IMPROVING NUTRITION AND PROVIDING JOBS IN REMOTE ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

GRAHAM BIDSTRUP, JIMMY LITTLE FOUNDATION
DIMITY POND, UNIVERSITY OF NEWCASTLE
WITH ACKNOWLEDGMENT TO VICKI COSGROVE, ABORIGINAL CULTURAL EDUCATOR, VALLEY TO COAST: GP TRAINING
THE ABORIGINAL AND TORRES STRAIT ISLANDER POPULATION IS AGEING

The number of older Aboriginal and Torres Strait Islander Australians was estimated at 76,300 aged 50 years and over in 2011, up from 47,000 in June 2001 (AIHW 2011).

26% live in remote and very remote areas and 30% in major cities.
IMPORTANCE OF OLDER ABORIGINAL AND TORRES STRAIT ISLANDERS

This group play a significant role in maintaining traditions and links to Indigenous culture. They are also very important and respected members of their communities as role models, supporters and educators for the young. (Cotter et al 2007)

Australian Institute of Health and Welfare 2011. Older Aboriginal and Torres Strait Islander people. Cat. no. IHW 44. Canberra: AIHW

ELDERS TJIMPUNA DUNN, IMUNA KENTA AND ANGKUNA TJITAYI SHARING STORIES WITH YOUNG PEOPLE
HEALTH OF OLDER ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

- As the population ages the number of people with one or more chronic diseases increases
According to the ABS, in 2008 around 16% of older Indigenous Australians and 6% of Indigenous people aged 15–49 years had profound or severe core activity limitations (ABS 2010). These limitations mean that they sometimes or always need help with self-care, mobility, or communication tasks.

Causes include:
- Cardiovascular disease
- Malignant neoplasms
- Diabetes
- Chronic respiratory disease
- Nervous system and sense disorders (including dementia) (AIHW 2011)

ABS 2010. Customised report from the National Aboriginal and Torres Strait Islander Social Survey 2008. Cat. no. 4714.0. Canberra: ABS.
BURDEN OF DISEASE AND DISABILITY IN ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES (DALYS)

- Cardiovascular disease 9,539
- Malignant neoplasms 3,345
- Diabetes 5,407
- Chronic respiratory diseases 3,769
- Nervous system and sense disorders 2,146
- Mental disorders 10,382
- Injuries 10,053
- Other 9,233
- **Total 53,866 (AIHW 2011)**
DEMENTIA AND COGNITIVE IMPAIRMENT: AN INCREASING PROBLEM

• The prevalence of dementia in Aboriginal people is much higher than it is in the broader Australian community.
• The rate of dementia in the broader Australian population is around 10% in the population aged over 75 years.
• In the Kimberley dementia has been found in 12.4% of the population over 45 years with another 8.0% of people diagnosed with cognitive impairment not dementia.
• Dementia presents at an earlier age in Aboriginal people and at almost 5 times the rate of the general population.

- Arkels RS, Jackson Pulver LR, Robertson H, Draper B, Chalkley S and Broe GA. Ageing, cognition and dementia in Australian Aboriginal and Torres Strait Islander peoples. Neuroscience Research Australia and Muru Marri Indigenous Health Unit, UNSW. June 2010
Risk factors for dementia in Aboriginal and Torres Strait Islander populations include:

- Early life factors - exposure to inflammatory disease, low educational attainment, adverse childhood experiences including poor nutrition
- Life-style and environmental factors - smoking, substance abuse, traumatic brain injury, poor nutrition
- Mid life vascular and metabolic risk factors - high cholesterol, obesity, hypertension, inactivity and cardiovascular disease and diabetes. (Arkles 2010)
EXPLANATIONS FOR DEMENTIA

There are many different frameworks for addressing dementia.

• The medical model sees dementia as a disease, and not a normal part of ageing.
• A common approach is to see memory loss and dementia as an inevitable part of ageing
EXPLANATIONS FOR DEMENTIA

• A more holistic biopsychosocial approach involves emotions, social world and family networks as well as the individual living with dementia.

• Many communities around the world have an understanding of dementia in a religious or spiritual framework as part of a transition to another world.
• There are strengths in many of these approaches.

• It is important not to lose these strengths while also understanding that the disease exists as a condition, that it is progressive, and that it results in loss of memory and function.
FUNCTIONAL IMPAIRMENT AS A RESULT OF DEMENTIA AND DISEASE

People with progressive disease and dementia gradually lose the ability to care for themselves in basic ways, including:

- Managing money
- Shopping
- Cooking
- Washing
- Dressing

Food security may be increasingly threatened in these folk.
FOOD SECURITY

• There has been little research on food security in the elderly in Aboriginal and Torres Strait Islander communities.

