

VICTORIAN ABORIGINAL HEALTH SERVICE CO-OPERATIVE LTD. REPORT

DR. MAL DOBBIN.

Over the last year the Health Service has continued to provide a high standard of medical care to the Aboriginal community in Melbourne and the country areas of Victoria, and has assisted the people of Port Augusta in establishing their own health service. Because of the nature of the Health Service, and its control and operation by Aboriginal people, it continues to be particularly accessible to Aboriginal people, and appropriate to their needs. An effort is made to provide a free health service, and to help our patients overcome any barriers they may experience in receiving satisfactory health care. More details of this aspect the service are provided in last year's medical directors report.

Having worked at the Health Service since it began in 1973, I have become increasingly aware of the unique nature of this service compared to other health services in Victoria. It is unique in that it serves a defined and very strong community, and is controlled and operated by and for that community. The health and nutritional status of the Aboriginal community is probably worse than any other group in Victoria. However, the community is in the fortunate position of having its own health service, which has been operating for 5 years now. Over that time, we have been practising primary health care, that is we have been treating individual disease and injury. This experience has enabled us to become familiar with the morbidity that exists in the community, and to determine the major causes of death, disease, and injury to the people. I believe that as well as practicing individual medicine, and treating and healing individuals, that we are uniquely placed to define major health problems and set up strategies for coping with them, thus practicing mass or community medicine. Later in this report I will describe plans for defining health problems in a more formal way, and special programmes which we intend to put into operation in 1979, but for the moment I wish to deplore the current economic and political situation which limits our activities to the field of individual therapeutic medicine, and discourages new initiatives and programmes to deal with specific major Aboriginal community health problems. This Health Service is uniquely placed to define Health problems and develop and implement strategies to deal with them, but it is frustrating and depressing to be confined by circumstances beyond our control to the area of crisis intervention and individual medicine which, whilst it temporarily stems individual illnesses, and plays an important role in making primary health care readily accessible to a formerly deprived minority, is of limited value in advancing the health and nutritional status of the whole community.

I believe it is vital that the therapeutic role of the Health Service continues in its present setting, as it has made such care accessible and appropriate, but unless adequate funding is provided, the unique opportunity that we have to make a permanent improvement in health will be wasted.

I also believe that there should be a greater emphasis on preventive medicine, but an effective preventive programme depends on the use of trained Aboriginal health workers, and the availability of funds and resources to run such a

programme effectively. It is important that any health worker establishes his/her credibility as a health worker by meeting the perceived health needs of the community. In the case of the Aboriginal community, this means fulfilling a therapeutic role, and helping with welfare and family problems. Such a health worker has much more credibility when he/she attempts to educate people about health, and attempts to change behaviour related to health. It is also vital that such preventive workers be the people's peers, that is Aboriginal. Consequently, I believe that the Health Service has a unique advantage over any other organisation in Victoria as far as the practice of preventive medicine is concerned, and I am appalled at the current situation where preventive medicine is divorced from therapeutic medicine. This health service is closer to the people and more respected by the people than any other institution, because in fact it is part of the community. After five years of operation, we know better than any other organisation what the main health and nutrition problems are, and we are more familiar with the economic and physical environment, and the social milieu in which they originate and exist. We are uniquely equipped and staffed with health workers who are trained by their life experience or have received specialised postgraduate training in just this area.

NEW INITIATIVES

In spite of the economic and political restrictions described above, a number of new initiatives are planned for the coming year which are intended to improve the standard of medical care, and to meet particular health needs of the Aboriginal community.

HEARING PROGRAMME

A Hearing programme will begin in early 1979, in co-operation with the School of Communication Disorders of the Lincoln Institute of Health Sciences. As mentioned in last year's report, an infectious disease of the middle ear, chronic suppurative otitis media, is very prevalent amongst Aboriginal children, and this causes hearing loss in infancy, impaired language development, impairment of other faculties necessary for social and educational advancement, and speech disorders. The hearing programme will be designed to prevent chronic suppurative otitis media, encourage early medical intervention in cases of the disease to prevent its progress, and to rehabilitate people with hearing deficiencies and the consequences of this such as impaired language development and speech disorders.

SCREENING PROGRAMME

A screening programme is also proposed for next year. This will initially involve screening all adult patients who attend the health service for hypertension and obesity. This will simply involve weighing each patient, testing their urine for sugar, and taking their blood pressure. As diabetes, hypertension, and obesity are major health problems in the Aboriginal community, it is hoped that the data collected can be used to set up special programmes to deal with these.

