



Understanding and Overcoming Inequalities in Aboriginal Health

Tales from an Aspirational pragmatist

Alex Brown

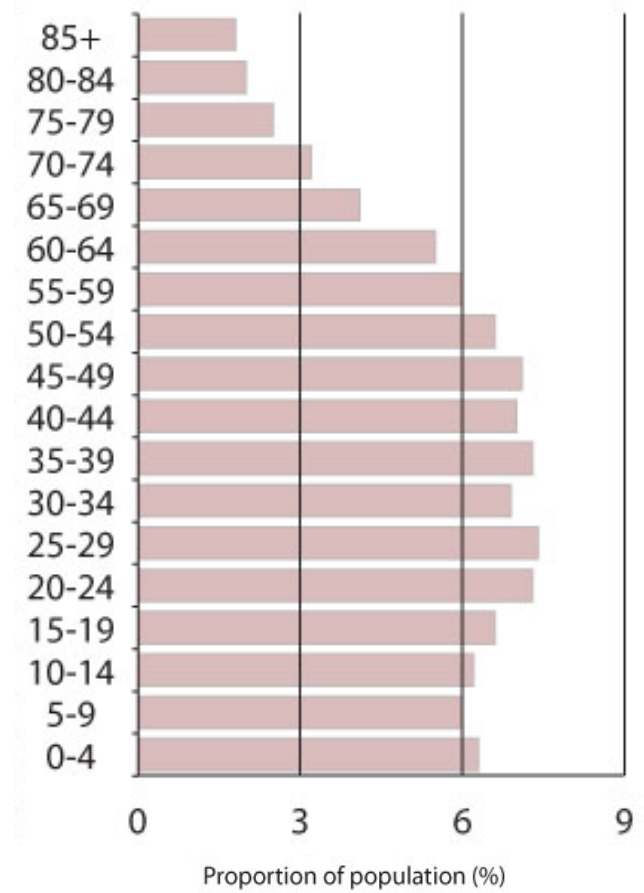
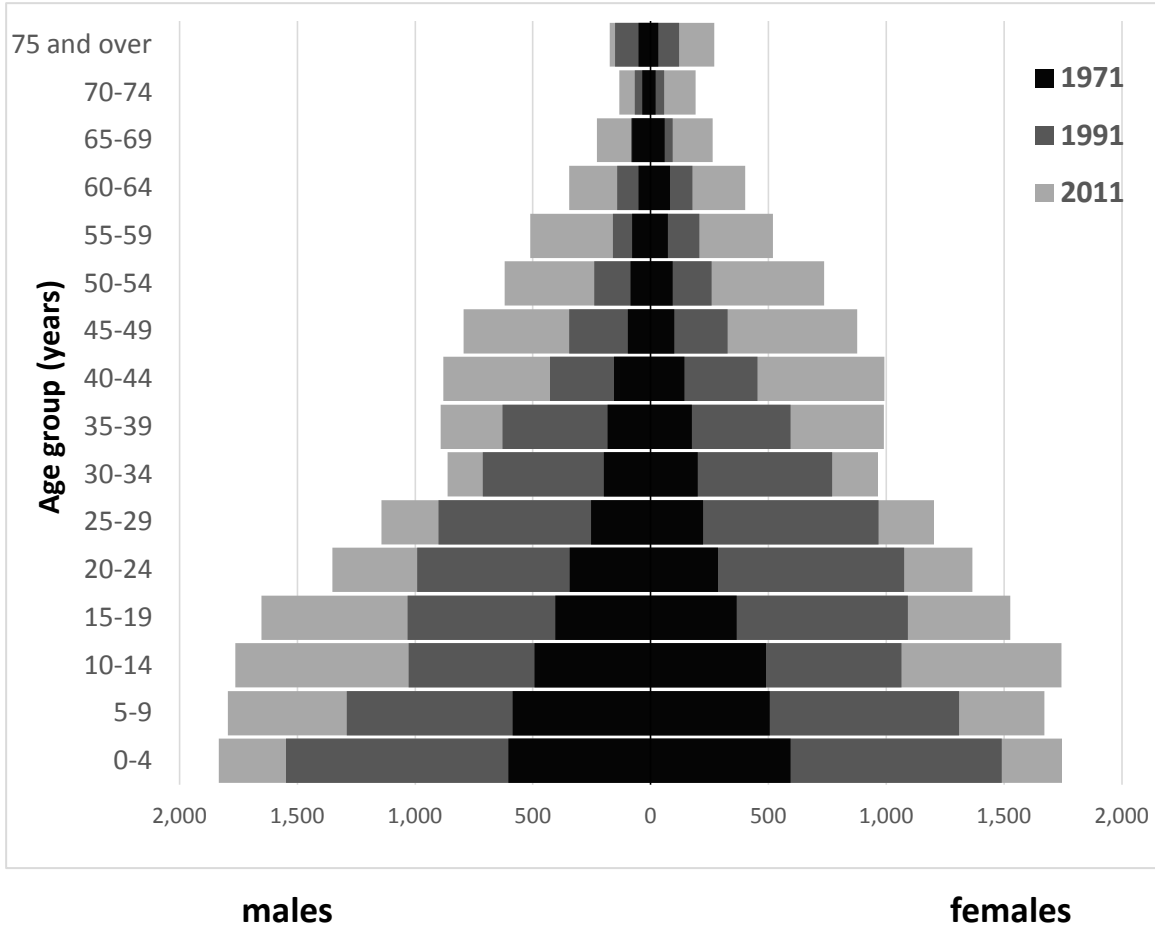


