

Position Statement on Aboriginal and Torres Strait Islander Health – revised 2015

Introduction

Despite modest gains in the life expectancy for Aboriginal and Torres Strait Islander people in recent years, progress is slow and much more needs to be done to close the unacceptable gap in health outcomes between Indigenous and non-Indigenous Australians.

A life expectancy gap of around ten years remains between Aboriginal and Torres Strait Islander people and other Australians.ⁱ And the death rate for Aboriginal and Torres Strait Islander children is still more than double the rate for non-Indigenous children.ⁱⁱ

Recent data has identified stubbornly high levels of treatable and preventable conditions, high levels of chronic conditions at comparatively young ages, high levels of undetected and untreated chronic conditions, and higher rates of co-morbidity in chronic disease.ⁱⁱⁱ

Higher prevalence of risk factors for chronic disease – diabetes, mental health conditions, smoking, overweight and obesity and harmful drinking levels – also persistently contribute to poor health outcomes for Aboriginal and Torres Strait Islander people.^{iv}

In the face of this unacceptable disparity, the AMA remains committed to working in partnership with Aboriginal and Torres Strait Islander groups to advocate for government investment and cohesive and coordinated strategies to improve health outcomes for Indigenous people. The AMA remains a proud foundation member of the Close the Gap Campaign Steering Committee and works closely with the groups such as the National Aboriginal Community Controlled Health Organisations and Australian Indigenous Doctors Association to ensure a network of adequately remunerated, sustainable and responsive primary health care services for Indigenous people and build a strong Aboriginal and Torres Strait Islander health workforce.

This Position Statement provides a framework for the AMA's policy development and advocacy in Indigenous health.

The AMA affirms the following principles:

1. That Aboriginal and Torres Strait Islander people have a leading role in identifying and responding to the nature and challenges of Aboriginal and Torres Strait Islander health, and that the medical profession has a responsibility to partner and support these efforts.
2. That all Australians, including Aboriginal people and Torres Strait Islander people, have the right 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 well-being, and not merely the absence of disease or infirmity.

3. That income and social status; social support networks; education and literacy; employment and working conditions; social environments; physical environments, housing and nutrition; personal health practices and coping skills; healthy child development; biology; health services; gender and culture all have a significant impact on health and well-being.
4. That Aboriginal and Torres Strait Islander people will not achieve equal health outcomes until their economic, educational and social disadvantages have been eliminated. Nevertheless, while social disadvantage continues, Aboriginal and Torres Strait Islander people should not be doubly disadvantaged by the neglect of potential medical solutions arising from health sector inequities.
5. That all efforts should be made to ensure that Aboriginal and Torres Strait Islander people achieve the same life expectancy as other Australians. Significant improvements can be made in the short term with present knowledge.
6. That in line with the late Dr Puggy Hunter's statement that "*The body parts approach has been a complete failure in Aboriginal health. There is no use treating the heart or the ears alone, when the whole person is in danger of breaking down*" (July 1999), the AMA advocates that a holistic, culturally appropriate approach informs all areas of government policy development, which supersedes the current disease-based and fragmented policy and funding strategies.
7. That within the health system the crucial mechanism for improving Aboriginal and Torres Strait Islander health is the availability of comprehensive primary health care services.^v
8. That Aboriginal community control must be supported and appropriately resourced in recognition of its demonstrated effectiveness in providing appropriate and accessible health services to a range of Aboriginal communities and its role as a major provider within the comprehensive primary health care context.^{vi}
9. That all health services provided specifically for Aboriginal and Torres Strait Islander people should be designed, developed and controlled by the communities they serve in collaboration with mainstream processes.
10. That Indigenous health services should be increasingly provided by Aboriginal and Torres Strait Islander people.
11. That all measures are taken to endorse equity of access to healthcare services that are culturally appropriate and free of racism.
12. That health services should be funded to a level required to achieve outcomes agreed by the community rather than at some benchmarked "fair" level. Only when parity in life expectancy has been achieved would any such sense of "fair" be appropriate.

AMA resolutions:**Health programs and services***The AMA resolves to:*

1. Speak out on all matters that are seen to be having a negative impact on Aboriginal and Torres Strait Islander health and acknowledge successful initiatives.
2. Work in partnership with Aboriginal community-controlled health organisations and Aboriginal and Torres Strait Islander health professional organisations with the aim of eliminating inequities in health service provision to the Aboriginal and Torres Strait Islander population.
3. Call on the Government to improve access to infrastructure, education and health care services.
4. Call on health service providers to respond promptly to the healthcare needs of Aboriginal and Torres Strait Islander people.

