

Aboriginal health essay sample

[Parts of the World](#), [Australia](#)



The health of Australia's Aboriginal and Torres Strait Islander peoples compared to the non-Indigenous population is significantly poorer (Wieland 2014, p. 12). The "Closing the Gap" campaign aims to create generational Aboriginal and Torres Strait Islander health equality (Wieland 2014, p. 12). This essay will discuss the Aboriginal And Torres Strait health reforms, factors that impact on their health and wellbeing and strategies that allow protection against adversity. This essay will also discuss examples of childhood services available, targeted interventions to improve health and wellbeing in their early years and rationales and actions the Registered Nurse can use to engage Aboriginal and Torres Strait Islander families when providing health care. Approaches to communication, examples of how the nurse can work collaboratively with families and health care professionals and how to ensure health care is compatible with Aboriginal and Torres Strait Islanders concept of family will also be discussed in this essay.

Health care reform is a general rubric used for discussing major health policy creation or changes (Nangala 2008, p. 302). Health care reform typically attempts to broaden the population that receives health care, improve access to health care specialists, improve the quality of health care and decrease the cost of health care (Nangala 2008, p. 302).

There are currently six National Agreements (Wieland 2014, p. 12). These agreements address all Australians including Aboriginal and Torres Strait Islanders (Wieland 2014, p. 12). These agreements are the National Health Care Agreement, National Education Agreement, National agreement for Skills and Workforce Development, National Disability Agreement, National

Affordable Housing Agreement and the National Indigenous Reform Agreement (Wieland 2014, p. 12).

The National Indigenous Reform Agreement sets out the objectives, outcomes and outputs needed to close the gap in Indigenous disadvantage (Federal financial relations. gov. au, 2014). The Council of Australian Governments has agreed to ‘closing the gap’ goals. These goals attempt to ‘close the gap’ in relation to life expectancy, mortality rates for children under five years old, access to early childhood education, literacy and numeracy, employment outcomes, between Indigenous and non-Indigenous Australians within a decade (Federal financial relations. gov. au, 2014).

Pregnancy and birth, family life, and early childhood education and schooling are key factors that impact on Aboriginal and Torres Strait Islander health and wellbeing in their early years (Ama. com. au, 2013). These factors may contribute to inter-generational disadvantages (Ama. com. au, 2013).

Pregnancy and birth is one key factor that impacts Aboriginal and Torres Strait Islander health and wellbeing in their early years (Ama. com. au, 2013). Aboriginal and Torres Strait Islander women have a higher birth rate compared with all women in Australia (McGovern 2008, p. 9). Aboriginal and Torres Strait Islander women are giving birth to approximately 2.6 babies compared to 1.9 of the rest of the Australian population (McGovern 2008, p. 9). Aboriginal and Torres Strait Islander women are more likely to have children at a younger age (McGovern 2008, p. 9). Twenty per cent of the Aboriginal women giving birth in 2010 were aged less than 20 years

compared to 3 per cent of the rest of the Australian population (Ama. com. au, 2013). Around half of Aboriginal and Torres Strait Islander mothers who gave birth in 2010 smoked during pregnancy, almost four times the rate of other Australian mothers (Ama. com. au, 2013). Statistics also indicate that low birth weight appears to be increasing over time for Aboriginal and Torres Strait Islander babies (Ama. com. au, 2013).

Evidence based strategies that protect Aboriginal and Torres Strait Islanders in their early years against adversity are available with regards to pregnancy and birth. Antenatal care is one strategy (Ama. com. au, 2013). Antenatal care improves the health of both the mother and baby (Martin & Reath 2011, p. 67). Women who attend more antenatal sessions are less likely to experience adverse perinatal outcomes, and the total number of visits, timing of visits and quality of care play a role in maternal and infant outcomes (Martin & Reath 2011, p. 67). Maternal education is another evidence-based strategy that protects Aboriginal and Torres Strait Islanders in their early years against adversity (Ama. com. au, 2013).

One of the most effective interventions for improving pregnancy and birth results is ensuring that all girls complete 12 years of formal education (Ama. com. au, 2013). This has been shown to significantly reduce pregnancy risks for the mother and the foetus as well as to significantly improve birth outcomes (Ama. com. au, 2013). Reducing the incidence of anaemia is an evidence-based strategy that protects Aboriginal and Torres Strait Islanders in their early years against adversity (Ama. com. au, 2013). Anaemia in pregnancy has physical and mental health consequences for the mother and

the child (Ama. com. au, 2013). Community-based nutrition education, counselling and multifaceted interventions is effective in reducing the incidence of growth faltering (Ama. com. au, 2013).

Family life is another key factor that impacts Aboriginal and Torres Strait Islander health and wellbeing in their early years (Ama. com. au, 2013). More than 20 per cent of Aboriginal and Torres Strait Islander families with children younger than 16 years have experienced seven or more life stress events in a year (Ama. com. au, 2013). The greater the number of family life stress events, the higher the risk of children having clinically significant social and emotional difficulties (McDonald 2006, p. 1). Between 2006 and 2010, the injury death rate for Aboriginal and Torres Strait Islander children was three times higher than that for other children (Wieland 2014, p. 12). Between 2010 and 2011, the rate of hospitalisation for injuries was almost 90 per cent higher for children from remote areas and very remote areas than for children in major cities (Wieland 2014, p. 12).

