risk factors among Aboriginal and Torres Strait Islander Peoples[3,4]. Current international evidence suggests that the value of preventative health checks aimed at the general population is not supported by the best available evidence[5,6]. However, there is an emerging body of evidence supporting the importance of structured health assessments for Aboriginal and Torres Strait Islander Peoples.

Recent audit evidence of more than 17 000 client records across 137 Indigenous primary healthcare centres has demonstrated the important impact on individuals, particularly with regard to several domains of preventative health[7]. Individuals had three-fold higher odds of being tested for sexually transmitted infections and to receive counselling if they had recorded an Indigenous-specific health assessment[8], and four-fold higher odds of being assessed for cardiovascular risk[9]. Aboriginal and Torres Strait Islander children had 33–66% higher odds of being screened for social and emotional wellbeing if they have received an Indigenous-specific health assessment, compared to those who received acute care[10].

Uptake of 715 health checks and follow-up services has been poor to date[7,11]. This poor uptake raises questions about the effectiveness of health check delivery in its current form. The literature suggests the low uptake of 715 health checks can be attributed to a range of system, patient and provider barriers[12-14]. Tailoring the implementation of 715 health checks to address these barriers is important in addressing poor uptake and health inequities among Aboriginal and Torres Strait Islander people[15].

Programs that deliver 715 health checks in a community event, known as Health Check Days, have been trialled by research groups and health services as a potential method to increase uptake of 715 health checks, deliver health information to community, build relationships with local health services and plan for the delivery of preventative health services. However, little literature has been produced that supports or explores the belief that community events increase the uptake of Indigenous-specific health assessments to date. Despite this, there is an emerging body of evidence that Health Check Days have the potential to have a significant impact on Aboriginal and Torres Strait Islander individuals and communities.

In one example from Northern Queensland, a Health Check Day program targeted at sexually transmitted infection screening found that the prevalence of these conditions appeared to have halved at 2-year follow-up screening[16]. Another program in a metropolitan setting found that Health Check Day programs appeared to be successful in increasing personal health awareness, facilitating brief intervention and referrals and reinforcing the role of Aboriginal Community Controlled Health Services in maintaining the health and wellbeing of the community[14]. The evidence of benefit extends to identifying and managing risk behaviour across geographical settings[17].

At the time of review, the critical aspects of the relationship between community events and the uptake of 715 health checks is unclear. Current literature draws from a range of types of evidence, with the key factors of community engagement and knowledge gaps not identified to date. The nature of this emerging body of evidence lends itself to a scoping review to identify more specific questions that can be posed and valuably addressed by a more precise study. This review aims to explore how community events have been used to increase uptake of Indigenous-specific health assessments. We expect this review will underpin a larger study to better understand how community engagement supports increased uptake of 715 health checks.

This review was undertaken by third-year medical student and first author (JM) undertaking their 14-week research block. The student was supervised by the last author, EW, who is an Aboriginal academic working with local Aboriginal community-controlled health services on the north coast of New South Wales to understand and then implement community Health Check Days.

Methods

Study design

The scoping review was conducted in accordance with the Joanna Briggs Institute methodology for scoping reviews[18]. This was guided by the methodology framework developed by Arksey and O'Malley[19] and enhanced by Levac and colleagues[20]. This framework describes an iterative process that includes identifying the research; identifying relevant studies; study selection; charting the data; collating, summarising and reporting the results; and consultation. Specifically, the systematic scoping review method was chosen as it is suited to detail research on the topic and identify research gaps in the existing literature through systematically searching, selecting and synthesising existing knowledge[18,21].

Objectives

The framework provides an appropriate methodology to explore the role of community events in increasing the uptake of Indigenous-specific health assessments. This review aims to detail the current literature, identify research gaps in the existing literature, and inform the development of future health check programs. The following research question was devised to help guide the scoping review: How have community events been used to increase uptake of Indigenous-specific health assessments?

Search strategy

The search strategy aimed to locate published and unpublished (or grey) sources of evidence. A preliminary scan of two academic databases (Medline and Embase) was undertaken in March 2022 to identify relevant articles on the topic. The keywords and related subject headings were refined according to text contained in the title and abstract of the initial literature search (Table 1). Based on the keywords identified, a comprehensive search was conducted in five academic databases in March 2022 (Informit Indigenous Studies database, CINAHL via Ebsco, SCOPUS, Medline via OvidSP, Embase via OvidSP) and three sources of grey literature (Google/Google Scholar, Indigenous HealthInfoNet and Closing the Gap Clearinghouse). This initial search was then updated in April 2023, where no new data were found. Reference lists of included articles were screened for additional studies not found in the initial search. Search results were limited to the first 100 results when searching sources of grey literature.

