

Strengthening the Aboriginal Diabetes Workforce in Victoria

Sharon Thorpe, Victorian Aboriginal Community
Controlled Health Organisation (VACCHO)



Victorian Aboriginal Community Controlled Health Organisation



- Represents the collective of all (25) Aboriginal community controlled health organisations around Victoria
- Co-ordinate state-wide advocacy and direction for Aboriginal health issues & policies
- Registered Training Organisation responsible for Aboriginal Health Worker training





What is an ACCHO?

- A primary health care service initiated and operated by the local Aboriginal community
- Delivers holistic, comprehensive, and culturally appropriate health care to the community
- Community-controlled through a locally elected Board of Management
- Employ Aboriginal Health Workers to provide the bulk of primary care services, often with a preventive, health education focus (NACCHO).
- Many ACCHOs have visiting diabetes educators
 - Only limited access e.g. once a fortnight/month



What is an Aboriginal Health Worker?

- An Aboriginal person who
 - Works within a Primary Health Care framework to achieve better health outcomes and better access to health services for Aboriginal and Torres Strait Islander individuals families and communities

(Community Services and Health Industry Skills Council)



Role of the Aboriginal Health Worker

- AHW roles may include:
 - Clinical care and assessment
 - Emergency and first aid response
 - Health education and promotion
 - Social and emotional support
 - Antenatal, postnatal and infant care
 - Sexual and reproductive health
 - Drug and alcohol services
 - Advocacy
 - Counselling



Aboriginal Health Worker qualifications

- New nationally accredited Primary Health Care qualifications & competencies
 - Cert II, III, IV, Diploma, Advanced diploma
- Certificate III is occupational entry level for generalist AHWs (VACCHO currently delivering)
- Certificate IV allows specialisation
 - Potentially in health promotion/chronic care



Aboriginal people & diabetes

- The overall **prevalence** of diabetes in ATSI people is thought to be between **10-30%** which is **2-4 times** that of non-Aboriginal Australians
- The prevalence among ATSI people aged **35-44 years** is **10%** which is **5 times** that of non-Aboriginal Australians (ABS 2006)
- The **burden of disease** due to diabetes experienced by Aboriginal Australians is **5 times** that of the total Australian population (Vos 2007)
- In Victoria, the rate of **hospital admissions** for diabetes among Aboriginal people is **six times** higher than for non-Indigenous people (DHS 2005).



Factors contributing to diabetes in Aboriginal communities

- High levels of obesity
 - particularly “central” obesity
- Genetic factors
- Low birth weight
- Westernisation- replacement of healthy “hunter-gatherer” lifestyle, high in physical activity, nutrients, low in fat and sugar with western lifestyle (energy dense diet, low physical activity)
- Social factors- income, education, transport, housing, access to services, self-esteem



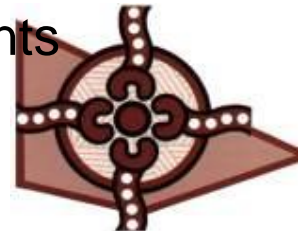
Background: AHW Training

- Short Courses for AHWs delivered at VACCHO
 - Cardiovascular Health
 - Diabetes Prevention and Management
 - Physical Activity, Nutrition and Diabetes Awareness
 - Aboriginal Health Promotion Short Course
- Based on nationally accredited Aboriginal Health Worker competencies (Cert IV level)
- AHWs wanted to go to “the next step”



The next steps...

- A working group was formed, consisting of:
 - VACCHO
 - Deakin University
 - School of Nursing
 - Institute of Koori Education
 - Diabetes Australia- Vic
- Aim: to increase the number of Aboriginal Health Workers with ADEA accredited qualifications in diabetes education to address the increasing rate of diabetes in the Koori community in Victoria
 - establishing a pathway for Aboriginal Health Workers into the Graduate Certificate of Diabetes Education
 - delivering this course in community-based mode (rather than through distance education) in a culturally safe environment
 - Setting up appropriate support structures for the students



Closing the Gap

The project supports the Commonwealth Government's commitment to:

'encourage more Indigenous people to take up careers as health professionals'.



Community-Based Delivery

- The Institute of Koori Education (IKE) provides:
 - degrees across many fields of study
 - a holistic approach to education through it's community-based model
 - a culturally safe learning environment
- Community-based learning involves:
 - Combination of on and off-campus teaching,
 - Residential intensives,
 - Support for students:
 - community-based tutoring,
 - teleconferences,
 - community visits by teaching staff and
 - Information Communication Technology resources.



Where are we at?

- 4 students
 - 3 metro, 1 rural
- Teaching staff: 2 diabetes educators + 1 Aboriginal health professional
- Tutoring/mentoring from local diabetes educators
- All 4 students completed the course and will graduate!
- Now recruiting for 2011



Student perspectives:

“I want to be able to take what I’ve learned here back to the community”

“We need more Aboriginal diabetes educators to provide culturally appropriate services in our communities”

“We get a lot of support at the residence and institute”

“Even though we’re from different areas, we’re all in the same boat, we understand each other’s issues, encouraging and supporting each other”



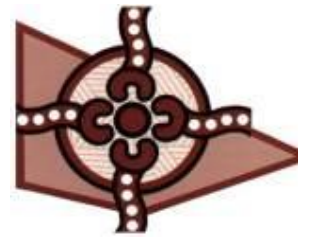
Future directions

- Evaluate pilot project
- Continue to deliver the course
 - To senior AHWs across Victoria
 - Open up to AHWs across Australia
- Recruit more mainstream diabetes educators to act as tutors/mentors
- Advocate for diabetes educator positions in ACCHOS





Artwork by Lyn Briggs: This design shows the importance of Health Workers sharing information about diabetes and the information being passed on to their communities.



Acknowledgements

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