The Narungga Health Story

Jenny Fleming, Rose O'Connell

5th National Rural Health Conference
Adelaide, South Australia, 14-17th March 1999

Proceedings
The Narungga Health Story

Jenny Fleming, Rose O’Connell

HISTORICAL

The Narungga Aboriginal People are the traditional owners of the lands of Yorke Peninsula, South Australia. In the 1830s the Narungga people first came into contact with Europeans. By the 1850’s there were many Europeans on the Yorke Peninsula resulting in the loss of land and hence loss of culture and heritage for the Narungga people. The population estimated as 500 in 1847 had decreased to less than 100 in the mid 1860’s. In 1868 a mission was established at Point Pearce where the remainder of the Narungga people were sent together with people from the Murray and the Adelaide Plains. (Point Pearce: Past and Present: Narungga Community College.) Point Pearce is located 21km southwest from Maitland and 20 km north from Port Victoria.

The Superintendent who was appointed by the Government managed the mission. People who thought that they required medical attention first had to see the Superintendent (who had no medical training) for approval. There were many rules and regulations that were imposed by the Government so that the Narungga people were powerless in determining their own needs. These conditions continued until the Referendum in 1967.

HEALTH STATUS OF ABORIGINAL PEOPLE

Aboriginal people have the poorest health of any identifiable sub population in Australia. Despite improved access to health services, Aboriginal health status still rates worse than non-Aboriginal on every indicator; life expectancy, maternal mortality, infant mortality, morbidity in childhood and adult mortality. The difference in life expectancy of Australian Aborigines and Non-Aborigines is still 15-20 years. The gap in the expectation in life between the indigenous and non-indigenous populations of New Zealand, Canada and the United States has been reduced to 3–6 years.

Lifestyle changes resulted in dramatic increases in the prevalence of certain conditions. These diseases disproportionately affect Aboriginal people and include diabetes mellitus, circulatory system disorders, respiratory disorders, ear disease, eye diseases, certain communicable diseases, cancer, renal disease and injuries (National Health Strategy Research Paper 1, Sept 1993, Miller and Torzillo, 1996). Miller and Torzillo (1996) also found that diabetes is a major contributor to the excess and premature mortality due to cardiovascular disease in Aboriginal Communities and that alcohol contributes significantly to the excess morbidity and premature mortality of Aboriginal Communities.
The Yorke Peninsula Division of General Practice conducted a Need’s Analysis and the Aboriginal Health Questionnaire confirmed these findings. The major health concerns for the Aboriginal Community included Diabetes, drugs, alcohol, infections, cardiovascular disease and respiratory disease including asthma.

ACCESS TO EXISTING HEALTH SERVICES

Historically the Aboriginal Community has not accessed existing health care services on Yorke Peninsula with any degree of certainty. The lack of education in all aspects of their health care, from children’s health to the health needs of the aged, was prevalent among the Aboriginal Community.

Health Services available included:

Central Yorke Peninsula Health Service:
- Maitland Hospital (Public);
- Located 21 kilometres from Point Pearce;
- Twenty four hour emergency service; and
- No obstetric services.

Northern Yorke Peninsula Health Service:
- Wallaroo Hospital (Public);
- Located 70 kilometres from Point Pearce;
- Obstetric services;
- Community and Allied Health Teams that service Point Pearce; and
- Aboriginal Health Worker, Marcia Sansbury (funded by Aboriginal Health Council).

GP Medical Centres:
- Maitland; and
- Moonta – providing Obstetric Services – 50 Kilometres from Point Pearce.

The Narungga Elder Care Program:
- Community Aged Care Packages; and
- Provide personal care, social and emotional support.

Health Service Issues:
- Access to services was restricted by transport issues;
- Continuum of care between services;
- Services not being culturally appropriate;
- No community ownership of services;
- Minimal consultation with the Aboriginal community;
- No local health facilities that were geographically convenient to the Point Pearce Community; and
- Lack of knowledge of available health services.
Many people were therefore isolated socially, culturally and geographically from many health and other services.

The Goreta Aboriginal Corporation (Council for Point Pearce) consulted with the Northern Yorke Peninsula Regional Health Service and expressed concern at the lack of medical services at Point Pearce.

CONSULTATION

A local and joint initiative of the Northern Yorke Peninsula Regional Health Service, local GPs and the Aboriginal Community resulted in the identification of a number of major health concerns for the community.

From this an extensive consultation process occurred for over two years between:

- the Aboriginal Community;
- local GPs;
- the Yorke Division of General Practice;
- Northern Yorke Peninsula Regional Health Service;
- Narungga Aboriginal Progress Association;
- Goreta Aboriginal Corporation; and
- Narungga Elder Care Program.

Consultations also took place with the Wakefield Region Aboriginal Health Advisory Subcommittee which was established the previous year and consisted of the major stakeholders.

From these consultations the Yorke Peninsula Division of General Practice applied for funding to the Commonwealth Department of Human Services and Health to develop an Aboriginal Community Health Program.

The Northern Yorke Peninsula Community and Allied Health Service (NYPCHS) were also successful in an application for Home and Community Care Program (HACC) funding for a Registered Nurse and a Para-Medical Aide to complement the work of the solo Aboriginal Health Worker. This was the beginning of an Aboriginal Health Team.

At the same time discussions were held with the Goreta Council and permission was granted to establish a small Health Centre at Point Pearce in the vacated Les Buckskin Hostel. The Health Centre at Point Pearce provided premises for visiting services from NYPCHS eg Diabetes Educator, Asthma Educator, and Dietitian. Also other service providers eg Child and Youth Services (CAYS) began a fortnightly service in collaboration with the Aboriginal Health Team.

