Report: Needs assessment

[Name]

[Institution]

[Date]

**Aboriginal health facilities in Victoria**

Indigenous people in Australia are having poor health than most of the non- Indigenous people. The poor health of Aboriginal people is due to the lack of effective public policy and the failure of the government to provide sufficient resources. The main cause of poor health in indigenous people, is economic and social exclusion, low income, unemployment, poor education and lack of adequate nutrients (Wang & Burris, 1997).

Moreover, the aboriginal people of Australia are experiencing enormous burden of disease and the rate of substance use disorder and mental health issue are the highest in these people. Other health issues more common in the aboriginal people are cardiovascular diseases (Stevens & Gabbay, 1991).

Like, any parts of Australia the aboriginal people of Victoria are having health issues. The people living in this area has low life expectancy due to socioeconomic disadvantaged and lack of basic health facilities in the rural areas where they live (J. McKendrick & Thorpe, 1994).

 In the census of 2006 Victorians have declared themselves as aboriginals and they are covering 6.6 percent of the total Aboriginal pollution of Australia. The features of the population include a lower rate of birth expectancy than the non-Aboriginal community of Australia (Fredericks, Adams, & Edwards, 2011).

The non-aboriginal population of Australia has a median age of 37 years but the Aboriginal peoples have a median age of 21 years. The 53 percent of the Aboriginal people in Victoria lives in a rural area and 47 percent live in metropolitan areas. Their population is increasing as well as compared to non-Aboriginal people (Browne, Thorpe, Tunny, Adams, & Palermo, 2013).

 A quarter of the Aboriginal are facing mental health issues and the majority of the population suffer from psychological issues. Therefore the Aboriginals are unable to work and improve their socio-economic conditions (Vichealth.vic.gov.au, 2019).

**Aboriginal health needs in Victoria**

The different types of needs in these areas could be accessed by the help of previous health assessment reports. The report released by Australian Institute of health and welfare in 2016 shows that 24 per cent of the indigenous people marked their health facilities as fair or poor and the general health practitioner has identified mental health-related issues more in the indigenous population than the non-indigenous. The rate of mental illness is increasing among the youth with respect to time (“Australian Burden of Disease Study,” n.d.).

However, the recent data reveals that the aboriginal people living in Victoria are having disadvantaged health facilities and are facing disparities in health outcome. According to the Australian Commission on Safety and Quality in Health Care (2017), the variation in the quality of health in Aboriginal people of Victoria will either be due to the inequality to basic health facilities or the people are not having financial incentives of the government. The community could also be lacking a support system to improve their health. The medical resources are not distributed among the people equally and thus geographical health care inequalities exist in the area.

**The methodology of Need Assessment**

 To fully understand the health needs of aboriginal living in Victoria, the Aboriginal community-controlled health organizations were consulted. Background research was also conducted with the help of publically available data and those data were analyzed by the Medical Outreach Indigenous Chronic Disease (Thompson & Gifford, 2000).

However, the normative needs could be tackled by making the Aboriginal meet the established standard of health in the region (Wainer & Chesters, 2000). The life expectancy of the Aboriginal is lower than the average and after providing the appropriate health facilities they could be able to meet the life standard set by society. The “Felt needs” of the Aboriginal can be met by understanding what they actually want. If these wants are out down into action then they express the needs of the Aboriginal would be encountered (Everitt, 1975).

**Prioritizing the data gathered:**

 To identify a priority area the following attributes were considered:

 The incidence or prevalence of health problems was high in this area and the native was facing high health risks due to the socio-economic makeup of the society. No other community was this much deprived of health facilities than the aboriginal community living in Victoria. (Rwav.com.au, 2019).

 The health-related issues faced by these people include poor health outcome and health inequalities. The extent of health care variation was identified in the area by comparing the data of health care facilities with other regions of Australia. The data showed that aboriginal people are not getting basic health facilities and are going through socio-economic deprivation. It is, therefore, the mental and physical health of the people is affecting. The rate of suicide is also high in the aboriginal people of Victoria (Evangelista, n.d.).

