

## **Protocol Review: Evidence Used and Rationale**

**Protocol name:** Healthy Living

### **Rationale:**

Healthy Living discussion should be incorporated into any patient encounter. This protocol is designed to support Aboriginal Health Workers and clinicians through a holistic approach to a patient through a 715 Health Check aiming to target the age group of 15 – 49yrs prior to the onset of chronic disease. Each section of healthy living can be used independently with a brief intervention however many of these factors are interrelated as many medical conditions are caused or exacerbated by the conditions in which people live, work and socialize as social determinants of health. Culture is integral to Aboriginal health and wellbeing (Kickett-Tucker et al 2016). With cultural revitalisation and community empowerment, individual discussions about healthy living will be even more effective.

### **Initial Working Group:**

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### **Further review from:**

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### **Discussion points:**

Evidence for Healthy Living Protocol has been sourced from specific resources for each section as discussed below however overall guidance has been supported by both the Royal Australian College of General Practitioners (RACGP's) RACGP National Guide to a Preventative Health Assessment for Aboriginal and Torres Strait Islander People and Kimberley Aboriginal Medical Services' Council *Aboriginal Primary Health Care: An Evidenced Based Approach*, Chapter 3 'The Well Person's Health Check'.

Mental health and Environmental Health are two new additions to the Healthy Living Protocol in this revision. Mental health remains vital to the holistic concept of wellbeing for an Aboriginal person, so the Working Group would like to acknowledge the important research completed by the Yawuru community in Broome which describes the concept of wellbeing as *mabu liyan*, at the heart of what it is to have and to know a good life. The Yawuru community has identified the interlinking nature of many of the factors which contribute to a good life: healthcare providers can meet this need better by approaching the whole person and their community to promote healthy living. For this reason, environmental health has also been identified as an important aspect of individual health. Within the Kimberley's Aboriginal population, 23.1% of presentations in primary care are directly attributable to the environment with a higher environmental contribution (25.6%) for children.<sup>1</sup> The Working Group would like to acknowledge the important work that member organisations of the Kimberley Aboriginal Health Planning Forum Environmental Health Sub Committee in promoting environmental determinants of health in the Kimberley. As an example, Nirrumbuk is an Aboriginal

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<sup>1</sup> McMullen, C et al 'Environmental attributable fractions in remote Australia: the potential of a new approach for local public health action', *Aust NZ J Public Health*. 2016; 40(2) April: 174-180

owned and operated environmental health corporation that is a Member Service of Kimberley Aboriginal Medical Service providing environmental health through dog health, dust control, pest and mosquito control, waste management, food safety, infection control, community re-entry, community education and monitoring & reporting of environmental health issues. Services are tailored to meet the requirements of each location through community environmental health action plans. Environmental health referral pathways are included in the resources, these are still under ongoing development, and it is hoped that this ongoing Indigenous led environmental health engagement will continue to promote healthier living.

Physical activity and nutritional recommendations have been sourced from Department of Health Australian Physical Activity and Dietary guidelines. Alcohol recommendations have been sourced from the National Health and Medical Research Council guidelines and a handy chart showing pictorial alcohol standard drinks has been included in the resources. Smoking cessation recommendations have been sourced from the Kimberley Smoking Cessation Protocol. Substance use recommendations have been sourced primarily from RACGP Guidelines for Illicit Drug Use in Young People and the Royal Australian College of Physicians (RACP) and Royal Australia and New Zealand College of Psychiatrists (RANZCP) joint Illicit Drugs Policy. Sexual health recommendations have been sourced from the Kimberly STI Screening Protocol acknowledging differences in recommendations for routine STI screening and blood borne virus (BBV) screening because of the high burden of preventable disease from these in the Kimberley. Vaccination recommendations have been sourced from the Australian Immunisation Handbook.

#### **Resources and references used:**

Yawuru Wellbeing Paper

<http://www.curtin.edu.au/local/docs/bcec-community-wellbeing-from-the-ground-up-a-yawuru-example.pdf>

Kickett-Tucker C, Bessarab D, Coffin J, Wright M. *Mia Mia: Aboriginal community development*. Cambridge University Press. 2016

Nirrumbuk Aboriginal Corporation

<http://nirrumbuk.org.au/>

RACGP National Guide to a Preventative Health Assessment for Aboriginal and Torres Strait Islander People

<http://www.racgp.org.au/download/documents/AHU/2ndnationalguide.pdf>

RACGP National Guide to a Preventative Health Assessment for Aboriginal and Torres Strait Islander People – Evidence Base

[http://www.racgp.org.au/download/documents/AHU/2ndnationalguide\\_evidencebase.pdf](http://www.racgp.org.au/download/documents/AHU/2ndnationalguide_evidencebase.pdf)

RACGP National Guide to a Preventative Health Assessment for Aboriginal and Torres Strait Islander People – Life Cycle Chart

<http://www.racgp.org.au/download/documents/AHU/2012lifecyclechart-adult.pdf>

Couzos, S and Murray, R *Aboriginal Primary Health Care: An Evidence Based Approach*, Chapter 3: The Well Person's Check, Oxford University Press 2007.

Australian Physical Activity Guidelines

<http://www.health.gov.au/internet/main/publishing.nsf/content/health-publth-strateg-phys-act-guidelines#npa05>

Australian Dietary Guidelines

<https://www.eatforhealth.gov.au/guidelines>

National Health and Medical Research Council Alcohol Recommendations

[https://www.nhmrc.gov.au/files\\_nhmrc/publications/attachments/ds10-alcohol.pdf](https://www.nhmrc.gov.au/files_nhmrc/publications/attachments/ds10-alcohol.pdf)

Chart of Standard Drinks

[https://www.nhmrc.gov.au/files\\_nhmrc/file/your\\_health/healthy/alcohol/std-drinks.pdf](https://www.nhmrc.gov.au/files_nhmrc/file/your_health/healthy/alcohol/std-drinks.pdf)

Kimberley Smoking Cessation Protocol

<http://103.18.109.102/~kamsorg/wp-content/uploads/2015/04/oth-Smoking-Cessation.pdf>

RACGP Illicit Drug Use

<http://www.racgp.org.au/your-practice/guidelines/national-guide/the-health-of-young-people/illicit-drug-use/>

RACP/RANZCP Illicit Drugs Policy

[https://www.ranzcp.org/Files/Resources/Submissions/illicit\\_drugs-pdf.aspx](https://www.ranzcp.org/Files/Resources/Submissions/illicit_drugs-pdf.aspx)

Kimberley STI Screening and Treatment

<http://kams.org.au/wp-content/uploads/2015/04/STI-Screening-and-Treatment-20-August-2015.pdf>

INFLUENZA

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-7>

PNEUMOCOCCAL

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part4~handbook10-4-13#4-13-7>