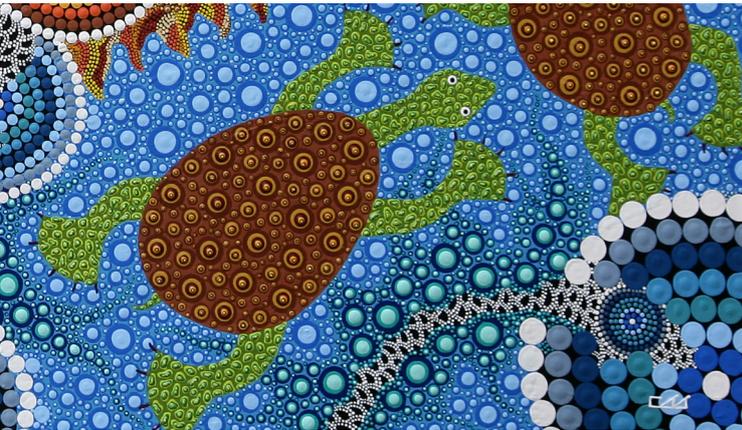




THE PROVISION OF CULTURALLY APPROPRIATE HEALTH SERVICES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE



The National Aboriginal Community Controlled Health Organisation's (NACCHO) Constitution acknowledges that: 'Aboriginal health' means not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole Community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their Community. It is a whole-of-life view and includes the cyclical concept of life-death-life.[1]

PREAMBLE

In 1982, a group of rural mental health centre directors in Alaska decided that their main-stream service model was not working for the Alaskan Eskimo communities.[2] The directors came to the realisation that in order to be effective, health workers and professionals should:

- Allow community members time to get to know them as individuals;
- Work at a slower pace, provide services in informal settings; and
- View the community rather than the individual as the target for intervention.

These recommendations would hold equally true, and promise more effective treatment, in today's Aboriginal and Torres Strait Islander communities in Australia, and are in essence being implemented within **Carbal Medical Services**, forming the core of **culturally appropriate service provision**.

1. Closing the Gap 2017 P25 - Social and Cultural Determinants of Health <https://humanrights.gov.au/sites/default/files/document/publication/Close%20the%20Gap%20report%202017.pdf>

2. Minton, B.A. and Soule, S (1990) Two Eskimo Villages Assess Mental Health Strengths and Needs <https://pubmed.ncbi.nlm.nih.gov/2133210/> <https://psycnet.apa.org/record/1992-28656-001>

A LITTLE HISTORY IN CONTEXT

The political and economic impact of colonisation in Australia on the health and wellbeing of Aboriginal and Torres Strait Islander populations has been acknowledged and well documented, though the effects of colonisation continue to echo down through today's society - not only in the areas of economic equality and social inclusion, but in the key area of health care provision.

As recently as 2017, Robert Amery writing in the Medical Journal of Australia pointed out that:

'..The communication gap between health professionals and Indigenous Australians has a significant impact on health outcomes...'[1]

Underpinning this communication gap is a perceived ignorance by mainstream health professionals of the significance of cultural-appropriate behaviours - including attitudes - when delivering health care to Australian Aboriginal and Torres Strait Island communities.

More recently, the historical impact of colonial and post-colonial attitudes to Australian indigenous people was demonstrated in a 2019 article entitled:

The writers of that article concluded...

'The participants' narratives highlight the enduring impacts of colonisation, dispossession, and racism'[2]



"We Don't Want to Live Like This"
'The Lived Experience of Dislocation, Poor Health, and Homelessness for Western Australian Aboriginal People'

1. Medical Journal of Australia 2017; 207 (1): 13- 15. <https://www.mja.com.au/journal/2017/207/1/recognising-communication-gap-indigenous-health-care>

2. "We Don't Want to Live Like This - National Library of Medicine - <https://pubmed.ncbi.nlm.nih.gov/30196762/>

SO WHAT HAPPENED THEN?

In recognition of the cultural divide between mainstream health services and Aboriginal and Torres Strait Islanders communities, the first Aboriginal Medical Service (AMS) was established, at Redfern, New South Wales in 1971.

AMSs' (now commonly referred to as Aboriginal Community Controlled Health Services (ACCHS), are controlled by the local Aboriginal community via elected boards of management. Since then, the establishment of culturally-appropriate indigenous health facilities have expanded throughout the nation.