The Yorke Peninsula Division of General Practice had also established a Ante/Post Natal Clinic at the Health Centre so that the women would not have to travel to Moonta (56 km away) for their care.
The project provides regular GP services and specific screening days for men, women and children at the Point Pearce Health Centre. The GPs work in collaboration with the visiting Community Health Service that includes the Aboriginal Health Team. The program has:

- introduced support for access/entry to mainstream health services and coordinated existing visiting services;
- built on and complemented the services that visit Point Pearce (ie Community Health Services); and
- provides a comprehensive Aboriginal Health Service to the people at Point Pearce and surrounding area.

Three GPs maintain a roster to provide clinical services to Point Pearce one day a week.

**Project's Objectives**

- to establish a Medical Service at Point Pearce;
- to improve access to mainstream medical services for the Point Pearce Community;
- to deliver ongoing preventative health services and programs to the Point Pearce Community (immunisations and screening);
- to foster broader community awareness and understanding of Aboriginal Culture on Yorke Peninsula;
- to increase collaboration and cooperation between local GPs and other health providers through joint participation in the program; and
- to work collaboratively with the community and other service providers to provide a service that is culturally appropriate.

**Method**

- consultations with other Aboriginal Health Services in SA eg Pika Wiya, Nunkawarrin Yunti;
- consultations with local GPs to determine roles;
- weekly (Fridays) GP Clinics were established at Point Pearce;
- preventive health services (including general screening program for men, women and children) were introduced;
- an immunisation program was initiated for the whole community;
- data has been collected that will provide information for future health programs;
- consultation with the local community is ongoing;
- a collaborative approach has been developed with other Service Providers to ensure continuity of care and reduced duplication of services;
- participation in and advocacy for the need for Cross Cultural Training for service providers; and
5th NATIONAL RURAL HEALTH CONFERENCE

- GP Continuing Medical Education (CME) dinner meetings focusing on Aboriginal Culture.

Resources

The Project provided funding for Project Manager, Dr Georgina Moore, a Project Officer, Ms. Rose O’Connell and GP payments for visits to the Health Centre. There was also some funding for clerical/admin support, travel allowance, equipment and refreshments for community education sessions.

The support for the Health Clinic (staffing, maintenance, rent etc) was provided in kind by Northern Yorke Peninsula Community Health Service and Goreta Council.

Results/Evaluation

The project has been operational for eighteen months. There are 234 people (around 90 per cent of the population of Point Pearce) registered at the GP Clinic and there have been 739 attendances. There have also been people from other towns attend the clinic because they feel ‘more comfortable’ there.

The data collected on diseases are consistent with National findings on Indigenous Health. Health Education sessions have been directed from issues raised at the Health Centre by the people attending eg cardiovascular disease, Hepatitis C, contraception, diabetes.

The Immunisation Program has been very successful with 100 per cent immunisation rates for children and 50 per cent adult immunisation rates.

Almost half the population has had a complete health screening. The most successful has been the men’s screening from which a very motivated men’s group has been developed.

The GPs involved in the project have been very supportive and have commented on the improvement in access of services by providing these services in the local community.

An improvement in providing continuity of care has also been noted because of more effective communication and a clearer understanding of the role of community services. The project has also provided a venue for the GPs to work collaboratively.

There has been one CME evening, which was a presentation by a GP who has worked at Pika Wiya and a video of local Narungga people relating their life at Point Pearce. This was well received by the GPs of Yorke Peninsula.

Through the Wakefield Regional Health Service Aboriginal Health Sub Committee, health services on Yorke Peninsula have agreed to be a pilot for the Cross Cultural Training Project form the Aboriginal Health Division, South Australian Health Commission (SAHC).
The Maitland Hospital has reported that admissions have decreased and that outpatient’s attendance has been affected since the implementation of the project and the Aboriginal Health Team. Friday was chosen for the clinic day as it preceded the weekend when there was increased access to emergency services for ailments that could be dealt within a GP clinic. The Project Officer and the Aboriginal Health Team are involved in the Discharge Planning Working Party at the hospital to improve continuity of care.

Applications for funding have been submitted utilising information gained from the project e.g. YOUNG Project for a Youth Worker.

The local community has been very supportive of the project and has advocated for the expansion of the health centre to increase service activity and provide a facility that would ensure privacy. The health centre will be expanded and the Goreta Council and Northern Yorke Peninsula Health Service are addressing this project.

**SUSTAINABILITY**

The University Practice at Maitland has agreed to continue the GP clinics at Point Pearce on a Medicare system when the project is completed.

The Northern Yorke Peninsula Health Service has also agreed to continue to support the GP clinic with the Aboriginal Health Team assisting the GPs.

The Goreta Council is providing the premises free of cost and have offered a long lease so that the program can continue.

**CONCLUSION**

The success of this program has been in the collaboration and the development of real partnerships between the Aboriginal community and health services on Yorke Peninsula collectively. This has ensured that all stages of planning, implementing and evaluating the Point Pearce health centre activities have been in a culturally appropriate manner. In addition to this, the Aboriginal Health Team Leader/Project Officer is jointly funded between the YP Division of General Practice and the NYPRHS, and has enhanced linkages and collaboration between the services.

The Aboriginal Health Team is not only responsible for a large percentage of the services delivered, but it coordinates all of the activities at Point Pearce and provides daily clinics. This gives not only the Aboriginal community quick and direct access to health services, and ensures follow up of health issues, but also the health service have a focal point to access the Aboriginal community.

The success of the project is demonstrated by the support of the local community in their access of the service and that the project is sustainable without further project funding.
REFERENCES
