

Indigenous Health Overview

(Australian Government—Australian Institute of Health and Welfare) www.aihw.gov.au

The available evidence suggests that Indigenous Australians continue to suffer a greater burden of ill health than the rest of the population. Overall, Indigenous Australians experience lower levels of access to health services than the general population, are more likely than non-Indigenous people to be hospitalised for most diseases and conditions, and are more likely to experience disability and reduced quality of life due to ill health, and to die at younger ages, than other Australians. Indigenous Australians also suffer a higher burden of emotional distress and possible mental illness than that experienced by the wider community.



Access to health services

Indigenous Australians experience lower levels of access to health services than the general population, attributed to factors such as proximity, availability and cultural appropriateness of health services, transport availability, health insurance & health services affordability proficiency in English.

Distance to, and Availability of, Health Professionals, Services and Facilities

One measure of accessibility is taken by gauging where people live in relation to health services. Approximately 26% of Indigenous Australians live in remote or very remote areas of Australia compared to only 2% of non-Indigenous Australians. Aboriginal and Torres Strait Islander people are therefore more likely, as a population, to live further from health services than other Australians.

In 2002 there were 281 medical practitioners per 100,000 population employed in 'remote and very remote' areas compared with 312 per 100,000 in major cities. The most significant shortage of health professionals in 'remote and very remote' areas is of specialist clinicians where there were only 29 per 100,000 compared to 114 per 100,000 in major cities.

In 2001, 78% of discrete Indigenous communities were located more than 50km from the nearest hospital, and 50% were located more than 25km from the nearest community health centre.

Other Factors Affecting Access

Access to medical services is also affected by factors such as the availability of transport, the affordability of private health insurance and the clients' proficiency in English. Results of the 2001 Census show that Indigenous households were generally larger than other households, and less likely to have a motor vehicle, potentially restricting their access to health services.

Results from the 2002 NATSISS show that approximately 60% of Indigenous people aged 18 years and over have access to and are able to drive a motor vehicle, compared to 85% of non-Indigenous people. This proportion was lower in remote areas, where only 48% of Indigenous people had access to a vehicle. Indigenous people were 3 times as likely to have transport difficulties in that they could not, or often had difficulties getting to places they need to go, compared to non-Indigenous people (12% compared to 4%). Overall, results from the 2001 National Health Survey show that 17% of Indigenous Australians in non-remote areas had private health insurance, compared with 51% of other Australians, reducing the access of Aboriginal and Torres Strait Islander people to specialist care, such as private hospitals and services within the private health system.

Measurement of the accessibility of health services involves other factors besides the distance people must travel and the financial costs incurred (Ivers et al. 1997). The perception of cultural barriers may cause Indigenous Australians to travel substantial distances in order to access health services delivered in a more appropriate manner than those available locally (Ivers et al. 1997).

Indigenous Health and Community Services Workforce

The availability of Aboriginal and Torres Strait Islander staff is an important factor in whether or not Indigenous Australians are able to effectively access services. In the 2001 Census, Indigenous Australians aged 15 years and over were less likely (1.5%) than other Australians (3.1%) to be employed in health-related occupations. Indigenous Australians were more likely to report being employed in selected welfare and community service-related occupations than health-related occupations. About 2.7% of those employed in community and welfare service-related occupations were Indigenous compared with 1.6% of non-Indigenous adults. In 2003, 167 Indigenous students (aged over 20 years) completed health related undergraduate courses and 105 completed welfare-related undergraduate courses, representing 1.0% and 1.5% respectively of all students completing undergraduate courses in these fields - well below the 2.4% Indigenous representation in the Australian population.

STUDENTS AND SPONSORING CLUBS

New South Wales

Anthony O'Donnell	Charles Sturt University	Health Science (Mental Health)	NSW Health
Brenda Holt	Southern Cross University	Indigenous Health Studies	NSW Health
Albert Torrens	University of Curtin	Indigenous Community Health	RC of South Sydney
Kerri Hine	University of New England	Nursing	RC of Morrisett - TBC
Courtney Bethel	University of Newcastle	Nursing	RC of Williamstown
Susan Morris	University of Newcastle	Nursing	RC of Williamstown
Michael Strong	University of Newcastle	Medicine	RC of Orange North
Sean White	University of Newcastle	Medicine	RC of Parkes
Murray Haar	University of NSW	Medicine	RC of Parkes
Haylee Solomons	University of NSW	Medicine	RC of Fairy Meadow
Edjoni Blackledge	University of NSW	Medicine	RC of Miranda
Tarni Hinton	University of Sydney	Physiotherapy	RC of Gymea
Daniel Mulholland	University of Sydney	Public Health	NSW Health
Wendy Robinson	University of Sydney	Diagnostic Radiography	NSW Health
Kristy Morgan	University of Western Sydney	Medicine	RC of Macarthur Sunrise
Angela Wood	University of Western Sydney	Medicine	NSW Health
Raquel Fraser	University of Western Sydney	Medicine	RC of Illawarra Sunrise

