

LINKING IDEAS (B6.1)

The essay at this stage is probably separate ideas discussed in separate paragraphs. It needs now to be linked up so that the paragraphs:

- Link to the topic and/or the first paragraph
- And/or link to each other.

This can be achieved by:

- Linking first sentences of paragraphs back to the topic and/or introduction and/or the previous paragraph.

Have a look at how it is done below. (Large sections of the essay have been left out and replaced with dots in order to let you see the links more easily.)

THE DEVELOPING ESSAY TO DATE

TOPIC

Good health is the right of all Australians. How does the state of Aboriginal health care relate to that of non-Indigenous Australians? Why is this so and how can this situation be addressed so that there is parity across all segments of Australian society?

1. Good health care is the overall wellness of the individual and of the community in which he or she lives, including not just the physical, but also the social, emotional and cultural. This is the right of all Australians. The relative health status of Australia's Indigenous population is indeed much poorer than that of the rest of the Australian population. This is largely due to inadequate living conditions, lifestyle, lack of education and employment, and historical conditions. To improve the health status of Australia's Indigenous population the government needs to allocate more funds to health services and the improvement of overall living conditions.

2. Available data shows that life expectancies in 1992-94 for Aboriginal and Torres Strait Islander men and women were 15 to 20 years below those of other Australians. This lower life expectancy is... Aboriginal people in the ages 25 to 54 years. These rates are five to seven times higher than for other Australians within the same age category. ...Indigenous people are also 15-18 times more likely ... (Merton, 1999, p31). Respiratory disease and injuries resulting from violence are significantly higher, ...one in three hospital admissions for Indigenous men. ...Indigenous people suffer significantly more illnesses and infectious diseases than the rest of Australians. **There is no doubt that the health status of Aboriginal people is far lower than that of other Australians.**

The first sentence of para. 2 restates the belief that Aborigines are less healthy than non-Aboriginal Australians. It links to the topic and the 1st para.

The last sentence of a paragraph can also be used to link back.

3. Poverty, coupled with living in remote locations, contributes significantly to the poor health of the Indigenous population. Making healthy food choices in more difficult in remote than in other areas of Australia because of the limited availability of fresh food and high costs. Food costs in remote areas may range from 150-180 percent of capital city prices. High costs of food are due primarily to ...The availability and affordability of nutritious foods in remote areas of Australia is a.... However, the social and economic status of many Indigenous people mean that they are even more likely than ...Expensive foods and low incomes mean that the food budget can represent from 56 percent to 89 percent of total household income among Indigenous people in remote areas, compared with a national average of 18 percent (George, 1996, para. 6).

4. The food choices of Indigenous people are heavily influenced by problems with (or a lack of) electricity, gas, water supply, cooking appliances and refrigeration. Thus, convenience foods are often chosen over fruits and vegetables, as they require little or no preparation and many do not require refrigerated storage. ... of Aboriginal and Torres Strait Islander people, predisposing many of them to diet-related conditions such as obesity, diabetes, cardiovascular disease and stroke (George, 1999, para. 9).

5. Poverty also results in poor living conditions that further contribute to the poor health of Indigenous people. Thirty percent of Indigenous people are living in private dwellings, which are unacceptable due to overcrowding, lack of repairs and poor state of basic facilities (Smail, Jullen, Magee, and Temple 1998, pp.6-7). In rural areas there is a lack of toilets, absence of gas or electricity, and no running water for baths or showers. Sixty nine percent of Indigenous households live in rented premises compared with 27 percent of all Australians. (AMA Report, 1997, p.80). Many Indigenous people share a house – 4.1 percent of Indigenous people compared to 2.6 percent of non-Indigenous people (Smail et al, 1998, p.10). Such conditions lead to more illness and infectious diseases in Aboriginal communities.

6. Another contributing factor to poor health is the major changes in the lives of Indigenous people after colonisation. Australia's colonial administrators separated Indigenous people from their land. They were forced to live on reserves, missions and government settlements. As well as losing ...learn about and access their natural healing practices. **This, coupled with resulting low self-esteem** and a sense of hopelessness, contributed to their taking up threatening life style practices (NHMRC, Dec, 1996, p.4).