Evidence based strategies that protect Aboriginal and Torres Strait Islanders in their early years against adversity are available with regards to family life. A reduction in accidental and non-accidental injury is one strategy (Ama. com. au, 2013). Aboriginal and Torres Strait Islander children and women are evidently over-represented as victims of family violence, abuse and neglect (Ama. com. au, 2013). An investment in adequate welfare and intensive support for families that have a known risk will reduce the incidence of accidental and non-accidental injury (Ama. com. au, 2013). Child protection notifications are another evidence-based strategy that protects Aboriginal

and Torres Strait Islanders in their early years against adversity (Ama. com. au, 2013).

Infants and young children are particularly vulnerable to the developmental impact of inadequate care and abuse (McDonald 2006, p. 1). Instead of placing a child in out-of-home care due to abuse or neglect, programs that prevent and address the determinants of child abuse and neglect can be more effective (McDonald 2006, p. 1). Ensuring adequate nutrition for the child is another evidence based strategy that protects Aboriginal and Torres Strait Islanders in their early years against adversity (Ama. com. au, 2013).

There is evidence that adversity experienced during pregnancy and the first two years of life, create the physiological, and then the epigenetic, basis for later obesity and insulin resistance (Martin & Reath 2011, p. 67). Education and awareness about food and nutrition for families, incorporated into nutritional counselling programs and home visits will be beneficial (Martin & Reath 2011, p. 67).

Another factor that impacts Aboriginal and Torres Strait Islander health and wellbeing in their early years is early childhood education and schooling (Ama. com. au, 2013). Aboriginal and Torres Strait Islander children were almost twice as likely to be developmentally vulnerable than other Australian children, and to require special assistance in making a successful transition into school learning (Ama. com. au, 2013). In 2012, only 20.3 per cent of Aboriginal and Torres Strait Islander year 5 students in very remote areas achieved national minimum standards in reading, compared with 76 per cent in metropolitan areas (Wieland 2014, p. 12).

Evidence based strategies that protect Aboriginal and Torres Strait Islanders in their early years against adversity are available with regards to family life. Early literacy and numeracy is one evidence-based strategy (Ama. com. au, 2013). Success in early reading and writing ability and numeracy is a key developmental result that has important implications for a child's school learning and opportunities later in life (Ama. com. au, 2013). One of the headline targets of the 2008 Closing the Gap Strategy was to halve the gap, within 10 years, between the proportions of Aboriginal and Torres Strait Islander children and other children who score at least the national minimum standards on NAPLAN tests (Ama. com. au, 2013). School attendance is another evidence-based strategy that protects Aboriginal and Torres Strait Islanders in their early years against adversity (Ama. com. au, 2013). Aboriginal children who had attended day care, as well as kindergarten and preschool, are likely to have better attendance patterns in school (Nangala 2008, p. 302).

The positive effect of preschooling should also be recognised through improved preschool resourcing and support, and by educating families about the benefits of preschool enrolment (Nangala 2008, p. 302). Improving pregnancy and birth outcomes is another evidence-based strategy that protects Aboriginal and Torres Strait Islanders in their early years against adversity (Ama. com. au, 2013). The Nurse Family Partnership Program of home visits has the strongest evidence of effectiveness with regard to the capacity to sustainably improve outcomes for children (Martin & Reath 2011, p. 67). It involves a series of programmed visits during pregnancy and

following birth, delivering around 50 visits by the time the child is aged two years (Martin & Reath 2011, p. 67).

The effective engagement of Aboriginal and Torres Strait Islander families with Aboriginal community controlled and other primary care services is of particular importance to mothers during pregnancy, and for the early identification of infants and young children with specific health needs or developmental risks (Community. nsw. gov. au, 2014).

There are 38 Children and Family Centres around Australia funded through the Council of Australian Governments (Community. nsw. gov. au, 2014). The Commonwealth Government has provided NSW with more than 74 million dollars to set up nine Aboriginal Child and Family Centres across the state (Community. nsw. gov. au, 2014). The centres bring together a range of early childhood, health and family support services to improve the overall health and wellbeing of children and support for their families (Ama. com. au, 2013). Services can include supported playgroups as well as parenting programs and adult education opportunities (Community. nsw. gov. au, 2014). A mix of urban and rural locations have been carefully chosen, taking into account the size and needs of the Aboriginal community and the potential to link with other services already in the area (Community. nsw. gov. au, 2014).

