A holistic approach to Aboriginal well health screening

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Publication Details
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Abstract
Moving past crisis management to the implementation of effective primary health care programs is key to rapid improvement in Aboriginal health. Historically, service delivery has been based on a sickness and disease model rather than an approach that focuses towards well health. Well health incorporates disease prevention, early intervention and management to restore physical and mental health, together with social health and wellbeing. Social health and wellbeing are crucial components of the holistic approach required to address the determinants of health, socio- economic disadvantage and continuing grief which are evident in many remote Aboriginal communities.

Disciplines
Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details
A HOLISTIC APPROACH TO
ABORIGINAL WELL HEALTH
SCREENING

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Introduction
Moving past crisis management to the implementation of
effective primary health care programs is key to rapid
improvement in Aboriginal health. Historically, service
delivery has been based on a sickness and disease
model rather than an approach that focuses towards well
health. Well health incorporates disease prevention, early
intervention and management to restore physical and mental
health, together with social health and wellbeing. Social
health and wellbeing are crucial components of the holistic
approach required to address the determinants of health,
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evident in many remote Aboriginal communities.

The Aboriginal Well Health checklist
This article describes a well health checklist used as a
comprehensive screening tool in a remote South Australian
community. The checklist formed an essential part of
the Aboriginal Well Women’s Health (AWWH) program,
adapted and developed from an existing program in Central
Australia,1,2 in consultation with local health care providers,
to meet the needs of Aboriginal women in this community.
The checklist has also been modified for use in the
Aboriginal Health Service clinic to alter the focus from crisis
management towards primary health care for all clients.

A primary health approach
Primary health care, defined as both a philosophy and the
first level of accessible health care,3 is essential for health
improvement and wellbeing. Prevention strategies such as
immunisation, and screening processes for cancer and
other diseases, combined with the provision of health
information that enables early detection of illness, are
fundamental components of effective primary health care.
Health management options are then broadened to include
monitoring of acute and chronic conditions with a greater
choice of treatment options, rather than simply management
of acute illness.

The well health screening process, with improved health
information to the community, enables better health self-
management and improved lifestyle choices. In addition,
through confidence in their health care provider, the process
facilitates earlier attendance by individuals at the clinic when
acute illness does occur. In the past, community members
often only attended the clinic when they were so acutely ill
that they required transfer to a major hospital.

In remote Aboriginal communities, resources are limited and
a significant burden is placed on local health care providers
to provide services for a community. These communities
have a high incidence of illness and comorbidity of disease
(the occurrence of two or more diseases or disorders at
one time). Community health services often appear to be
reactionary to a crisis when it presents, and opportunities to
provide a comprehensive primary health care approach have
been limited by the capacity of health care teams, in contrast
to the high-level of assistance required by the community.

Aboriginal women living in remote areas have limited access
and opportunity to attend culturally appropriate services
for well health screening. A female medical officer with
expertise in Aboriginal women’s health and a women’s health
nurse is required to provide a culturally acceptable service
in a safe environment. The AWWH program provides a safe
and effective environment for providing health care and
incorporates the use of the Well Women’s Health checklist as
an assessment and documentation tool.

The Well Women’s Health (WWH) checklist
The WWH checklist complies with the components of the
Medicare 710 health assessment for Aboriginal people4 as a
holistic screening tool for physical, mental and social health
and wellbeing. The tool allows the health care provider to
gain an accurate picture of each woman’s overall health.
In a confidential and safe environment, women are able
to discuss their acute and chronic illnesses, sexual health,
family history, nutritional issues and social habits including
alcohol and drug use. Other issues such as homelessness,
lack of basic services including water, electricity and cooking
facilities and incidence of family violence are also reviewed.
Following documentation of the health history on the WWH
checklist, issues of concern are addressed and monitored
in follow-up visits, with referrals to specialist appointments
organised.

Consisting of three pages, the checklist provides cues for the
clinic team to enable a systematic and consistent approach
to well health checks. The first two pages (see next page)
provide questions that inquire about general physical, mental
and social health and wellbeing, and the third page (not
included) is specifically designed for sexual health. Small
graphic icons add visual reminders to ensure all questions
are addressed.

