





# **ORIGINS: A Platform for Research Discovery**

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#### **A HEALTHY START for a Better Future**

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The Kids Research Institute Australia acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians on the land and waters of Australia. We also acknowledge the Nyoongar Wadjuk, Yawuru, Kariyarra and Kaurna Elders, their people and their land upon which the Institute is located and seek their wisdom in our work to improve the health and development of all children.





# Non-communicable Diseases (NCDs) pre-programmed early in life



The basis of 'DOHaD' a health discipline (Developmental Origins of Health and Disease)



### Why we started ORIGINS

Joondalup-Wanneroo is one of the fastest growing regions in Australia

Also, one of the high-risk areas:

- School readiness: Poor performance compared with national averages
- High rates of developmental disorders, isolation, mental ill health, obesity and chronic disease











The goal of ORIGINS is to reduce the rising epidemic of non-communicable diseases through 'a healthy start to life'

ORIGINS is a community-based intervention birth cohort in Western Australia, of 10,000 families, following their progress over the first five years of life, and beyond. We aim to:

- Build an extensive Biobank and Databank Platform to enable world-class research discovery
- Enable **nested sub-projects for researchers** (observational studies, clinical trials, community-based programs)
- Provide early identification and timely intervention 'realtime' feedback
- Integrate medical education, research and clinical care at the hospital and in the community
- Collaborate closely with state, national and international cohort studies



### **ORIGINS | Chapters**

Chapter 1 The Early Years 0-5 years old

Platform development. Building partnerships. Recruitment of all Active and Non-Active participants, nesting of subprojects in the Early Life and the Early Years. Ongoing engagement with participants, nesting of subprojects in the Early Years and Primary Years. Driving impact. Knowledge translation. Project expansion.

The Primary Years

Chapter 2

6-11 years old

Chapter 3 The Secondary Years 12-18 years old

Ongoing engagement with participants, nesting of subprojects in the Secondary Years. Driving impact. Knowledge translation.













# What information is collected?

# **ORIGINS | Participation Levels**

### Active participants:

- Attend clinical assessments
- Contribute biological samples
- Complete online questionnaires
- Allow access to their routine hospital data collections and data linkage from WA and Australian Government Data
- Option to join sub-projects, based on eligibility.

We have recruited **4,000** active participants

### Non-active participants:

- Consent for ORIGINS to access their routine hospital data collections and data linkage from WA and Australian Government Data
- The Biobank can access and store biological samples collected as part of routine care
- Can be contacted for sub-projects

We have recruited **6,135** non-active participants





# **ORIGINS TIMEPOINTS**

The ORIGINS Project is collecting data from multiple sources from the mother, infant (and father/partner) at multiple timepoints from gestation through to five years of age.

Active ORIGINS participants:

#### 10-24 WEEKS **6 MONTHS 3 YEARS** BIRTH **ANTENATAL** ONLINE CLINIC CLINIC CLINIC **APPOINTMENT** & SAMPLES **APPOINTMENT APPOINTMENT ANTENATAL** DELIVERY ONLINE **CLINIC** CLINIC & SAMPLES **APPOINTMENT APPOINTMENT 36 WEEKS** 2 MONTHS **1 YEAR 5 YEARS**

**BIOLOGICAL SAMPLE COLLECTION** 

**ONLINE DATA COLLECTION (QUESTIONNAIRES)** 

# **ORIGINS Data Collections**

#### **ORIGINS** Data Timeline

CORE ORIGINS Survey (n=2,805) Australian Eating Survey (n=867) JHC Health Questionnaire (n=1,917)	CORE ORIGINS Questionnaire (n=1248) Australian Eating Survey (n=1252)	Midwife Notification Specification (n=3292) PEAPOD (n=2218)	CORE ORIGINS Questionnaire (n=2029)	Ages and Stages (n=1807)	CORE ORIGINS Questionnaire (n=1557) Australian Eating Survey (n=871)	Ages and Stages (n=1750)	Pediatric Check for Child (n=2647) CORE ORIGINS Questionnaire (n=1554) Australian Eating Survey (n=561) Ages and Stages (n=2858)	CORE ORIGINS Questionnaire (n=930)	CORE ORIGINS Questionnaire (n=897) Ages and Stages (n=1099)	Kids Health Check (n=1309) BODPOD (n=859) CORE ORIGINS Questionnaire (n=472) Ages and Stages (n=1238) Conners Early Childhood (n=1187)	CORE ORIGINS Questionnaire (n=427) Ages and Stages (n=407)	Kids Health Check (n=519) BODPOD (n=420) CORE ORIGINS Questionnaire (n=271) Ages and Stages (n=257) Conners Early Childhood (n=243)
Enrolment (18 – 4 wks)	0 36 wks	Birth	2 months	4 months	6 months	9 months	1 year	18 months	2 years	3 years	4 years	5 years





