Improving nutrition and providing jobs in remote Indigenous communities

Dimity Pond[1], **Graham Bidstrup**[2]
[1]Discipline of General Practice at the University of Newcastle, NSW; [2]Jimmy Little Foundation, NSW

It is not well understood that the proportion of elderly people (over 45) in Aboriginal and Torres Strait Islander communities is increasing.(1) While this is a tribute to the slowly improving health of people living in these communities, it carries with it another challenge: that of caring for the elderly. This paper will discuss some of the implications of population ageing for health and service delivery in Aboriginal communities.

It is well known that Aboriginal and Torres Strait Islander communities carry a high prevalence of acute and chronic diseases, including high rates of diabetes, cardiovascular disease, hypertension, head injury, alcohol abuse and suicide. (2) The prevalence and treatment of these diseases particularly in remote areas is affected by cultural and social factors including language differences, cultural understandings of health, availability of services, poverty, and poor education. As the population ages, some of the diseases common to ageing populations worldwide begin to appear as well: in particular dementia and cognitive impairment. The prevalence of these conditions in Aboriginal people is much higher than it is in the broader Australian community: in the Kimberley dementia has been found in 12.4% of the population studied with another 8.0% of people diagnosed with cognitive impairment not dementia. (3) This study showed that dementia presents at an earlier age in Aboriginal people and at almost 5 times the rate of the general population (Arkles et al 2010).

Risk factors for dementia in Aboriginal and Torres Strait Islander populations include early life factors such as exposure to inflammatory disease, low educational attainment, adverse childhood experiences, life-style and environmental facts (smoking, substance abuse, traumatic brain injury); mid life vascular and metabolic risk factors such as high cholesterol, obesity, hypertension, inactivity and cardiovascular disease and diabetes. (4)

There are many different frameworks for addressing dementia. The medical model sees dementia as a disease, and not a normal part of ageing. Other frameworks include a more holistic biopsychosocial approach involving emotions, social world and family networks as well as the individual living with dementia; an understanding of dementia as an inevitable part of ageing or an understanding of dementia in a religious or spiritual framework as part of a transition to another world. (4)

However, whatever the framework, dementia carries with it a heavy burden of functional impairment. (5) People with dementia gradually lose the ability to care for themselves in basic ways, including managing money, shopping, cooking, washing and dressing. This makes them even more vulnerable to social determinants of health such as poor nutrition. Without the capacity to shop or gather bush tucker, and in some cases as dementia progresses without the capacity to cook, elderly Aboriginal or Torres Strait Islander folk may be malnourished compared with the rest of the community. This will also have a negative impact on their cognition as well as their physical well being.

It is clear then that people living with dementia in remote Aboriginal communities need additional help including services. However, it is apparent from service statistics that Aboriginal people in remote communities access services at a lower rate than the rest of the Australian community. (6) There are multiple barriers to the provision of services. For example an initial assessment is required before services are delivered, but assessment of the needs of older people living in remote Aboriginal and Torres Strait Islander communities is challenging. These environments are cross-cultural with significant language and cultural differences between those doing the assessment (largely non indigenous) and those requiring them. The situation is further compromised by the poor living conditions of local community members with overcrowding, poorly maintained basic facilities (toilets, showers, cooking facilities), and distance from town centres further compromising the capacity for service delivery. Lindeman and Pedler (7) discuss the 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.

Clearly these issues need further definition if effective ways of addressing them are to be developed. For example there has been little research on food security in the elderly in Aboriginal and Torres Strait Islander communities. Schouten et al (6) have written a thoughtful paper about the issue in which they identify that meals delivered to older people may need to be shared with other members of the family and the dogs. There is a need to work consultatively with communities in exploring culturally appropriate ways to improve nutrition in the elderly. In a number of communities meals are served for elderly people, in part through Home and Community Care (HACC) funding. (7) 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. (7)

Exploring ways to address the issue

For half of its ten years of operation, the Jimmy Little Foundation has been providing community wide nutrition education to remote Aboriginal and Torres Strait islander communities. This has been done through a series of activities including the development and recording of songs with a nutrition message for school children, labelling appropriate store foods with the Jimmy Little “Thumbs Up” logo, cook ups and concerts focussed on healthy eating.