The following Table lists the numbers of indigenous health services calculated by the location of indigenous health professionals. It should be noted however that the locations of these professionals could be either at an Indigenous health facility or a mainstream one. (A comparison of the efficacy of the services delivered by either facility type might be revealing)

Location of Indigenous Health Providers at both Indigenous & Mainstream Facilities

Western Australia	20
Northern Territory	19
Queensland	28
New South Wales	38
Victoria	23
Australian Capital Territory	1
South Australia	12
Tasmania	1

Source:Indigenous InfoHealthNet

In 2007 and again in 2014, studies undertaken by the University of Queensland acknowledged the continuing need for culturally appropriate health services for Aboriginal and Torres Strait Island communities stating that:

'...Indigenous people carried a disproportionate share of the total disease burden for the state, increasing as remoteness increased...' [1]

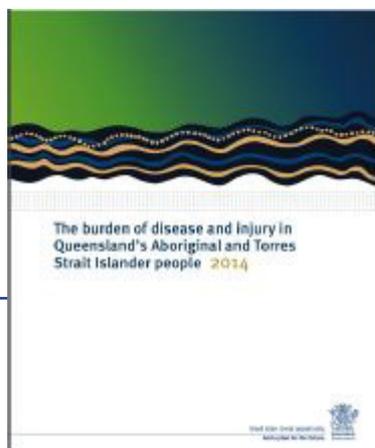
1.University of Queensland Research Paper 2007 & 2014 https://www.health.qld.gov.au/__data/assets/pdf_file/0014/154121/burden_of_disease.pdf

Allied to the aforementioned study was a detailed analysis, reported on in the **Australian Journal of Rural Health**, which produced a table (see below) categorising social and cultural dimensions. It is worth noting that non-indigenous health providers were either unaware or ignored the importance of the following culturally-specific attributes common to indigenous Australians:

Category	Population	
	Aboriginal and Torres Strait Islander peoples	Non-Indigenous health practitioners
Social	<ul style="list-style-type: none"> Family situation and access to health care Taking away the sociality of patients (isolating the individual from kin and social networks) Difference blindness 	<ul style="list-style-type: none"> Limited ability to pay for services, restricting choice of provider Difference blindness (examples of)
Cultural	<ul style="list-style-type: none"> Taken-for-granted lifestyle assumptions Roles of kin and others in care Shame Respect and reciprocity 	<ul style="list-style-type: none"> Inclusion of symbols and signs (like Aboriginal artwork) and dis/comfort with the physical environment of a service A perception (or evidence) of poor attitudes or understandings of Aboriginal cultures Respect and reciprocity Lack of understanding of Aboriginal kinship structures (evident among colleagues)

Source: Australian Journal of Rural Health Volume 19, Issue 2 April 2011

A LITTLE MORE DATA FOR THOSE WHO LIKE STATISTICS



A recent publication comparing the incidence of key health conditions between indigenous and non-indigenous populations may be of some concern.



As the following table demonstrates the statistics are alarming. One Immediate stand out is the -10 -70fold increase in communicable diseases. Other increases (-10fold) in tuberculosis, hepatitis B and hepatitis C virus are equally concerning.

Health Complication	Comparative incidence rate	Comment
Circulatory system	2 to 10-fold	5 to 10-fold increase in <u>rheumatic heart disease</u> and <u>hypertensive disease</u> , 2-fold increase in other heart disease, 3-fold increase in death from <u>circulatory system</u> disorders. Circulatory system diseases account for 24% deaths.
Kidney failure	2 to 3-fold	2 to 3-fold increase in listing on the <u>dialysis</u> and <u>transplant</u> registry, up to 30-fold increase in end stage <u>kidney disease</u> , 8-fold increase in death rates from <u>kidney failure</u> , 2.5% of total deaths.
Communicable	10 to 70-fold	10-fold increase in <u>tuberculosis</u> , <u>hepatitis B</u> and <u>hepatitis C virus</u> , 20-fold increase in <u>chlamydia</u> , 40-fold increase in <u>shigellosis</u> and <u>syphilis</u> , 70-fold increase in <u>gonococcal</u> infections.
Diabetes	3 to 4-fold	11% incidence of <u>type 2 diabetes</u> in Indigenous Australians, 3% in non-Indigenous population. 18% of total indigenous deaths.
Cot death	2 to 3-fold	Over the period 1999–2003, in Queensland, Western Australia, South Australia and the Northern Territory, the national <u>cot death</u> rate for infants was three times the rate.
Mental health	2 to 5-fold	5-fold increase in drug-induced <u>mental disorders</u> , 2-fold increase in disorders such as <u>schizophrenia</u> , 2 to 3-fold increase in suicide.
Optometry/Ophthalmology	2-fold	A 2-fold increase in <u>cataracts</u> .
Neoplasms (an abnormal mass of tissue)	60% increase in death rate	60% increased death rate from <u>neoplasms</u> . In 1999–2003, <u>neoplasms</u> accounted for 17% of all deaths.
Respiratory	3 to 4-fold	3 to 4-fold increased death rate from <u>respiratory disease</u> accounting for 8% of total deaths.