7. Larger proportions of Indigenous people take up life threatening habits such as smoking at a younger age (Ferrari, April 1999, p11). Almost three-fifths (58 percent) of Indigenous people aged 13 years and older reported alcohol use as one of the main health problems in their local area. The next most frequently perceived health problems were drugs (30 percent), diabetes (22 percent), diet/nutrition (19 percent) and heart problems (14 percent) (ABS, 1966). The risks associated with smoking are not well understood by Indigenous people. Ferrari (Ferrari, April 1999, p12) found that one in three Aborigines surveyed believed it was safe to smoke a packet of cigarettes a day. According to Ferrari's studies, Indigenous people also take up drinking at an earlier age than non-Indigenous people. Contrary to popular opinion, by comparison fewer Aborigines drink alcohol than non-Indigenous people with one in three being drinkers compared to 45 percent of non- Indigenous people (ibid). However, those Indigenous people who do drink are more likely to drink in hazardous quantities.

Para 3 is also linked to the topic (see below). It begins to explain why.

Topic: Good health is the right of all Australians. How does the state of Aboriginal health care relate to that of non-Indigenous Australians? Why is this so and how can this situation be addressed so that there is parity across all segments of Australian society?

Para 4 links back to the previous paragraph by linking the food, explained in para. 3, with lifestyle choices discussed in 4.

The 1st sentence of 5 links again to the topic as does the 1st sentence in para.6 The last sentence in 6 also links back to the Why? The first sentence in 6 also links back to the previous paragraph because it is 'another factor...'

8. If it so apparent that there is **such a disparity between Indigenous and non Indigenous Australians** health then **health monies need to be apportioned accordingly**... But the far greater reason for the seemingly ineffective efforts of government at all levels to redress the health issue is the way that the money is managed. ...Health: social and cultural transitions" Conference, Darwin, spoke on behalf of Indigenous people stating that the non-Aboriginal bureaucratic culture is a very "top-down" model of problem solving and as such has failed the Aboriginal people:

The decision-making power lies not with communities, ...seen to be true even if the bureaucracy is (was) ASTIC. (1995, para. 8).

9. **To address the problems of poor health in our Indigenous population we need to attack the underlying causes of poverty; address the lack of health education and promotion; and restructure the administration of funds in a targeted and culturally relevant manner.** Successive governments have.... Effective provision of services in remote communities adds an additional geographic challenge. During the 1970s, Aboriginal community-controlled health services emerged as an Aboriginal ...These services created a model for primary health care delivery that embedded the principles of self-determination within health care delivery structures. Self-determination remains ...mainstream health system to abdicate its responsibility in Aboriginal health. 'Self-determination and shared responsibility are not mutually incompatible' (Bell, 1995, para. 14).

10. **Short term and long term targets need to be set.** The immediate targets need to be designed to tackle the main diseases and conditions causing untimely death among Aboriginal people including: reducing the prevalence of the main causes of excess Aboriginal mortality - diabetes, cardiovascular disease, respiratory disease, cervical cancer and injury/poisoning; increasing immunisation and vaccination coverage for key conditions; reducing the prevalence of smoking, obesity and dangerous levels of alcohol consumption. ...Essential if this plan is to work. The need for a skilled workforce is the way to long-term sustainability. Primary health care services need to continually be aware of what needs to happen and be equipped to respond (Anderson, 2000, para.12).

11 **The structure to best affect this is** one that incorporates a bottom up approach. ...in Aboriginal health, they are the Aboriginal community-controlled health services:

These services are ...health problems of our people. (Sept 1995, para. 5)

To build effective Aboriginal health organisations means putting the emphasis on local and regional structures first, national ones second.

12. The low health status of Indigenous people, especially compared to the health of the wider Australian community is a national and international disgrace. There are no quick fixes - it may take years to see appreciable improvements - but the framework needs to be laid to make change happen. Addressing the issues underpinning this situation is fundamental not only to achieving equity in health outcomes for Aboriginal people but is central to achieving a sustainable quality of life within all our Australian communities.

TOPIC: Good health is the right of all Australians. How does the state of Aboriginal health care relate to that of non-Indigenous Australians? Why is this so and how can this situation be addressed so that there is parity across all segments of Australian society?

Para 8 links back to two parts of the topic – the differences and the first link to ‘how it can be addressed’. These also link to the similarly colored part of the introduction. Para.10 links to the ‘how can it be addressed’ part of the topic as does the 1st sentence in 10.

Both the first and last sentences of 11 also link back to the ‘how it can be addressed’ aspect of the topic and the similarly colored sections of the introduction.