

Introduction

A Healthy Living discussion should be incorporated into any patient encounter. This guideline can be used to support Aboriginal Health Workers, and other clinicians, through a holistic approach to a patient encounter through a Medicare Benefits Schedule Item 715 Aboriginal and Torres Strait Islander Peoples Health Assessment ('715 Health Check' or 'Well Person's Check'), aiming to target the age group of 15 to 49 years, prior to the onset of chronic disease.

Each section of this guideline 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 socialise (the social determinants of health) (Kickett-Tucker et al 2016).

For all Aboriginal communities in the Kimberley, strong culture is integral to health and wellbeing.

Culture and Spirituality

Country, culture and spirituality play important roles in the health and wellbeing of Aboriginal people. Sustaining an active and healthy relationship with culture strengthens identity, builds resilience and helps create a sense of belonging and connection to the past. Cultural expression may include:

- language and storytelling
- dance and ceremony
- music and art
- kinship
- history
- law

Connection/reconnection to Country, culture and spirituality is fundamental to Aboriginal health and wellbeing. It is important for clinicians to recognise the significance of Country, culture and spirituality for Aboriginal people, and to understand that when these domains become disrupted, culturally appropriate intervention is required (Dudgeon et al, 2014; Lowitja Institute 2020; Salmon et al 2018).

Exercise

Adults should aim for 1.25-2.5 hours per week of vigorous activity to 2.5-5 hours per week of moderate activity or an equivalent combination of both. Moderate activity means you can comfortably talk, but not sing. During vigorous activity, you can't say more than a few words without pausing for a breath.

Exercising on most, preferably all, days of the week for 30 minutes, and muscle strengthening activities twice a week, should be encouraged. Time spent sitting should be minimised and long periods of sitting broken up as often as possible.

Doing any physical activity is better than doing none.

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 breathe harder than normal? (e.g., sweeping, gardening, light lifting, brisk walking)?
- ? How many days a week do you do muscle strengthening activity (e.g., lifting weights, household tasks like carrying or digging, lunges, squats)?
- ? Do you spend long periods of time sitting? (e.g., at work or watching TV)?

RECOMMEND:

- Explore barriers and intrinsic motivators to increasing physical activity and encourage less sedentary time.
- Brainstorm realistic and attainable goals tailored to the patient's circumstances and consider local activities as available (e.g., walking group, basketball, football, gym, swimming pool).
- Consider referral to physiotherapy or exercise physiology to tailor an exercise program, particularly for injury management and preexisting conditions.

Nutrition

Healthy eating should be encouraged at any patient encounter, being mindful of food availability and affordability.

ASK:

- ? What did you eat yesterday or/earlier today? Ask about portion sizes and use your hands to demonstrate a fist size for carbohydrates, a palm size for meat, and two handfuls for vegetables.
- ? How often do you have soft drinks, iced coffee, 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, lean protein, dairy or dairy alternatives that are calcium fortified and whole grains. Eat mainly plant foods.
- Aim for half a plate non-starchy vegetables, a quarter of a plate of lean protein, a quarter of a plate on low glycaemic index (GI) carbohydrates (refer: [Healthy Living Guide for Patients](#))
- Wholegrains, dairy products (milks and yoghurts), pulses, starchy vegetables such as corn and sweet potato and many fruits are slowly absorbed carbohydrates (low GI) and therefore help to regulate blood sugar levels.

Healthy Living

- Limit alcohol and heavily processed or refined foods which may be high in added saturated fat, sugar and salt. Limit unhealthy takeaway foods.
- Choose bush foods when possible, including plants and animals.
- Aim to include healthy, unsaturated fats such as olive oil, avocado, nuts, seeds and fish in your weekly intake.
- Water is the best drink, aim for 8-10 glasses each day.

A pictorial 'Healthy Tucker Guide' is available to purchase through [Diabetes WA](#).

Smoking

At each patient encounter, ask and record the smoking status of patients aged 12 years and older e.g., through a routine 715 Health Check.

Ask and record the smoking status of patients aged under 12 years if they present with smoking-related illness (e.g., worsening asthma) or if smoking is suspected for other reasons.

ASK:

? Do you smoke?

If the answer is yes, the following questions can help to find out if they are addicted to nicotine. Answering yes to ANY of the following indicates likely nicotine addiction:

- ? Do you smoke within half an hour of waking up in the morning?
- ? Do you smoke more than 10 cigarettes a day?
- ? How do you feel when you don't smoke? Do you have any cravings or withdrawal symptoms like feeling grumpy or stressed?