Standards, human rights, cultural awareness and safety*The AMA resolves to:*

5. Call on the government to work with Aboriginal and Torres Strait Islander people to set standards of both provision and access across the whole range of government services and use these to agree on necessary funding.
6. Support the Australian Declaration Towards Reconciliation and the work towards a successful referendum to recognise the first Australians in our Constitution, acknowledging our shared history and the value of Australia's Aboriginal and Torres Strait Islander heritage.
7. Advocate the recognition that ownership and control of land by Aboriginal and Torres Strait Islander people is one of the important keys to improving the life choices and life expectancy of individuals and communities.
8. Advocate that all government funded and private health services be required to ensure that they are able to provide culturally responsive services to Aboriginal and Torres Strait Islander people.
9. Advocate that all government and private health services providers have:
 - i. a policy on recruitment and retention of Aboriginal and Torres Strait Islander staff;
 - ii. a Charter setting out the level of service an Aboriginal and Torres Strait Islander person will receive including arrangements to ensure cultural issues are recognised and addressed within each service;
 - iii. a system to provide interpretation and cultural support where necessary;
 - iv. a cultural awareness and safety training program to ensure all staff understand and implement the Charter commitments.

Resource allocation*The AMA resolves to:*

10. Call on the government to correct the under-funding of Aboriginal and Torres Strait Islander primary health care services.^{vii}
11. Call on the government to provide additional fully funded training to address the total shortfall of health professionals providing services to Aboriginal and Torres Strait Islander people.
12. Advocate that the government recognise the need for Aboriginal and Torres Strait Islander people to be represented at the same level as they are in the population in all health-related professions and support professions (e.g. management). To achieve this the government must institute a funded national Aboriginal and Torres Strait Islander training program including:
 - i. Allocation of sufficient places in training programs to Aboriginal and Torres Strait Islander people;
 - ii. Establishment of support units at all those training institutions with these allocated places;
 - iii. Provision of full scholarships including living expenses for allocated places where necessary;
 - iv. Establishment of mentoring programs in schools to identify and support Aboriginal and Torres Strait Islander children on pathways from primary school through to training institutions.
13. Call on the government to implement measures to increase Aboriginal and Torres Strait Islander people access to PBS.^{viii}

Skills training*The AMA resolves to:*

14. Advocate that all health personnel training programs, including specialist training colleges, include, as part of the core curriculum, components on Aboriginal and Torres Strait Islander health including cultural awareness and safety.
15. Support initiatives aimed at ensuring doctors, student doctors and doctors-in-training receive the right information and skills development in the best interest of improving Aboriginal and Torres Strait Islander health outcomes.
16. Urge the Government to explore incentives for medical officers working in Aboriginal Medical Services and seek support from the relevant medical colleges for registrars to be available and credentialed for working in Aboriginal Medical Services to ensure there are sufficient health staff available to work with Aboriginal and Torres Strait Islander communities.

This statement has incorporated the following policy resolutions:

01-83, 02-83, 03-83, 04-83, 05-83, 06-83, 07-83, 08-83, 01-89, 02-89, 41-93, 42-93, 43-93, 21-94, 16-01, 23-01, 4232-1-02 3, 4234-02 2.

References

- ⁱ Australian Bureau of Statistics, *Fact Sheet: Life Expectancy Estimates for Aboriginal and Torres Strait Islander Australians*, 2013, p 3. URL <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3302.0.55.003>
- ⁱⁱ COAG Reform Council, *Indigenous Reform 2012-13: Five years of Performance*, 2014, p34.
- ⁱⁱⁱ Australian Bureau of Statistics, *Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results, 2012–13*, cat. no. 4727.0.55.003, 2014. URL <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4727.0.55.003>
- ^{iv} Australian Bureau of Statistics, above note iii.
- ^v National Strategic Framework for Aboriginal and Torres Strait Islander Health. 2002.
- ^{vi} National Strategic Framework for Aboriginal and Torres Strait Islander Health. 2002.
- ^{vii} <http://www.ama.com.au/web.nsf/doc/WEEN-63Q9J7>
- ^{viii} <http://www.naccho.org.au/FinalJointProposal.html> & <http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/nmp-pdf-apac17jun-cnt.htm>

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