A MULTIDIMENSIONAL ASSESSMENT OF HEALTH AND FUNCTIONAL STATUS IN OLDER ABORIGINAL AUSTRALIANS FROM KATHERINE AND LAJAMANU, NORTHERN TERRITORY

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Thesis submitted for the Degree of Doctor of Philosophy of The Australian National University School of Archaeology and Anthropology June 2003
Statement of authorship

Except where otherwise stated in the text, this thesis represents my own original work.

This thesis has not been submitted for the award of any degree or diploma in any other tertiary institution.

All research procedures reported in the thesis were approved by the relevant Ethics Committees.

Signed .................................  Date .................................
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“I am not an island, while life is my true privilege that I often tend to forget of”
(unknown Serbian writer).

And what a privilege my life becomes knowing all these wonderful people.

Thank you all!
ABSTRACT

Human health is multidimensional: apart from physical, mental, and social aspects, it also incorporates subjective perceptions of health, and functional status (FS). Given that elderly persons have very distinctive health and social needs, multidimensional assessment (MA) of health proves particularly useful in this age group.

Aboriginal populations suffer poor health, and there are relatively few studies addressing the health problems of older Aboriginal Australians, mainly because of their distinctive demographic structure, and the low proportion of their elderly. Also, there is no prior information available on MA of health in this Australian population group.

This thesis offers a MA of health in older Aboriginal persons from two, urban and rural/isolated, locations in the NT, Katherine and Lajamanu (the NT survey).

This thesis specifically addresses the following questions:
- what is the physical health, FS, subjective perception of health, and social functioning amongst the NT survey participants?
- what are the possible similarities and differences in various dimensions of health between the two major survey locations, what age and gender patterns are observed, and what are the reasons for these patterns, similarities and differences?
- how do various dimensions of health relate to each other, and why?
- how do current findings relate to broader Aboriginal and non-Aboriginal populations, and why?
- what can MA add to a better understanding of various aspects of morbidity and health care use?
- what are its possible implications for health planning?

Findings from this work indicate poor physical health amongst participants in almost all investigated aspects, comparable to information available from other Aboriginal populations. These are accompanied by low levels of ability for physical functioning.
Despite this, subjective perception of health is rather optimistic amongst participants, and levels of social functioning high. Use of health services is mainly related to available health infrastructure. Important health differences exist between Katherine and Lajamanu, and they became particularly visible when all dimensions of health are considered together.

The Main conclusions from the current work are that 1) poor physical health is not necessarily accompanied by similar level of deterioration in other dimensions of health: even though participants from the isolated community of Lajamanu experience most chronic diseases, their ability for physical functioning is better, self-perceived health (SPH) more optimistic and levels of social functioning highest 2) institutionalised participants from Katherine suffer by far the worst health of all sample segments in this study; at least some of the poor health outcomes are potentially avoidable, and could be improved by more appropriate residential choices for Aboriginal elderly 3) better health infrastructure does not necessarily bring better health in all its dimensions, suggesting that other factors (primarily socio-economic and cultural) should be addressed in conjunction with this in solving complex health problems of Aboriginal Australians, and 4) it provides strong support that MA can become a useful tool in comprehensive health assessment of older Aboriginals.
# Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>11CS</td>
<td>Eleven Countries Study</td>
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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<td>ADL</td>
<td>Activities of Daily Living;</td>
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<tr>
<td>AIATSIS</td>
<td>Australian Institute of Aboriginal and Torres Strait Islander Studies</td>
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<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>ALSA</td>
<td>Australian Longitudinal Study of Ageing</td>
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<tr>
<td>ATSI</td>
<td>Aboriginal and Torres Strait Islander</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index (weight (kg) / height (m)^2)</td>
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<tr>
<td>CACP</td>
<td>Community Aged Care Package</td>
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<tr>
<td>CAEPR</td>
<td>Centre for Aboriginal Economic Policy Research</td>
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<tr>
<td>CDCS</td>
<td>Chronic Diseases of the Circulatory System</td>
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<tr>
<td>CDEP</td>
<td>Community Development Employment Projects</td>
</tr>
<tr>
<td>CHD</td>
<td>Coronary Heart Disease</td>
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<tr>
<td>COPD</td>
<td>Chronic obstructive pulmonary disease</td>
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<tr>
<td>CRF</td>
<td>Chronic Renal Failure</td>
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<tr>
<td>CVD</td>
<td>Cardiovascular Disease</td>
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<td>DM</td>
<td>Diabetes Mellitus</td>
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<tr>
<td>ESRD</td>
<td>End-Stage Renal Disease</td>
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<tr>
<td>FAI2</td>
<td>Functional Ability Index 2</td>
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<tr>
<td>FS</td>
<td>Functional Status</td>
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<td>FSS</td>
<td>Functional Status Scores</td>
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<td>HACC</td>
<td>Home and Community Care</td>
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<td>IADL</td>
<td>Instrumental Activities of Daily Living</td>
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<tr>
<td>ICD-IX</td>
<td>International Classification of Diseases, 9th revision</td>
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<td>MA</td>
<td>Multidimensional Assessment</td>
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<td>MFAI2</td>
<td>Modified Functional Ability Index 2</td>
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<td>MFSS</td>
<td>Modified Functional Status Scores</td>
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<tr>
<td>NATSIS</td>
<td>National Aboriginal and Torres Strait Islander Survey</td>
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<tr>
<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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<tr>
<td>NIDDM</td>
<td>Non-Insulin Dependent Diabetes Mellitus</td>
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<td>RFPS</td>
<td>Risk Factor Prevalence Study</td>
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<td>SAI</td>
<td>Social Activity Index</td>
</tr>
<tr>
<td>SAR</td>
<td>Standardised Admission Rates</td>
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<td>SMR</td>
<td>Standardised Mortality Ratio</td>
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<td>SPH</td>
<td>Self-perceived health</td>
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<td>SRH</td>
<td>Self-rated health</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>WHR</td>
<td>waist/hip ratio</td>
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<td>Wurli Wurliang</td>
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