**Potential Challenge in the need assessment of the Aboriginal health in Victoria.**

 The potential challenges in the need assessment of the Aboriginal people of Victoria were the people are socially isolated and are not open about any issue related to their health and their socio-economic life. The number of lone person household is high in the locality and those people come in contact with less than five persons in a day. The rate of alone person household in 20.1 percent in Victoria (Murrayphn.org.au, 2019).

The major challenge that was faced in the assessment of the “felt need” is the cultural makeup of the community. Asking people what they want and trying to interpret their words was a difficult task because most of the indigenous people speak a different language and their culture needs to be understood in order to find out their needs. In order to understand health inequality and health disparities, the cultural values of the local people need to be understood.

**The Strengths, Weaknesses Opportunities, and Threats of the health facilities available to the Aboriginal community of Victoria.**

 The health gap between the indigenous and non-indigenous people is very high and the united nation has declared as an issue of human right (Calma & Dick, 2007).

 **The strength of the Victorian health system:**

 The health care system in Victoria is responsible for improving the health of the local people. Government has funded health care centers and emergency services to provide quality services to the community. The workforce of public health facilitators is very high in these areas and 100,000 people e work in Victorian healthcare. The health facility includes hospital care and health promotion plans (Young, 2018).

**The weakness of the health system includes**:

The inequalities and gaps in health outcome for the Aboriginal population is the greatest weakness of the system. All though health facilities are present in the locality those are not accessed by the Aboriginal people. The health facilities come with huge financial constraint and cannot address the changing needs of the Aboriginal people (O’Brien, 2017).

 **The opportunities are:**

The new establishment has been done in the Aboriginal governance mechanism that will give the Aboriginal people a chance to overcome health risks. National Disability insurance will be provided to the deserving aboriginal peoples who are the resident of the disability accommodation provided by the government. Introduction of outreach services and involving psychiatrist and GPs in provid9ng local health facilities (Conway, Tsourtos, & Lawn, 2017).

State-based organizatio9n are giving the opportunity to the aboriginal people by providing mental health care. The can use this in order to cope with their anxiety and depression. The health facilities have extended their branches to the village and other poor localities as well. This will provide the Aboriginals to have good health outcomes (“Department of Health | Strengths, and weaknesses of the current ATAPS program,” n.d.).

**Threats of the health facilities available to Aboriginals:**

The socio-economic conditions of the Aboriginal people are a threat in the way of getting good health facilities. Government is not making policies based on the economic condition of these people and they are highly marginalized (Sanders, 2006).

Although the localities have health centers those are not providing any health incentives to the aboriginals so they are unable to bear huge health cost. The basic services provided at homes are not suitable for a healthy life thus they people are more affected by mental health issues and ended up in depression. They do not get any security from the government that can ensure social cohesion and can help them getting health facilities. The GPs in the health centers are not expert enough to understand their culture; and to treat them accordingly (Bailie & Wayte, 2006).

**Determination of program priorities**

In such a situation the government needs to provide health insurances to the Aboriginal people so that they could be able to avail the health facilities. Health insurance will make them economically independent and they will be able to tackle their health issues (J. McKendrick, Cutter, Mackenzie, & Chiu, 1992).

Secondly, the government should work on the improvement of their socio-economic condition as well. These people need economic development so that they could change their lifestyle and be able to mess up with the rest of society (J. H. McKendrick et al., 1990).

Social isolation is the greatest cause of their mental illness and the GPs should be providing them special guidance on how to overcome this factor and be the ability to fight depression. They should be provided rehabilitation centers in order to minimize drug addiction and substance abuse (Hunter, 1990).

