



# Healthy Living – Resources and Referral Pathways

## Introduction

Healthy Living discussion should be incorporated into any patient encounter. This protocol can be used to support Aboriginal Health Workers and clinicians through a holistic approach to a patient through a 715 Health Check or Well Person's 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.

Within the Yawuru community wellbeing can be translated as *mabu liyan*, at the heart of what it is to have and to know a good life.<sup>1</sup> For all Aboriginal communities in the Kimberley, strong culture is integral to health.

## Physical Activity

Adults should exercise from 1.5 – 2.5hrs/week of vigorous activity to 2.5 – 5hrs/week of moderate activity. Exercising on most days of the week for 30mins should be encouraged.

### ASK:

How many days a week do you do 20 minutes or more of vigorous activity that makes you sweat or puff and pant? (e.g. running, team sports, heavy lifting)?

How many days a week do you do 30 minutes or more of moderate activity that increases your heart rate or makes you breath harder than normal? (e.g. sweeping, gardening, light lifting, brisk walking)?

### RECOMMEND:

- Explore barriers to increasing physical activity and encourage less sedentary time.

<sup>1</sup> <http://www.curtin.edu.au/local/docs/bcec-community-wellbeing-from-the-ground-up-a-yawuru-example.pdf>

- Brainstorm realistic and attainable goals for patient tailored to the patient's circumstance, consider local activities; walking group, basketball, football, gym, swimming pool available in the community.
- Consider referral to Physiotherapy to tailor exercise program particularly for injury management and preexisting conditions.

## Nutrition

Healthy eating should be encouraged at each healthcare interaction being aware of food availability and affordability.

### ASK:

What did you eat yesterday/earlier today? (ask about portion sizes, use hands to demonstrate fist size for carbs, palm size for meat)

How often do you have soft drinks, cordial, juice or diet drinks?

Do you add sugar or honey to your tea or meals?

Do you cut the fat off your meat?

How often do you eat fish?

### RECOMMEND:

- Encourage a variety of vegetables, fruit, legumes/beans and whole grains. Eat mainly plant foods.
- Aim for ½ plate non-starchy vegetables, ¼ plate lean protein, ¼ plate low GI carbohydrates (see diagram)
- Wholegrains are slowly absorbed carbohydrates (low GI) and therefore help to regulate blood sugar levels.
- Limit alcohol and foods which come in a packet, box or can which may be high in added saturated fat, sugar and salt. Home cooking is best.
- Chose bush foods when possible, bush meats are better than processed meat.
- Fats and oils should be limited and deep fried foods avoided. Olive, canola and sunflower oil are best, chose margarine over butter. Get healthy fats from avocado, nuts and fish 2-3 times per week.
- Water is the best drink.

Diabetes WA has a good [pictorial Healthy Eating booklet](#).

## Smoking

Explore with patient current and past smoking status. Calculate the risk using packet years (20 cigs/day for one year is 1 pack year).

### ASK:

How soon after you wake up do you have your first cigarette?

How do you feel about your smoking?

### RECOMMEND:

- Nicotine replacement therapy with support is the most effective way to quit smoking. See [Kimberley Smoking Cessation Protocol](#).

## Alcohol

### ASK:

How often do you drink alcohol?

When you have a drink, how many do you usually have in one day?

How often do you have six or more drinks on one day?

### RECOMMEND:

- No more than 2 standard drinks per day for men or women reduces lifetime risk of harm from alcohol.
- No more than 4 standard drinks in any one session for men or women reducing single incident risk of harm from alcohol.
- For people aged 18 years and under, no alcohol is the safest option.
- In pregnancy and breast feeding, no alcohol is the safest option.
- Feedback health information on physical effects of drinking and emphasise client responsibility for change. Give clear health advice. Offer a menu of options (e.g. counselling,



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detox and rehab). Use empathic non-judgemental approach and support self-reliance.

[Standard drinks info.](#)

## Drug Use

Encourage positive protective factors such as good housing, education and employment within communities and promote early intervention at community level to address risk factors predictive of later illicit drug use (low literacy, early childhood onset dysfunctional behavior, school failure, chronic parental and family conflict, parental alcohol and illicit drug problems). Harm minimisation should be recommended for existing substance use.