HEALTH WORKER TRAINING

It is also intended to train the field officers, nursing staff, and other health workers in health, and the Barefoot Doctor's Manual produced by the Peoples Republic of China will be used as a basis for this training.

Subjects taught will include anatomy and physiology, diagnostic techniques, hygiene, diagnosis and treatment of common disorders. The health workers will also be taught how to assist their patients to gain the most appropriate medical and welfare care from this highly urbanised and industrialised society.

MORBIDITY MONITORING

In order for the Health Service to function efficiently, and to help us define the patterns of disease that we are treating, as well as to determine the differences between the Aboriginal and non-Aboriginal community, it is intended to undertake a regular assessment of the morbidity treated at the health service. This will be done in the same form as the National Morbidity Survey, and will be done in 1 sample week in each month. This will allow direct comparison with the morbidity seen at a national level, and will define special health problems suffered by the Aboriginal community, and will form the basis of new methods of dealing with these problems.

UNDER - FIVE CLUB

Children younger than five years, and particularly infants, are most vulnerable to growth retardation due to undernutrition, and to infectious disease. Child care during the first five years is the most difficult. Parents, and particularly mothers, of young children are frequently isolated, because of the restraints that child care places on normal social activity. Amongst the Aboriginal community, many children and mothers do not have many opportunities to mix with their own people because of their separation in different suburbs. In an effort to improve child nutrition and care, to ensure adherence to an adequate immunization schedule, and to overcome the isolation of Aboriginal mothers and children from each other, and foster a greater sense of community, it was decided to start a club for children under 5 years old and their parents. This takes place in the Eric McGuinness Study Centre in Smith Street once a week. A meal is cooked for all those attending, children are weighed and measured, their immunisation status checked, and a doctor is available to discuss any questions about child care, health, and nutrition that may arise. Other activities encourage a club-like atmosphere, for instance films are shown, birthdays and other events celebrated, trips are made to the zoo, the river, a park, the pool, or for a barbeque lunch. Whilst the health education that occurs is very informal, it is most effective in this form, and the atmosphere encourages people to attend, and allows effective monitoring of the health and nutritional status of the children.

SERVICE

The standard of primary medical care has continued to improve as the Health Service becomes more established, and individuals working there become more confident and competent at their work as the result of the 5 years experience they have had.

Some improvements have occurred in the area of specialist care and antenatal care. We now have a close liaison with an Obstetrician/Gynaecologist who either sees our patients at his private surgery, or at his hospital outpatients, or for less urgent cases, when he visits for a session at the Health Service. He has also helped us make special arrangements with the Queen Victoria Hospital whereby patients can attend the hospital for their initial investigations and assessment by an Obstetrician, and at one or two other visits during their pregnancy, and for delivery, but are mostly attended by the Health Service for regular antenatal care. This has the advantage of maintaining continuity of care during pregnancy and after the birth of the babe, and during the critical first years life.

We also have a visiting ophthalmologist, general surgeon, and physiotherapist. We continue to have close contact with an orthopaedic surgeon, and a psychiatrist, and with the Clarendon clinic for psychiatric and personal care. There are deficiencies in our specialist referral network in that we do not have adequate personal contact with a paediatrician, physician, and otolaryngologist.

This year we were donated an ophthalmic slit microscope, by Rotary. This enables us to improve the standard of eye care we provide. We also have the use of an ultrasonics, and a diathermy machine, which enable our physiotherapist to adequately treat sporting and other musculo-skeletal injuries.

EDUCATIONAL ROLE

As described in last year's report, we still continue to fulfill an educational role for the teaching of health workers outside the Health Service. This includes nursing, medical and other health science students. We will also be involved in the proposed community organisation course.

THE FUTURE

The morbidity monitoring and screening described earlier in the report will collect information which could form a basis for setting up special programmes to deal with hypertension, diabetes and obesity, all of which are particularly common amongst the Aboriginal community.

Other major problems which have to be tackled include undernutrition and consequent growth retardation in childhood, alcoholism and other drug abuse, trauma, psychiatric health.

As mentioned above, a major effort in preventive medicine awaits the means to implement our planned Aboriginal health workers programme. Until the resources for this become available, information about areas such as smoking, alcoholism, and drug abuse, the sanitary and domestic environment, safety, child care, pregnancy, and nutrition, cannot be systematically distributed, and people encouraged to live the sort of life compatible with good health.

Until we have the means of making annual physical examination available to the whole community, I suggest that all key personnel in Aboriginal organisations

should undergo thorough medical examination and investigation, to prevent the premature death or serious illness of those individuals who are vital to the communities efforts to advance itself.

Dr. Mal Dobbin.

21st February, 1979.