Then ask about whether they are ready to quit:

- ? How do you feel about your smoking now?
- ? Are you ready to stop smoking?

RECOMMEND:

- Nicotine replacement therapy with support is the most effective way to quit smoking.

¹ Refer [Kimberley Clinical Guideline](#): Smoking Cessation.

E-cigarettes

E-cigarettes are not currently approved by the Therapeutic Goods Association (TGA). Nicotine levels are not standardised between products. The possession of nicotine-containing e-liquid without a prescription is illegal in Western Australia (WA) however, they are not uncommonly acquired by patients.

Alcohol and Other Drugs

Encourage positive protective factors such as good housing, education and employment or engagement within communities and promote early intervention at a community level to address risk factors predictive of later alcohol and illicit drug use (such as 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.

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:

- To reduce the risk of harm from alcohol-related disease or injury for healthy men and women, drink no more than 10 standard drinks per week and no more than four standard drinks on any one day.
- To reduce the risk of injury and other harms to health, children and people under 18 years of age should not drink alcohol.
- To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol.
- For women who are breastfeeding, not drinking alcohol is safest for their baby.
- Give clear health advice and feedback health information on physical effects of drinking and assess client readiness and responsibility for change. Use an empathic, supportive and non-judgmental approach.
- Offer a menu of support options (e.g., counselling, medical detox, rehabilitation and other alcohol support networks such as SMART Recovery and Alcoholics Anonymous).

Further information and resources are also available via the [National Health and Medical Research Council](#).

Other drugs

ASK:

- ? Have you ever had cannabis (gunja), ice or speed, sleeping pills, magic mushrooms, heroin or morphine or sniffed glue, petrol or paint?

For each 'Yes' ask when they last used, 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.

Healthy Living

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 practices (not mixing with other drugs/alcohol, not sharing needles and not alone).
 - Education on overdose prevention and emergency planning.
 - Discussion of availability of injecting packs ('fit packs') through the Kimberley Needle and Syringe Program which operates from emergency departments at all Kimberley hospitals, remote clinics and Broome Kimberley Mental Health and Drug Services.
- Offer screening for hepatitis B virus (HBV), hepatitis C virus (HCV), HIV and 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.

Kimberley MHAOD Service Map

The [Kimberley Mental Health and Alcohol and Other Drug Service Map](#) is available to assist Kimberley Service Providers with referring patients to mental health and alcohol and other drugs services.

Mental Health and SEWB

To effectively assess mental health and social and emotional wellbeing (SEWB), it is most effective to consider the patient's situation holistically, by including mental, physical, spiritual and cultural factors. Screening questions need to be adapted to best suit the person and their presenting concerns.

ASK:

- ? Have you experienced a persistent low mood?
- ? Has your appetite increased or decreased?
- ? Are there changes in your sleep patterns?
- ? Do you have confused or disorganised thinking?
- ? Are you experiencing any paranoia or suspicious behaviour?
- ? Are you experiencing low motivation and or a sense of hopelessness?
- ? Do you have any concerns for harm to self or others? If yes or unsure, refer to the [Kimberley Clinical Guideline: Deliberate Self Harm and Suicidal Behaviour](#).

RECOMMEND:

- Stress reducing activities such as walking, exercises, breathing, mindfulness exercises and connecting to friends, family and community. These can be beneficial for patients with mild symptoms.
- Identification of mental health concerns should prompt referral to a doctor or other services refer the [Kimberley Mental Health and Alcohol and Other Drug Service Map](#).

Refer [Kimberley Clinical Guideline](#): Deliberate Self Harm and Suicidal Behaviour.

Sexual Health

Sexual health encompasses healthy respectful relationships, adequate contraception and regular screening for sexually transmitted infections (STIs) and blood borne viruses (BBVs) as indicated.

Recommended screening for all asymptomatic, sexually active people aged under 39 years is 6 monthly and people aged 40 years and over is annually.

Asymptomatic pregnant and post-partum women require more frequent testing to reduce the risk of negative health outcomes in both the mother and neonate (refer WA Department of Health Silver Book: [STI screening recommendations in pregnant and post-partum women](#)).

ASK:

- ? Would you like to have a sexual health check-up today?

