

A Chronic Disease Outreach Program for Aboriginal Communities

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Abstract

Background

Our objective is to describe a program to improve awareness and management of hypertension, renal disease, and diabetes in 3 remote Australian Aboriginal communities.

Methods

The program espouses that regular integrated checks for chronic disease and their risk factors are essential elements of regular adult health care. Programs should be run by local health workers, following algorithms for testing and treatment, with backup, usually from a distance, from nurse coordinators. Constant evaluation is essential to develop community health profiles and adapt program structure.

Results

Participation ranged from 65% to 100% of adults. Forty-one percent of women and 72% of men were current smokers. Body weight varied markedly by community. Although excessive in all, rates of chronic diseases also differed markedly among communities. Rates increased with age, but the greatest numbers of people with morbidities were middle age and young adults. Multiple morbidities were common by middle age. Hypertension and renal disease were early features, whereas diabetes was a variable and later manifestation of this integrated chronic disease syndrome. Adherence to testing and treatment protocols improved markedly over time. Substantial numbers of new diagnoses were made. Blood pressure improved in people in whom antihypertensive agents were started or increased. Components of a systematic activity plan became more clearly defined with time. Treatment of people in the community with the greatest disease burden posed a large additional workload. Lack of health workers and absenteeism were major impediments to productivity.

Conclusion

We cannot generalize about body habitus, and chronic disease rates among Aboriginal adults. Pilot data are needed to plan resources based on the chronic disease burden in each community. Systematic screening is useful in identifying high-risk individuals, most at an early treatable stage. Community-based health profiles provide critical information for the development of rational health policy and needs-based health services.

Keywords:

Australian Aborigines, prevention program, cardiovascular and renal protection, chronic diseases, outreach services, community-based