Outline – Overcoming Inequalities

- Describe and Educate
- Precision Targeting
- De-Bunk and De-Mystify
- Intervene
- Influence
- Train
- Inspire
- Re-Imagining a Better Future for all



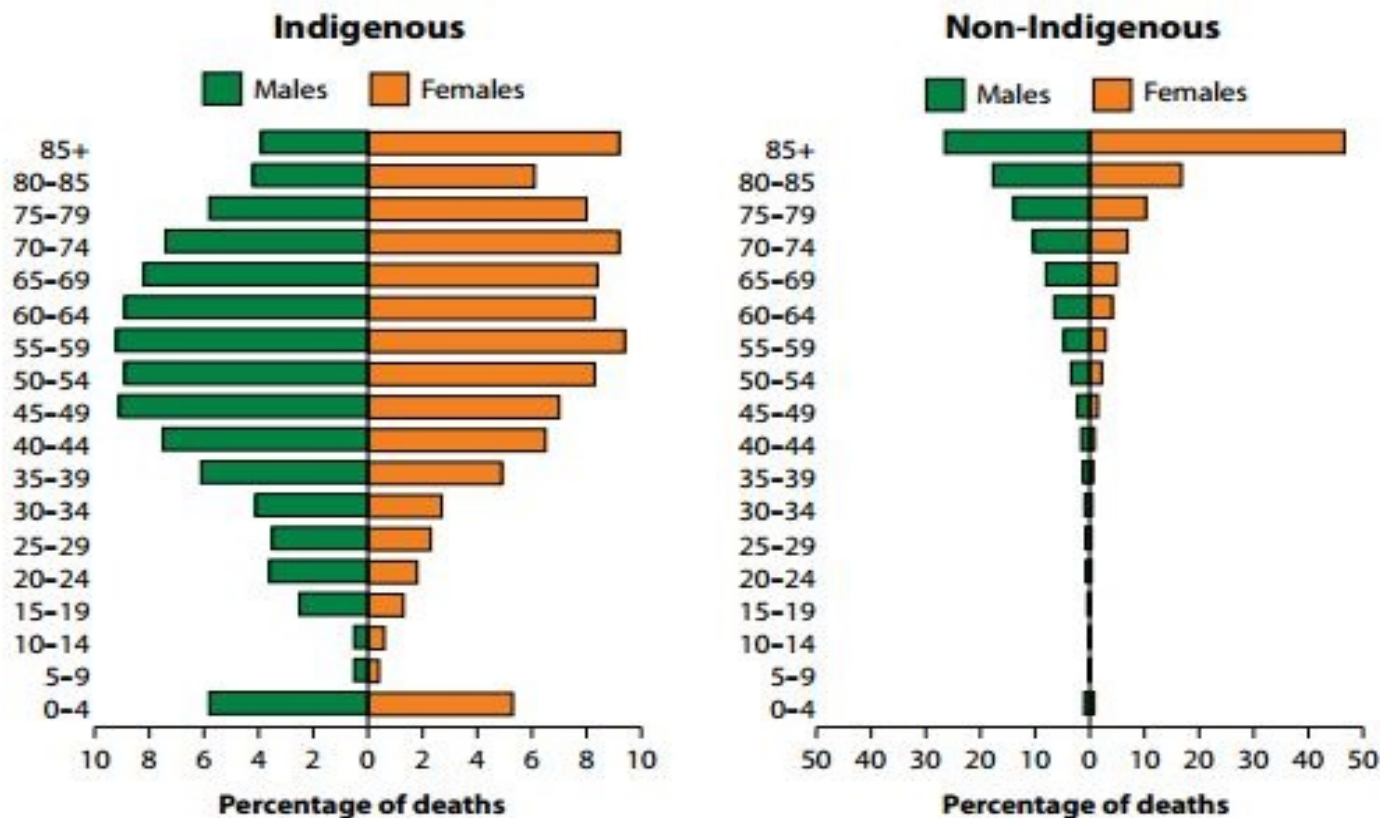
South Australian Aboriginal population, 1971, 1991 and 2011.