RECOMMEND:

Asymptomatic screening tests

- Blood tests: syphilis serology, HIV, HBV serology (test once to determine status in patients who don't have evidence of completed vaccination and no previous blood test to determine immunity (refer below, '[Vaccinations](#)').
- Plus HCV serology if risk factors for BBVs.
- 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. Also consider cervical screening.

For females of childbearing age explore whether contraception is required and whether preconception planning should be undertaken. Entering parenthood is a useful motivator to support and develop a healthier lifestyle.

Refer [Kimberley Clinical Guidelines](#): STI Screening (and others)

Environmental Health

Environmental factors are recognised as an important contributor to health. In the Kimberley, 23.1% of hospital presentations by Aboriginal people are directly attributable to the environment with a higher environmental contribution (25.6%) for children (McMullen et al 2016). Remember the role of housing, infrastructure, sanitation and environmental stressors.

Housing can be a sensitive issue – do not make the patient feel shame.

ASK:

- ? Number rooms and number of people living in the house. Is housing adequate for use? Is there a risk of eviction, homelessness or a need for housing repairs?
- ? Does the patient live in more than one place for extended periods of time? Do they have access to sanitation, running water, refrigerator and electricity?
- ? Does the patient have enough money for food, clothing and bills?
- ? Can the patient get about independently to do shopping and get what they need?
- ? Does the patient feel safe in their own home?

An environmental health referral can be offered.

RECOMMEND:

- An environmental health referral can be made by anyone providing there is patient consent or consent by a parent or carer for a child aged under 18 years.

Environmental Health Referrals

Environmental Health services are provided by Nirrumbuk Environmental Health and Services, Nindilingarri Cultural Health Services, the Shire of Derby/West Kimberley, the Shire of Halls Creek and Kimberley Population Health Unit (WA Country Health Service). Referral forms are available on the [KAHPF website](#).

Healthy Weight

A patient's ability to achieve a healthy weight is impacted by a complex range of factors. Conversations regarding weight need to be non-judgmental, supportive and should not stigmatise people living in larger bodies. Reframe the conversation to a discussion regarding lifestyle change.

ASK:

Ask for permission to start a conversation about lifestyle and diet and wait for a clear response. If the patient is willing to discuss this, follow up questions could include:

- ? Are there times you don't get enough to eat, due to self-imposed restrictions, food running out or not being able to get to the store?

- ? Do you have access to fresh fruit and vegetables and/or bush tucker? Do you eat fruits, vegetables or bush tucker? If yes, how much?
- ? Are you eating regularly throughout the day?
- ? Are there foods you don't allow yourself, for any reason?
- ? Do you move your body? In what kind of ways?
- ? Have you, or anyone in your family, ever had an eating disorder?
- ? What have you tried in the past to improve your diet and lifestyle, and how did it go?

Ask for permission to share what you know about weight, weight loss and health, focusing on achievable, individual lifestyle modifications.

RECOMMEND:

- Explore intrinsic motivators for behaviour change and work together to set SMART (specific, measureable, achievable, relevant, timely) goals, based on what is important to the patient. Note that this may not be a reduction in weight. Focus on reframing the conversation in a positive light.
- Discuss referral to dietitian and/or exercise physiologist.
- Consider safe, sensitive and non-stigmatising ways to measure a patient's body mass index (BMI), waist circumference and waist to hip (WHR) ratio. It is important these measurements are taken in the context of a patient-centered holistic approach.
- Waist circumference thresholds that indicate an increased risk of disease (measure at belly button):
 - Men 94 cm or more
 - Women 80 cm or more
- BMI between 18.5 and 24.9: healthy weight range.
- WHR that indicate an increased risk of disease:
 - Men 0.95 or higher
 - Women 0.80 or higher
- Patients who are underweight should also be considered for referral to a dietitian.

Refer to the WA Primary Health Alliance's [Shape: Supporting holistic and person-centred weight education](#) website for further information and resources.

Family History

Explore with patient their family history, 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? Has anyone been on dialysis?
- ? Are there any sicknesses that run in your family?
- ? Has anyone in your family died at a young age from illness?
- ? Has anyone in your close family had cancer?

