

WHY A MATERNAL, CHILD HEALTH STRATEGY?

A poor start in life can lead to poor health, poor nutrition and inadequate learning.⁽¹⁾ The negative consequences of intergenerational trauma and poor childhood health impact on the child's development, ability to benefit from education and ultimately productivity and employment outcomes and their future income potential.^(1,4) Individuals who have a poor start in life are estimated to suffer a loss of about a quarter of average adult income per year,^(1,2) which has been associated with the cycle of inter-generational poverty,⁽⁴⁾ impacting on the life trajectory of future generations. This scenario has been reported in remote communities.⁽³⁾

Apunipima recognises that all children should have a healthy and safe start to life, free of avoidable illness and injury. A healthy start to life establishes the building blocks for good health and the capacity for children to achieve their full potential throughout life. This health journey commences before conception and continues through to adulthood. Strength of culture is recognised as the foundation from which to build a robust Maternal, Child Health Strategy. Improvements in the health and wellbeing of communities in Cape York can only be achieved through empowering and supporting strong, healthy families. The Apunipima Model of Care acknowledges the existing strengths, skills, competencies, knowledge and abilities of families and communities to achieve physical, emotional and spiritual health. This family-centred approach recognises the centrality of families in the lives of children and young people acknowledging the strong kinship system structure which continues to be the foundation of Aboriginal and/or Torres Strait Islander peoples' culture. It is grounded in respect for the uniqueness of every person and family, their place in the kinship system and a commitment to partnering with families and communities to support children to grow, learn and thrive. This Strategy reflects current best practice in maternal and child health; is evidence-based, aligns with other national and state wide approaches and has been contextualised for Cape York. The Strategy is informed by the principles of self-determination which includes equal rights, recognition of cultural values and the importance of Aboriginal and/or Torres Strait Islander led initiatives. The subsequent two-yearly action plans will guide implementation of the strategy, providing direction to Apunipima staff in efforts to improve the health of families in Cape York.

AIM OF THE MATERNAL, CHILD HEALTH STRATEGY

The Apunipima Maternal, Child Health Strategy acknowledges the strengths of Aboriginal and/or Torres Strait Islander families and aims to capitalise on those strengths in improving the health and wellbeing of Aboriginal and/or Torres Strait Islander peoples living in Cape York communities through early intervention and ensuring the best start in life. It guides the delivery of optimal clinical care, while retaining a focus on prevention and early intervention to reduce risk factors for chronic diseases and build protective factors to support optimal child health, growth and development.

Apunipima's approach is family centred, offering home visiting and school based support. The Apunipima Model of Care focuses on partnerships and collaboration between service providers and families to enhance quality of care, access to health services and client satisfaction while reducing fragmentation of services.



THE HEALTH OF FAMILIES IN CAPE YORK

Aboriginal and/or Torres Strait Islander families living in remote locations are known for their strength and resilience despite experiencing higher levels of disadvantage than their non-Indigenous counterparts.

There is still yet to be a national plan to address housing and health infrastructure and social determinants were not connected to health planning until recently and still lack sufficient resources.

"The Closing the Gap Strategy" focus on child and maternal health and addressing chronic disease and risk factors – such as smoking through the Tackling Indigenous Smoking Program – are welcomed and should be sustained. However, there was no complementary systematic focus on building primary health service capacity according to need, particularly through the Aboriginal Community Controlled Health Services and truly shifting Aboriginal and/or Torres Strait Islander health to a preventive footing rather than responding 'after the event' to health crisis.⁽⁶⁾

Through the Apunipima Maternal, Child Health Strategy, we aim to continue a systemic focus on building primary health care services for Cape York mothers, infants and their families.

The major findings of the "2019 Closing the Gap Strategy Report"⁽⁷⁾ are reflected in the following statistics:

- The Indigenous infant mortality

rate has more than halved from 13.5 per 1 000 live births in 1998 to 6.3 per 1 000 live births in 2017⁽⁷⁾ (Due to increased Aboriginal Community Controlled Health services providing maternal, child health care)

- In 2018 the immunisation rate of indigenous children under five was greater than 97% which is higher than that of non-indigenous children.⁽⁷⁾
- In a recent study of Far North Queensland Aboriginal and/or Torres Strait Islander women, including Cape York residents, more than half (54.5% (95% CI: 52.4%, 56.7%)) had anaemia in pregnancy. Prevention and treatment of anaemia will improve the health of these mothers and possibly the health and early development of their children.⁽⁹⁾
- In 2014-2015, ear and hearing problems were reported for 8.4% of Aboriginal and/or Torres Strait Islander children aged 0-14 years.⁽⁸⁾
- Through the use of the Baby One Program 90% of Cape York infants and families participate in a sustained home visiting program in the early years.⁽¹⁰⁾



BABY ONE PROGRAM

A key component of the Maternal, Child Health Strategy is Apunipima's Baby One Program. The Baby One Program has been very successful in Cape York, resulting in the majority of women attending five or more antenatal visits and the majority of children being immunised. Appropriate care is provided in women's homes by local community-based Aboriginal and/or Torres Strait Islander health workers.