Table 1: Scoping review search strategy

Keyword	Synonyms
Aboriginal and Torres Strait Islander peoples AND	Aborigin* OR Indigenous OR Torres Strait Islander* OR First Nation* OR Koor*
Community event AND	Group event* OR mass screening OR population screening* OR community network* OR community-based screening program* OR screening OR community-based event* OR Health day*
Indigenous-specific health assessment	Health Check* OR Adult Health Check* OR 715 OR Health Assessment* OR Preventative Health Assessment* OR Indigenous-specific health check*

Eligibility criteria

Population: The search included articles from Australia specific to Aboriginal and Torres Strait Islander Peoples, and countries with colonised Indigenous Peoples such as Canada, New Zealand and the USA. The risk of generalising findings from larger population studies to specific Indigenous cultural groups or communities is ever present.

Concept: The review aimed to capture sources of evidence that pertain to programs that used a community event to promote the uptake of Indigenous-specific health assessments. It sought to explore how community events were thought to increase engagement in structured health assessments and improve health outcomes for Australian Aboriginal and Torres Strait Islander individuals and communities.

Context: The location of care for Health Check Days includes primary health care and community settings (eg schools, sporting events). Australian Aboriginal and Torres Strait Islander Peoples represent a diverse community geographically, and all geographical locations were captured and recorded in the data.

Source of evidence selection

All identified sources were collated and uploaded into Cochrane's systematic review software Covidence (https://www.covidence.org) and duplicates were removed. Sources were reviewed over two rounds for selection. In the first round, titles and abstracts were screened against the eligibility criteria. In the second round, the full text of included articles was screened to determine if they met the eligibility criteria.

Extraction of results

Data were extracted from the sources using the inbuilt data extraction tool from Covidence to obtain relevant study information. This included title, author, year, aim and design of source; program name, target population, target age and characteristics of program; and a summary of community engagement for community events. In accordance with the iterative methodology of the review, some changes were made to the data extraction tool during the review process. These changes included removing summary of community outreach due to high crossover with summary of community engagement; removing study aim, design and methods for grey literature sources; and adjusting setting to include geographical classification to improve the utility of the basic numerical analysis. The geographical classification of the program setting was determined using the

Modified Monash Model (Table 2)[22]. The Modified Monash Model is how the Australian Government Department of Health and Aged Care determines whether an area is considered regional, rural or remote. It tells us about an area according to geographical area and town size. This model was selected because, increasingly, remote classification reflects difficulty in finding medical help and that residents may find accessing doctors takes longer and is more expensive.

Table 2: The Modified Monash Model for classifying regional, rural and remote areas

MMM category	Description
MM 1	Metropolitan areas: major cities accounting for 70% of Australia's population
MM 2	Regional centres: areas in, or within 20 km road distance of, a town with a population greater than 50 000
MM 3	Large rural towns: areas in, or within 15 km road distance of, a town with a population between 15 000 and 50 000
MM 4	Medium rural towns: areas in, or within 10 km road distance of, a town with a population between 5000 and 15 000
MM 5	Small rural towns: all remaining and outer regional areas
MM 6	Remote communities: remote mainland areas and remote islands less than 5 km offshore
MM 7	Very remote communities: very remote areas

MMM, Modified Monash Model.

Data analysis

To evaluate how community events have been used to increase uptake of 715 health checks, this review employed basic numerical analysis of geographical location, target populations, characteristics of each program, and extent of community engagement. The descriptive data were analysed by conventional content analysis to conduct a narrative synthesis[23]. Data extracted from the sources were organised thematically to summarise the main findings and address the research question. The combination of these analytical frameworks allowed for detail on the current research on the topic and identification of current research gaps in the literature.

Consultation

The consultation process was initiated through an overarching project related to implementing Health Check Days at two local Aboriginal Medical Services in the Northern Rivers region of New South Wales. One of the health services' clinical directors invited the researchers to interview staff who were responsible for Aboriginal children's 715 health checks. Using a semistructured interview approach, the researchers talked with two senior staff members. The aim of the interview was to inform the scope and method of the trial with the past experiences of the local community in the development and deployment of a previous Health Check Day. The results of the study will be fed back to this health service to inform the development of future Health Check Days, in terms of how best to use community engagement to increase the uptake of Indigenous-specific health assessments in this community.

Ethics approval

This original research had ethics approval under AHRMC – 1900/21: Provision of Aboriginal Health Check Days with a community engagement focus.