The Australian Medical Association has identified interventions that support healthy early development. A national plan for expanded comprehensive maternal and child services is one targeted intervention (Ama. com. au, 2013). This plan provides a comprehensive range of evidence-based services

to all Aboriginal and Torres Strait Islander mothers and children throughout Australia. This includes traditional antenatal services, without reach to maximise utilisation (Ama. com. au, 2013). Nurse home visiting is another targeted intervention. The Australian Nurse Family Partnership Program of home visiting has a proven track record of success (Ama. com. au, 2013). Support for families at risk is another targeted intervention (Ama. com. au, 2013). This includes services that address the needs of traumatised women during pregnancy and the post-natal period (Ama. com. au, 2013). Keeping children at school by increasing access to preschool and early childhood education, improving the living environment by implementing measures to increase access to clean water and sanitation facilities and getting better data, research and evaluations are more interventions that support early development (Ama. com. au, 2013).

One effective action the Registered Nurse can make sure of, when engaging Aboriginal and Torres Strait Islander families, is providing child and family centred health care in a network with Aboriginal workers and agencies (Aifs. govspace. gov. au, 2014). The Registered Nurse can gain advice and assistance from Indigenous colleagues and workers to inform their ongoing work with Aboriginal families (Aifs. govspace. gov. au, 2014). Understanding protocols in Aboriginal communities is an example. The Registered Nurse can ask family members if they want a support person, as some Aboriginal people feel more comfortable speaking about personal issues with a support person present (Aifs. govspace. gov. au, 2014).

Broadening the Registered Nurse's concept of family is another effective action that can be implemented when providing child and family centred health care to Aboriginal and Torres Strait Islander families (Usc. edu. au, 2014). Aboriginal-Australians understand 'who is family' and 'what is family' differently to non-Aboriginal Australians and this influences decision making around parenting (Usc. edu. au, 2014). Decisions are often based on an agreement of extended family and kin (community) views rather than on the opinion of key individuals in the 'immediate' family group (Usc. edu. au, 2014). This extended view of family and consultation needs to occur in the Registered Nurse's practice with Indigenous families (Usc. edu. au, 2014).

There are specific Aboriginal and Torres Strait Islander approaches to communication (Aifs. govspace. gov. au, 2014). Respecting and understanding silence is one approach (Aifs. govspace. gov. au, 2014). Silence may mean people are not ready to express an opinion yet, or they are listening and reflecting on what has been said (Aifs. govspace. gov. au, 2014). Respecting silence and not interrupting unnecessarily can be an important step in creating trustful relationships (Aifs. govspace. gov. au, 2014). Avoiding too much direct eye contact is another approach to communication (Usc. edu. au, 2014). Aboriginal people easily and commonly read body language and direct eye contact may be inappropriate (Usc. edu. au, 2014). This will vary and the Registered Nurse will need to rely on local knowledge. In some communities respected community members might tell the Registered Nurse, 'don't believe him, he couldn't even look you in the eye when he was talking' (Usc. edu. au, 2014).

Working with Aboriginal children and families is always about working with community; understanding community and keeping family work in context will help ground effective engagement (Aifs. govspace. gov. au, 2014). The nurse can get advice and assistance from Indigenous colleagues and workers to inform their ongoing work with Aboriginal families (Aifs. govspace. gov. au, 2014). This means that health decisions could be based on a consensus of extended family and the community views rather than the opinion of the ‘immediate family’ (Aifs. govspace. gov. au, 2014). This extended view of family and consultation needs to occur in the Registered Nurses practice with indigenous families to provide effective health care to Aboriginal and Torres Strait Islander families (Aifs. govspace. gov. au, 2014).

With regards to working with other health care professionals, the Registered Nurse will conduct patient centred care (Pepaeducation. com, 2014). Patient centred care is health care that is respectful of, and responsive to, the preferences, needs and values of patients (Pepaeducation. com, 2014). This means that the Registered Nurse will work collaboratively with other health care professionals such as a social worker, and is respectful of the preferences, needs and values of the patient (Pepaeducation. com, 2014). An example of this includes the organisation of an elder to be involved in the decision making of the social worker (Pepaeducation. com, 2014).

Ensuring Child and Family Centred Health Care delivery is compatible with the Aboriginal and Torres Strait Islander concept of family is important. This can be achieved by recognising that Aboriginal people have strong family values (Usc. edu. au, 2014). The family system has an extended family

structure, as opposed to the nuclear or immediate family structure, which is common in Western society (Usc. edu. au, 2014). The concepts of extended family and ‘community as family’ in Aboriginal communities encompass the idea that children are not just the concern of the biological parents, but of the entire community (Usc. edu. au, 2014). The raising, care, education and discipline of children are the responsibility of everyone (Usc. edu. au, 2014). It is important that workers and the health system have an understanding of this when working with Aboriginal communities (Usc. edu. au, 2014).

Aboriginal And Torres Strait health reforms, factors that impact on their health and wellbeing and strategies that allow protection against adversity have been discussed in this essay. This essay also provided information on examples of childhood services available, targeted interventions to improve health and wellbeing in their early years and rationales and actions the Registered Nurse can use to engage Aboriginal and Torres Strait Islander families when providing health care. Approaches to communication, examples of how the nurse can work collaboratively with families and health care professionals and how to ensure health care is compatible with Aboriginal and Torres Strait Islanders concept of family have also be discussed in this essay.

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