

Reports indicate that changes are needed to close the gap for Indigenous health

Major changes in health services are needed to redress health disparities

Two recently released reports from the Australian Institute of Health and Welfare (AIHW) make it clear that there must be major changes in the way health services for Indigenous Australians are delivered and funded if we are to improve Indigenous health and health care and ensure real returns on the substantial investments that are being made.^{1,2}

These reports show Australia's level of financial commitment to Indigenous health. In the 2010–11 financial year total spending on Indigenous health was \$4.552 billion,¹ almost double that spent in 2004–05. This was \$7995 for every Indigenous Australian, compared with \$5437 for every non-Indigenous Australian,¹ over 90% of this funding came from governments. The surest sign that this money was not well invested in prevention, early intervention and community services is that most of it (on average \$3266 per person but \$4779 per person in remote areas) was spent on services for patients admitted to hospitals, while spending on Medicare services and medicines subsidised by the Pharmaceutical Benefits Scheme (PBS) on a per-person basis was less than that for non-Indigenous Australians by \$198 and \$137, respectively.²

The series of AIHW reports since the 1995–96 financial year highlights both where progress has been made and where programs have failed. There have been considerable increases in funding for primary care, acute care and community and public health. The 2010–11 data do not reflect the full implementation of the Indigenous Chronic Disease Health Package, but do suggest that the measure to subsidise PBS copayments for patients with chronic disease is having an effect, specifically in more remote areas where PBS spending is higher than in regional areas.

On the other hand, it is obvious that access to primary care services in remote areas remains limited, and access to referred services such as specialists and diagnostics is poor for Indigenous people everywhere, even in major cities. Per-person spending on non-hospital secondary services is about 57% of that for non-Indigenous people.² Indigenous Australians receive nearly all their secondary care in hospitals.

The hospital data hammer the story home. In 2010–11, the overall age-standardised separation rate of 911 per 1000 for Indigenous people was 2.5 times that for non-Indigenous people; for people living in the Northern Territory the rate was 7.9 times that for non-Indigenous people.³

About 80% of the difference between these rates was accounted for by separations for Indigenous people admitted for renal dialysis, but further examination

Lesley M Russell
BSc(Hons), BA, PhD,
Senior Research Fellow

Australian Primary Health
Care Research Institute,
Australian National
University, Canberra, ACT.

doi:10.5694/mja13.11127

highlights how a lack of primary care and prevention services drives increased hospital costs. In 2010–11, total expenditure on potentially preventable hospitalisations for Indigenous Australians was \$219 million or \$385 per person, compared with \$174 per non-Indigenous Australian.³ For all Australians most of this spending is for chronic conditions like complications from diabetes, but, too often, Indigenous Australians are hospitalised for vaccine-preventable conditions like influenza and pneumonia, acute conditions like cellulitis, and injury.

Avoidable hospitalisations are an important indicator of effective and timely access to primary care, and provide a summary measure of health gains from primary care interventions. The inescapable reality is that current primary care interventions are not working.

We know what the problems are. Around two-thirds of the gap in health outcomes between Indigenous Australians and other Australians comes from chronic diseases such as cardiovascular disease, diabetes, respiratory diseases and kidney disease.⁴ Suicide and transport accidents and other injuries are also leading causes of death.⁵ Half of the gap in health between Indigenous and non-Indigenous Australians is linked to risk factors such as smoking, obesity and physical inactivity.⁶ A number of studies have found that between a third and half of the health gap is associated with differences in socioeconomic status such as education, employment and income.⁷

The 2006 Census (the latest available data) found that 39% of Indigenous people were living in "low resource" households (as defined by the Australian Bureau of Statistics⁸), almost five times the non-Indigenous rate.⁹ Such disparities in income limit Indigenous people's capacity to pay for health care and provide some context for why they are more likely to use public hospitals than privately provided services that require copayments.