The Baby One Program creates the opportunity to achieve real improvements in the antenatal period and the first 1 000 days of a child's life. The support systems surrounding the program ensure the production of high quality, reliable data, using a range of meaningful quantitative and qualitative measures and indicators of improved health outcomes. These will help inform Apunipima's Strategic Direction and initiatives aimed at closing the gap in Cape York communities.

"Baby One is a term used by Aboriginal women from Cape York when referring to their youngest child."

The aims of the Baby One Program are to:

- Improve the overall health and wellbeing of families in the Cape
- Increase engagement of parents, children and families with health workers and other health providers
- Increase empowerment of health workers and mothers/carers
- Provide standardised education to health workers
- Standardise education for maternal and child health workers
- Provide increased opportunity for health workers to share timely and culturally accepted health promotion messages during the antenatal period and early years of a child's life
- Provide pre-conceptual care for subsequent pregnancies
- Increase opportunities to improve community advocacy, leadership, partnerships and knowledge

HOW WILL PROGRESS BE MEASURED?

Apunipima monitors program performance using three main approaches:

- Delivery of strategic actions
- Clinical outputs and outcomes
- Evaluation and research

Long and short term performance indicators will be measured. Long term indicators will be measured using National and Apunipima Key Performance Indicators. Short term measures will be detailed in the two year Action Plans.

TIME FRAMES

The Maternal, Child Health Strategy 2019-2026 projects a seven year outlook, with review anticipated after three years.

The Action Plan will guide work over a two year period, 2019-2021, with review anticipated at 12 months to monitor progress and continued relevance.

Subsequent 2 yearly action plans will be developed for the remainder of the strategy and will include 12 monthly reviews.

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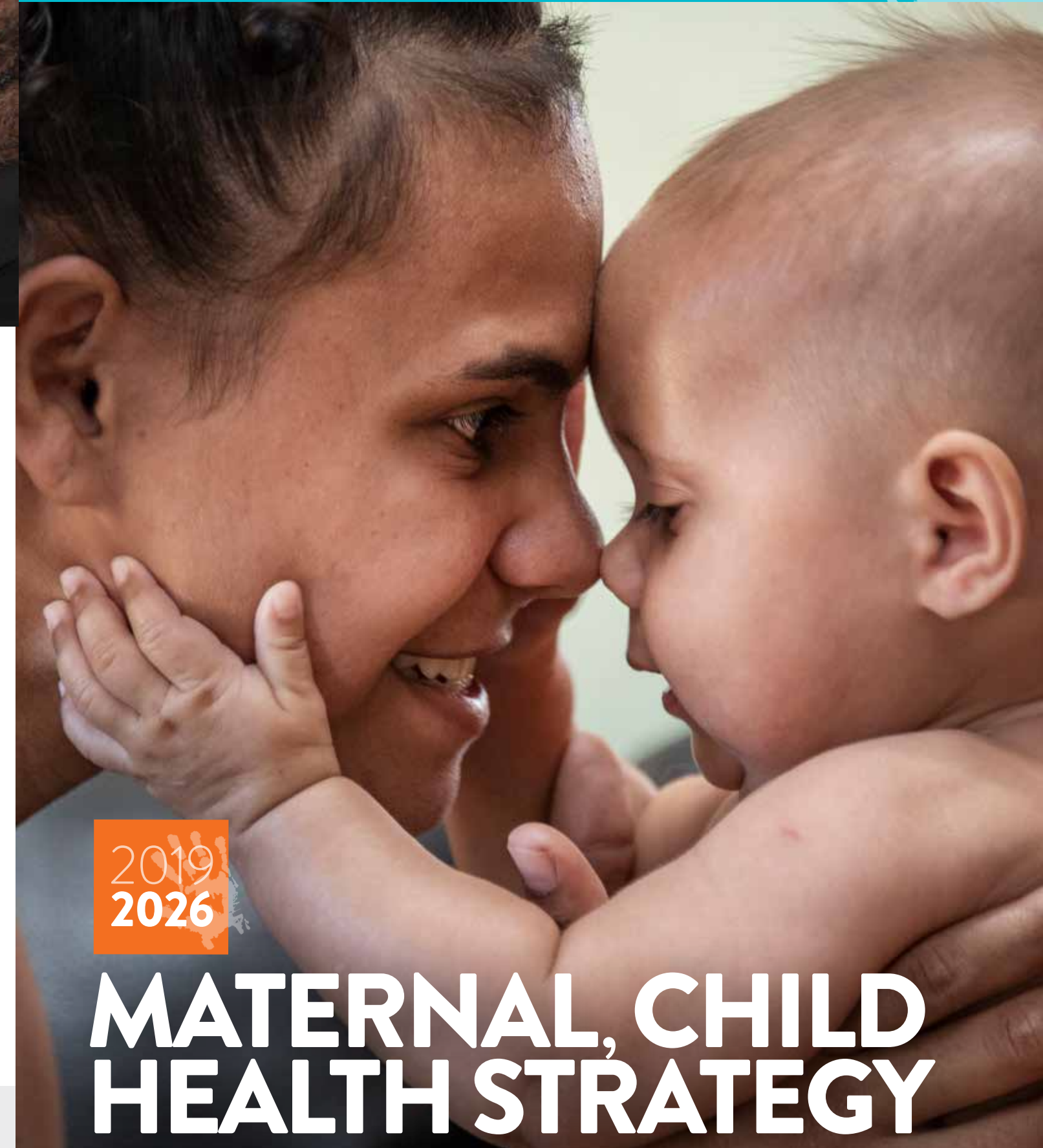
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our health in our hands



