ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

The role of RDAA in addressing the health needs of Aboriginal and Torres Strait Islander people.

INTRODUCTION

The inequities that exist with respect to access to health services and in health outcomes for Aboriginal and Torres Strait Islander people are widely recognised and have been a concern of RDAA, its State and Territory member organisations and their individual members for many years. Rural Doctors Associations (RDAs) in various States played a pivotal role in the development of the first Aboriginal health curricula and in lobbying to ensure they became part of mainstream systems. Nationally, RDAA has been involved in policy development and supporting the delivery of medical care to improve the health status of First Australians.

RDAA remains concerned that, although there has been some improvement in markers of health and health risk, including infant and child mortality rates and avoidable mortality related to cardiovascular and kidney diseases, First Australians still die at younger ages and at higher rates than other Australians, with chronic diseases being significant contributors to the mortality gap.

Approximately 65% of Aboriginal and Torres Strait Islander people live outside major cities and rely on access to health services in rural, regional and remote communities. Ensuring access to rural and remote doctors and other health professionals who are trained in cultural competencies and supported to provide holistic health care is essential to achieve Closing the Gap targets.

BACKGROUND

It is widely recognised that Aboriginal and Torres Strait Islander people generally have significantly poorer health outcomes and mortality rates than non-Indigenous Australians. Findings from the National Aboriginal and Torres Strait Islander Health Measures Survey showed that Aboriginal and Torres Strait Islander people are:

- more than three times as likely to have diabetes (rate ratio of 3.3)
- twice as likely to have signs of chronic kidney disease (rate ratio of 2.1)
- nearly twice as likely to have high triglycerides (rate ratio 1.9)
- more likely to have more than one chronic condition, for example having both diabetes and kidney disease at the same time (53.1% compared with 32.5%).

Aboriginal and Torres Strait Islander people also experience higher rates of mental health-related problems. The suicide rate for Aboriginal and Torres Strait Islander people (based on age-standardised rates) was almost twice the rate for non-Indigenous Australians in 2008-2012 overall. For 15-19 year olds, the rate was five times as high as the non-Indigenous rate (334 and 7 per 100,000 population). 6
Over the last decade the Commonwealth Government has endeavoured to address these issues through the Closing the Gap initiative. In December 2007 the Council of Australian Governments (COAG) agreed targets to close the gap between Indigenous and non-Indigenous Australians including:

- to close the gap in life expectancy within a generation (by 2031), and
- to halve the gap in mortality rates for Indigenous children under five by 2018.7

To this end the 2008 National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes identified five priority areas for action:

- tackling smoking
- providing a healthy transition to adulthood
- making Indigenous health everyone's business
- delivering effective primary health care services, and
- better coordinating the patient journey through the health system.8

In 2013, the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 9, a strategic framework for action which identified underlying principles and priorities for specific actions for the next decade, was introduced. An Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023 10 was published in 2015, and in December 2017 a report on national consultations 11 to inform the 2018 iteration of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 was released.

The importance of maintaining these efforts to achieve Closing the Gap targets is highlighted by the Closing the Gap: Prime Minister's Report 2017 which indicated that, although there was an overall decline in Aboriginal and Torres Strait Islander mortality rates between 1998 and 2015, Australia was not on track to close the gap in life expectancy by 2031 12. The Closing the Gap: Prime Minister’s Report 2018 reiterated this outlook and pointed out that there has been no improvement since the 2006 baseline 13. Further, between 2005-2007 and 2010-2012, there has been only a small reduction in the life expectancy gap for both males and females 14.

The target to halve the mortality rates for Indigenous children by 2018 is now on track to be met. While over the longer term (1998 to 2016) child mortality rates have declined and the gap has narrowed there has been slower progress since the 2008 baseline 15.

These reports indicate that some progress has been made in some areas, but in 2018 only three of the seven Closing the Gap targets that span health, education and employment are on track to be met 16. Targets to drive sustained effort are essential but cannot be achieved without appropriate resourcing.