**ORIGINS** 

Joondalup

Part of Ramsay Health Care

### **ORIGINS** | Domains

Growth & Development

Breastfeeding Characteristics of pregnancy & birth Child sleep Diagnostic equipment Early developmental milestones MNS data Allergies **Biological samples** Immunisations Infectious disease Maternal sleep Medical conditions or problems **Multiomics** Oral health, hearing, vision. Service utilisation

Medical, Biological

& Genetic

Emotional wellbeing Language & literacy development NAPLAN data linkage Neurodevelopmental delay Psychological distress School readiness Social, parenting competence Temperament

**Biopsychosocial &** 

Cognitive

Community Connectedness Green space & activities Lifestyle & environment Media & internet Physical & play activities Sun exposure

Lifestyle,

**Environment &** 

Nutrition

Education Employment Ethnicity Household structure Income Languages spoken SEIFA

**Demographics** 

ORIGINS Biobank Co	llections			Samples used for research *as of April 2024 + 559 reserve pending release
ANTENATAL PERIOD Up to 3x timepoints		<mark>6439</mark> Maternal Bloods 1054 Paternal Bloods	6621 Maternal biological collections (stool, urine, hair, buccal, saliva, dust) 1275 Paternal biological collections (hair, buccal, saliva)	
BIRTH		2550 Cord bloods 3023 Cord gases 753 Guthrie cards	2925 biological collections (meconium, colostrum)	1897 Placentas
EARLY POSTNATAL 2 months, 6 months		<b>660</b> Child Bloods (from a small subset of families)	<ul> <li>3773 Maternal biological collections (stool, urine, breast milk,)</li> <li>3856 Child biological collections (stool, urine)</li> </ul>	
EARLY CHILDHOOD 1, 3 and 5 Years		1856 Child bloods	2478 Maternal biological collections (breast milk, hair, buccal, saliva, dust) 3718 Child biological collections (stool, urine, buccal, saliva)	

ril 2024- currently split into 401,584 individual tubes across 13 freezers + liquid nitrogen.

**DISCOVER · PREVENT · CURE** 





Joondalup Health Campus Part of Ramsay Health Care

### **ORIGINS Research Platform since 2017**



> Active\* participants: 4,000

Non-Active participants: 6,135

### **ORIGINS Integrated Data Platform (Data and Sample Visualisation)**





### **ORIGINS** | Data Catalogue





**Discover. Prevent. Cure.** 











# **Skin Prick Testing**



Allergens	One Year Old N= 2,488	Three-Year-Old N= 1,126	Five-Year-Old N= 483
% with one abnormal allergen test	16%	19%	42%
Egg	9%	2%	1.5%
Milk	3%	1%	0.5%
Peanuts	5%	2%	2%
Rye	1%	6%	20%
House dust mite	2.2%	13%	20%



# Concerns at 3 and 5 years old



CONCERNS	3 YEARS - % ABNORMAL	5 YEARS - % ABNORMAL
Body Mass Index >75 <sup>th</sup> percentile	35	31
Sugar Cereals* 2-4 times/week (everyday)	47 (14)	53 (17)
FERRITIN level low <20mgm/L (<10)	45 (9)	35 (5)
Abnormal Sleep Patterns (severe)	38 (17)	36 (16)
Screen use almost daily	63	66
Time in Nature <10hrs/week (<5hr/week)	-	56 (33)

\*Food Frequency Questionnaire



### Child Mental Health at 3 and 5 years old

MENTAL HEALTH*	3 YEARS- % ABNORMAL (very severe)	5 YEARS- % ABNORMAL (very severe)
Living in household with mental illness	29	32
Anxiety	45 ( <mark>14</mark> )	31 ( <mark>15</mark> )
Aggressive/defiant	36 ( <mark>15</mark> )	35 ( <mark>17</mark> )
Emotional lability	37 ( <mark>15</mark> )	29 ( <mark>21</mark> )
Inattention/hyperactivity	22 (7)	28 ( <mark>12</mark> )
Atypical social behaviours	22 ( <mark>6</mark> )	20 ( <mark>9</mark> )