Results

Study selection

The search identified 762 sources of evidence from the eight databases and reference lists searched. A total of 125 duplicate articles were removed, and the remaining 637 studies were screened according to the eligibility criteria listed above. After a review of title and abstracts, 85 sources were included for the full-text review. Following the second round of review, 67 studies were excluded due to included programs not aligning with the eligibility criteria. The search strategy and study selection are visualised in Figure 1. In total, 18 sources were included in this scoping review, from which 17 unique programs were identified[2,13,14,16,17,24-36]. The details of identified programs are charted in Table 3.

Table 3: Details of the identified programs

Program name	Program setting	Participants	Program brief	Summary of community engagement
Woorabinda 'Deadly Choices' Community Day [ref. 24]	MM6 – Qld Community setting	Community members in a remote Indigenous community	Community day targeting 715 health checks supplemented by health promotional stalls and workshops, including sexual health and health lifestyles. Included a range of service providers including Queensland Health, Red Cross, and Employment Services Queensland.	Joint program involved Aboriginal shire council, community groups, and ACCHS. Assisted with transporting families to and from event. Attended by an Indigenous ambassador. Elders engaged and present at community event. Provided merchandise for participating in health check.
Rural Men's Health Project [ref. 25]	MM5/7 – Qld MM7 – NT MM6 – WA Community setting	Male Indigenous and non-Indigenous community members	Program commenced with a Men's Health Night to address attitudes and knowledges towards men's health. Followed by 10 workshops that motivated and prepared men to engage in a health check.	Two-year ongoing partnership between working group and committed local health services. Continued support provided by phone, email and website to program providers. including direct access to resources and program feedback. Door prizes provided.
Daisy Petals Outreach [ref. 26]	MM1 – WA School setting	Female Indigenous students, families, and school communities	Outreach program deployed during school term and in open days and health promotion days at the schools. Aims to engage women in a culturally sensitive environment to assess health status and support women to access programs and services that are relevant to their needs.	Ongoing relationship between community and program provider. Uses journey format to reduced stigma. Provides flexibility in deployment of program.
Adult Health Check Day [ref. 14]	MM1 – NSW PHC setting	Existing adult clients of a metropolitan ACCHS	Two consecutive Health Check Days recruited from previous health promotion workshops.	Developed by ACCHS with understanding of health needs of patients. Support for transport provided. Screening took place in social setting with music, meals and water available to minimise costs to patients. AHWs and peer leaders used to engage community in lead-up to event. Raffle ticket for a health grocery hamper provided.
Lulla's Health Check Day [ref. 27]	MM3 – Vic PHC setting	Male and female Indigenous children aged 3–4 years and their parents	Children's Health Check Day conducted by Rumbalara Aboriginal Co-operative health promotion unit. Parents invited to attend with 3- and 4-year-old children to complete a five-step check, including height and weight, Parents' Evaluation of Development Status, hearing checks and eye testing.	Builds capacity of carers to strengthen Indigenous children and families, leading to stronger Indigenous communities.
Aboriginal Men's Health Check Day [28]	MM1 – Vic Community setting	Male Indigenous community members	Men's Health Check Day at local Indigenous community place including appointments with GP, podiatrist, physiotherapist, dietician, tobacco cessation worker and nurses.	Employment of a regional Aboriginal Men's Health Worker based at Indigenous community location. Ongoing commitment from provider and community organisation through development of Aboriginal Health Promotion and Chronic Care program (AHPACC).
Young Person Check [ref. 29]	MM7 – Qld PHC setting	Male and female community members aged 15-24 across eight very remote communities	Three-day recruiting drive culminating in a screening day at the local health clinic. 15-minute health screen included non-fasting blood and first catch urine sample was conducted by AHWs, district sexual health staff and public health unit health nurses. Treatment began immediately after the screening period.	Widespread consultation with community stakeholders including council, health clinic staff and management and non-government organisations with an interest in youth welfare. Roles and responsibilities of stakeholders agreed and distributed. Local health clinic staff represented in three of four planning conferences. Phone credit incentive and prize draw included to incentivise participation. Peer-aged recruiters and personal invitations used to engage people unlikely to attend.
Geraldton Regional Aboriginal Medical Service Women's Health Day [ref. 30]	MM3 – WA PHC setting	Female Indigenous community members	One-day program where local ACCHS is wholly dedicated to the health and wellbeing of women.	Lunch provided for patients. Focus on wellbeing alongside health check (eg massage). Clinic closed to demonstrate commitment to women's health and reduce stigma. Education at specialist-led workshops during day. Family friendly event (eg face painting). Prize draw for patients who complete health check.
Koorie Men's Health Day [ref. 17]	MM3 – Vic PHC setting	Male Indigenous community members	Day program that included health checks and screening for poor mental health using the Kessler 10 questionnaire. Complemented with health promotion workshops on a range of topics, including cardiovascular screening, diabetes, and depression.	Program requested as a 'felt need' by Elders. Steering group included local mental health service, researchers and key individuals from the local Indigenous community. Cultural safety training provided to mental health staff. Steering group invited to meet mental health and triage staff at local hospital. Invitations sent through community networks and advertising at local Aboriginal organisations. Transport organised by local Aboriginal organisations.
Far West Well Person's Health Check [ref. 31]	MM7 – NSW PHC setting	Male and female Indigenous community members aged 15-45	Ten-day program aiming to increase the number of preventative health checks in a remote NSW community. Nine stations including consent, registration, blood pressure, anthropometry, oral health, blood collection, urine sample, lifestyle interview and exit interview.	Working party consisted of representative from local ACCHS, university and local mainstream health service. Working group convened to adapt pre-existing program to suit needs and resources of local community. Community consultation including written material conducted in two nearby communities. Community approval required before proceeding. Community expectations discussed and defined before commencing. Artwork competition health for local artist to design program t-shirt. Cultural safety training for all involved staff. Community event run at commencement of program, including talent quest, ball games, races and a band performance.
Western Desert Kidney Health Project [ref. 32]	MM7 – WA Community setting	Every person in 10 remote communities, including children	Integrated clinical/arts program delivered by a mobile team aiming to detect type 2 diabetes, educate about risk factors and commence treatment where appropriate.	Approach of the team was piloted and refined in consultation with community to improve sense of community ownership. House-to-house calls with invitations conducted by a team member recognised and trusted in the community. Arts program that complements clinical services and helps come to collective understanding about disease and commitment to change.
Deadly Choices community events [ref. 33]	MM1 – Qld Community setting	Indigenous community members	Community day that includes risk factor education and assessment at three Deadly Choices community events with referral for Medicare-rebated health assessment.	Community events, community-based education programs and social media health education campaigns included to reach large audience in south-east Queensland. Community members engaged in physical activities, health cooking demonstrations and health education activities delivered by Aboriginal and Torres Strait Islander health professionals. Community events are run in conjunction with ACCHS. Provides opportunity for community members to meet and engage with health clinic staff. Clinic staff contact interested community members to encourage a follow-up appointment after the event.
Well Person's Health Check (Far North, Qld) [ref. 16]	MM6/7 – Qld PHC setting	Indigenous community members aged more than 13 years	Screening days conducted at a central location in 26 remote communities targeted people aged 15–34 and including risk behaviours and nutrition indicators, anthropometry, cardiovascular risk factors and STI testing.	Promotional resources (eg pamphlet, clinical booklet and video) were distributed. Interested communities were assisted in inviting members of the Well Person's Health Check team to visit, inform and consult with the community about the program. Meetings involved a wide spectrum of community stakeholders (eg Aboriginal Corporations, community councils, health action groups). Rules about ownership and distribution of information were established in writing. The Well Person's Health Check was advertised by printed media, local radio and word of mouth via the local health service, community council and community groups. Community events (eg concerts, barbecues, sports events, art competitions) were conducted. A local artist was engaged in each community to design a logo. Personal invitations were extended to those under 35 who had not attended by the midpoint of the screen.
Well Person's	MM1/3 – Qld	Indigenous	Annual event held in a rotating location that	Transport for North Coast Aboriginal Community Controlled