The design of the tool allows the collection of detailed
documentation on actual or potential health problems or
risk factors and follows up with referral recommendations.
Some questions require a tick or cross response, others,
clinical observations or screening results and there is also
space for written comments. The WWH checklist can be
kept in the patient file and data can be collated on computer
software such as "Medical Director" or "Communicare". The screening data can then provide statistics and a monitoring capacity that highlights individual test and screening results, such as elevated blood sugar levels (Hb1ac) or Albumin Creatinine Ratio (ACRs) which require continued surveillance.6

The WWH checklist has been trialled and evaluated as a screening tool and found to be effective in identifying actual and potential health problems whilst enabling concise documentation. It provides an informative account that can be used to monitor health improvement or deterioration systematically.

Health issues identified in Aboriginal women in this community

Since the introduction of the AWWH program, using the expertise of the Well Women's Health team and the WWH checklist, a high incidence of previously undiagnosed disease has been identified. In particular, the program has identified clients with type 2 diabetes, renal disease and extremely poor dental health evidenced by infected, broken, loose and decayed teeth.6 Dental disease causes severe pain and impacts further in poor nutrition, and systemic infection, also predisposing the person to group A streptococcus infection that can lead to severe complications in post-streptococcal glomerulonephritis and rheumatic heart disease.7 A significant number of women accessing the program have been diagnosed with comorbidities of disease that include physical and mental health, and social wellbeing issues.

Reduced life expectancy for Aboriginal people

The national health statistics for Aboriginal people have identified significantly increased mortality, comorbidity of disease and greatly reduced life expectancy compared to non-Aboriginal people. In South Australia, reduced life expectancy is even greater, being 28 years less for Aboriginal males than other Australian men, and 30 years less for Aboriginal women.8 The incidence of disease comorbidities for Aboriginal people is five times that of other Australians.9

Comorbidity of disease

Comorbidity can also indicate a vulnerability to illness and a higher demand on health services.10 Aboriginal people generally suffer from more than one acute or chronic illness requiring assistance. A high percentage of Aboriginal deaths are due to digestive system diseases and chronic liver disease related to alcohol use. Renal disease and renal failure are described as endemic and diseases such as tuberculosis, syphilis and gonococcal infections are still markedly evident.11 There is also a high incidence of rheumatic fever associated with group A streptococcus in throat and skin infections. The propensity for cross infection through overcrowding and poor living conditions in Aboriginal
remote communities is implicated in extensive rheumatic heart disease that is often undiagnosed until significant cardiac insufficiency is evident. This affects other body systems reducing both the quality of life and life expectancy.

In mental health, comorbidity is used to describe two or more mental health problems. For example, alcohol dependence and depression are characterised by their symptoms rather than their cause. Tobacco is also viewed as a drug commonly used by people who have other mental health issues. Comorbidity is an important issue as one illness may impact and influence another, worsening symptoms (e.g., depression may increase alcohol consumption and alcohol-related conditions such as liver impairment may also affect treatment regimes).

The Well Health checklist as a primary health care tool in the clinic

Use of the Well Health checklist to provide a primary health care focus in prevention, earlier detection and management of acute and chronic diseases, will assist in faster health improvement. Providing a holistic approach to health, and access to health information programs that provide for better self-management, builds knowledge and capacity in the Aboriginal community and local health care providers. The checklist as a screening tool was initially used for Well Women’s Health but has been modified to encompass all clients. In 2005, the AWWH program model was used to develop an Aboriginal Well Men’s Health program using this checklist with an additional page addressing men’s sexual health. This men’s program is now running at alternative times to the women’s program to address Aboriginal men’s health in this remote community.

Conclusion

Aboriginal people need health care that incorporates a holistic approach, with services that are flexible, culturally appropriate and supportive. The services of gender specific staff including a doctor, Aboriginal health workers and nurses who are able to communicate well and provide expertise in Aboriginal health inclusive of cultural considerations, respect and dignity, are critical to their acceptance of health care services.

The Aboriginal Well Health checklist has enabled changes within the Aboriginal Health Service in a remote community resulting in improved documentation and holistic assessment and monitoring. The change of focus in health management from a crisis management perspective towards a primary health care approach will, over time, assist this remote community to better manage acute and chronic illness.

This article acknowledges all of the local health providers across Aboriginal and mainstream services and the expertise and commitment of the two visiting medical officers and the women’s health educator and their organisations that have worked diligently and collaboratively to improve health services for Aboriginal people in this remote South Australian community. A $5,000 bursary was provided by South Australian Network for Primary Health Care Research (SARNet), PHCRED program and Flinders University to assist this research. Dr. K. Weston was a consultant to this PHCRED program 2002-2005.

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