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Essay 40%

Implications of ‘remoteness’ for Aboriginal and Torres Strait Islander peoples in the region of Cape York, Far North Queensland, Australia and the strength and weaknesses of the lifestyle modification program, BEAT IT.

In Australia, most people reside in urbanised locations, with approximately 3% living in remote, or very remote settings (Australian Bureau of Statistics (ABS), 2018; Bourke, Taylor, Humphreys & Wakerman, 2013). According to Dade-Smith (2016) where an individual lives is a key determinant of their degree of health. Furthermore, evidence suggests the more remote people are in terms of where they live, work and play, the higher their risk of ill-health (Australian Institute of Health and Welfare (AIHW), 2018). Remoteness is measured by the Accessibility and Remoteness Index of Australia, or ARIA+, relative to a locations’ access to services, and is considered an environmental, cultural, and social determinant of health (ABS, 2018; AIHW, 2018; Talbot & Verrinder, 2014). In this essay, the implications of remoteness on the health of Aboriginal and Torres Strait Islander (ATSI) people living within the region of Cape York, in far north Queensland, Australia are explored. In addition, the social determinants of health (SDH) specific to the Cape York region are discussed. Further, the strengths and weaknesses of a lifestyle modification program co-ordinated by the Apunipima Cape York Health Council (ACYHC), entitled BEAT IT will be examined.

According to the ARIA+ some communities within the region of Cape York are considered remote, while most are categorised as very remote (ABS, 2018). The geographic area of Cape York is large, extending from Cape York to Cooktown in far north Queensland, and spanning 11,296,069.7 hectares (ABS, 2018a). Despite this, Cape York has a relatively small total population of 8,078, of which over half are ATSI peoples (ABS, 2018a). There is a scarcity of quality medical facilities within the region of Cape York and health services are predominantly delivered by the ACYHC which is the largest community-controlled health organisation in Queensland (ACYHC, 2018). In addition, The Royal Flying Doctors Service provides occasional health care including, emergency retrieval, GP, mental, oral, and child and maternal health clinics (The Royal Flying Doctors Service (RFDS), 2017). Compared with the rest of Australia, the weekly household income in Cape York communities is significantly lower (ABS, 2018a). A range of social, economic, and environmental determinants are present in Cape York which influence the health of ATSI people, and provide an insight into the barriers, and enablers of health in the region.

In Cape York, a higher proportion of people are living with chronic illness, compared with other areas of Queensland (ABS, 2013; ACYHC, 2018a). For example, illnesses such as type 2 diabetes, and obesity are disproportionally represented in Cape York. In addition, the Australian ATSI Health Survey (2013) found that ATSI populations living in major cities are almost half as likely to develop type 2 diabetes compared with those in very remote areas (ABS, 2013). Furthermore, data regarding rates of diabetes for non-Indigenous Australians differs. For example, ATSI people are three times more likely than non-Indigenous people to develop type 2 diabetes (ABS, 2013). Bourke, Humphreys, Wakerman and Taylor (2012, p. 500) describe SDH as “the reproduction of processes that create/perpetuate social structures which determine unequal health outcomes”. Specific SDH affect ATSI people living within the Cape York region.

Those SDH, relevant and unique to Cape York ATSI communities include, cultural safety, access to education and employment opportunities, social stigma, and access to quality culturally appropriate health care (Dade-Smith, 2016; RFDS, 2017a). Previous state government policy in Queensland lacked cultural safety, which created a perpetual cycle of poverty and social stigma for ATSI peoples. Dade-Smith (2016) describes the policy which was in place until the late 1980’s whereby ATSI people received almost half the wages compared with non-ATSI people. This racist, culturally unsafe policy created high rates of generationally entrenched poverty, and social stigma, which are key SDH influencing current health outcomes for ATSI people in the Cape York region. According to the AIHW (2018a, p. 43) 10.8% of ATSI peoples are facing deep and persistent disadvantage. Cultural safety is required for people to feel safe, understood, and to thrive (Williams, Dade-Smith & Sharp, 2016). Indeed, social stigma and poverty significantly impacts the mental health of ATSI people in the Cape York region (RFDS, 2018). The Royal Flying Doctors Service (RFDS, 2017a) report that ATSI Australians in Queensland who are over 35 are more likely to die from a mental disorder than non-ATSI Australians. Moreover, ATSI peoples in the Cape York region are 3.75 times more likely to be subjected to an involuntary treatment order in the event of mental ill-health than other Australians (Hunter et al., 2011). Cultural safety is key for ATSI communities in Cape York to achieve good mental and physical health and a sense of wellbeing. The ability to access culturally safe health care is another SDH for ATSI people in Cape York.