### ASK:

Have you ever had: cannabis (gunja), ice or speed, sleeping pills, magic mushrooms, heroin or morphine or sniffed glue or paint? For each 'Yes' ask: when they last used it, how often they use and how much. If speed or opiates, ask if they have ever injected. If yes, ask if they ever shared a needle/syringe.

### RECOMMEND:

- Engage with patient in discussion about health risks and any harms they have noticed for themselves.
- Consider not using every day or taking breaks to recover.
- Discuss the increased risk of mixing multiple drugs and alcohol.
- Recommend harm minimisation for injecting drug use: safe injecting practice (not mixing with other drugs/alcohol, not sharing needles and not alone) education on overdose prevention and emergency planning and discussion of availability of injecting packs ('Fit packs') in hospital and remote clinics.
- Offer screening + vaccination for Hep B.
- Consider not mixing cannabis with tobacco.
- Ascertain patient's willingness to change their substance use patterns.
- Consider referral to alcohol and drug services and inpatient rehabilitation.

[CYRENIAN HOUSE D&A counselling](#) (Broome and Peninsula)  
KIMBERLEY DRUG AND ALCOHOL MENTAL HEALTH SERVICE  
Ph: (08) 9194 2640 Fax: (08) 9192 3489

## Mental health and wellbeing

Aboriginal peoples' perspective on wellbeing is usually holistic, for example the Yawuru idea of *liyan* combines health and connection between the mind, body, spirit, culture and land.<sup>2</sup>

Adopting this broader wellbeing approach and finding out more about your patient's own community can facilitate a more complete understanding of a patient's history and wellbeing.

More specific questioning can then follow.

### ASK:

Over the last 2 weeks, how often have you been bothered by the following problems?

Feeling nervous, anxious or on edge?

Not being able to stop or control worrying?

Little interest or pleasure in doing things?

Feeling down, depressed, or hopeless ?

Are you feeling stressed or humbugged by others? Do you have enough time to do the things you need? Do you have enough money to buy the things you need? Is there something or someone that is annoying you?

Screening for self-harm: People with any one of the following: past history of intentional self-harm, a history of mood disorders, hazardous alcohol, consumption or use of other recreational drugs. Consider asking about past and current suicidal ideation and intent as part of a comprehensive mental health history.

### RECOMMEND:

- Stress reducing activities such as walking, exercises, breathing and mindfulness exercises can be beneficial for patients with mild symptoms.

<sup>2</sup> <http://www.curtin.edu.au/local/docs/bcec-community-wellbeing-from-the-ground-up-a-yawuru-example.pdf>

- Identification of mental health concerns should prompt referral to a medical practitioner and consideration to further counselling and support.

**MENTAL HEALTH REFERRAL PATHWAYS:**  
[BOAB COUNSELLING](#) (KIMBERLEY) or MMex

HEADSPACE (BROOME)  
[Online referral](#) or MMex Headspace Referral

OVAHS Social Support Unit (KUNUNURRA)  
PH: 08 9166 2200, FAX: 08 9168 2053, email:  
[sewbcoordinator@ovahs.org.au](mailto:sewbcoordinator@ovahs.org.au)

ANGLICARE (KUNUNURRA)  
PH: 08 9166 5000, FAX 08 9166 5050, email:  
[Kununurra@anglicarewa.org.au](mailto:Kununurra@anglicarewa.org.au)

## Sexual health

Sexual health encompasses healthy respectful relationships, adequate contraception and regular STI screening as indicated. Recommended screening for all asymptomatic sexually active 15 to 30 year olds is 6 monthly and all 31-40 year olds annually.

### ASK:

Would you like to have a check-up done today for STI's?

### RECOMMEND:

#### Asymptomatic screening tests

- Men - First void urine (FVU) for chlamydia, gonorrhoea and trichomoniasis PCR
- Women - Self obtained low vaginal swab (SOLVS) is preferred (orange top swab) AND FVU for chlamydia, gonorrhoea and trichomoniasis PCR + consider Pap
- Blood Tests: Syphilis serology, HIV, Hep B serology (routine screening for Hep B status is recommended for Indigenous peoples – see vaccination)  
+ Hep C serology if risk factors for BBV

For females of child bearing age exploration of whether contraception is required and whether preconception planning



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should be undertaken. Entering parenthood is a useful motivator for undertaking healthier lifestyle choices.