2019
2026

MATERNAL, CHILD HEALTH STRATEGY



STRATEGY SCOPE

Family in Cape York is more than immediate parents. It includes mothers, fathers, carers, elders and grandparents. For this reason, the Maternal, Child Health Strategy adopts a holistic approach to family based on the Aboriginal and/or Torres Strait Islander kinship system. The Maternal, Child Health Strategy is focused on preconception to 19 years of age. An emphasis on preconception, antenatal and postnatal care is critical to provide children with healthy early years. Mothers and fathers in Cape York need to be supported to enable safe pregnancies and a healthy start to life for their newborns.

The early childhood years (0–5 years) are when children develop a range of essential capabilities including social, emotional, language, cognitive and communication skills that form the foundations for formal learning and relationships in later life. Middle childhood (6–14 years) is when learning and social behaviours are established. The Apunipima School Health Program, focuses on promoting healthy lifestyle and behavioural choices in young people, which can translate to establishing lifelong positive habits and behaviours. Support during the early and middle years helps build resilience; resilient children are able to negotiate the world.⁽⁵⁾

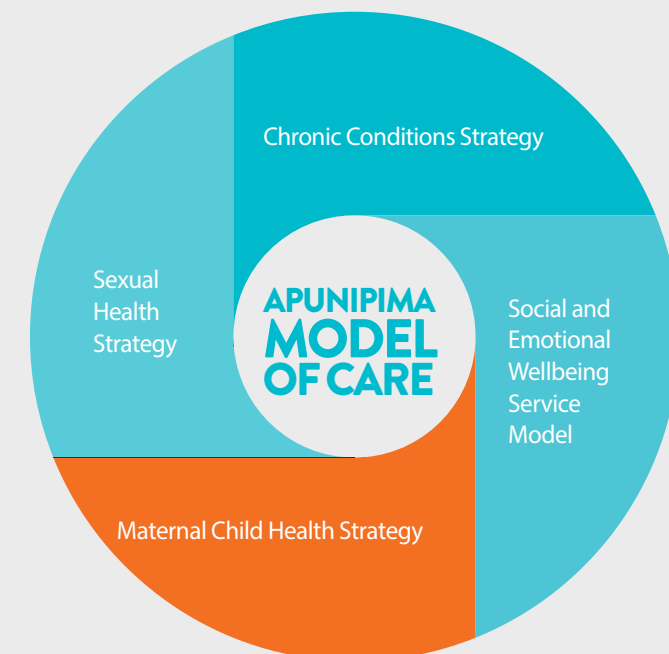
Half of the Cape York Aboriginal and/or Torres Strait Islander population is under 19 years of age and given this high proportion of young people, there is an opportunity to implement initiatives for adolescents that will impact positively on their lives and their communities. These initiatives have enormous implications for adult physical and mental health outcomes, particularly with potential to reduce the risk of developing chronic diseases. Encompassed in healthy lifestyle choice promotions is a focus on physical activity, alcohol and drug use, and sexual and reproductive health.

The Maternal, Child Health Strategy is one of four strategic documents operationalised with action plans which adopt the Apunipima Model of Care to guide service delivery and links to activities outlined in the Social and Emotional Wellbeing Service Model, Sexual Health Strategy and Chronic Conditions Strategy.

APUNIPIMA MODEL OF CARE

The Apunipima Model of Care guides the holistic approach taken by the Maternal, Child Health Strategy to offer best practice care in line with the following five core principles:

1. Driven by community and Aboriginal and/or Torres Strait Islander leadership
2. Embedding social, emotional, cultural, environmental and spiritual wellbeing
3. Addressing social and cultural determinants of health
4. Providing comprehensive primary health care
5. Through a community and family centred approach



ACTION AREAS

SCREENING AND EARLY DETECTION

OBJECTIVE: To provide highly accessible health checks and screening services for Cape York families to support early detection, prevention and protection.