In partnership with the University of Newcastle, the Foundation is now exploring the option of providing courses up to certificate level for Aboriginal and Torres Strait islander young people in healthy nutrition/care of the elderly. TAFE and higher education is difficult if not impossible to access for those living in remote communities. With an ever increasing ageing population there is a real need for a bridging course or awareness training course for teenagers (ages 14-18) to help them acquire the skills needed to help care for their elders, skills such as:

- domestic activities - a) shopping, b) cleaning, c) cooking, d) laundry
- personal care – a) showering, b) toilet and grooming activities, c) physical therapy (walking, exercise etc), d) dressing
- how to provide physical and emotional care to older people
- recognition of the ageing process – ie dementia, arthritis, diabetes

These skills would equip students to continue further training at TAFE in Aged care certificate 3 and 4 and Home and Community Care certificate 3 and 4 if they chose to do so.

A significant part of any training could include food preparation and delivery. Early consultation with members of one community around this aspect of the course has come up with a number of suggestions:

- 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 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.

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.

The approach is not without significant barriers, including cultural and context specific barriers within each community. 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 this along with the appropriate structures. Young people would also need to be prepared prior to doing the course in order to meet the literacy and numeracy demands of a certificate course and would require additional support throughout the course to ensure maximum retention rates. The course itself would need to be tailored to fit the cultural context it would be delivered in. 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.

Such a program would be potentially culturally congruent

In traditional Aboriginal communities, the adult children (aged 25 – 40 +) cared for their own parents (aged 55 yo +) and in turn the grandparents helped to look after the grand children. Any siblings of the adult children age group were also expected to share the responsibility for looking after their parents. 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.

The program would also be congruent with current government policy

There have been a range of such programs in different parts of Australia over a number of years. However, the actual mechanism of training has varied (appropriately) from program to program.

The proposed program fits with current Australian government initiatives. 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. The Foundation and the University are currently seeking funding to pursue this work.

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Presenters

Professor Dimity Pond is head of the Discipline of General Practice at the University of Newcastle. She is a GP with a Fellowship of the RACGP, and has continued in clinical practice, including nursing home practice, throughout her academic career. She has a long track record of research on dementia in General Practice, and is currently exploring the implications of this problem in remote Indigenous communities, including some education around the issue for health workers and community members. IN the past 3 years she has made a number of visits to remote communities to learn and to explore options with community members and with other workers. Professor Pond has contributed over 80 peer reviewed publications. She has worked on knowledge translation from research into general practice, including contributions to the GP "Red Book" of preventive activities around aged care and dementia, contributions to the "Check" training program for GPs around the elderly, and regular teaching sessions at postgraduate and undergraduate level. She has also served on a number of government advisory groups including most recently the Ministers Dementia Advisory Group, which advised the Commonwealth government on matters relating to dementia.

Graham 'Buzz' Bidstrup has enjoyed a 40-year career in the Australian music industry. After completing tertiary studies in engineering he joined The Angels, playing drums and touring Australia, Europe and the USA many times. Buzz co wrote and co produced The Angels' most successful song, the chart topping hit 'No Secrets'. He left in 1981 and was in demand as a record producer, session player and film music composer and producer. Buzz was also a founding member, co-producer and co-manager of successful Australian bands The Party Boys and GANGgajang in 1984. In 1999 he began a new chapter in his career as manager and music director for iconic Australian Indigenous entertainer Dr Jimmy Little AO. Buzz guided Jimmy's career until Jimmy's passing in April 2012 and helped Jimmy establish The Jimmy Little Foundation (www.jlf.org.au) in 2006 and Uncle Jimmy Thumbs up Ltd (www.thumbsup.org.au) in 2008. Both are not-for-profit organisations working to bring better preventative health initiatives to Indigenous Australians. The Thumbs up! program has been delivering music, health and community education programs into many communities throughout Qld, NT, WA, SA and NSW since 2009 working in partnership with Federal, State and Territory Governments and other NGOs.