Health Check Day (North Coast, Qld) [ref. 34]	Community setting	community members	promotes 715 health checks and includes activities, entertainment, and interactive information stalls.	Health clients from other towns who wanted to attend. Promotional items and survey draws. Prevention and intervention stalls (eg tackling Indigenous smoking, exercise physiologist). Delivered by local ACCHS.
1 Deadly Step [ref. 2]	MM3/4 – NSW Community setting	Indigenous community members who are interested in sport	Community-based chronic disease screening and management program that uses a sporting platform and cultural ambassadors for Aboriginal communities in New South Wales.	Used marketing through local and social media. Involved country rugby league ambassadors. Coordinated activities via a local working group. 1 Deadly Step shirts were produced for the event and staff wore these shirts in the lead-up to the event. Meals and refreshments provided. Musical entertainment and sporting program.
Women's Health Program [ref. 35]	MM7 – NT PHC setting	Indigenous women living in the Anangu-Pitjantjatjara Lands	Protocol for community consultation and implementation of a cervical screening program in remote Indigenous communities in the Anangu-Pitjantjatjara Lands.	Interviews with all those noted by Nganampa Health Council as having expertise in women's issues on Anangu- Pitjantjatjara Lands (eg female AHWs, midwives). Meeting with female senior high school students in recognition of future needs as consumers of women's health care. Health issues identified in these interviews and literature were presented to all staff and a health worker group prioritised the issues. Program developed to address these issues was reviewed with community stakeholders before proceeding. Management group elected from community to plan for implementation and evaluation of the program.
Deadly Thinking [ref. 36]	MM1–7 – Qld, NSW, WA, ACT, Vic Community setting	Indigenous community members	Train-the-trainer workshop and 1-day community program involving participants engaging with series of videos and interactive group discussions around social and emotional wellbeing topics, such as the importance of yarning with family and friends and understanding how life stress, drug use, violence, grief and stigma can affect social and emotional wellbeing and help-seeking. It also focused on identifying risk factors and pathways to seek help, along with finding strength in culture, family and connection to country to improve social and emotional wellbeing.	Plain language statement video delivered to participants in evaluation. Community program delivered by Aboriginal and Torres Strait Islander community leaders who completed the Train-the-trainer workshop. Participant verbal feedback and presenter written feedback used in program evaluation. Community leaders took the lead on publicity and local arrangements for the workshops via word of mouth and distribution of rural and remote mental health advertisement flyers within their community.