Sources: ABS Census of Population and Housing, 1971 and 2011; ABS (1998) Experimental estimates of the Aboriginal and Torres Strait Islander population (Cat. No. 3230.0)

Age at Death

Indigenous and non-Indigenous Australians

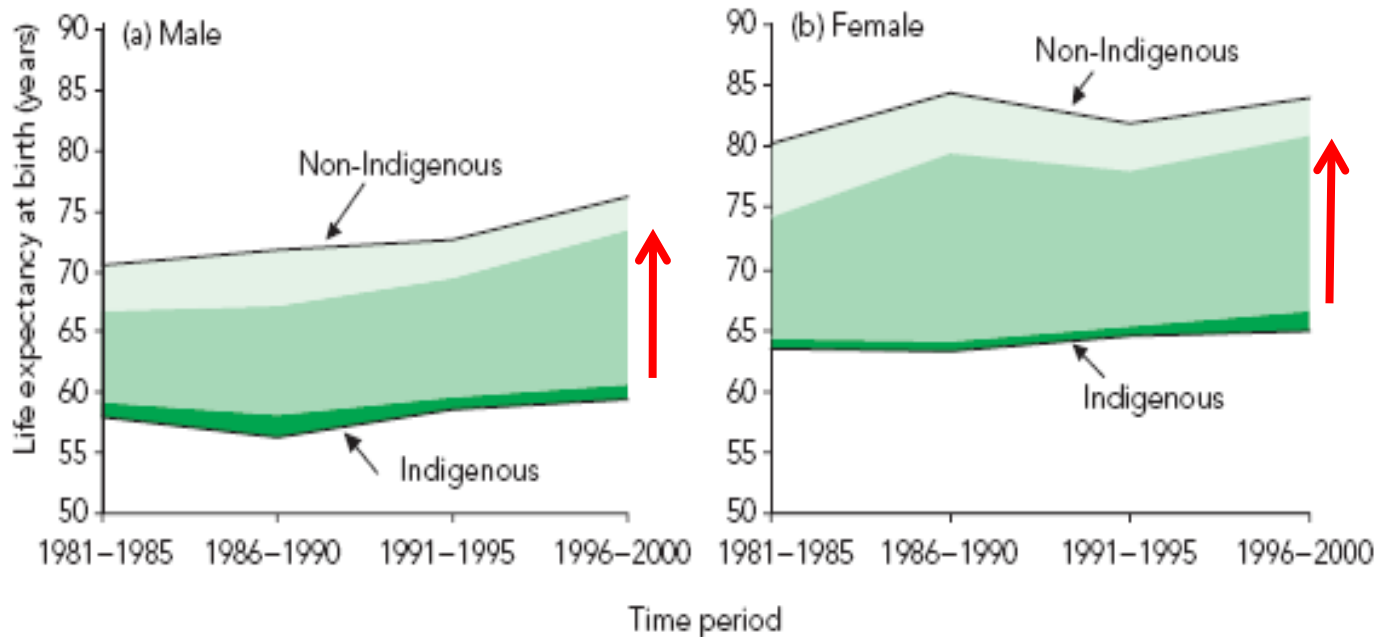


Note: Indigenous data for Vic, Tas and ACT were of insufficient quality for the reporting period.