Northern Territory

Cassandra Dodd	Charles Darwin University	Social Work	Pratt Foundation
Kerry Ann Leaver	Charles Darwin University	Behavioural Science	Pratt Foundation
Donna Coulthard	Charles Darwin University	Child & Family Health	Pratt Foundation
Luarna Walsh	Bachelor University	Nursing	Pratt Foundation
Karen Kelso	Bachelor University	Indigenous Health Studies	Pratt Foundation

Queensland

Mia Strasek-Barker	Griffith University	Public Health	RC of Balmoral
Ines Francia	Griffith University	Pharmacy	Pratt Foundation
Shelly Fraser	James Cook University	Medicine	Pratt Foundation
Alexander Kuhle	James Cook University	Physiotherapy	Pratt Foundation
Rebekah Kuhle	James Cook University	Nursing	Pratt Foundation
Gari Watson	James Cook University	Dental Surgery	ANZ Bank Cairns Susan Faulkner
Melissa Walker	University of Southern Queensland	Masters of Mental Health	RC of Toowoomba East
Bellinda Barker	University Sunshine Coast	Nursing	Sponsorship Available
Renae Silver	University of Sunshine Coast	Social Work	Sponsorship Available
Melanie Williams	University Sunshine Coast	Human Services	Pratt Foundation
Nicole Willmet	University of Sunshine Coast	Psychology & Exercise Science	RC of Nambour

Victoria

Jessica Bowron	Deakin University	Nursing	RC of Geelong
Annette Leach	Deakin University	Nursing	RC of Boroondara/Barinsdale
Teagen Cornelissens	LaTrobe University	Nursing	RC of Beaumauris
Jade Solomon	RMIT Bundoora	Medical Radiation	RC of Glen Waverley
Veronica Kyle	University of Melbourne	Medicine and Surgery	RC of Manningham
Jessica McConnell	University of Melbourne	Medicine and Surgery	RC of Mornington
Stacey Lancaster	Victoria University	Nutrition	RC of Rosebud
TBA	Charles Sturt University	Nursing	RC of Bright

STUDENTS AND SPONSORING CLUBS (Continued)

Western Australia

Marlene Sykes	Curtin University	Indigenous Community Health	Sponsorship Available
Margaret Anne Martin	Curtin University	Midwifery	RC's of Cockburn and Applecross
Krystal Cotterill	Curtin University	Physiotherapy	RC of Boulder/ Mundaring
Mary Lane	Notre Dame University	Nursing	Woodside Energy
Daniel Hunt	University of WA	Medicine and Surgery	RC of Boulder/ Mundaring
Chantel Thorn	University of WA	Dentistry	RC of Ascot
Terrence Morich	University of WA	Indigenous Community Health	RC of Willetton