There are commitments from all the major stakeholders, political parties and policymakers to close the gap. There is a new National Aboriginal and Torres Strait Islander Health Plan 2013–2023. And, arguably, there are enough funds if these are spent wisely. What is needed is a new approach to how health care is developed for and delivered to Indigenous Australians.

The approach needs to be grounded in three broad principles:

- Adhering to the principle of "nothing about me without me".¹⁰ Shared decision making must become the norm, with patients and their needs at the centre of a system they drive.
- Addressing the social determinants of health, in particular, the impact of poverty.
- Addressing cultural barriers in the way that Indigenous people want.

Online first 25/11/13

These are not new ideas and all the right words are in the new national health plan, as they were in the previous strategy document — cross-portfolio efforts, partnership, sustainability, culturally competent services, community, a rights-based approach to providing equal opportunities for health. What we must do is move beyond these fine words to meaningful action.

We have the exemplar of how to do this with Aboriginal Community Controlled Health Organisations (ACCHOs), and we need to (i) provide increased opportunities for engagement, collaboration and service delivery with ACCHOs and (ii) expand this way of working into mainstream services. This will require a different approach to policy development and implementation.¹¹

The key barriers to health care for urban and remote populations alike relate to availability, affordability and acceptability¹² and the dominance of biomedical models of health.¹³ ACCHOs are a practical expression of self-determination in Indigenous health and health service delivery,¹⁴ and have been very successful at reducing many of the barriers that inhibit Indigenous access to mainstream primary care.¹⁵ Importantly, ACCHOs provide both cultural safety, which allows the patient to feel safe in health care interactions and be involved in changes to health services, and cultural competence, which reflects the capacity of the system to integrate culture into the delivery of health services.¹⁶

However, the success of the design and work practices of ACCHOs have had little influence on the mainstream health system¹⁷ which remains, necessarily, the source of health care for many Indigenous people. And it can be argued that the current funding and regulatory practices of Australian governments are a heavy burden and consume too much of the scarce resources of ACCHOs in acquiring, managing, reporting and acquitting funding contracts.¹⁸

Governments and all stakeholders, including Indigenous people themselves, need to be bold enough to redesign current mainstream health policies, programs and systems to better fit Indigenous health concepts, community needs and culture. This approach should not be seen as radical — it is where we are currently headed with Medicare Locals. We should not ignore the fact that ACCHOs have led the way in developing a model of primary health care services that is able to take account of the social issues and the underlying determinants of health alongside quality care.¹⁹ Tackling these reforms will therefore benefit all Australians, but especially those Indigenous people who currently feel disenfranchised. Without real and meaningful change, we are all condemned to more government reports bearing sad, bad news and a continual yawning gap of Indigenous disadvantage.

Competing interests: No relevant disclosures.

“
The inescapable reality is that current primary care interventions are not working
”

Provenance: Not commissioned; externally peer reviewed.