ACCHS, Aboriginal Community-Controlled Health Service; ACT, Australian Capital Territory; AHW, Aboriginal health worker; MM, Monash Model; NSW, New South Wales; NT, Northern Territory; PHC, primary health care; Qld, Queensland; Vic, Victoria; WA, Western Australia.

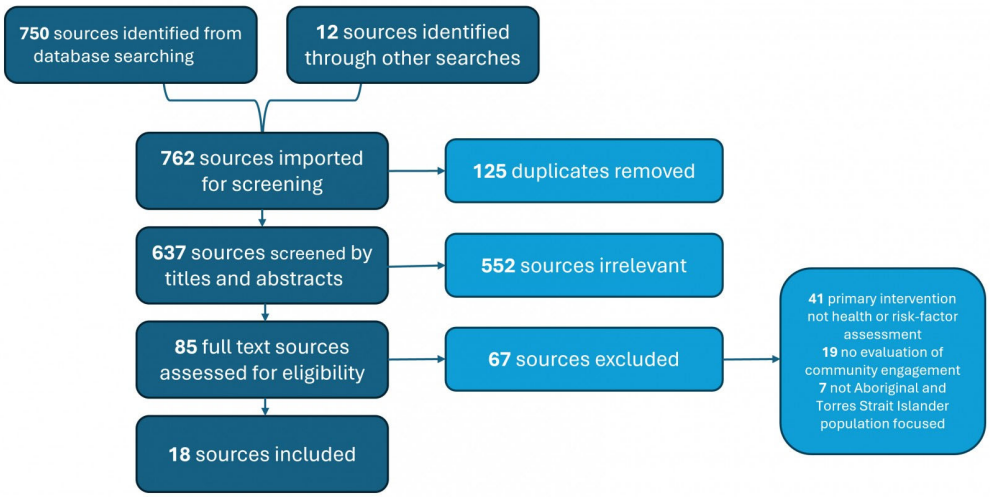

Figure 1: Preferred reporting items for systematic reviews and meta-analyses (PRISMA) flow diagram – systematic scoping review search strategy and study selection.

Program characteristics

As a result of the first eligibility criteria, all programs included in the review were based in Australia. Four programs were based in a metropolitan areas (MM1)[14,26,28,33], three were based in large rural towns (MM3)[17,27,30], one was based in a remote community (MM6)[24], and four were based in very remote communities (MM7)[29,31,32,35]. Five programs were delivered across a range of geographical classifications[2,16,25,34,36]. Programs were delivered across three key settings. Eight programs were delivered in a community setting[2,24,25,28,32-34,36], eight in a primary healthcare (PHC) setting[14,16,17,27,29-31,35] and one in a school setting[26].

