2012

Are we there yet? Closing the gap in indigenous health in Australia: Monitoring clinical performance in Aboriginal and Islander community control health services in Queensland

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**Recommended Citation**

Panaretto, Kathryn S.; Button, Selwyn; Carson, Adrian; Leon, Dallas; Schibasaki, Rhonda; Wason, Gail; Baker, David; and Ring, Ian: Are we there yet? Closing the gap in indigenous health in Australia: Monitoring clinical performance in Aboriginal and Islander community control health services in Queensland 2012.  

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Abstract
Abstract presented at the World Congress of Cardiology, Dubai, United Arab Emirates, 18-21 April 2012.

Keywords
control, we, there, yet, closing, gap, indigenous, services, health, queensland, australia, monitoring, clinical, performance, aboriginal, islander, community

Disciplines
Business

Publication Details

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This journal article is available at Research Online: https://ro.uow.edu.au/gsbpapers/209
largest for BW-WM (51), followed by BW-BM and WW-BM (each with 25 CR events) and lowest for WW-WM (1).

Image/graph I:

Conclusion: In an increasing number of counties, HD mortality rates in women are becoming similar to or higher than rates for men. This finding suggests that environmental factors can override female biological protectiveness for HD. The actual causes of these trends are uncertain and deserve definitive examination.

Image/graph I:

Conclusion: These data provide objective evidence that cardiovascular research output has substantially increased in Argentina, India, and South Africa over the past decade. Potential reasons for these increases include increased number of journals published in Web of Science, increasing interest in cardiovascular research, increased availability of local resources for research, and increased in research output associated with more international collaborators. The potential reasons for these increases, as well as reasons for differences in AOI across the three countries, merit further investigation.

Introduction: Global cardiovascular research output and research quality appears to be increasing, particularly in low- and middle-income countries. However, there are limited objective data evaluating these potential trends. Objectives: To evaluate the cardiovascular research output and research quality of three middle-income countries: Argentina, India, and South Africa between 1999 and 2009. Methods: We created a bibliometric filter to capture cardiovascular research articles published in the Web of Science based on specialist journals and title words. Two co-authors with expertise in cardiovascular medicine (MDH, GSB) tested and refined this filter to achieve 90% precision and recall of cardiovascular research papers. We determined the research output of three countries (Argentina, India, South Africa) and estimated research quality from their mean actual citation impact (AOI) from 1999 to 2006. Results: Argentina published 1,657 cardiovascular research papers, India 3,403, and South Africa 838 between 1999 and 2009 in the Web of Science, with a substantial increase in production over that time period, particularly after 2006 (Figure 1). Five-year mean AOI values between 1999 and 2006 were 3.1 (SE = 0.4) for Argentina, 2.4 (SE = 0.3) for India, and 6.2 (SE = 0.9) for South Africa.

The level of HDL in patients with CAD comparing to patients with normal coronary in the Arab and eastern population comparing to the western population

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Introduction: It is well known that elevated LDL has a significant risk factor for developing CAD. There is a large number of studies to confirm that association, however, low HDL has been proposed as a risk factor for CAD but there is only limited number of data in that regard, especially in the Middle East. Objectives: To evaluate the prevalence of low HDL in patients with CAD by angiogram comparing to the level of HDL of patients with normal coronary. The analysis includes the ethnicity and sex of the subject. Methods: Chart review and angiogram review of all patients who underwent coronary angiogram at a single center in Dubai. Every patient who underwent angiogram will retrieve his/her lipid profile which was done just before or after angiogram. Also included in the study are the demographic data of the patients. The patients were divided into Easterners and Westerners. The Eastern group includes people from the Middle and Far East. The Western includes Europeans and Americans. Results: The total number of patients in the study was 635. 473 were males, and 162 were females. 444 were Easterners, 191 were Westerners. Mean age for males was 54, and 61.7 for females. Mean age for Easterners was 56.7, and 54 for Westerners. For subjects with normal coronary the mean LDL:HDL values for Easterners were 2.95:1.25, Westerners: 3.10:1.39 (p=0.4.0.067). For subjects with abnormal coronary the mean LDL:HDL values for Easterners: 2.82:1.10, Westerners: 3.05:1.20.