• Food available in stores may be high in carbohydrate and fat. It is difficult for stores in remote communities to stock fresh vegetables and fruit.

• In some communities food from the store is supplemented by hunting and gathering bush tucker
LOSS OF FUNCTION RESULTS IN INCREASED VULNERABILITY TO SOCIAL DETERMINANTS OF HEALTH SUCH AS POOR NUTRITION.

LOSS OF FUNCTIONAL ABILITY INCREASES FOOD INSECURITY
FOOD SECURITY AND THE ELDERLY

• In a number of communities meals are served for elderly people, in part through Home and Community Care (HACC) funding. However, the service is dependent on staff availability and cannot be fully guaranteed due to cultural obligations of the Aboriginal and Torres Strait Islander staff.

• Meals delivered to older people may need to be shared

• There is a need to work consultatively with communities in exploring culturally appropriate ways to improve nutrition in the elderly.
Clearly folk with functional impairment require support, either from family carers or paid services, if their basic needs are to be met.

For family carers to provide adequate services, some basic training and understanding may be needed.

There are barriers to service provision in the current model.
BARRIERS TO SERVICE PROVISION

Assessment for services - issues

- Language and cultural differences between those doing the assessment (largely non indigenous) and those requiring them.
- Poor living conditions of local community members with overcrowding, and poorly maintained basic facilities (toilets, showers, cooking facilities)
- Cultural dissonance that arises for assessors working for an agency which has a set of underlying expectations that are remote from the reality on the ground.

CARER SUPPORT

- Carers Australia provides support for carers of a person with a disability in remote communities e.g. Troopy Program, remote respite camps
- However regular support is difficult to sustain
THE JIMMY LITTLE FOUNDATION
“I HAVE SEEN TOO MUCH FEAR & SADNESS CAUSED BY THE EARLY DEATH & SUFFERING FROM POTENTIALLY PREVENTABLE CHRONIC ILLNESSES BY MY INDIGENOUS BROTHERS & SISTERS.

SO I STARTED THE JIMMY LITTLE FOUNDATION TO DO SOMETHING POSITIVE TO CURB THE RATE OF CHRONIC DISEASE.

OUR GOAL IS TO PROMOTE A HEALTHIER FUTURE FOR INDIGENOUS AUSTRALIANS AND I HOPE YOU WILL JOIN US TO HELP REALISE OUR DREAM”.

DR. JIMMY LITTLE, AO
1.3.1937 – 2.4.2012

www.jlf.org.au
JIMMY LITTLE FOUNDATION STORES PROGRAM AND HEALTH FOOD SEAL

Our 'Healthy Food Seal' signage points store customers to shelves stock lean meat, fruit, vegetables and water. The Store Branding component of the Thumbs Up! Program has been a particularly successful initiative when the signage is well managed and promoted.

'I tell them [customers] that's the right food, you've got to eat it, it's healthier. Sometimes they just see it themselves [labels]. Some people know what it means and others, we need to show them and tell them.'

- Local store staff member
In association with The Fred Hollows Foundation and the women's centres of Manyallaluk, Gulin Gulin and Wugularr JLF produced the Kukumbat gudwanda gaga ('Really cooking good food') cookbook of recipes for up to 10 people in a pocket book edition.
Uncle Jimmy's Recipe of the Month

Thai Chicken Curry

1. Chop vegetables, dice chicken and gather all ingredients.
2. Heat the oil in a pot and fry the chicken until brown.
3. Add onions, potatoes, carrots, capsicum, peas and corn and stir.
4. Add garlic, ginger, coriander, cumin and stir.
5. Add light coconut milk and stir.
6. Bring to the boil. Turn down to low heat, simmer for 1 hour or until thickened. Serve with rice, pasta or bread. See 'Basics' section for rice and pasta recipes.

Recipe from "Kukumbat gudwan daga"
Available from www.hollows.org.au

Brought to you by
www.jlf.org.au
The Jimmy Little Foundation and the University of Newcastle have been cooperating on defining food security issues for elderly people in Aboriginal people.

A literature review is currently underway.

