



KEY POINTS

- **Aboriginal and Torres Strait Islander (Indigenous people) have significantly poorer health, on average, and a much lower life expectancy than the non-Indigenous population.**
- **European colonisation in Australia undermined Indigenous Australians' self-determination resulting in long term health problems**
- **Effective action to improve health will require serious action to address the social determinants of health, i.e factors outside of health care**
- **Aboriginal Community Controlled Health Services are vital in reducing the 'health gap' by providing person-centred, culturally appropriate health care to Indigenous Australians.**

WHY IS INDIGENOUS HEALTH IMPORTANT?

The health status of Aboriginal and Torres Strait Islander people is very significantly worse than that of the non-Indigenous Australian population, and for children it is truly shocking. Despite comprising only 3%¹² of the population, in 2011 Aboriginal and Torres Strait Islander children accounted for:

- 80% of all deaths in the 4-11 years age group;
- 42.9% of all deaths in 12-13 years; and
- 24.5% of deaths in 14-15 years.¹⁶

This pattern continues into adulthood with Indigenous people aged 35-44 years dying at five times the rate of the rest of the population.¹³ Indigenous men die, on average, 10.6 years earlier than non-Indigenous men and Indigenous women die an average of 9.5 years earlier. Overall, Indigenous Australians have a mortality rate of 1.6 times that of non-Indigenous people and are much more likely to die prematurely.¹⁷

Indigenous people experience higher incidence rates for many chronic diseases, including heart disease, diabetes, kidney disease and some forms of cancer. In 2007-11 Indigenous Australians were five times more likely to die from endocrine, nutritional and metabolic conditions (such as diabetes) and three times as likely to die from digestive conditions as non-Indigenous people.¹ Aboriginal and Torres Strait Islander people are also more likely to die from an accident or from suicide.

In almost all areas, the determinants of health are poorer for Aboriginal and Torres Strait Islanders than for the general population. Indigenous Australians have poorer education outcomes, higher rates of unemployment, greater poverty and psychological stress than non-Indigenous people.ⁱⁱⁱⁱ Almost half of all Indigenous adults reported that either they or a relative had been removed from their natural family.¹⁷ Indigenous people also have higher rates of health risk behaviours such as: smoking (more than twice non-Indigenous rate); poor nutrition and high obesity/overweight rates of (30% children aged 2-14, and 1.5 times higher for adults over 15 years old); low physical activity; and excessive alcohol consumption (e.g. 30% more Indigenous women than non-Indigenous consume higher levels of alcohol on a single occasion).¹³

BACKGROUND

Prior to British colonisation in 1788, Indigenous Australians had complex societies and had control of their own decision-making for all aspects of their lives¹ This cultural system and way of life was developed and delivered through a complex system known as *kinship* where the laws (lores) were developed for the benefit of both the environment and the people. It encompassed land management, community, relationships, ceremony and spirituality, birthing and child rearing^{1,2,3}. This meant that Aboriginal and Torres Strait Islander conceptualisation of health was, and still is, holistic in nature. The holistic approach to health places people at the centre of health and includes culturally competent health services which focus on addressing the social determinants of health.

With the advent of colonisation, came the collision of Indigenous culture with Western society and the denial of self-determination for Aboriginal and Torres Strait Islander people. The policies that followed colonisation, however well-thought out from a Western society perspective, did not take into account the Aboriginal and Torres Strait Islander cultural system and way of life. In turn, the latter was not ready for the onslaught of Western society, nor could it have been prepared for it.^{2,3,4}

The failure of much government policy to address Indigenous self-determination and overcome economic disadvantage continues to affect the lives and health status of Indigenous people and communities today, including (but not limited to) the following areas:

- homelessness (14% higher than non-Indigenous people);
- over-representation in the Australian child protection system (in 2011-2012 the substantiated rate of child abuse or neglect was 8 times higher, and children 10 times more likely to be placed in out-of-home care)
- Indigenous young people (2011-2012) under the age of 25 made up 38% of the prison population for their age group and were 16 times more likely to be under youth justice system either in the community or in detention¹⁵
- Income management impose solutions with no evidence to say that there is an improved outcome for welfare recipients. The policy is in the same mould as the stolen wages, 1904 – 1972⁴.

CURRENT SITUATION – WHERE ARE WE NOW?

