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Jill Mitchell

Flinders University

Kathryn Weston

Flinders University, kathw@uow.edu.au

Publication Details

Mitchell, J. & Weston, K. (2006). A holistic approach to Aboriginal well health screening. *Public Health Bulletin South Australia*, 5, 25-27.

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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

Mitchell, J. & Weston, K. (2006). A holistic approach to Aboriginal well health screening. *Public Health Bulletin South Australia*, 5 25-27.

A HOLISTIC APPROACH TO ABORIGINAL WELL HEALTH SCREENING

**Jill Mitchell RNM. BN. MEd. PhD Research
School of Nursing & Midwifery
Flinders University**

**Kathryn Weston PhD
Co-supervisor and Former Consultant to the Primary
Health Care Research Evaluation and Development
(PHCRED) Program
Department of General Practice
Flinders University**

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, socio-economic disadvantage and continuing grief which are 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



Umoona Tjutagku Health Service

Well Health Check

Medicare no: _____

Patient Consent

Name: _____ Date: ____/____/____

Community/ Address: _____ Allergies: _____

Age: _____ years old D.O.B. ____/____/____

Story: Reason for visit _____

Adult Immunisations: (year given)

ADT	-	_____
Pneumovax	-	_____
Fluvax	-	_____
Hep B	-	_____

Urinalysis	HBA1C ACR	Vision Eyes	Hearing (Whisper Test)	Height/ Weight/ BMI	Blood Pressure	Pulse	BSL & Hb	Teeth	Skin/Hair
NAD or _____	HbA1C ACR _____	R:6/ R L:6/ L	T:_____ R:_____	Ht: cm Wt: kg BMI: _____	/ (mmHg)	Rate: _____ Regular/Irregular	HB _____ BSL _____	Teeth: _____ Gums: _____	Injury/ Infection Yes/No

Patient Medical History _____

Current Medications _____

Tick for any problems

Cross for no problems Heart Chest pain. Breathing y/n How often _____ Kidneys Burning Diabetes Other?

Diet/tucker eats well	yes/no	fruit	vegies	meat	cereal/bread
Exercise	yes/no	how often	how much	how much	how much
Alcohol	yes/no	how often	how much	how much	how much
Tobacco	yes/no	how often	how much	how much	how much
Carnalis	yes/no	how often	how much	how much	how much
Inhalants (petrol)	yes/no	how often	how much	how much	how much
Inhalants (other)	yes/no	how often	how much	how much	how much
Pitjari	yes/no	how often	how much	how much	how much
Medicines	yes/no	how often	how much	how much	how much
Other Drugs	yes/no	how often	how much	how much	how much
Injecting drugs	yes/no	how often	how much	how much	how much
Violence - injury occurring	yes/no	how often	how much	how much	how much

Mental and Social Health (Circle which applies)

Have you been sleeping well over the last week? YES NO

Are you sad or worried at present? YES NO

Is there anything that you would like to talk about? YES NO

Do you live alone? YES NO

Does anyone look after you? YES NO

Do you have friends or family you can talk/share your problems with? YES NO

Have you talked to another health worker/Dr about things that have changed for you in recent weeks? YES NO

Do you look after anyone else? YES NO

Do you have a home to live in? YES NO

Do the things in your house work for: YES NO

Cooking, water, lights, toilet, heating, cooling, telephone

Family History

Tick for any problems

Cross for no problems Heart Chest pain. Breathing y/n How often _____ Kidneys Burning Diabetes Other?

	Current	Recommended		Current	Recommended
Aboriginal Health Worker	<input type="checkbox"/>	<input type="checkbox"/>	Optomistrist	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse	<input type="checkbox"/>	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	<input type="checkbox"/>	Nutritionist	<input type="checkbox"/>	<input type="checkbox"/>
Dentist	<input type="checkbox"/>	<input type="checkbox"/>	Audiologist	<input type="checkbox"/>	<input type="checkbox"/>
O.T. / Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>	Community Nutrition Program	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>			

Current or potential health problems / risk factors influencing long term health

_____	Follow up:
_____	_____
_____	_____
_____	_____

Other Comments

Intervention

Assess patient's risk factors	<input type="checkbox"/>	Discuss results of check with patient	<input type="checkbox"/>
Discuss risk factors with patient	<input type="checkbox"/>	Provide preventive health advice	<input type="checkbox"/>
Provide intervention activity:	<input type="checkbox"/>	Initiation of treatment	<input type="checkbox"/>
Immunisation	<input type="checkbox"/>	Referral	<input type="checkbox"/>
education, advice or assistance (eg pre-pregnancy safer sex, social and family issues)	<input type="checkbox"/>	Other Interventions considered necessary by practitioner	<input type="checkbox"/>
Documentation of simple strategy of good health for patient	<input type="checkbox"/>	Record of health check kept on file	<input type="checkbox"/>

SIGNATURES

Patient	AHW/ Nurse	GP
_____	_____	_____

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.⁵

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.¹² 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.¹³ 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.¹⁴ 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.¹⁵

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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