Nutrition issues for Aboriginal and Torres Strait Islander children

Judith Myers, NATSINSAP Project Officer
Jennifer Browne, Public Health Nutritionist, VACCHO
Sharon Thorpe, Aboriginal Nutrition Project Officer, VACCHO
Kellie Hunter Loughron, Team Leader – Nutrition and early years, VACCHO
Outline of session

- Nutrition issues for Aboriginal & Torres Strait Islander children
- Long-term consequences
- Current nutrition programs and initiatives
  - National (including NATSINSAP) and Victorian
  - Case studies
    - Victorian 2-way mentoring project
    - Koori Maternity Service
- Cultural awareness
Aboriginal and Torres Strait Islander population

458,500 ATSI (2001)
Close the Gap

• Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians. The core of this partnership for the future is closing the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement and employment opportunities. This new partnership on closing the gap will set concrete targets for the future:
  – Within a decade to halve the appalling gap in infant mortality rates between indigenous and non-indigenous children and, within a generation,
  – Within a decade to halve the widening gap in literacy, numeracy and employment outcomes and opportunities for Indigenous children,
  – To close the equally appalling 17-year life gap between Indigenous and non-Indigenous when it comes to overall life expectancy.

• Prime Minister Kevin Rudd, Apology to Australia’s Indigenous Peoples, 13 February 2008
Key Nutrition issues
Low Birth weight

• National low birth weight (< 2,500g) is at least double for Indigenous mothers (13% vs 6.5%)

• Even higher in Victoria (17%)

• LBW- influenced by size of mother and age, nutrition, illness, alcohol and cigarette smoking and premature birth
Lower breastfeeding rates

- 79% of Aboriginal and Torres Strait Islander children 0-3 years had been breast-fed at some stage compared with 88% of non-Indigenous children (ABS 2006)
- Victorian survey – 24% never breastfed (Adams K, 2006) & 52% continued to 12 weeks
- MCHN evaluation confirmed lower rates in Indigenous mothers (MCHN evaluation 2006)
Poor introduction of solids

• 23% no infant feeding advice
• 35% introduced solids before 4 months, 42% between 4-6 months
• 51% of families reported running out of food

(Adams K. Koori Kid’s Ears and Health. Onemda VicHealth Koori Health Unit, 2006)
Poor Child Growth

• **NT GAA Data 2007-**
  *remote children under five yrs*
  
  – Average underweight 14% (expected 2.5%)
  – Wasting 10%
  – Stunting 11%
  – Anaemic 25%

  UNICEF regards a prevalence of wasting of children more than 10% as a nutritional emergency

• **Victorian picture**
  
  – High low birth weight
  – Less optimal feeding
  – Likely to be a concern
Food security and environmental factors

• For many Aboriginal and Torres Strait Islander Australians whether living in urban, rural or remote settings the availability and cost of healthy nutritious food is a basic public health issue.

• Food security has been largely unreported and could be a major factor contributing to poor childhood growth and nutrition

• Combined with the role of poverty, family violence, mental illness, maternal depression, child abuse and neglect
Higher rates of acute child health issues

- 1.4x hospitalisation rate for Indigenous infants compared with non-Indigenous
- Most frequent admissions for respiratory, infectious and parasitic disease
- Most common long-term health conditions are respiratory (19%), ear (10%) and eye (8%)
- Co-existing malnutrition and poor growth (AIHW 2008)
- Similar patterns in Victoria
Poor adult health outcomes

• 17 year life expectancy gap  
  – (19 years in Victoria Koori Health Counts)

• Obesity is double the rate in Indigenous Australians (31%) compared with other Australians (16%) (ABS 2002).

• Death rates for Indigenous Australians from CVD is 3 x higher than for other Australians.

• Prevalence of diabetes is 6x higher than for other Australians.

(ABS, AIHW 2003 and Koori Health Counts 2006-07)
Evidence points to childhood origins of adult outcomes

- Poor foetal growth or stunting in the first 2 years of life leads to irreversible damage, including shorter adult stature, lower attained schooling and reduced adult income.