\*Early Conners Questionnaire

### ? Impact of highly processed foods, environmental pollutants, technology use, nature deficit



# **&**THE ORIGINS PROJECT

V

### Paediatric Appointment Referrals

#### Filters

Month

All

### 3 Year Paediatric Referrals (Last 12 Months)

	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	April 2024	May 2024	June 2024	July 2024	August 2024	September 2024
Appointments Completed	29	47	16	15	31	40	21	35	34	29	40	27
Child Referrals Total	0	1	0	0	1	0	0	2	1	0	2	0
Referrals Percentage	0%	2%	0%	0%	3%	0%	0%	6%	3%	0%	5%	0%
General Paediatrician	0	1	0	0	0	0	0	2	0	0	0	0
Immunologist	0	0	0	0	0	0	0	0	0	0	0	0
Gastroenterologist	0	0	0	0	0	0	0	0	0	0	0	0
Ophthalmologist	0	0	0	0	0	0	0	0	0	0	0	0
Neurologist	0	0	0	0	0	0	0	0	0	0	0	0
ENT	0	0	0	0	0	0	0	0	0	0	0	0
Child Development Service	0	0	0	0	0	0	0	2	0	0	1	0
Dermatologist	0	0	0	0	0	0	0	0	0	0	0	0
Speech Pathologist Private	0	0	0	0	0	0	0	1	0	0	0	0
<b>Occupational Therapist Private</b>	0	0	0	0	1	0	0	0	1	0	2	0
Physiotherapist Private	0	0	0	0	0	0	0	0	0	0	0	0
Dietitian	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0

### Referrals AVG % AVG 3 Year

14%

ENT	Other Child Development Service		Speech Pathologist Private	Immunologist	Dietitian		
			22	12	11		
34		34	General Paediatrician	Ophthalmologist		Der	
	Occupational Therapist Private			8		3	
				Physiotherapist	Pr		
55	47	25	21	8		2	



# **ORIGINS Sub-projects**







# **ORIGINS | Sub-projects**

## **ORIGINS** is a research platform designed for utilization by approved sub-projects.

### Sub-projects can:

- > Nest studies (observational, interventional etc) within the cohort
- > Access data including from analysed biological samples
- > Analyse biological samples
- Collect new data and biological samples

### Also...

- Some funding is in place to support the core ORIGINS processes and maintain the databank and biobank.
- Sub projects bring their own funding for admin, data access and/or biobank access or analysis.

50+ nested sub-projects within ORIGINS







### **ORIGINS Subprojects: An Interventional Cohort N= 50**



- Cognitive development
- Healthy microbiome
- Emotional wellbeing & mental health
- > Weight gain

- Nature connectedness
- Respiratory problems
- Nutrition
- School readiness
- Family functioning during COVID-19
- Fathering project

- > Dental care
- Physical activity & screen use
- Breastfeeding
- Allergy prevention





- Develop machine learning tools to identify babies with potential learning difficulties and provide very early intervention.
- Identify all children with cerebral palsy by four months to ensure early intervention.

#### **Recruitment n = 2,200 from the ORIGINS cohort**

- 3,000 babies will have four videos taken at two weeks and four months of age, as well as neurocognitive assessments at two years and at five years
- Is general movement at two weeks of age associated with cognitive development at two years and five years?

A/Prof Jane Valentine Prof Catherine Elliott



# Testosterone And

# Language in Kids (TALK)

Understand language development and markers for neurodevelopmental disorders

# **Prof Andrew Whitehouse**

# **Recruitment completed for N=500**



# Nutrition in Early Life: Allergy prevention

### Dr Debbie Palmer Prof Susan Prescott

### **Recruitment completed**



# **XERIAL**

Clinical trial investigating associations between early-life gene signatures in nasal epithelia and airways disease



Studying the importance of the cells lining the airways in the nose and lungs at birth to help to understand the development of earlylife airway conditions.

#### VISION

Identify biomarkers and pathways to prevent or halt respiratory disease development.

Dr Thomas Losifidis Prof Steve Stick Dr Liz Starcevich



# Screen ORIGINS

Understand the impact of parental and early childhood electronic use

# Detailed information from the ORIGINS cohort n = 2,500

- Family device use and attachment
- Electronic use and how it impacts:
  - Child Development ASQ outcomes
  - Mental health Early Conners, other measures
  - Posture, obesity
  - Myopia
  - Social functioning
  - Autistic features

### Prof Leon Straker Dr Rebecca Hood





# CARE DAD Study: Flourishing in Fatherhood

#### VISION

- Improving physical and mental health of fathers (real time feed back)
- Better understanding of the impact of father's health on their offspring
- Advocate for Non-Birthing Partner Health Check
- Pilot a diet intervention for fathers