Some initial consultation with elders in one community has taken place and further consultations are planned.
BRAINSTORMING SOLUTIONS

One solution suggested through community consultation has been the provision of training to younger community members. Such training might include:

- Identification of healthy food and training in healthy meal preparation for provision to older community members (building on the Jimmy Little work)
- Education about dementia and memory loss as well as some understanding of other chronic diseases
TRAINING SOLUTION

• Training in care provision including
• domestic activities - shopping, cleaning, cooking, laundry
• personal care - showering, toilet and grooming activities,
• physical therapy - walking, exercise, dressing
• how to provide physical and emotional care to older people
Consultation with elders in one community resulted in the following suggestion:

- Weekly meals provided with the assistance of the trainees, where the elderly meet together so that they have a social outlet and to ensure that the food gets to them.
- Training of young people in food preparation and nutrition basics in the current HACC funded kitchens that provide food for the elderly.
- Bush tucker days in which elderly people are taken out to teach young people how to cook bush tucker. This would also provide the opportunity for story telling and facilitate the passing on of cultural knowledge and practice.
STRENGTHS OF SUCH AN APPROACH

• Young people trained this way could be earning as they learn.
• This approach would serve the dual purpose of employing young people and addressing nutrition and potentially personal care needs for the elderly.
• Local young people should have less of the “cultural dissonance” than assessors and providers from a different culture and could meet the need for appropriate gender balance in the area of personal care.
• In addition, the project will embed the healthy eating message into the community in a sustainable way.
COMMUNITY CONSULTATION

Consultation with elders in one community resulted in the following suggestion

- Weekly meals provided with the assistance of the trainees, where the elderly meet together so that they have a social outlet and to ensure that the food gets to them.
- Training of young people in food preparation and nutrition basics in the current HACC funded kitchens that provide food for the elderly
- Bush tucker days in which elderly people are taken out to teach young people how to cook bush tucker. This would also provide the opportunity for story telling and facilitate the passing on of cultural knowledge and practice.
STRENGTHS OF SUCH AN APPROACH

• Young people trained this way could be earning as they learn.
• This approach would serve the dual purpose of employing young people and addressing nutrition and personal care needs for the elderly.
• Local young people should have less of the “cultural dissonance” than assessors and providers from a different culture and could meet the need for appropriate gender balance in the area of personal care.
• In addition the project will embed the healthy eating message into the community in a sustainable way.
CULTURAL COMPATIBILITY

• In traditional Aboriginal communities, the adult children cared for their own parents and in turn the grandparents helped to look after the grandchildren. The importance of the extended family and kinship ties cannot be underestimated and this program seeks to utilize and strengthen those ties.

• This program would strengthen the bonds between younger and older people and would help maintain the connection between the generations. This is an essential component of the program as cultural knowledge and tradition has always been passed from grandparents to grandchildren both orally and in practice. Delivering the program in a culturally appropriate way will ensure this traditional practice is ongoing and that future service delivery is tailored to meet both physical and cultural needs.
PUTTING IT INTO PRACTICE

• It would be essential for the community to “own” the course in as many ways as possible while still meeting training organisation requirements.
• Adequate time would need to be taken to establish community ownership along with the appropriate structures.
• Young people would need to be prepared prior to doing the course in order to meet the literacy and numeracy demand require additional support throughout the course to ensure maximum retention rates.
• It would be essential to understand that not all would be able to complete the course for a variety of reasons, however even those not completing will have benefited and grown from the experience.
POSSIBLE GOVERNANCE MODEL

Local Action Group
Project Coordinator, community carers, locally based service providers (KACS, DSC, LAC, Allied Health Clinic)

Steering Committee

Facilitator
University WA (first 6 months, followed by Frontier Services)

Project Coordinator

Community Educator

Essential support worker (HACC)

Activities and respite

FIT WITH GOVERNMENT POLICY

The Federal Government’s Indigenous Advancement Strategy (IAS) includes strategies around providing more jobs for Aboriginal people in local communities, encouraging children to stay at school and building culture and well-being programs. The proposed program meets all these goals.

The actual word HEALTH was not mentioned in the IAS document. Most of us know that without good nutrition and engaging basic health practices it is totally unrealistic to expect children to stay at school and do well at schoolwork and it is even harder for an adult to find and sustain gainful employment. As well as training young people for jobs as carers, the proposed program would educate them about personal care, basic health practices and good nutrition for themselves and their families, using a variety of teaching strategies including some that the Jimmy Little Foundation has already proven to be successful in engaging the community.

Our proposed program in conjunction with Remote Jobs and Communities Program (RJCP) providers would be a huge step in providing trained people in Aged Care who can further their education if they desire or stay in the community and be gainfully employed.