At the time of writing, a Closing the Gap Refresh consultation process is underway with submissions due by 31 March 2018. Through this process the Closing the Gap agenda may be expanded or contracted 17. COAG has also “committed to more accurately measure progress and increase accountability by setting national as well as state and territory targets” 18.
RDAA’S POSITION

RDAA recognises that special efforts are required to raise the health status of Aboriginal and Torres Strait Islander people to that of the rest of the Australian community and believes that these must include:

• recognition of the fundamental importance of socio-economic, environmental and cultural factors – including constitutional recognition of Aboriginal and Torres Strait Islander people, intergenerational trauma and negative health effects that stem from it, the importance of Homeland, infrastructure, education, transport and employment – on health status. These major determinants of health and well-being must be factored into all strategies to support Aboriginal and Torres Strait Islander people and communities. Access to basic living requirements and conditions such as clean continuous water supply, housing, functional sewerage, a reasonable diet and nutritional requirements is essential for health. RDAA therefore emphasises the need to prioritise addressing broader infrastructure issues as well as providing for more specific health services

• involvement, partnership and leadership from local Aboriginal and Torres Strait Islander people in determining the type of health services best suited to local needs and resources in developing and delivering health policy and programs

• support for Aboriginal Community Controlled Health Services

• a culturally respectful, consultative approach to policy and program development on all Aboriginal and Torres Strait Islander health issues

In addition, RDAA believes that the following are necessary to support quality health care for First Australians:

• policy and program development at all jurisdictional levels which continues to evolve to achieve Closing the Gap targets

• a primary health care approach and multi-disciplinary strategies based on a holistic view of the health of the individual and the community

• appropriate incentives to strengthen the role and ability of rural and remote general practice in maintaining and improving the health of Aboriginal and Torres Strait Islander people

• special attention directed to
  o Aboriginal and Torres Strait Islander children to address the issues that impact on development of children and break the cycles of poorer health and wellbeing
  o the prevention of chronic disease

• a review and update of the 2004 CDAMS Indigenous Health Curriculum Framework with a focus on providing practical, best practice approaches to improve the consistency of curriculum implementation, and achieve minimum standards for education in Aboriginal and Torres Strait Islander health, cultural awareness and respect, cultural safety and competencies, and in cross-cultural communication that are aligned with the broader 2014
Aboriginal and Torres Strait Islander Health Curriculum Framework\textsuperscript{20} and the Australian Medical Council’s Standards for Assessment and Accreditation of Primary Medical Programs\textsuperscript{21}

- the provision of advanced skills training in Aboriginal and Torres Strait Islander Health that is aligned with local needs within the National Rural Generalist Pathway
- employment orientation programs that includes awareness education and exposure to local community culture
- special measures to attract and retain medical practitioners to Aboriginal Medical Services which recognise clear role delineation, comparable remuneration, appropriate management and acceptable and secure living and working conditions as prerequisites for a stable medical workforce
- ongoing access to internal and external professional development opportunities for those involved in the delivery of Aboriginal and Torres Strait Islander health services
- specific measures to increase the number of Aboriginal and Torres Strait Islander people attaining qualifications in the health professions and entering the rural health workforce, including programs to encourage Aboriginal and Torres Strait Islander people to consider a career in rural medicine, nursing and allied health
- increased support for Aboriginal and Torres Strait Islander people to undertake training locally for health roles, including Aboriginal Health Workers, Assistants in Nursing (AINs) and allied health assistants

RDAA, in line with its Reconciliation Action Plan, seeks to establish, build and maintain partnerships with key Aboriginal and Torres Strait Islander organisations, including the Australian Indigenous Doctors’ Association (AIDA) and the National Aboriginal Community Controlled Health Organisation (NACCHO), to achieve identified goals.

RDAA will work to

- ensure that the interests of rural medical practitioners providing care for Aboriginal and Torres Strait Islander people are recognised and promoted in relevant forums, and support strategies to build a sustainable medical workforce which is adequately trained and resourced to provide healthcare for First Australians, including by
  - providing access to appropriate online cultural competencies training, with a key focus on Aboriginal and Torres Strait Islander people, for RDA members and their staff

RDAA will support other stakeholders in their work to improve health outcomes for all Aboriginal and Torres Strait Islander people.
ENDNOTES


2. In 2010-12, the estimated life expectancy at birth for Indigenous males was 69.1 years – 10.6 years lower than for non-Indigenous males (79.7 years) – and 73.7 years for Indigenous females – 9.5 years lower than for non-Indigenous females (83.1 years). In the 5-year period 2008-2012, 65% of deaths among Indigenous people occurred before the age of 65 compared with 19% of deaths among non-Indigenous people and the mortality rate for Indigenous people was 1.6 times that of non-Indigenous people.


3. Ibid p115.


15. Ibid p37.

16. Ibid p08.

18. Loc cit.