#### **Recruitment completed for N=500**

### Prof Bu Yep





# ORIGINS Community Wellbeing Project - ongoing

- 1. Assess perceived stress and wellbeing in the ORIGINS families during the COVID-19 pandemic.
- 2. COVID-19 vaccine hesitance
- 3. Effects of long-Covid
- 4. Tracking ORIGINS families before and during the pandemic as it changes

### **Dr Lisa Gibson**





# Feasibility of tele-dental screening in pre-schoolers to improve access to dental care during COVID-19

- Global dental caries in preschool children is around 48%
- Limited service access
- 42 parents in ORIGINS cohort used a smart dental app to take photos of their preschool children's teeth
- 25% identified having early dental caries and referred on for services.
   (>90% good quality photos & 95% specificity by 2 reviewers)

### Dr Somayyeh Azimi

# Nature Play and Grow

- Preschool Intervention to improve nature connectedness, environmental stewardship, healthy eating and managing electronics
- Pilot completed
- Collaborative project with Nature Play WA
- Seeking funding for a larger study in conjunction with local councils

### Dr Lisa Gibson Professor Desiree Silva



# Wellbeing in the Perinatal Period

- Studies to determine:
  - Engagement in minimal contact online wellbeing training programs for perinatal women.
  - Perceived differences between the type of mindfulness-based training.
  - A further study is exploring **biomarkers of psychological distress** using hair and plasma samples taken antenatally and postnatally.
- This research contributes to the understanding of population-based interventions that can be provided as simple, scalable, cost-effective and home-based activities in pregnancy.

Dr Jacqueline Davis, Professor Susan Prescott





### The Flourishing ORIGINS Child

- This project seeks to understand and define 'flourishing' from different stakeholder viewpoints and to co-design this program of research, so that the community is part of the research from beginning to end.
- Broad stakeholder consultation into what determines 'flourishing' in early childhood.
- Investigating measures of flourishing in the early years to test in the ORIGINS cohort.



**Dr Jacqueline Davis** 



# What's next for ORIGINS?







# The ORIGINS Platform: Chapter 2 Primary School Years (2024-2028)



- Complete 1, 3 & 5 year checks
- Plan and commence primary school checks
- Data linkage state and commonwealth
- Analyse biological samples to digitize the collections
- Test "stacked" interventions with the cohort

# Outcome and impact: Discovery & Innovation



# **ORIGINS Sample Analysis**

Longitudinal sample sets from mother-child dyads at three ORIGINS timepoints:

- Maternal (36wk gestation) x 500
- Child (1yr) x 500
- Child (3yr) x 500

### **Candidate selection**:





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## **The Primary School Years**

#### 6- and 7-year online questionnaires

- Commence in 2024
- Domains include: Lifestyle behaviours, emotional wellbeing, physical health & medical conditions, family functioning, nature exposure

#### Primary School face-to-face follow-up

- Commence testing in 2025 with 8 year olds
- Domains include:
  - Lifestyle behaviours (nutrition, exercise, diet, screen time, nature exposure, body composition)
  - Mental health, Quality of life
  - Respiratory functioning, Allergies, Environmental exposure
  - Literacy and language.
- Questionnaires to be completed by parent, as well as child self-report and teacher report
- Possible sub-project domains:
  - Bullying/social relationships
  - Vision assessment
  - Oral health
  - Skin barrier
  - Body image/disordered eating
  - Gender identity



# Building Research Capacity, Collaboration & Translation since 2017

**ORIGINS - FUNDING** 

Core funding \$28 million

Independent indirect grant funding \$22 million which represents a significant return on original investment

Total value of ORIGINS = \$50+ million

**ORIGINS** 17 PhD, 9 postdocs, 29 undergrads, 10 medical doctors **TRANSFER** of research

Health & Medical Research WORKFORCE

#### ORIGINS

90 strategic partners, 12 peak bodies, 700 researchers; ~100 published papers; ~12% 'real-time' referrals (primary care, specialists)

> WA Cohort Network ORIGINS, RAINE & Busselton National Cohorts Global Interventional Cohorts GenV, BestStart NSW, Born in Bradford (UK)

**COLLABORATION** Shaping design & implementation

#### ORIGINS

10,000 (families), 22,000+ individuals,

• 50+ projects + 15 in the pipeline





# ORIGINS | A Rich Asset for the Future

ORIGINS is a rich asset for the future that can embed new research opportunities in the primary school years. Considering the increasing burden of NCDs, we will help to disentangle the origins of health and disease and assist in identifying protective factors over the lifecourse.



# **Questions and collaborations**

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