Health Seeking habits in Port Hedland

Ashwin Bhana, Kieran Longley, Nicholas Voon

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Proposed Solutions

Emergency staff felt they weren't being told about non-prescription medications, but our study found that people were willing to talk. Thus non disclosure may be due to poor communication between the doctors and the patients (Arkles, Hill, & Pulver, 2007). English may not be the first language for overseas graduate medical staff or the indigenous population (Government of Western Australia - Department of Indigenous Affairs, 2011). Therefore, the solutions could be to train the doctors to specifically ask everyone about their non-prescription drugs, or to encourage all patients to volunteer the information through public health campaigns. Overseas doctors typically remain in rural areas for 6 months while gaining Australian qualifications. Training them to ask the questions could be introduced as part of orientation, and be repeated every 6 months with the workforce turnover. Public health campaigns could improve personal responsibility for health, and, if effective, would remain effective for years (Australian Institute of Health and Welfare, 2010; Health Development Agency, 2004; McCuaig & Nelson, 2012).

Conclusion

Patients are in fact willing to disclose drug history to health workers. Furthermore, differences in health outcomes between Indigenous and non-Indigenous are still prevalent, and can be reflected in our results in what appears to be culturally different concerns about health. There is still work to be done to Close the Gap between Indigenous and non-Indigenous health (Closing the Gap Clearinghouse, 2011; Steering Committee for the Review of Government Service Provision, 2011).

Results and Discussion

33% said that they had taken medications or sought medical care in the last 24 hours. 92% said they would disclose what substances they were taking. However, indigenous people reported that they were less able to describe the substances they had taken (13.4% vs. 5.4%). Indigenous people were less likely to seek medications from a pharmacy or supermarket. There was also significant differences in the situations in indigenous vs. non-indigenous people would seek health care.

Background

Emergency department staff in the Pilbara, Western Australia, were concerned about patients not disclosing drug taking information - non-prescription, recreational drug, or otherwise (Outreach in the Outback, 2010). There was a worry that administering drugs to patients may result in adverse drug interactions.

Therefore we sought to determine patients’ willingness to disclose and reasons for seeking help and drugs.

Method

A representative quota sample of residents participated in a brief survey. Of the 380 participants, 70 (18.4%) were Indigenous.

Data obtained in the survey included: recent access to healthcare & drugs, sources from which medication was obtained, willingness & ability to disclose drug taking information. Participants were also asked about their three biggest health concerns. Chi-square testing was used to obtain p-values. Data with p-values ≤0.05 was deemed statistically significant.

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