References

(2019). Murrayphn.org.au. Retrieved 5 July 2019, from https://www.murrayphn.org.au/wp-content/uploads/2019/02/Murray-PHN-Needs-Assessment.pdf

(2019). Vichealth.vic.gov.au. Retrieved 5 July 2019, from https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/Health-Inequalities/Aboriginal-health-RS---prior-to-EBR.pdf?la=en&hash=E2314E152F8EC093B00672261FA9DD488A448BDD

Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011, Summary. (n.d.). Retrieved July 4, 2019, from Australian Institute of Health and Welfare website: https://www.aihw.gov.au/reports/burden-of-disease/australian-bod-study-2011-indigenous-australians/contents/summary

Bailie, R. S., & Wayte, K. J. (2006). Housing and health in Indigenous communities: Key issues for housing and health improvement in remote Aboriginal and Torres Strait Islander communities. Australian Journal of Rural Health, 14(5), 178–183.

Browne, J., Thorpe, S., Tunny, N., Adams, K., & Palermo, C. (2013). A qualitative evaluation of a mentoring program for Aboriginal health workers and allied health professionals. Australian and New Zealand Journal of Public Health, 37(5), 457–462.

Calma, T., & Dick, D. (2007). Social determinants and the health of Indigenous peoples in Australia—A human rights based approach. International Symposium on the Social Determinants of Indigenous Health. Adelaide.

Conway, J., Tsourtos, G., & Lawn, S. (2017). The barriers and facilitators that indigenous health workers experience in their workplace and communities in providing self-management support: a multiple case study. BMC Health Services Research, 17(1), 319.

Department of Health | Strengths and weaknesses of the current ATAPS program. (n.d.). Retrieved July 5, 2019, from https://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-boimhc-ataps-review-toc~mental-boimhc-ataps-review-appb~mental-boimhc-ataps-review-appb-str

Evangelista, E. (n.d.). NEEDS ASSESSMENT. 31.

Everitt, B. S. (1975). Multivariate analysis: The need for data, and other problems. The British Journal of Psychiatry, 126(3), 237–240.

Fredericks, B., Adams, K., & Edwards, R. (2011). Aboriginal community control and decolonizing health policy: a yarn from Australia. Democratizing Health: Consumer Groups in the Policy Process, 81, 96.

Hunter, E. (1990). Using a socio-historical frame to analyse Aboriginal self-destructive behaviour. Australian and New Zealand Journal of Psychiatry, 24(2), 191–198.

McKendrick, J., Cutter, T., Mackenzie, A., & Chiu, E. (1992). The pattern of psychiatric morbidity in a Victorian urban Aboriginal general practice population. Australian & New Zealand Journal of Psychiatry, 26(1), 40–47.

McKendrick, J. H., Thorpe, M., Cutter, T. N., Austin, G., Roberts, W., Duke, M., & Chiu, E. (1990). A unique mental health network for Victorian Aboriginal people. Medical Journal of Australia, 153(6), 349–351.

McKendrick, J., & Thorpe, M. (1994). The Victorian Aboriginal Mental Health Network: developing a model of mental health care for Aboriginal communities. Australasian Psychiatry, 2(5), 219–221.

O’Brien, K. (2017). Social Cohesion and Resilience in First Australian Family and Kinship Networks. Journal of Family History, 42(4), 440–451.

Sanders, W. (2006). Housing tenure and Indigenous Australians in remote and settled areas. Canberra, ACT: Centre for Aboriginal Economic Policy Research (CAEPR), The ….

Stevens, A., & Gabbay, J. (1991). Needs assessment needs assessment.... Health Trends, 23(1), 20–23.

Thompson, S. J., & Gifford, S. M. (2000). Trying to keep a balance: the meaning of health and diabetes in an urban Aboriginal community. Social Science & Medicine, 51(10), 1457–1472.

Wainer, J., & Chesters, J. (2000). Rural mental health: Neither romanticism nor despair. Australian Journal of Rural Health, 8(3), 141–147.

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. Health Education & Behavior, 24(3), 369–387.

Young, C. R. P. (2018). The resilience of urban Aboriginal children and their caregivers.

(2019). Rwav.com.au. Retrieved 5 July 2019, from https://www.rwav.com.au/wp-content/uploads/MOICDP-Needs-Assessment\_Final-Report\_180717.pdf