Age distribution of proportion of deaths, by age and Indigenous status, NSW, Qld, SA, WA and NT, 2007–2011

Contributors to the L/E Gap

3 Trends in the life expectancy gap between Indigenous and non-Indigenous people in the Northern Territory, 1981–2000, for global burden of disease groups



B/w 1996-2000

NCD - 77% Gap in LE

CVD - 33%

GUT - 9%

DM - 9%

COAD - 9%

Cancer - 10%

Group I - 15%

Injury - 9%

16.7 years 1996-2000

19.0 years 1996-2000

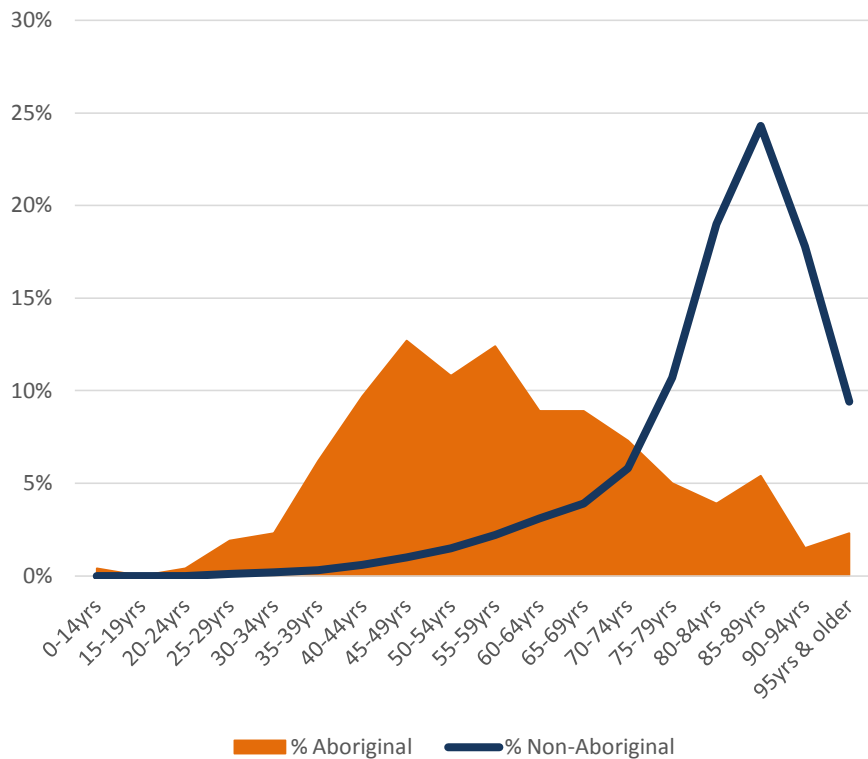
Precision - Tips to 'CLOSE THE GAP'

1. Know your enemy
2. Ask the right questions
3. Choose your target (be ruthless)
4. Maximise Gain
5. Use (or develop) the evidence
6. Deliver the goods
7. Adapt and Survive