Source: The burden of disease and injury in Queensland's Aboriginal and Torres Strait Islander people, 2014

SO HOW ARE WE GOING NOW?

Well the question that immediately comes to mind is:

'Is the delivery of health services to the indigenous community effective?'

If you go by the data in the table above, the answer would definitely seem to be **'No!'**

Strategies and initiatives have been developed and put in place in order to introduce indigenous health services into both mainstream and specialist health facilities, but more longitudinal studies need to be initiated and further analysis of current available data as it is obvious at this point in time that....

Aboriginal and Torres Strait Islander health services require more resources and geographical expansion throughout the indigenous communities within Australia.[1]

As far back as 2005 the Australian Human Rights Commission published the following commitment:

'Achieving Aboriginal & Torres Strait Islander Health Equality Within A Generation - A Human Rights Based Approach'

1. Torres Strait Islander Health Equality Within A Generation - A Human Rights Based approach From 2005 Social Justice Report. <https://humanrights.gov.au/about/news/speeches/achieving-aboriginal-and-torres-strait-islander-health-equalitywithin>

Two years later, the International Journal of Rural & Remote Health published an article entitled...

‘Evaluating Australian Indigenous Community Health Promotion Initiatives A Selective Review’

The findings of the Review provide early indicators of the status of indigenous health initiatives at that time.

The following Table (referred to in the publication above and reproduced below) specifies the **‘Descriptions’** of Initiative and the **‘Outcomes Reported’**.

Evaluations of Indigenous Health Promotion Initiatives

No	Description of Initiative	Outcomes Reported
1	Aim to Improve Indigenous Knowledge of Health Issues & Links with GPs’	Positive experiences reported but no conclusion drawn
2	Diabetes Project in Remote Indigenous Community	No changes to health outcomes
3	Development of Culturally-Specific Health Education Resources	Well accepted and widely disseminated
4	Creation of Dreamtime Stories to the following Table (referred to in the publication above and reproduced below) specifies the ‘Descriptions’ of Initiative and the ‘Outcomes Reported’. Promote Concepts Of Health & Well-Being	Stronger relationships with service providers and within the community
5	Empowerment Course Devised by Survivors of the Stolen Generation	High levels of personal self-worth
6	Domestic Violence Project	Developed a model for target groups with specific needs
7	Project Regarding Transition from Remote Areas to Regional Centres	A support resource kit
8	Quit Smoking Programs	One hundred and fifteen participants
9	Cultural Awareness Training	Workshops did not have any significant impact

10	Program of Ear Health Screens	One herded and twenty-six children resulting in 42% follow-up treatments
11	Queensland Health Weight & Healthy Lifestyle Programs	Most lost weight over 8 weeks
12	Program to Improve Male Self-Esteem	Modest changes in personal development & family responsibilities
13	Pilot Training for Health Care Workers for Reduction of Smoking	Some reduction in smoking among both target groups and the Health care Workers
14	Strategies to Reduce Alcohol Consumption	Inconclusive results
15	A Sexual Health Education Program	Positive Intermediate Impacts
16	Program Regarding Chronic and Complex Care Needs	Improvements reported
17	Injury Prevention Program	Significant improvements
18	Tobacco Prevention Program	Positive influence of anti-tobacco TV ads
19	Injury Prevention Program with Football Team	Reduction in injuries
20	Family Well-Being and Empowerment Program	Well-Received
21	Healthy Lifestyle Program	Improvements in dietary intake

Source: International Journal of Rural & Remote Health June 5th 2007
<https://pubmed.ncbi.nlm.nih.gov/17550334>

Based on the evaluation of the above-listed programs, the International Journal of Rural & Remote Health identified indicators....