A range of delivery methods was employed. Nine interventions targeted delivery of 715 health checks[14,16,24,25,28,30,31,33,34], eight programs used a risk factor assessment[2,17,26,27,29,32,35,36], and eight programs supplemented 715 health checks with health promotion education workshops[2,17,24,25,28,30,33,34]. Six programs were delivered in a journey format[14,16,26,28,31,34], and 11 programs described how they would follow up abnormal results, either with further diagnostic testing or with commencement of treatment[2,17,24,25,28,29,31-34,36]. Some programs were specifically directed at a group within the community. Six programs targeted a specific gender[17,25,26,28,30,35], five targeted a specific chronic disease of interest to the community[17,29,32,35,36],and four specified a target age group[26,27,29,31]. Some programs were explicit in how they prepared staff for program delivery. Four programs discussed the role of Aboriginal health workers (AHW) in the delivery of the program[14,28,29,35], and three included cultural safety training for all staff in the lead-up to the event[14,17,31]. The breakdown of intervention features identified are described in Table 4.

Table 4: Breakdown of intervention features and number of programs

Intervention feature	Programs (*n*)
Described follow-up of abnormal results	11
Targeted Medicare-rebated 715 health checks	9
Targeted chronic disease risk factor assessment	8
Included health promotion workshops or education	8
Targeted specific gender	6
Delivered in journey format	6
Targeted specific chronic disease of interest	5
Targeted specific age group	4
Specifies role of Aboriginal health workers in program	4
Included cultural safety training for staff	3

Community engagement characteristics

Programs used a range of methods to engage the community and increase participation in the programs. Nine programs incentivised participation by providing program merchandise or prize draws[2,14,24,25,29-31,33,34], four programs provided assistance with transport to and from the event[14,17,24,34], and four programs provided meals or refreshments to participants[2,14,16,17]. Several programs detailed how they matched the program to the needs of the community. Nine programs detailed collaboration between important stakeholders[16,17,24,25,28,29,31,33,36] and six programs described visits to community to assess needs before commencing the program[16,17,28,31,32,35]. Programs employed a range of ambassadors to engage community in the lead-up to, or during, the program. Three programs recruited peer leaders to engage members of the community[14,29,36], three programs invited cultural ambassadors to the event[2,24,37], and two programs made an effort to engage Elders in the program[17,24]. Creating an event that appeals to the community was an important feature of some programs. Six programs included an arts or music program[2,16,24,31-33] and three included a sporting program[2,16,31] alongside the health-related activities. The breakdown of community engagement features identified is described in Table 5.

Table 5: Breakdown of community engagement features and number of programs

Community engagement feature	Programs (*n*)
Program merchandise (eg t-shirts) or prize draws	9
Collaboration between community stakeholders	9
Site visits to assess community needs	6
Included a music or arts program	6
Assistance with transport to and from event	4
Meals and/or refreshments provided	4
Recruitment of peer leaders to engage community	3
Included a sporting program	3
Indigenous cultural ambassador present	3
Elders present at community event	2
Translators provided	1

Findings from the narrative synthesis

Three themes relating to using community events to increase uptake of 715 health checks were identified through conventional content analysis: adapting the program to the community, providing a culturally safe participant experience, and prioritising community engagement.

Theme 1. Adapting the program to the community: A well-described community consultation process was emphasised in 11 of the programs[16,17,24,25,28,29,31-33,35,36]. Increasingly, programs are being led from inception to evaluation by Aboriginal Community Controlled Health Services (ACCHS)[14,26,30,31,34]. This represents a valuable exercise in community control that enables programs to be designed and delivered to specifically address the health needs of the community. Participation in health check programs is greatest in programs where community input is significant and sustained[16].

The development of a working party or steering group to match programs to community needs was described in several programs[17,29,31,32,35]. For example, the Far West Well Person's Health Check utilised a working party with representatives from the local ACCHS, researchers from a local university, and local mainstream health services to adapt a pre-existing program to suit the needs of the community. A community consultation process was undertaken, with the findings from the working group and community approval being required to commence the project[31].

Given the distribution of Aboriginal and Torres Strait Islander communities across a range of geographical settings, adapting the program to provide care in difficult circumstances with limited access to health care, the 'tyranny of distance', is important to program success. The five programs that took place in very remote communities (MM7) were required to be creative in their approach to promoting participation[25,29,31,32,35]. The Rural Men's Health Project and the Far West Well Person's Health Check employed teams to visit multiple communities within their catchment to overcome barriers to accessing a central location in the region[25,31]. The Young Person Check approached the issue with a 3-day recruiting drive to capture as much of the local community as possible, given the limitations in accessing regular screening in very remote locations[29]. The Western Desert Kidney Health Project provided specialist care to many remote communities by preparing a mobile clinic staffed by specialist medical providers to reduce demands on local space, equipment and expertise[32].