- 1 Australian Institute of Health and Welfare. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11. Canberra: AIHW, 2013. (AIHW Cat. No. HWE 57; Health and Welfare Expenditure Series No. 48.) <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129542784> (accessed Aug 2013).
- 2 Australian Institute of Health and Welfare. Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11: an analysis by remoteness and disease. Canberra: AIHW, 2013. (AIHW Cat. No. HWE 58; Health and Welfare Expenditure Series No. 49.) <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129544363> (accessed Aug 2013).
- 3 Australian Indigenous HealthInfoNet. Overview of Australian Indigenous health status 2012. Hospitalisation. <http://www.healthinfonet.edu.au/health-facts/overviews/hospitalisation> (accessed Aug 2013).
- 4 Australian Health Ministers' Advisory Council. Aboriginal and Torres Strait Islander Health Performance Framework Report 2010. Canberra: AHMAC, 2011. [http://www.health.gov.au/internet/publications/publishing.nsf/Content/health-oatsih-pubs-framereport-toc/\\$FILE/HPF%20Report%202010august2011.pdf](http://www.health.gov.au/internet/publications/publishing.nsf/Content/health-oatsih-pubs-framereport-toc/$FILE/HPF%20Report%202010august2011.pdf) (accessed Aug 2013).
- 5 Australian Indigenous HealthInfoNet. What do we know about injury among Indigenous people? <http://www.healthinfonet.edu.au/health-facts/health-faqs/injury> (accessed Aug 2013).
- 6 Zhao Y, Wright J, Begg S, Guthridge S. Decomposing Indigenous life expectancy gap by risk factors: a life table analysis. *Popul Health Metr* 2013; 11: 1.
- 7 Australian Government. National Aboriginal and Torres Strait Islander Health Plan 2013–2023. Canberra: Commonwealth of Australia, 2013. <http://www.health.gov.au/natsihp> (accessed Aug 2013).
- 8 Australian Bureau of Statistics. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples, 2008. Population characteristics. (ABS Cat. No. 4704.0.) <http://www.abs.gov.au/ausstats/abs@.nsf/0/E3FAB932D407C106CA25743900149C7E?opendocument> (accessed Nov 2013).
- 9 National Aboriginal Community Controlled Health Organisation. Close the Gap. <http://www.naccho.org.au/aboriginal-health/close-the-gap-campaign/> (accessed Aug 2013).
- 10 Delbanco T, Berwick DM, Boufford JI, et al. Healthcare in a land called PeoplePower: nothing about me without me. *Health Expect* 2001; 4: 144–150.
- 11 Lloyd J, Wise M. Improving Aboriginal health: how might the health sector do things differently? *Aust Rev Public Affairs* [internet] 2011; Feb. http://www.australianreview.net/digest/2011/02/lloyd_wise.html (accessed Aug 2013).
- 12 Scrimgeour M, Scrimgeour D. Health care access for Aboriginal and Torres Strait Islander people living in urban areas, and related research issues: a review of the literature. Darwin: Cooperative Research Centre for Aboriginal Health, 2007. http://www.lowitja.org.au/sites/default/files/docs/DP5_final-pdf.pdf (accessed Sep 2013).
- 13 Cass A, Lowell A, Christie M, et al. Sharing the true stories: improving communication between Aboriginal patients and healthcare workers. *Med J Aust* 2002; 176: 466–470.
- 14 Hunter P, Mayers N, Couzos S, et al. Aboriginal community controlled health services. In: General practice in Australia 2004. Canberra: Department of Health and Ageing, 2005: 337–356.
- 15 Weightman M. The role of Aboriginal Community Controlled Health Services in Indigenous health. *Aust Med Student J* [internet] 2013; 4. <http://www.amsj.org/archives/3012> (accessed Aug 2013).
- 16 Van den Berg R. Cultural safety in health for Aboriginal people: will it work in Australia? *Med J Aust* 2010; 193: 136–137.
- 17 National Aboriginal Community Controlled Health Organisation. Investing in healthy futures for generational change. NACCHO 10 point plan 2013–2030. http://www.naccho.org.au/download/naccho_health_futures/NACCHO%20Healthy%20Futures%2010%20point%20plan%202013-2030.pdf (accessed Sep 2013).
- 18 Dwyer J, O'Donnell K, Lavoie J, et al. The overburden report: contracting for Indigenous health services. Darwin: Cooperative Research Centre for Aboriginal Health, 2009. http://www.flinders.edu.au/medicine/fms/sites/health_care_management/documents/Overburden%20Report_contracting%20for%20Indigenous%20Health%20Services.pdf (accessed Aug 2013).
- 19 Fredericks B, Legge D. Revitalizing health for all: International Indigenous Representative Group. Learning from the experience of comprehensive primary health care in Aboriginal Australia—a commentary on three projects. Melbourne: The Lowitja Institute, 2011. http://www.lowitja.org.au/sites/default/files/docs/Revitalising_Health_report.pdf (accessed Sep 2013). □