PRIORITY ACTIVITIES:

- Provide appropriate health screening and early detection for families, pregnant women and children and young people up to 19 years of age
- Support children and young people to have access to appropriate health care to grow strong and healthy
- In partnership with the National Disability Insurance Agency (NDIA), develop and implement an Early Childhood Early Intervention (ECEI) program to support developmental delay and disability
- Create an environment to empower women to ensure children and young people are regularly screened and receive follow up care

WHY THIS ACTION AREA IS IMPORTANT: Effective screening and early detection will help Cape York families' live long healthy lives and reduce the need for longer term supports.



CLINICAL CARE

OBJECTIVE: To ensure Cape York families can access culturally appropriate, evidenced-based, coordinated and quality primary health care.

PRIORITY ACTIVITIES:

- Provide appropriate clinical care, referrals and follow-up for families, pregnant women, and children and young people up to 19 years of age
- Support children and young people to have access to appropriate health care to grow strong and healthy
- Create an environment to empower women to have information, confidence and support to access clinical care

WHY THIS ACTION AREA IS IMPORTANT: Culturally appropriate, accessible and high quality primary clinical care is key to keeping Cape York families healthy.

HEALTH PROMOTION AND PREVENTION

OBJECTIVE: To provide Cape York families with access to evidence-based information and a supportive environment to allow them to make informed health choices during pregnancy and when raising their children.

PRIORITY ACTIVITIES:

- Build on the parenting capabilities of mothers, fathers and extended family by providing culturally appropriate parenting support and family health education programs
- Develop and implement community-based family health promotion programs to support risk protective behaviours
- Improve and maintain rates of children and young people that are immunised against preventable diseases
- Provide early intervention allied health professional services supported by a community based allied health assistant model
- Create local community environments that support children and their families to make healthy choices (including infrastructure, social, cultural and local policy interventions)
- Engage communities in the design, development and implementation of social marketing campaigns to promote key health messages that empower families to grow healthy babies, children and young people

WHY THIS ACTION AREA IS IMPORTANT: A healthy family and community has the knowledge and skills to make healthy lifestyle choices and have control over their health and wellbeing.

PARTNERSHIPS, RESEARCH AND ADVOCACY

OBJECTIVE: To establish and maintain partnerships with relevant health professionals, external stakeholders and community to work together to influence better health outcomes for Cape York families.

PRIORITY ACTIVITIES:

- Regularly engage with community, Health Action Teams, Primary Health Care managers, schools, kindergartens, community requests and community-based health workers
- Identify opportunities for advocacy at the local, regional and national level to support better health outcomes for community members
- Build and strengthen the capability of families to be actively engaged in initiatives which inform policy and practice
- Identify research priorities and collaborate in research projects and partnerships related to maternal, child health priorities in Cape York
- Build and strengthen the capacity of community researchers to ensure local Indigenous led approaches to research
- Work collaboratively with other health and government agencies to improve the system and achieve gains in the health of children and families in Cape York.

WHY THIS ACTION AREA IS IMPORTANT: Apunipima works closely with community to foster partnerships across the health and research sectors to develop strong networks, system changes, innovative solutions and translation of research to practice.

MONITORING, EVALUATION AND COMMUNITY FEEDBACK

OBJECTIVE: To inform community health service planning, to enable ongoing system improvements and empower Cape York families to fully participate in decisions regarding their healthcare.

PRIORITY ACTIVITIES:

- Support and promote involvement of the local community in the identification of health needs and in prioritising and planning processes that impact on prevention, interventions and management of maternal, child health wellbeing
- Ensure data collection systems allow for appropriate recording of indicators and performance measures and staff are trained to record these measures
- Establish mechanisms for regular feedback to the community on health service performance and program outcomes

WHY THIS ACTION AREA IS IMPORTANT: Monitoring and evaluation is critical to the development of a robust evidence-base to inform policy and practice, resulting in efficient use of resources in achieving improved health outcomes.



WORKFORCE PLANNING AND DEVELOPMENT

OBJECTIVE: Attract, train and retain an appropriately skilled workforce.

PRIORITY ACTIVITIES:

- Commit to the recruitment of Aboriginal and/or Torres Strait Islander community-based staff who are central to addressing maternal, child health in Cape York
- Ensure a skilled workforce that can meet the needs of maternal, child health work in Cape York
- Support appropriate training, education and skill maintenance as an essential part of maternal, child health service delivery and encourage a culture of reflective professional practice

WHY THIS ACTION AREA IS IMPORTANT: A skilled workforce is essential in the delivery of effective culturally appropriate health care.