Theme 2. Providing a culturally safe participant experience: Cultural safety can be defined as requiring health professionals and their associated healthcare organisations to engage in ongoing self-reflection to reduce bias and achieve equity, as defined by the patients and their communities[38]. Explicit strategies to provide a culturally safe patient experience were a feature of 10 programs and one qualitative study[2,13,14,16,24,28,29,31,34,35]. Interviews with ACCHS staff identified maintaining client-centredness and respecting varied priorities of participants as important in enabling uptake of 715 health checks in the PHC setting[13]. This includes targeting features of the program to address barriers to participation in screening; for example, space constraints, the need for confidentiality in tight-knit communities, time limitations of staff, skill mix and scope of practice, inability of clients to access screening days, and fears surrounding attending the day[14].

There were many individual approaches to addressing these barriers across the programs identified. Some aimed to minimise costs to participants by providing transport to and from the event and covering meal costs for the day[2,14,16,17,24,34]. Others adapted the Health Check Day format to suit the needs and facilities of their community. Examples include engaging local Elders or well-known cultural ambassadors to promote the event and reduce fears around attending the program[2,17,24,37].

Several programs underscored the importance of AHWs in

promoting cultural safety and improving patient experience during the Health Check Day[14,28,29,35]. Fostering the development of AHWs with a specific 715 health check skill set and clearly defining their role in initiating and delivering 715 health checks was invaluable in delivering 715 health checks in the PHC setting[13,14]. The role of AHWs in supporting participants to access specialist health care, often with providers they have not met (eg diabetes specialist, program volunteer, visiting GP), is critical in overcoming barriers that people in rural and remote communities have in accessing medical care. The Aboriginal Men's Health Check Day credits the employment of a regional Aboriginal men's health worker as critical to the success of the program[28].

Theme 3. Prioritising community engagement: Engaging the community is a critical feature of community events and their capacity to increase uptake of 715 health checks. Eight programs employed ambassadors to represent the program, including cultural ambassadors[2,24,37], community Elders[17,24] and peer leaders[14,29,36]. The delivery of the Koorie Men's Health Day was closely tied to community Elders, being initiated by the Elders as a 'felt need' and being formally introduced by Elders on the program day[17]. The two Deadly Choices programs used celebrity sporting ambassadors to promote the event and share their stories with community on the day[24,33]. The Young Person Check used peer leaders to reach young people who may have not been engaged through traditional advertising, which was critical to improving participation in the program[29]. Nine programs provided program merchandise or prize draws to incentivise participation[2,14,24,25,29-31,33,34]. The use of custom shirts was described as critically important in enhancing event attendance[2]. Events based on the Well Person's Health Check model ran a design competition to promote the event and engage local artists in the design of these shirts, promoting expression of culture and community engagement[16,31].

Six programs engaged the community through providing a sporting, music or arts program[2,16,24,31-33]. The 1 Deadly Step program was held as a joint program with Country Rugby League of New South Wales and employed a sporting platform to promote the program, which was considered a useful community engagement strategy[2]. The Western Desert Kidney Health Project employed a novel approach of providing an integrated clinical/arts program to address the collective understanding of chronic disease in the community and promote commitment to introducing healthy habits[32].

Discussion

Principal findings

This review identified 18 sources addressing how community events have been used to increase uptake of Indigenous-specific health assessments. The findings indicate that adapting the program to the community, providing a culturally safe participant experience and prioritising community engagement are frequently employed methods to increase uptake of 715 health checks. The most common program settings in the literature are the community and PHC setting.

An individualised approach to community events may be necessary for different kinship groups, communities and language groups[39]. The findings indicate that community control of the program through all stages of implementation is important in achieving this outcome. The ACCHS sector is recognised for its provision of holistic and comprehensive primary health care[40,41] and may be best placed to have responsibility for the design and implementation of these programs. In cases where generalised programs are adapted for individual communities, such as the Well Person's Health Check model[16,31,34], these services are critical in ensuring the program is appropriate for the health needs of their community.

The findings indicated that a commitment to providing culturally safe health care is important in the success of community events, and several programs identified the importance of AHWs in the provision of culturally safe health care. AHWs take a holistic health approach, with a strong focus on respect, support and advocacy for their clients in their family and community context[42]. Qualitative approaches that utilise Indigenous interview styles have contributed to our understanding of how AHWs can be used to deliver community events, and further research into this style is warranted[13,14,33].