The biomedical approach to health introduced by Western medicine is useful in identifying and reducing disease in individuals and is a necessity in all societies. However it does not adequately take into account the population-wide approach that is important for Aboriginal and Torres Strait Islander peoples. The population-wide approach incorporates the social determinants of health and empowers people to take control of their own lives and improve their health.^{5,6}

To take control of their own health and lives and to address societal inequality, Aboriginal and Torres Strait Islander people in 1971 developed the first Aboriginal Medical Service (AMS). There are roughly now 140 AMSs or Aboriginal Community Controlled Health Organisations (ACCHOs).^{9,10,11}

These original health services were (and still are) community controlled and community-owned and incorporate both the biomedical approach to health and the people-centred approach to primary health care.^{5,6,9,10,11} The ACCHOs achieve this by having culturally competent non-Indigenous staff (doctors, nurses and specialists) work alongside the Aboriginal Health Worker (AHW) and other Aboriginal and/or Torres Strait Islander staff.

ACCHSs have a community board of directors who are governance trained, come from the local community, and work with the Chief Executive Officer (CEO) of the ACCHO. The AHWs and other Indigenous staff are an integral component in community capacity building and engagement as they come from the community and understand the Indigenous culture.^{2,4}

This collective engagement enables ACCHSs to work with communities to identify and address those determinants of health most relevant to them. For example if people suffered from a burden of illnesses associated with inappropriate diet, or lack of exercise, an AHW would be educated in relevant nutrition knowledge and the ACCHS would offer services to teach families about good nutrition so that they could take control of addressing their own burden of illness and therefore educate each other. Access to healthy foods would also need to be taken into consideration when delivering health promotion nutrition programs.

ACCHSs are designed to maintain sustainable community connections when addressing the health of Aboriginal and Torres Strait Islander people by giving people control of their own lives. While Indigenous people may also access Western medical services, particularly to attend hospitals and other specialist services, these do not replace the need for ACCHSs. This is because most mainstream services are not able to provide culturally appropriate, person-centred care which includes both a biomedical and preventative health focus.

ACCHSs have been successful in helping close the 'health gap' between Indigenous and non-Indigenous Australians. However, they require more consistent assured long-term funding to enable them to plan and provide appropriate services to achieve the best possible outcomes.

FUTURE AGENDA – WHERE DOES AUUSTRALIA HAVE TO GO?

While some progress has been made in improving Indigenous health, AHCRA believes much more needs to be done, in particular in relation to addressing the social, cultural, economic and environmental determinants of health. This needs to occur in close collaboration with Aboriginal and Torres Strait Islander people and communities.

AHCRA's vision is for an equitable universal health system where all Australians receive timely access to affordable health care based on their level of need. This especially applies to addressing the health and broader needs of Indigenous people where the social determinants are significantly under met.

We have outlined the following practical policy, legislative, structural and funding changes required to achieve this vision over the short, medium and longer term.

What can happen over the next 12 months:

- Remove compulsory Income Management and restore job/ education training programs within communities.
- Restore the necessary funding to Aboriginal Community Controlled Health Services with a certainty of long-term funding agreements.
- Continue training Aboriginal and Torres Strait Islander people within the areas of child and maternal health; adolescences health; disability; mental health and aged care.

Over the next 2-3 years

- Recommit to universal access to timely, culturally appropriate, and affordable health care.
- Make on-going cultural competency training a requirement for any individual or organisation wishing to apply for Indigenous funding or wishing to work with Indigenous communities.

- Instigate a national whole-of-government review of the significant overrepresentation of Indigenous Australian children and young people in the justice system.
- Review all health and social policies that address social and economic disadvantage between Indigenous people and non-Indigenous people (involving key Indigenous and non-Indigenous organisations and with a primary focus on equity).
- Develop a bilateral agreement between State and Territories on Indigenous health issues.

Over 3-5 years

- Develop a full comprehensive whole-of-government response to all social and economic aspects of Indigenous people's lives which focusses on improving the determinants of health.
- Provide Indigenous Australians with genuine pathway opportunities towards obtaining real jobs. Through the provision of education pathways within their own communities or the general community.
- Involve Aboriginal and Torres Strait Islander people and organisations in all decisions, policies and/or special measures that involve their children and young people.
- Include Aboriginal and Torres Strait Islander key people and organisations in all policy decisions about and for Aboriginal and Torres Strait Islander people and communities health.

CONTEXT AND CONTACT DETAILS

This paper is the fifth in a series being developed by AHCRA focussing on the future of our health system. The other papers in the series include: Universal Care, Primary Health Care, Mental Health and Prevention (available on the AHCRA website www.healthreform.org.au). Others are being developed on efficiency, oral health and workforce.

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ⁱ Note only about 87% of Aboriginal and Torres Strait Islander deaths are recorded in the death registers, leaving 13% of Aboriginal and Torres Strait Islander deaths unrecorded or unaccounted for. (ABS 2013)

ⁱⁱⁱ Indigenous people have lower NAPLAN scores at all ages (although more Indigenous students are completing year 12) and lower incomes (e.g. 50% Indigenous people over 15 had a personal weekly income of \$362 or less compared to \$582 or less for non-Indigenous people)¹³.