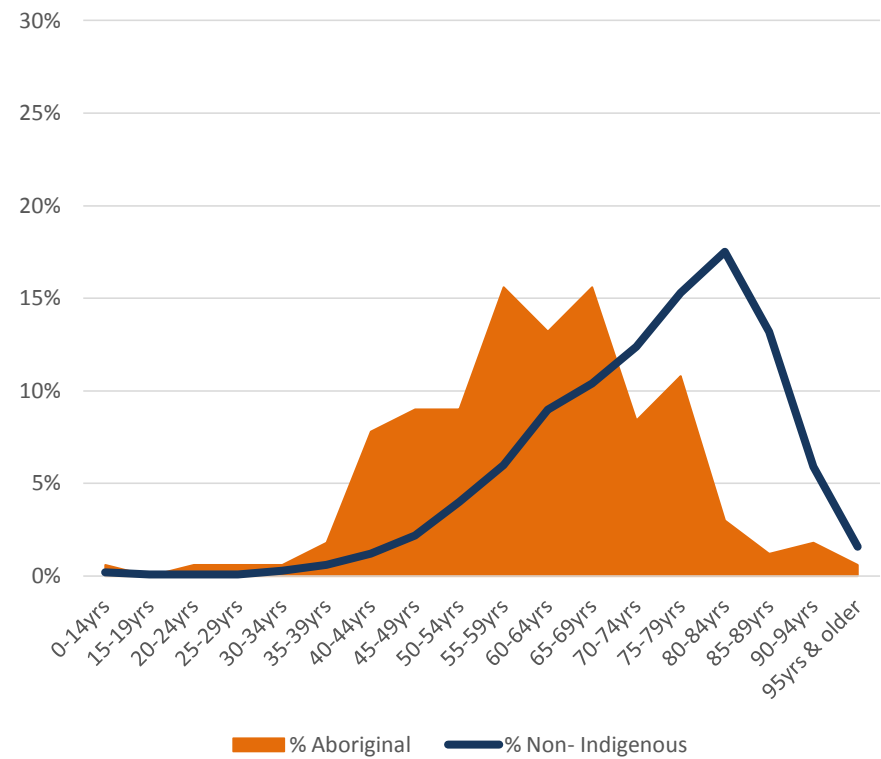


Mortality Profile – CVD and Cancer

Deaths from CVD (I00-I99):SA by age, Indigenous status, 2006-2012



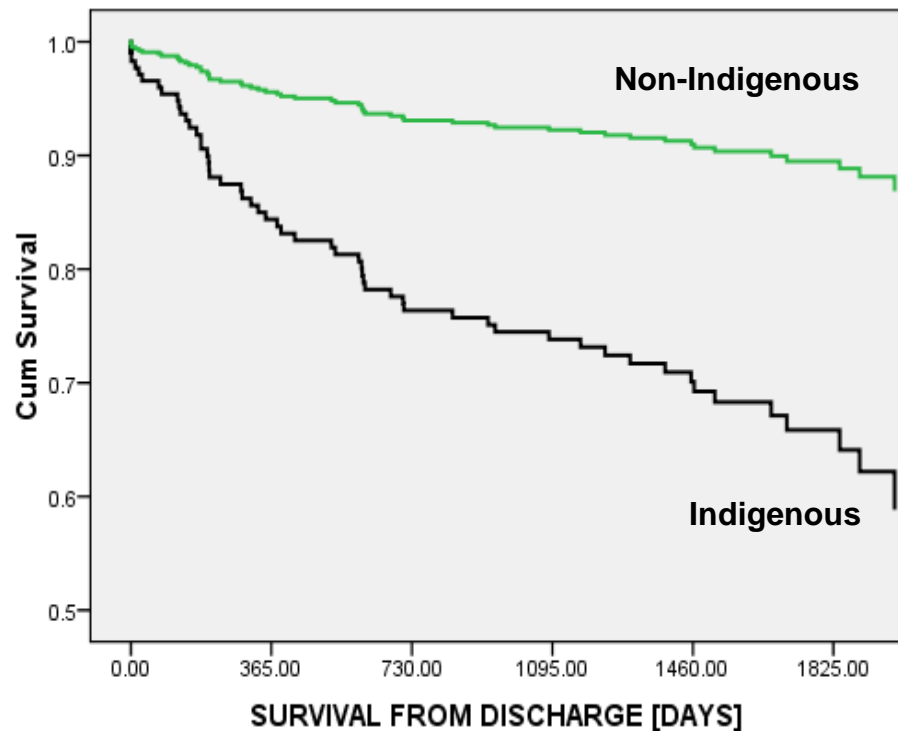
Deaths from cancer (C00-D48): SA by age, Indigenous status, 2006-2012