When culturally appropriate health care is available and accessible it is a health enabler, and when absent, provides a barrier to good health for ATSI people living in Cape York communities (AIHW, 2017). Two main barriers exist for ATSI people in accessing culturally appropriate health care. Firstly, the impact of SDH such as lack of cultural safety is lasting and can perpetuate other outcomes such as lack of access to education or employment, and social stigma (Dade-Smith, 2016). Indeed, just over 30% of Cape York’s population has completed education to year 12 or equivalent (ABS, 2018a). Education provides greater health literacy, which empowers individuals to have a clearer understanding of the consequences of health risk behaviours, to move beyond social stigma, and to make healthier life choices (Talbot & Verrinder, 2014). In addition, scarcity and unreliability of health care options due to the remoteness of Cape York communities is a compounding factor for ATSI people in the Cape York region (RFDS, (2017a). Fitzpatrick, Perkins, Luland, Brown and Corvan (2017) state that distance impacts timeliness of health care services required by remote communities. Furthermore, Hunter et al., (2013) report that access to allied health carers, such as psychologists can be infrequent and inconsistent with a high rate of staff turnover in remote regions. This decreases ATSI people’s ability to establish and maintain relationships based on trust with health care workers.

Alternatively, when services and health care are culturally appropriate positive outcomes can be seen. For example, the ACYHC, aka the largest community-controlled health organisation in Queensland works to ensure that culturally appropriate lifestyle modification programs (LMP) empower ATSI people in the Cape York region (ACYHC, 2018). In a study about people’s attitudes to seeking help in remote areas, Fennel, Hull Jones and Dollman (2018) found that people need a sense of self-reliance and are more likely to be resigned to their state of ill-health. Sever (2010) concurs that self-governance is found to be an enabler of health for ATSI peoples. The importance of access to culturally appropriate services and health care is clear. Ingrained social stigma tends to normalise life situations such as lack of education, and health issues like obesity, hence the need for targeted health services in the Cape York region (ACYHC, 2018b).

The ACYHC’s focus is to provide comprehensive health care, which empowers ATSI families throughout the Cape York region to establish positive lifestyle behaviours (ACYHC, 2018a). As such, the ACYHC developed a Chronic Conditions Strategy 2016-2026 which focusses on reducing rates of obesity, with an aim to curb type 2 diabetes (ACYHC, 2018a). BEAT IT was one of the LMP delivered by the ACYHC within Cape York communities between 2012 and 2017 (ACYHC, 2018b). Operating within the Cape York communities of Hope Vale, Wajul and Laura, it was one part of a multi-pronged strategy to address rates of obesity and type 2 diabetes (ACYHC, 2018b). BEAT IT aimed to support ATSI people who needed help to integrate exercise back into their lifestyle (ACYHC, 2018). More specifically, it was a series of “group-based programs that include(d) physical activity sessions, education on nutrition and other relevant topics, and strategies to influence the social determinants of health” (ACYHC, 2018b, p. 4).

The strengths of the BEAT IT program were its accessibility and cultural appropriateness. Hunter et al., (2013) state that addressing the SDH is often costly, complicated and difficult, yet BEAT IT achieved some positive outcomes at a grass roots level and formed the bases from which further programs can develop. The BEAT IT program addressed obesity, a universally experienced health issue, while recognising the unique needs of Cape York community groups (ACYHC, 2018). For example, locally, common barriers to exercise for women participating in the BEAT IT program were being too busy, being too self-conscious, and the stigma of being overweight (ACYHC, 2018b). However, the BEAT IT program addressed these barriers ensuring that trust, relationship development, and community connection could occur by keeping group numbers under twenty. In addition, groups were operated locally, where it was easy for ATSI people within the three communities to access and participate in classes, and physical activity sessions (ACYHC, 2018b). In addition, participants were included in the evaluation process at the program’s conclusion whereby recommendations were given for future LMP in Cape York communities. This was an important aspect of the success of BEAT IT, encouraging community ownership and fostering self-governance for future programs. A key recommendation in the evaluation report was to shorten the duration of program sessions to encourage full participation, and make future programs accessible to people of all fitness levels (ACYHC, 2018b).

While the Apunipima Cape York Health Council provides primary health care to eleven communities within the region, its services are stretched to cover the vastness of the area, which impacts the health of the communities within its boundaries. Remoteness necessitates partnerships with other health services such as the Royal Flying Doctors Service, which does not always ensure consistency in the quality of health care. Aboriginal and Torres Strait Islander peoples in the Cape York region contend with unique SDH such as generational poverty, and issues of cultural safety in health policy and practice. In order to promote health and prevent illness in Aboriginal and Torres Strait Islander communities in the Cape York region the Apunipima Cape York Health Council needs ongoing support to expand their impact. Community controlled health organisations such as this are the ideal avenue for fostering and delivering culturally safe practice and programs, and have the capacity to nurture lasting community connections and systemic trust.

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