'...of change in indigenous health programs and promotions. These indicators (see below) are a positive indication of the growing effectiveness of indigenous health interventions'...

...whilst also providing the planning framework for future interventions.

Indicators of Change in Aboriginal and Torres Strait Islander Health Promotion Program Evaluations

Improved self-management	Resource Development
Enhanced community capacity	Service provision
Changes in clinical practice	Community co-operation
Improved screening levels	Personal & community empowerment
Participant satisfaction	Changed Beliefs and Attitudes
Bio-physiological change	Improved health literacy
Lifestyle & behaviour change	Reduction in morbidity
Policy & practice change	Increased sense of self-worth

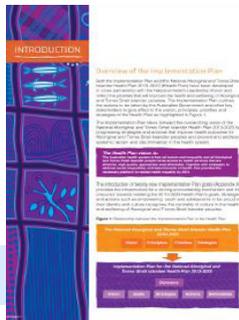
Source: International Journal of Rural & Remote Health June 5th 2007
<https://pubmed.ncbi.nlm.nih.gov/17550334>

It is suggested that many of the above listed program evaluations would equally apply to current mainstream health providers.

The *Carbal Institute of Aboriginal and Torres Strait Islander Health Research* will in the next issue be addressing

'The applicability of successful Aboriginal and Torres Strait Islander health programs to mainstream health program providers' in the context of Maternal and Child Health.

SO WHAT OF THE FUTURE?



In 2012 the Australian Government published an **'Implementation Plan for National Aboriginal and Torres Strait Islander Health (2013-2023)'**

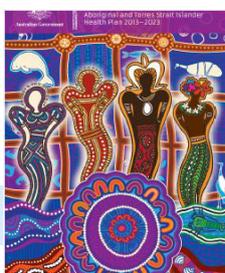
The stated vision of the plan is to ensure that The Australian health system is...

- **free of racism and**
- **free of inequality**

And that

All Aboriginal and Torres Strait Islander people have access to health services that are...

- **effective,**
- **high quality,**
- **appropriate and**
- **affordable**



Together with

strategies to address social inequalities and determinants of health

This provides the necessary platform to realise health equality by 2031'.^[1]

The **key strategies** (listed below) will enable assessment of the resulting programs against the stated vision and will therefore, logically enable a more definitive planning framework for effective and efficient delivery of health programs, initially to the indigenous community and then - with appropriate modifications - to mainstream health providers.

'Implementation Plan for the National Aboriginal and Torres Strait Islander Health (2013-2023): Key Strategies

ACCHOs' provide services responsive to indigenous needs	Improved regional planning and coordination
Mainstream health services are similarly responsive	Both Aboriginal Torres Strait Islander & mainstream health sector workers capable of meeting indigenous health needs
Whole-of-Life-Cycle health interventions' available	Quality of data to support future health program design

1. Australian Government published an 'Implementation Plan for the National Aboriginal and Torres Strait Islander Health (2013-2023)
[https://www1.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/\\$File/DOH_ImplementationPlan_v3.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/$File/DOH_ImplementationPlan_v3.pdf)

A LITTLE MORE (NECESSARY) DATA

Local Application of Implementation Plan

Carbal Medical Service implements these key strategies on a local level and provide **“services responsive to indigenous needs”**.

Based on current data extracted from **Carbal Medical Service** PIRS at July 2020, the health conditions contributing to the overall disease burden in its clients are: _____

Carbal Medical Service Full Client Data Base

Carbal Medical Service Indigenous only Client Data Base

RESPIRATORY CONDITIONS

Asthma: 482
COPD: 106

Asthma: 398
COPD: 87

DIABETES

Type 336 :2
Type 22 :1
Undefined: 41

Type 276 :2
Type 20 :1
Undefined: 33

MENTAL HEALTH

Depression: 578
Anxiety: 422
Schizophrenia: 72
Bipolar: 56
ADHD: 93
Autism: 65
Post Natal Depression: 10
Dementia: 5

Depression: 461
Anxiety: 321
Schizophrenia: 59
Bipolar: 42
ADHD: 88
Autism: 52
Post Natal Depression: 8
Dementia: 4

CARDIO-VASCULAR DISEASE

Coronary Heart Disease: 140
Heart Failure: 22
Hypertension: 485
Stroke: 66
Hyperlipidaemia: 357
Atrial Fibrillation: 50

Coronary Heart Disease: 123
Heart Failure: 20
Hypertension: 369
Stroke: 51
Hyperlipidaemia: 252
Atrial Fibrillation: 41

OTHERS:

Renal impairment: 59
Osteoarthritis: 188
Osteoporosis: 42
Inflammatory Arthritis: 34
Other Musculoskeletal: 112

Renal impairment: 52
Osteoarthritis: 133
Osteoporosis: 26
Inflammatory Arthritis: 25
Other Musculoskeletal: 81

The above figures are accurate as the data entered by Carbal staff. Ongoing quality improvement actions ensure that Carbal continue to monitor and enhance the quality of data and therefore the accuracy of our Health Profile.