- Children who are undernourished in the first 2 years of life and who put on weight rapidly later in childhood are at high risk of chronic diseases related to nutrition.

- There is no evidence that rapid weight or length gain in the first 2 years of life increases risk of chronic disease, even in children with poor foetal growth.

Current national strategy
National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010

NATSINSAP

the story so far
The ‘NATSINSAP Project’

- National Steering Committee including all State, Territory & Australian Gov. jurisdictions
- Advised by NATSINSAP Reference Group (includes NACCHO, AMA, NHMRC, DAA, PHA, NA, APHNAC).
- Reports to the Australian Population Health Development Principal Committee.
- Project officer (funded by OATSIH, hosted by Heart Foundation) until October 2008
NATSINSAP action areas & recent achievements

- Aboriginal nutrition workforce
- Food supply in rural and remote areas
- Communicating & disseminating ‘good practice’ nutrition programs
  
  www.healthinfonet.ecu.edu.au/nutrition

- Family focussed maternal & child nutrition
- Nutrition issues in urban areas
- Food security and socioeconomic status
- The environment & household infrastructure
- National food and nutrition information systems
Current Victorian programs
Victorian Indigenous infant and child nutrition

- Koori Maternity Services Program - 10 sites
- Aboriginal Best Start – now 6 sites. Some identified breastfeeding and poor nutrition
- ‘Filling the Gaps’ – Indigenous specific resource
- Koori In-home support – 5 sites
## Participation rate MCH service

<table>
<thead>
<tr>
<th>Key age and stage visit</th>
<th>State-wide participation rate</th>
<th>ATSI participation rate 05-06</th>
<th>ATSI participation rate 06-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visit</td>
<td>96%</td>
<td>77.6</td>
<td>85.1</td>
</tr>
<tr>
<td>2 weeks</td>
<td>93.1</td>
<td>69.8</td>
<td>77</td>
</tr>
<tr>
<td>4 weeks</td>
<td>91.3</td>
<td>65</td>
<td>74.2</td>
</tr>
<tr>
<td>8 weeks</td>
<td>91.7</td>
<td>65.3</td>
<td>74.2</td>
</tr>
<tr>
<td>4 months</td>
<td>89.4</td>
<td>63.4</td>
<td>66.7</td>
</tr>
<tr>
<td>8 months</td>
<td>82.4</td>
<td>56.5</td>
<td>57.2</td>
</tr>
<tr>
<td>12 months</td>
<td>78.3</td>
<td>49.8</td>
<td>53.4</td>
</tr>
<tr>
<td>18 months</td>
<td>68</td>
<td>45</td>
<td>43</td>
</tr>
<tr>
<td>2 years</td>
<td>64.7</td>
<td>43.1</td>
<td>43</td>
</tr>
<tr>
<td>3.5 years</td>
<td>58</td>
<td>47.2</td>
<td>36.8</td>
</tr>
</tbody>
</table>
MCHN outreach to Aboriginal Services

21 LGAs current provide MCHN outreach services

– Aboriginal playgroups
– Community health outreach programs
– ACCHO’s
– Koori Maternity Service sites
– Koori Best Start sites
– Koori In-home support sites
Identified nutrition-related gaps for Victorian Aboriginal families

- Relatively small Aboriginal population spread across the state
- Lower attendance at mainstream services
- Higher needs (LBW, breastfeeding, growth)
- Lack of culturally appropriate nutrition resources
- Broader social determinants of nutrition (food security, poverty, family budgeting)
- Workforce issues (partnerships with Aboriginal health workers)
- Underlying cultural (un)awareness
Challenges/Keys to success

High level of evidence for breastfeeding support and home visiting programs
(Healthy for Life. Improving health in Aboriginal and Torres Strait Islander mothers, babies and young children: a literature review. Dept of Health & Aging 2005)

Cultural respect, engagement and partnerships with community members
(Strong Women Strong Babies Strong Culture. Mackerras 2001)

2-way mentoring models to improve access to mainstream services
Thank you

Judith Myers
NATSINSAP National Project Officer
Phone: 9321 1529
Email: Judith.myers@heartfoundation.org.au