South Australia

Darryl Cameron	Deakin University	Post Grad Public Health (Part Time)	RC of Murray Bridge
Jeremy Rigney	Flinders University	Nursing	RC of Blackwood
Jessica Beinke	Flinders University	Health Science (Nutrician)	RC of Stirling/Class of 67
Jessice Graham	Flinders University	Master Speech Pathology	RC of Mitcham
Justine Gladman	Flinders University	Medicine	RC of Mildura
Lauren Aitken	Flinders University	Psychology	RC of Brighton
Linda Turner	Flinders University	Nursing	RC of Blackwood/Mr Gibson
Maria Wilson	Flinders University	Environmental Health	RC of Alice Springs
Paul Newchurch	Flinders University	Masters Remote Health Management (Part-time)	RC of Victor Harbor
Susan Darcy	Flinders University	Nursing (Part-time)	RC of Goolwa
Tania Shearer	Flinders University	Behavioural Sciences	RC of Prospect
Luke Cantley	Flinders University	Social Work (Part Time)	RC of Coromandel Valley/ Margaret Mayo
James Cripps	Sydney University	Grad. Dip. Substance Abuse	RC of Salisbury/ Prof. M Sage
Mark Thompson	Sydney University	Grad. Dip. Substance Abuse	RC of Waikerie
Aaron Bulner	University of Adelaide	Oral Health	RC of Hyde Park/ Dentists
Hannah Fyfe	University of Adelaide	Medicine	RC of Alice Springs
Jonathan Newchurch	University of Adelaide	Medicine	RC of Morialto
Kudnarto Watson	University of Adelaide	Medicine	RC of Adelaide
Lauren Sperring	University of Adelaide	Medicine	RC of Unley/Dr Helen Sage
Lyndsey Cruse	University of Adelaide	Nursing	RC of Flinders Park
Rebecca Boltje	University of Adelaide	Nursing	RC of West Lakes
Rebecca Richards	University of Adelaide	Psychology	RC of Campbelltown
Tjunkaya Ken	University of Adelaide	Psychology	RC of Walkerville/Dr. Filby
Bodie Rodman	University of SA	Medicine	Prof Michael Sage/RC of Mawson Lakes
Danielle Ghezzi	University of SA	Lab. Medical Science	RC of Unley
Danielle Oatway	University of SA	Applied Science	RC of Hyde Park
Lenore Chantrelle	University of SA	HR Management (Part-time)	RC of Adelaide East
Melanie Coulthard	University of SA	Nursing	RC of Charles Sturt Grange
Shereen Rankin	University of SA	Aboriginal Studies	RC of St Peters
Trevor Richie	University of SA	Occupational Therapy	RCs of Regency Park/ Nth. Adelaide
Wendy Barth	University of SA	Nursing	RC's of Group 4, D9500
Meridee O'Neill	University of SA	Nursing (Part-time)	RC of Norwood
Talisha King	University of SA	Medical Radiation	RC of Mt Barker/Flinders Medical Centre



AUSTRALIAN ROTARY HEALTH MENTOR PROGRAM

Mentoring Background

Mentoring is an organised process linking a less skilled and experienced person with someone from whom they willingly accept advice, knowledge, analysis and feedback on how they can achieve their goals. Mentoring also has benefits for the expert since it can reignite commitment and optimism that can re-energise and establish new priorities. *(Kirner and Rayner 1999)*.

In the case of Australian Rotary Health Indigenous Health Scholarships we are looking at playing a supportive role in the encouragement of students obtaining their goal.

Qualities needed in a mentoring relationship...

- **Trust** - be honest and open when sharing experiences and providing feedback
- **Respect** - respect each other's time and other commitments
- **Commitment** - be committed to spending agreed upon time together in mentoring roles
- **Confidentiality** - agree not to disclose information discussed within the mentoring relationship with other persons
- **Accessibility** - make yourself available to meet or talk with each other
- **Flexibility** - be able to adapt to changing circumstances or needs within the mentoring relationship or the general practice in which the mentoring takes place.

Why you should be a mentor?

Most successful people have help along the way. As a mentor you can be a trusted guide to help someone find their way among complex options to get to the next level or provide the help to address a private, concerning issue.

What does a club/club member gain from mentoring?

- Opportunity to share one's wisdom and experience
- Gain a sense of personal satisfaction
- Develop interpersonal skills
- Gain experience in a new role
- Opportunity to widen professional network and reduce professional isolation
- Be recognised for contribution to colleagues and to the practice as a mentor

A mentor is not:

- A teacher
- A tutor
- An advocate

Mentors are not expected to have all the answers, but are able to provide direction to relevant sources of information, including other people.

Australian Rotary Health will be visiting the students Universities and will be holding a Mentoring Workshop with sponsoring Rotary Club Mentors, students, university staff, potential new students and other interested Rotary Clubs over the next couple of months. Clubs will be contacted to participate in this workshop to bring the relationship of the Rotary Clubs and students closer.



If your club would like to help
a student become
an indigenous health worker
Scholarships value to students are
\$5,000 per year

\$2,500 from Rotary Clubs
and
**\$2,500 from Commonwealth or
State Governments**

Please contact Cheryl Deguara—Programs Co-ordinator

Phone: 02 8837 1900

Fax: 02 9635 5042

Email: cheryldeguara@australianrotaryhealth.org.au

INTRODUCTION TO SOME NEW STUDENTS SNIPPETS FROM THEIR APPLICATION ESSAYS

To be successful as an Indigenous Mental Health Worker, a commitment to a changing environment is required with the creation of policies and procedures, reaching desired outcomes and remaining informed and aware of changes and advancements.....