Key health needs of Carbal Medical Service client base are:

- **Mental Health/Social Emotional & Wellbeing**
- **Chronic Disease**
- **Childhood Health and Development**
- **Maternal Health & Parenting**
- **Substance Misuse**
- **Primary care intervention**
- **Culturally appropriate health education & literacy**

These are aligned to the broad health needs of Aboriginal and Torres Strait Islander peoples across the nation.

To address the social inequalities and determinants of health, Carbal Medical Service run a range of programs and services above and beyond what is required of a typical health service

These programs and services meet the needs of a range of individuals who require a specific approach to care not found in mainstream primary health care settings.

Carbal Medical Service currently acts in response to the health needs identified in our region by delivering services through:

- **2 General Practice clinics**
- **1 Respiratory Clinic**
- **37 Community Programs**
- **3 accredited Education Packages**
- **4 Research projects**
- **Hosting a suite of 12 different allied health professions.**



IN CONCLUSION

For millennia, Western medicine has separated mind from body.

This is not the case in indigenous societies

Western societies tend to be egocentric and individualistic. Indigenous societies of (for example) North America, New Zealand or Australia are instead more sociocentric - the definition of 'self' varying significantly across the different societies.

In Aboriginal and Torres Strait Islander cultures, the self is perceived less as being a unique individual and more as a part within an interconnected society that is defined by kinship, spirituality and connection to land, and cannot be separated from it.[1]

So we see at once that current mainstream diagnostic tools which depend on statements such as 'I feel..' will often be inadequate for understanding the extent of the problem for an Aboriginal/ Torres Strait Islands patient - not least because the patient might only report what they think their interviewer might want to hear.

The variation between different cultures and their acceptable language of emotion suggests that experiences and emotions are emphasised and elaborated on differently from society to society.

Determining the meaning and accuracy of any self-reported emotion can be multifaceted and therefore difficult. Bridging the divide between mainstream clinical diagnostics and the perceived issues, within a culturally very different society, is a complex endeavour and rather imprecise science, as such.



'...To Aboriginal people, health is about getting a balance between physical, mental, emotional, cultural and spiritual health. But numerous challenges make this a difficult goal..' [1]

1. Benning TB (2013) Western and Indigenous Conceptualizations of Self, Depression, and its Healing <https://www.psychosocial.com/article/21/8058/>

And so, returning to our opening section of this paper, we remember the Alaskan experience from 1982, when it was recognised that mainstream 'mental' health care was neither effective nor appropriate for Eskimo communities.

Carbal Medical Services has recognised this crucial truth and as stated earlier, are implementing effective and appropriate strategies across the whole of health care delivery that are culturally appropriate for all clients.

It is the opinion of the **Carbal Research Institute** that because of its empathy, awareness and respect for traditions, the **Carbal Medical Service's** approach to care and being culturally appropriate and tailored to the individual, should be the model for **all** health care.

The description '**culturally appropriate**' ought to apply to the care and service of all people and therefore by definition be **mainstream** - meaning one and the same thing.

There are definite limits to the clinical classifications and conceptual frameworks currently used in mainstream health settings, when interpreting and treating Australian Aboriginal and Torres Strait Islander people.

In utilising only current mainstream constructs in the diagnosis of '*mental and physical health*' or that which constitutes '*illness*' when treating Aboriginal and Torres Strait Islander patients, health professionals risk - at best - getting an incomplete, inaccurate or skewed representation.