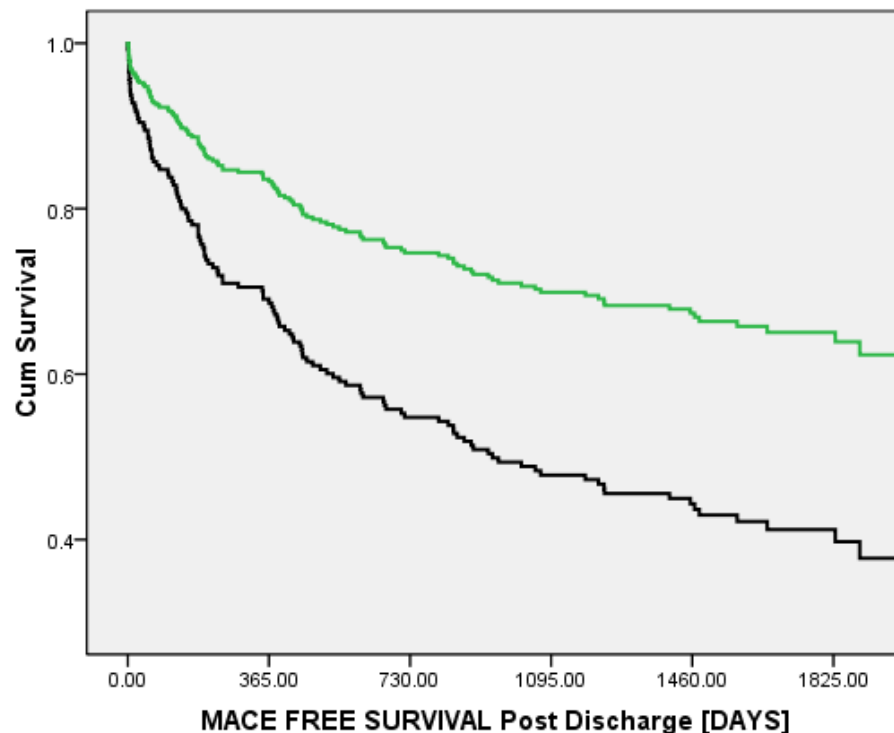
Acknowledgement: The authors wish to thank the Registries of Births, Deaths and Marriages, the Coroners and the national Coronial Information System for enabling COD URF data to be used for this publication.

Data source: Cause of Death Unit Record File for South Australia provided by the Australian Coordinating Registry (unpublished) extracted for the Landscape Project 22 June 2015.