*I am striving towards becoming a Psychologist so I can perform counselling, guidance and care management to people with mental illness, substance misuse or loss and grief issues. My study to date has given me information and skills relating to mental illness and substance misuse. Although I am aware of many of the physical and psychological issues surrounding these issues and how difficult and individual each person's journey is to recovery. I would like to be the person to assist them on their journey with a strong focus on cultural sensitivity and how we can better integrate the western medical model of service with the traditional cultural context in which they are being provided. **Culture is very important and better awareness of this aspect in the health framework will increase use.***



Charles Darwin University, NT

Kerry Ann Leaver

Charles Darwin University, Behaviour Science

I have had a longstanding desire to return to the goldfields where I can use my skills as a physiotherapist to provide much needed services to remote communities and the Indigenous populations. Having lived in Leonora my entire life, I have seen first hand the hardship that many Indigenous Australians experience due to diseases or disabling accidents.

My family and my Aboriginal background are well known throughout the Goldfields. Most have watched me grow up and have seen the journey I have made in pursuing my studies. I understand and speak some of the Wongutha language and have always been seen as a leader among my peers and the local community.

This puts me in a position where I can inflict valuable changes within the Aboriginal Community.....**My commitment to my community, my people and the respect I have towards my Aboriginal heritage would be essential and I strongly feel that I'll be able to improve Indigenous health as a physiotherapist.**



Curtin University, WA

Krystal Cotterill

Curtin University, Physiotherapy

As an Indigenous medical student, I can not and will not say that when I become a qualified medical practitioner, that I will be able to offset all the health related difficulties faced by Indigenous Australians. I will say with complete honesty, however, that I will do everything within my power, both as a student and as a qualified medical practitioner, to battle the foundational issues concerning Indigenous health and change the lives of all those I have the honour of coming in contact with.

We need doctors and nurses and health practitioners to work in rural and remote areas, unafraid to work with and not against our Indigenous generations.



University of Western Sydney, NSW

Simply, I will contribute my time, determination, spirit and my respect to helping the Indigenous people of Australia find a solution for themselves.

Angela Wood

University of Western Sydney, Medicine

INTRODUCTION TO SOME NEW STUDENTS

SNIPPETS FROM THEIR APPLICATION ESSAYS



Growing up with blind parents, although they did a superb job of raising me, there were certain things that were expected of me in comparisons to other children. For instance, leaving toys lying around, cupboard doors open and moving furniture where detrimental to my parent's physical well being. As well as nursing I am a retained NSW Fire Fighter. This job is involved in community awareness and education. I am personally involved in visits to primary school and high school students regarding road safety, fire safety and driver safety. I have an ongoing involvement with the two local Aboriginal communities in Uralla known as Moych and Anawan.....

The area I am most interested in are Woman's Health, Immunisations and Paediatric Nursing within the Indigenous rural remote health care setting.

By choosing me to receive this scholarship, you will give me the opportunity to become a Registered Nurse, and allow me to live my dream of working with Indigenous people in Rural and Remote Australia.

Kerri Hine

University of New England, Nursing

Radiography is the use of ionising and non ionising radiation in the diagnosis and treatment of diseases. Procedures such as X-rays, CT scans, MRI and ultrasounds.

Once I graduate and become a qualified Radiographer I will be responsible for performing these procedures. Having the Indigenous community knowing that there is a qualified Indigenous person working as a Radiographer will encourage them to seek the medical attention they require.

I would be acting as a role model to other Indigenous people, showing them that they are able to succeed in life, getting an education and career, which in turn benefits the Indigenous community.

By receiving the Australian Rotary Health Indigenous Health Scholarship it would assist in costs associated with my course such as books, uniforms and general living expenses.



Jade Solomon

RMIT University, Medical Radiation

Through finishing a Bachelor of Public Health with a double major in Nutrition and Environment Health I hope to offer my services in remote and isolated Indigenous communities where health inequities are most prevalent and distressing.

I am familiar with issues faced in remote and isolated Indigenous communities as I come from Lightning Ridge. My Indigenous heritage and experiences in Oenpelli (NT) are positive factors encouraging me to make a difference and help the low Indigenous health status.

Completing my degree I will be able to promote good health and wellbeing, preventing ill health and better understanding of public health hazards as well as environmental health issues that are affecting remote Indigenous communities.

Combining the knowledge gained from both majors I can help to improve the Indigenous health status in more ways than one. I am passionate about completing my degree and taking my education to remote Indigenous communities.

Mia Strasek-Barker

Griffith University, Public Health



Griffith University, QLD