

Aboriginal & Torres Strait Islander Health

A key priority for WAPHA

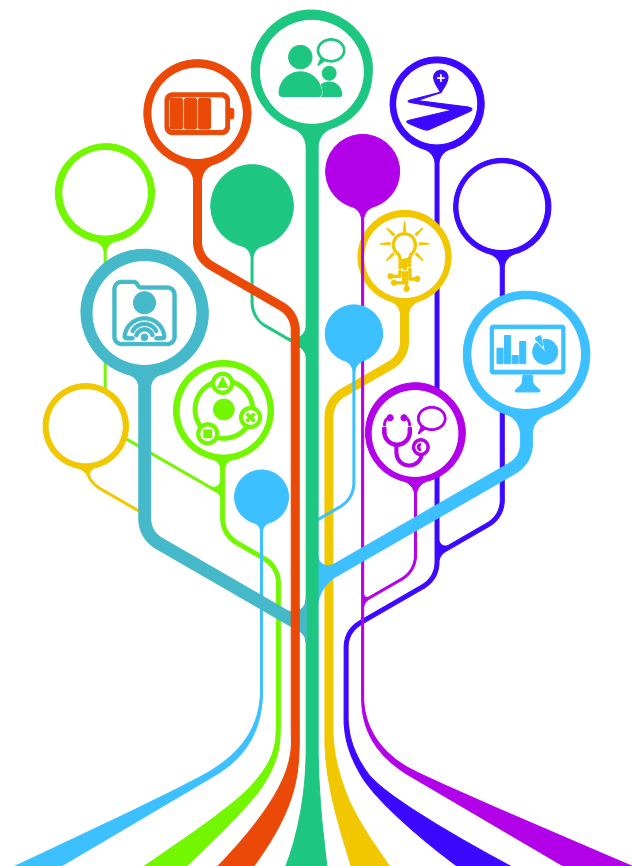
The Federal Government has set the Primary Health Networks six priority areas for targeted work. Aboriginal and Torres Strait Islander Health is one of these.

WAPHA intends to work collaboratively with WA's Aboriginal Health Services in planning, design, delivery and evaluation of primary health services for Aboriginal and Torres Strait Islander people.

WAPHA recognises the need to commission evidence-based, patient centred and family based services that clearly result in positive health outcomes for Aboriginal people.

WAPHA's commissioning will recognise existing services that already deliver such outcomes and will provide for complementary resources, supports and/or additional resources as needed.

The intent of this Position Paper is to guide WAPHA in its endeavours to 'close the gap' in Aboriginal health and in reaching its organisational targets.



Australian context

There is an unacceptable gap in health outcomes between Indigenous and non-Indigenous Australians. Nationally, there is evidence of high levels of treatable and preventable health conditions within the Indigenous population. Increasingly, there are high levels of chronic conditions diagnosed at comparatively young ages, high levels of undetected and untreated chronic conditions and higher rates of co-morbidity in chronic disease.

Aboriginal and Torres Strait Islander people experience higher prevalence of risk factors for chronic disease – diabetes, mental health conditions, smoking, overweight and obesity and harmful drinking contribute to poor health outcomes for Aboriginal and Torres Strait Islander people (1).

Aboriginal and Torres Strait Islander people experience a burden of disease 2.5 times that of other Australians. Cardiovascular disease, cancer, diabetes and respiratory disease are major diseases contributing to the unacceptable gap in life expectancy (2).

Barriers to closing the life expectancy gap include limited availability and / or affordability of services, lack of transport for access to services, low levels of health literacy and lack of culturally appropriate services.

West Australian context

In Western Australia, our Aboriginal population has a young age profile. This is reflective of higher birth rates and shorter life expectancy. In contrast, the non-Aboriginal population in WA is ageing. Aboriginal people make up 3.4% of WA's total population (3). Of these, 62% live in rural or remote areas (4). This presents significant challenges in the provision of healthcare and services.

Aboriginal life expectancy is 15.1 years lower for Aboriginal men and 13.5 years lower for Aboriginal women than that for other non-Aboriginal Western Australians (5). This difference in life expectancy is in large part due to a higher incidence of chronic disease. Areas that require additional focus and work to address this gap include chronic diseases, injury, disability and low birth weight (6).

Aboriginal people overall experience a greater burden of disadvantage and have a higher risk of developing chronic disease and suffering injury. Approximately 80% of the mortality gap between Aboriginal people and other Australians aged between 35-74 years is due to potentially avoidable chronic diseases (7). Data also shows that Aboriginal people experience a much earlier onset of a number of chronic diseases, in some cases up to 20 years earlier than the non-Aboriginal population.