Physical Examination

- Blood pressure, heart rate and rhythm, oxygen saturation.
- Heart: auscultate for murmurs, check for fluid overload. Refer for echocardiogram if concerns.
- Lungs: wheeze, added sounds. Refer for imaging if concerns.
- Heart and lungs: auscultate for murmurs, wheeze.
- Consider baseline electrocardiogram (ECG) (especially if cardiovascular risk factors).
- Skin check: look for scabies, skin sores, acanthosis nigricans. Consider [Environmental Health referral](#). In people with a personal or family history of leprosy assess according to [Kimberley Clinical Guideline: Leprosy](#).
- Nerves or muscles: check walking, sitting, standing. Check strength and feeling in arms and legs.
- Abdomen: check for tenderness or lumps/masses.
- Ears: check hearing, otoscopy, consider referral for audiology or ear, nose and throat (ENT) assessment.
- Eyes: visual acuity, consider performing or referring for retinal screening.
- Mouth: check oral health and dentition, consider dental referral.
- Cancer screening: consider and discuss breast exam, testicular examination, skin check as appropriate. Women should have a cervical screening test (either self-collected or clinician-collected using a speculum) every five years starting from age 25.
- Urinary dipstick plus Albumin-to-creatinine ratio (ACR)
- Point of care (POC) HbA1c plus blood glucose level. Refer to diabetic educator/dietician for prediabetes range.

	Normal	Pre-diabetes	Diabetes
Venous HbA1c	<5.7%	5.7-6.4%	>6.5%
POC HbA1c	<5.7%	Send venous sample. Refer Kimberley Clinical Guidelines: Diabetes	

Vaccinations

Influenza

Influenza vaccination is recommended annually for everyone over the age of six months. Vaccines are funded by the government and free for all Aboriginal and Torres Strait Islander people over the age of months, all pregnant women in any trimester and people over the age of six months with medical risk factors (refer [The Australian Immunisation Handbook](#)).

While influenza vaccination is best provided between April and June each year, people in the Kimberley can be vaccinated against influenza at any time before the vaccine expiry date as influenza can circulate throughout the year in the tropics. Influenza vaccines can be given at the same time as a [COVID-19 vaccine](#) booster dose.

Pneumococcal

Pneumococcal vaccination is free for at risk people over the age of 12 months. Refer [National Immunisation Program](#).

The schedule for pneumococcal vaccination for at risk people over the age of 12 months is one dose of 13vPCV at diagnosis (at least two months after any previous doses of 13vPCV); one dose of 23vPPV 12 months after 13vPCV (2–12 months later is acceptable) or at four years of age (whichever is later); and a second dose of 23vPPV at least five years later.

In Aboriginal people without risk conditions, one dose of 13vPCV at ≥50 years, a dose of 23vPPV 12 months later and a second dose of 23vPPV at least five years later, is recommended.

A single dose of 13vPCV is recommended for non-Aboriginal people aged 70 years or over.

Hepatitis B (HBV)

All Aboriginal people will benefit from a review of their risks and HBV vaccination status. HBV vaccine is included in the infant schedule and free for all Aboriginal people over 20 years of age who are non-immune.

Offer testing for previous HBV infection/immunity if status is unknown and offer vaccination if non-immune. Refer to the [WA hepatitis B program for Aboriginal adults](#).

Measles, Mumps, Rubella (MMR)

Measles-containing vaccine recommended and free in WA for adolescents and adults born during, or since, 1966 who haven't received two doses of measles-containing vaccine.

Make effort to identify non-pregnant seronegative Aboriginal women of child-bearing age and provide MMR vaccine, to prevent congenital rubella syndrome. This also protects against measles.

COVID-19

Primary course: two doses of a COVID-19 vaccine should be offered to all people aged five years and over. People with severe immunocompromise should have a third primary dose. In people who have tested positive to COVID-19, delay the next dose of vaccine until six months from the positive test.

Booster doses: Aboriginal people aged 50 years and older and people aged 18 years and older with chronic conditions or disability are recommended to receive a booster dose six months or more after the last COVID-19 vaccine dose or COVID-19 infection. Any person aged 30 to 49 years can receive a booster dose by choice.

Further information regarding vaccinations can be accessed at: to [The Australian Immunisation Handbook](#)

Screening Bloods

- Urea and electrolytes (EUC), lipids, HbAc1 (yearly)
- Urinary ACR (yearly)
- Plus for asymptomatic sexually active 15-30 year olds six monthly and all 31-40 year olds annually
 - STI check plus BBV screen (HIV, syphilis serology +/- HBV and HCV as indicated)
- Plus preconception bloods for females if appropriate: iron studies, varicella, rubella serology (refer [Kimberley Clinical Guideline](#): Preconception Care)

References

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