The literature indicates that an authentic commitment to community engagement is required to increase uptake of 715 health checks. Cultural ambassadors must be able to speak passionately about the program and be present at the event[2]. Cultural programs that run alongside the event can be used to celebrate local artists, musicians and sportspeople. Novel approaches to integrated arts/clinical programs may present an opportunity to integrate culture and health care to promote sustained behavioural change in issues that have traditionally proven difficult to overcome[32].

Geographical location is central to the allocation of healthcare resources in Australia. People who live in rural and remote areas continue to find it harder to get medical help, and access to doctors can take longer and cost more[22]. Programs that are based in rural and remote areas require novel approaches to overcome barriers to participation, including advertising and recruitment, travel cost and time and lack of skilled healthcare workers. Programs that take place in metropolitan settings are likely to be better resourced and represent an opportunity for significant reach, with more than a third (401 700) of Aboriginal and Torres Strait Islander People living in the major cities of Australia[43].

While not the purpose of this scoping study, a brief search of the international literature was completed on the Google Scholar database using the search terms Indigenous and (Canadian or American) and (Health Check) and (Event or Day or Group). This search aimed to identify other experiences for First Nations communities who have a historically similar colonial past to Australia. Reviewing the results uncovered one paper that discussed Indigenous people, screening and community events[44]. The program was specifically targeted at cervical screening program, a health priority area for Aboriginal and Torres Strait Islander women in remote areas of Australia[35]. First Nations women living in Alberta, Canada, attended a discussion with researchers centred on strategies to increase uptake of cervical screening. In exploring the barriers and facilitators to uptake of cervical screening, the study found that participants wanted screening included with community health, health promotion and wellness events. They also suggested there may be benefit of building screening into women's social groups and meetings. Specific to community events, the study found that 'motivating with culturally appropriate community-based strategies' was a meaningful way to increase participation in screening programs.

This is not a conclusive piece of evidence but does acknowledge that other First Nations People and communities may also benefit from the use of community events to increase participation in Indigenous-specific health assessments.

Gaps in the literature

This study aimed to support the development of a program to deliver en masse 715 health checks in the setting of a community event. The most significant gaps in the current literature are that while many programs have been locally designed and delivered, few have provided the detail required to inform the development of future Health Check Day programs. There is limited information on how the events were designed, the logistics of running the event, and who needed to be involved from within the service responsible for delivery and from the wider community (eg local councils). Further, specific outcomes-based evaluation is limited throughout the literature. Information about whether the community events increased the number of 715 health checks at a given service, and evaluation from the perspective of the service and the patients, were only included in a minority of programs included in the study.

Only one paper focused on 715 health check events for children aged less than 13, confirming that there is a paucity of research on the delivery of 715 health checks in the school setting. School-based interventions align with the National Aboriginal and Torres Strait Islander Health Plan 2021–2031 priority area of Early Intervention[45]. There is a need for further research on the development and delivery of programs in this setting.

Limitations

Scoping reviews do not include risk of bias or other assessment of included studies, limiting the capacity of the review to provide concrete recommendations for policy and practice. In line with objectives of the review, this review points to research that needs to be conducted, rather than contributing essential primary research to the literature. While 18 papers were found, these were more of a narrative style and explanation than a study of efficacy; therefore, it is hard to draw conclusions on increasing numbers for 715 health checks. This review did not limit inclusion by year of publication so as to increase the reach of the search strategy. This meant that several older programs and references were included, which may not reflect the significant and ongoing evolution with regard to Aboriginal and Torres Strait Islander healthcare interventions.

Future directions

Future research will benefit from a renewed focus on evaluating 715 health check programs that utilise community events, in line with a move to establishing a principles-based framework for evaluations of programs affecting Aboriginal and Torres Strait Islander Peoples[46]. Establishment of a learning collective in which service representatives could share resources, determine optimal operational approaches, benchmark their performance, and develop data-driven strategies may strengthen the capacity of the ACCHS sector to deliver robust Health Check Day programs. This review aspires to contribute to a broader international body of literature on Indigenous-specific interventions across the aim to improve equity and access for all Aboriginal and Torres Strait Islander populations.

Conclusion

The aim of this scoping review was to explore how community events have been used to increase uptake of Indigenous-specific health assessments. This approach allowed us to identify the key characteristics of community events and characterise the key questions regarding how community engagement supports can increase uptake of 715 health checks. We expect this review will underpin a larger, more specific study on community engagement and 715 health checks. In the meantime, we hope this review serves as a conversation starter for health services and health promotion groups as they design, implement and evaluate 715 Health Check Days that are appropriate for the individuals, families and culture that make up their community.

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Conflicts of interest

The authors declare no conflicts of interest.

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