Age Adjusted Survival following Acute Coronary Events – the CASPA Study

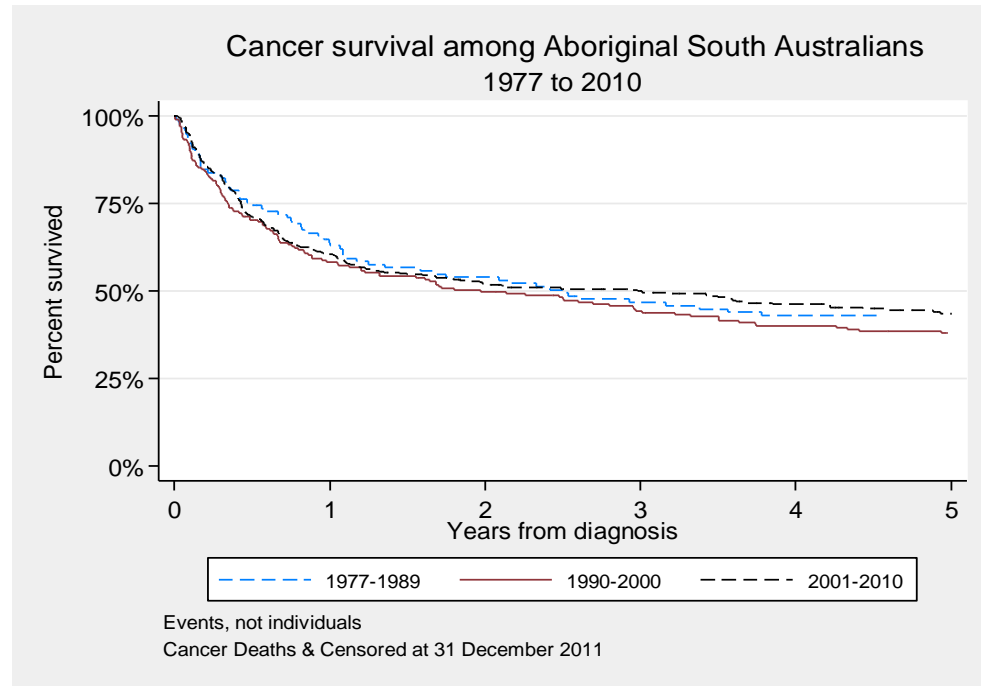
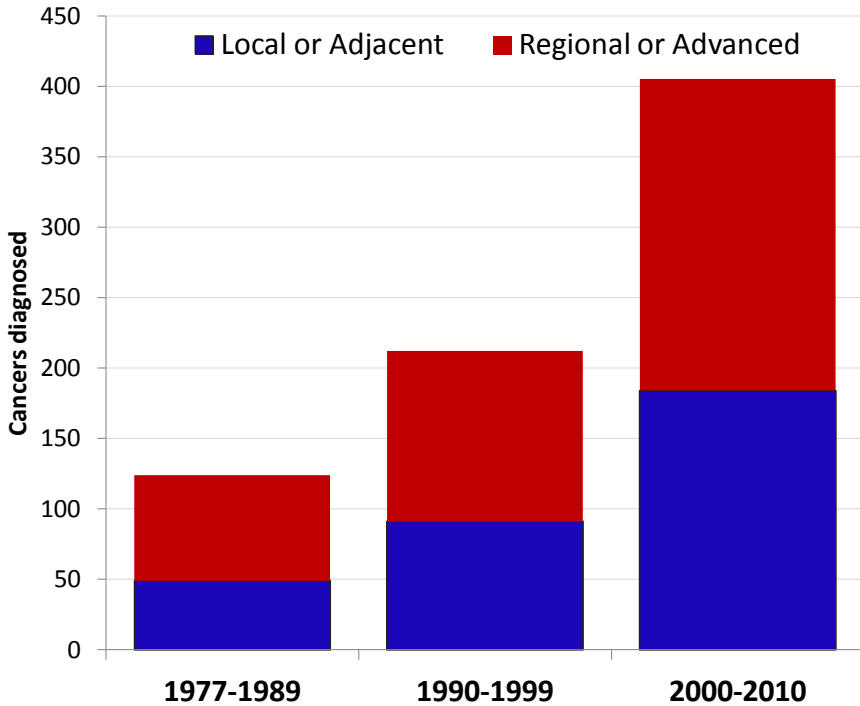


HR = 3.8 [2.15 - 6.58]; p < 0.001



HR = 2.1 [1.40 - 3.02]; p < 0.001

Cancer stage at diagnosis and Survival among Aboriginal South Australians, 1977 - 2010



Snapshot of cancer in Aboriginal peoples

- **Mortality –** 2nd most common cause of death (20%)
- **Stage at diagnosis -** More advanced stage of cancer.
- **Remoteness –** Higher incidence and more advanced at diagnosis
- **Types of cancer -** Higher preventable cancers with poorer prognoses (lung, throat and primary liver cancer).
- **Risk factors –** Higher modifiable cancer risk factors (smoking, alcohol, diet, physical activity, HepB).
- **Lower Screening rates**
- **Co-morbidities/treatment**
Higher co-morbidities, less treatment for cancer.
- **Survival** Lower 5yr survival - particularly within the first year.
- **Mortality rate** Lower rate of cancer diagnosis but a 30% higher mortality rate.

Building a Comprehensive CD Research Approach

“What drives Chronic Disease Differentials borne by Indigenous Australians?”

Burden
Risk Factors
Co-morbidity
(CVD, DM, CKD)

Health Care Systems
Quality of Care
Evidence/Practice Gaps
‘Making the Job Easier’

Psychosocial
Factors
Social Determinants
of Indigenous Health

“What must be done to reduce unacceptable disparity and suffering?”

Comprehensive, holistic, systematic approaches to Chronic Disease Control

“What are the national and international implications?”

