

Improving Indigenous people's Aboriginal health and well-being

Melissa Arnold-Chamney

Welcome to the first of our special editions, which focuses on Indigenous health care. As renal health care professionals, it is important that we are committed to improving the health of Indigenous people who have renal disease and that we develop a culturally responsive health care service. This edition considers what is working and what still needs to be done, Indigenous patients' wants/needs, how services are engaging people and what the health system gaps and strategies are. The exciting news of a Medicare Benefits Schedule item number being approved in Parliament earlier this year, which allows for dialysis treatment to occur in very remote locations, is also discussed and this alone is such a significant piece of news for our Indigenous renal patients and their families as it will allow more people to stay on country.

Astonishingly, although Australia is a developed country with an outstanding health care system, our Indigenous Australians experience a similar prevalence of chronic disease to people in developing countries (Brown, 2009). It is known that the incidence and prevalence of end-stage kidney disease (ESKD) is higher among Indigenous than non-Indigenous Australians, particularly among those aged 15–64 years (Khanal *et al.*, 2018). Some of this can be related to co-morbidities, but also barriers to accessing health care, social and psychosocial determinants and well as trying to negotiate a complex health care system which includes health care professionals whose knowledge on Indigenous issues can be lacking. This increasing burden of ESKD amongst Indigenous people, including the underlying socio-economic conditions and social and cultural determinants of health, needs to be understood by us as nurses but also at an individual and community-level, to develop, implement, target and sustain interventions (Ritte *et al.*, 2017) to improve the health outcomes of our Indigenous Australians.

I do hope you enjoy reading this issue, which contains articles on a variety of topics including an article on the evolution of dialysis in the Northern Territory, another on the development of the "Purple House" and another relating to Aboriginal and Torres Strait Islander peoples and clinical guideline development for chronic kidney disease. There is a general article that focuses on spiritual well-being and finally the regular NEN article and the topic this issue is kidney transplantation. Looking forward, please be encouraged to use keywords in Indigenous-focused articles you submit so they can be

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included in the KHA-CARI literature review on renal care for/ with Indigenous peoples. Wishing all our readership a safe holiday season and 2019. Please do keep submitting articles to the journal, so that 2019 can be another great year for the journal.

References

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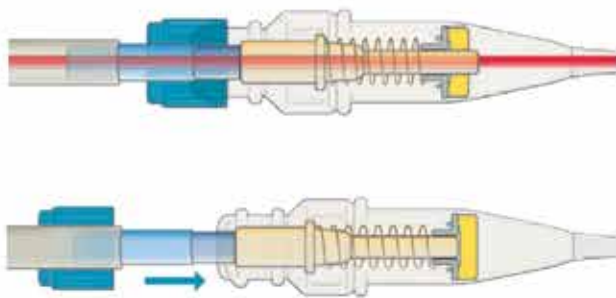


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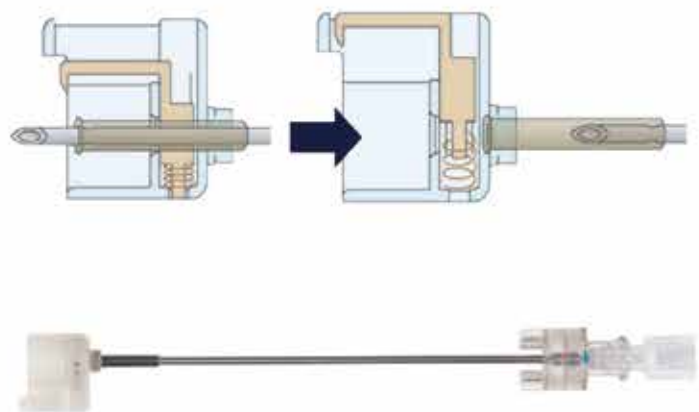


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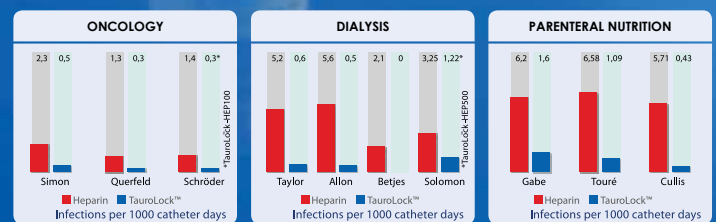
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* Punt, C.D., Boer, W.E. Cardiac arrest following injection of concentrated trisodium citrate, *Clinical Nephrology*, 2008, 69: 117-118. ** Willcombe, M.K., Vernon, K., Davenport, A. Embolic Complications From Central Venous Hemodialysis Catheters: Used With Hypertonic Citrate Locking Solutions, *American Journal of Kidney Diseases*, 2010, 55: pp 348 - 351. *** Polaschegg, H.-D., Sodemann, K. Risks related to catheter locking solutions containing concentrated citrate, *Nephrol. Dial. Transplant.* 2003, 18: 2688-2690. **** Schilcher, G. Polaschegg H.D. et al. Hypertonic Trisodium Citrate Induces Protein Precipitation in Hemodialysis Catheters, *Selected ASN Meeting Abstracts*, 2011

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