[Kimberley STI Screening and Treatment](#)

## Environmental health

Environmental factors are increasingly being recognized as an important contributor to health. In the Kimberley, 23.1% of presentations by Aboriginal people are directly attributable to the environment with a higher environmental contribution (25.6%) for children.<sup>3</sup> Remember the role of housing, infrastructure, sanitation and environmental stressors.

### ASK:

Number living in house/Number of rooms in house - Is housing adequate for use? Is there risk of eviction, need for housing repairs or risk of homelessness?

Does the patient live in more than one place for extended periods of time? Have access to sanitation, running water, refrigerator and electricity? Have enough money for food, clothing and paying bills? Can the patient get about independently to do shopping and get what they need? Does the patient feel safe in their own home? Remember housing can be a sensitive issue. Do not make the patient feel ashamed. An environmental health referral can be offered.

### RECOMMEND:

- Environmental health referrals can be done by any health professional with the patients consent to undertake an environmental health assessment through Nirrumbuk, Nindilingarri, KPHU and local shires. Together with the family, environmental actions can be organized through these services. Get to know your local environmental health team.

[Kimberley Environmental Health Referral](#)

<sup>3</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): 174-180

## Family history

Explore with patient their family history, remember environmental health and housing, identify chronic or acute illness history within the family and assess current health.

### ASK:

Do you have a family history of diabetes, kidney disease and heart trouble? Anyone been on dialysis? Are there any sicknesses that run in your family?

## Physical examination

Height, weight BMI, BP

Abdominal/waist circumference – measure at belly button –

**Ideal MEN <94cm, WOMEN <80cm**

Heart and lungs – auscultate for murmurs, wheeze

Consider baseline ECG

Skin check

Ears/eyes – visual acuity/mouth – oral health

Urinary dipstick + ACR +/- Pap smear

POC HbA1c + BSL

	Normal	Prediabetes	Diabetes
<b>Venous HbA1c</b>	<5.7%	5.7 – 6.4%	>6.5%
<b>POC HbA1c</b>	<5.7%	Send venous sample – see Diabetes Protocol	

Referral to diabetic educator/dietician for prediabetes range.

## Vaccinations

### INFLUENZA

Influenza vaccination is recommended annually for everyone over the age of 6 months. Vaccines are funded by the government and free for patients if they are children aged 6 months to 5 years, all pregnant women in any semester and all Aboriginal people > 15yrs. Patients between 5 and 15 years are also eligible for free annual influenza vaccine if they have specified chronic conditions such as RHD.

## PNEUMOCOCCAL (23vPPV)

Pneumococcal vaccination is funded free for at risk people over the age of 15 years. At risk conditions are listed in the online addition Australian Immunisation handbook and include tobacco smoking

The schedule for pneumococcal vaccination in at risk people is Dose 1 at 15 years of age; Dose 2 at 20 years of age and dose 3 at 50 years of age. Maximum of 3 doses in a lifetime and a minimum interval of 5 years between each dose.

In Aboriginal people with no risk factor 2 doses of pneumococcal vaccine are recommended at ≥50 years then the 2nd dose 5 years later.

1 dose of pneumococcal is recommended for non-aboriginal people from ≥ 65 years

### HEPATITIS B

All Aboriginal and Torres Strait Islander people will benefit from a review of their risks and vaccination status for hepatitis B. HBV vaccine is included in the infant schedule, but offer testing for previous hepatitis B infection/immunity as required and offer vaccination if non-immune.

### MEASLES, MUMPS, RUBELLA

Every effort should be made to identify non-pregnant seronegative Indigenous women of child-bearing age and provide measles-mumps-rubella (MMR) vaccine, in order to prevent congenital rubella syndrome. This also protects against measles.

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home>

## Screening bloods

EUC, LIPIDS, HbA<sub>1c</sub> (YEARLY)

Urinary ACR (YEARLY)

+ for asymptomatic sexually active 15 to 30 year olds six monthly and all 31-40 year olds annually → STI Check + BBV screen (HIV, Hepatitis B/C, syphilis serology)

+ preconception bloods for females if appropriate– iron studies, varicella, rubella serology (see preconception protocol)