What our health system needs to be able to provide for the whole of the population at large is effective, culturally informed and fiscally efficient prevention, treatment and aftercare in mental and physical health issues – or rather, ***Emotional and physical health and wellbeing for all people.***



BIBLIOGRAPHY

- AMERY, Robert Med J 'Recognising the communication gap in Indigenous health care' Aust 2017 - Published online: 3 July 2017 Medical Journal of Australia 15 -13 :(1) 207 ;2017
<https://www.mja.com.au/journal/1/207/2017/recognising-communication-gap-indigenous-health-care>
- ANGELL, Blake , Sandra Eades, Stephen Jan 'To Close the Gap we need to identify the best (and worst) buys in Indigenous health' National Library of Medicine (published 13th December 2016)
<https://pubmed.ncbi.nlm.nih.gov/27960247>
- AUSTRALIAN Government publication -'Implementation Plan for the National Aboriginal and Torres Strait Islander Health {2023-2013}
[https://www1.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/\\$File/DOH_ImplementationPlan_v3.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/AC51639D3C8CD4ECCA257E8B00007AC5/$File/DOH_ImplementationPlan_v3.pdf)
- BEGG, Dr Stephen Senior Lecturer, Department of Public and Community Health, La Trobe University Lucy Stanley, Lucy Stanley Consulting Abdulla Suleman, Senior Health Data Analyst, Aboriginal and Torres Strait Islander Health Unit, Department of Health Daniel Williamson, Manager, Performance and Accountability, Aboriginal and Torres Strait Islander Health Unit, Department of Health Jacinta Sartori, Principal Policy and Planning Officer, Aboriginal and Torres Strait Islander Health Unit, Department of Health Marianna Serghi, Executive Advisor, Aboriginal and Torres Strait Islander Health Unit – 'The Burden of Disease and Injury in Queensland's Aboriginal and Torres Strait Islander People' - Department of Health University of Queensland Research Paper ' (2014 & 2007)
https://www.health.qld.gov.au/__data/assets/pdf_file/154121/0014/burden_of_disease.pdf
- BENNING TB 'Western and Indigenous Conceptualizations of Self, Depression and its Healing' International Journal of Psychosocial Rehabilitation ISSN 2013) 7192-1475)
<https://www.psychosocial.com/article/8058/21/>
- CALMA, Tom, Aboriginal and Torres Strait Islander Social Justice Commissioner, 'The Right to Health of Indigenous Australians' seminar, University of Melbourne Law School, (16 March 2006) 'A Human Rights Based approach From 2005' Social Justice Report 'Torres Strait Islander Health Equality Within A Generation'
<https://humanrights.gov.au/about/news/speeches/achieving-aboriginal-and-torres-strait-islander-health-equality-within>
- CLOSING the Gap – 'Social and Cultural Determinants of Health' Close the Gap progress and priorities Report (2017 - p25)
<https://humanrights.gov.au/sites/default/files/document/publication/Close20%the20%Gap20%report20201%>
- DAVEY, Carol, Stephen Harfield, Alexa McArthur, Zachary Munn, Alex Brown, 'Access to primary health care services for Indigenous peoples: A framework synthesis' International Journal for Equity in Health, (Published 30 September 2016)
<https://equityhealthj.biomedcentral.com/articles/10.1186/s5-0450-016-12939>
- DOWNING Rosie , Emma Kowal, Yin Paradies – 'Indigenous Cultural Training for Health Workers in Australia' National Library of Medicine (published 4th April 2011)
<https://pubmed.ncbi.nlm.nih.gov/21467076/>
- DUREY, Angela & Sandra C Thompson – 'Reducing the Health Disparities of Indigenous Australians: Time to Change Focus' BMC Health Services Research (Published 10th June 2012)
<https://bmchealthservres.biomedcentral.com/articles/151-12-6963-1472/10.1186>
- MARTIN Robin 1, Christina Fernandes 1, Cheryl Taylor 2, Amanda Crow 3, Desmond Headland 4, Nicola Shaw 5, Simone Zammit 1 National Library of Medicine "We Don't Want to Live Like This" 'The Lived Experience of Dislocation, Poor Health and Homelessness for Western Australian Aboriginal People' (2019 Jan 29)
<https://pubmed.ncbi.nlm.nih.gov/30196762/pdf>
- MINTON, B.A. and Soule, S 'Two Eskimo Villages Assess Mental Health Strengths and Needs'- National Library of Medicine (Winter 1990) <https://pubmed.ncbi.nlm.nih.gov/2133210>
<https://psycnet.apa.org/record/001-28656-1992>
- ROSEN, Alan , Roger Gurr and Paul Fanning 'The future of community-centred health services in Australia: lessons from the mental health sector' Australian Health Review (published 25th March 2010)
<https://www.publish.csiro.au/ah/AH09741>