In WA, Aboriginal people experience higher levels of psychological distress than non-Aboriginal people (8). Aboriginal people have higher exposure to a range of risk factors compared to non-Aboriginal people that contributes to poor health outcomes.

Aboriginal people living in WA areas classified as remote or very remote experience significantly higher rates of chronic diseases compared to other areas of the State. Many illnesses and diseases experienced by Aboriginal people are due to the poor environmental health conditions in which they live (9).

WAPHA's position

WAPHA affirms the right of all Australians to good health as defined by the World Health Organisation's Declaration of Alma-Ata, which states that health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.

Consistent with COAG's *Closing the Gap* principles, WAPHA supports a comprehensive, long term plan of action targeted to need, evidence-based and capable of addressing the existing inequities in health services.

In its planning and commissioning for Aboriginal primary health services, WAPHA aims to achieve equality of health status and life expectancy between Aboriginal and non-Aboriginal Western Australians.

The outcomes must be subject to robust monitoring, review and evaluation processes.

In its planning and commissioning strategies, WAPHA will give due consideration to the principles and health goals integral to the National Aboriginal and Torres Strait Islander Plan (2013 – 2023) and the WA Aboriginal Health and Wellbeing Framework (2015 – 2030).

WA facts and figures

- Aboriginal males are expected to live to 65 years and women to 70.2 (2010 to 2012 data)
- Western Australia's Aboriginal population has a young age profile. This is reflective of higher birth rates and shorter life expectancy. In contrast, the non-Aboriginal population is ageing
- 48.6% of all potentially preventable hospitalisations of Aboriginal people were due to chronic conditions (2010-2012 data)
- In 2012, 63 deaths were caused by circulatory disease, the leading cause of death in Aboriginal people in WA
- WA's Aboriginal infant mortality rate in 2011-13 per 1,000 live births was 5.8 in males; 4.2 in females and 5.1 for all persons. In contrast the figures for non-Aboriginal people were 2.3 in males, 2.3 in females and 2.3 for all persons
- 40% of Aboriginal people aged 15 years and over were current daily smokers in 2012-13
- 39.1% of Aboriginal people aged 15 years and over were obese
- 63.7% of Aboriginal people aged 15 years and over were not eating 2 serves of fruit daily
- 92.5% of Aboriginal people aged 15 years and over were not eating 5 serves of vegetables daily
- 56.9% of Aboriginal people in WA consumed alcohol at risk of short term harm
- 29.8% of Aboriginal adults aged 18 years and over reported high or very high levels of psychological distress in their lives
- 84.9% of Aboriginal children aged 12 to 15 months in WA were fully immunised as at 30 September 2014
- In 2011, 2.6% of hospitalisations of Aboriginal people in WA resulted in discharge against medical advice compared with 0.4% for non-Aboriginal people (10)

WAPHA resolves to:

- Utilise robust data to identify primary health care needs and to inform planning and commissioning priorities and to share the information as appropriate;
- Focus on comprehensive, person centred primary health care and social care as essential to achieving real outcomes and health benefits for Aboriginal people rather than a selective or disease focused approach that concentrates exclusively on the treatment of illness;
- With reference to the Alma-Ata declaration, consider the notion of health as holistic – physical, social, emotional and cultural and applicable across the community;
- Promote a service delivery approach that considers, as appropriate, a family based focus, a continuous treatment pathway, referral management, comprehensive individual health records and longitudinal health support;
- Recognise the impact of social and environmental determinants of health and facilitate linkages within the health system that are supported by a range of programs and services that address wider social and economic disadvantage;
- In all aspects of planning and commissioning Aboriginal health services, work collectively to systematically address the social and environmental determinants that impact on achieving health equality;
- Meaningfully engage with Aboriginal people and communities (for example, Community Councils) on their goals and priorities for primary health and social care services;
- Ensure that primary health services are available, appropriate, accessible, affordable and of good quality. Mainstream services must incorporate culturally appropriate care and be better equipped to be responsive to the needs of Aboriginal people;
- Recognise the importance of consumer choice in the selection of services and service providers;
- Provide appropriate support and training in cultural competence to our staff;
- Understand the roles of WA's Aboriginal health organisations and avoid unnecessary duplication in the planning and commissioning of primary care services;
- Consult and collaborate with clinicians and existing service providers to review current models and strategies and develop innovative and meaningful partnerships at the local and state-wide level, and
- Align with, and complement, the principles that underpin the National Aboriginal and Torres Strait Islander Plan (2013 – 2023) and the WA Aboriginal Health and Wellbeing Framework (2015 – 2030).

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