Debunking the Assumptions



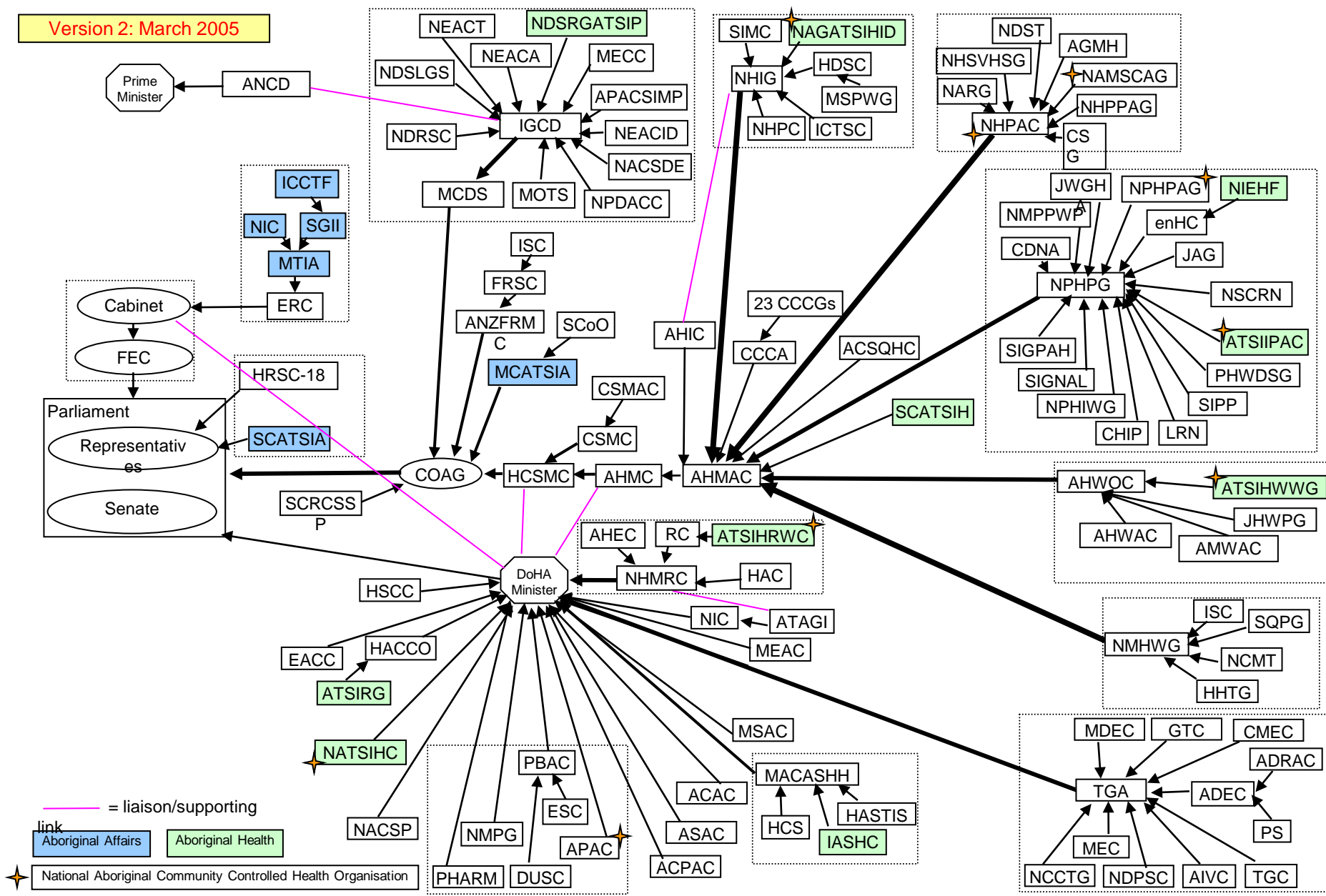
“The truth is governments have never been able to achieve equality of outcomes. Some governments try but they always fail...We have moved on...it is up to individuals to accept personal responsibility for their lives and their destiny”.

EVIDENCE...WHAT EVIDENCE?



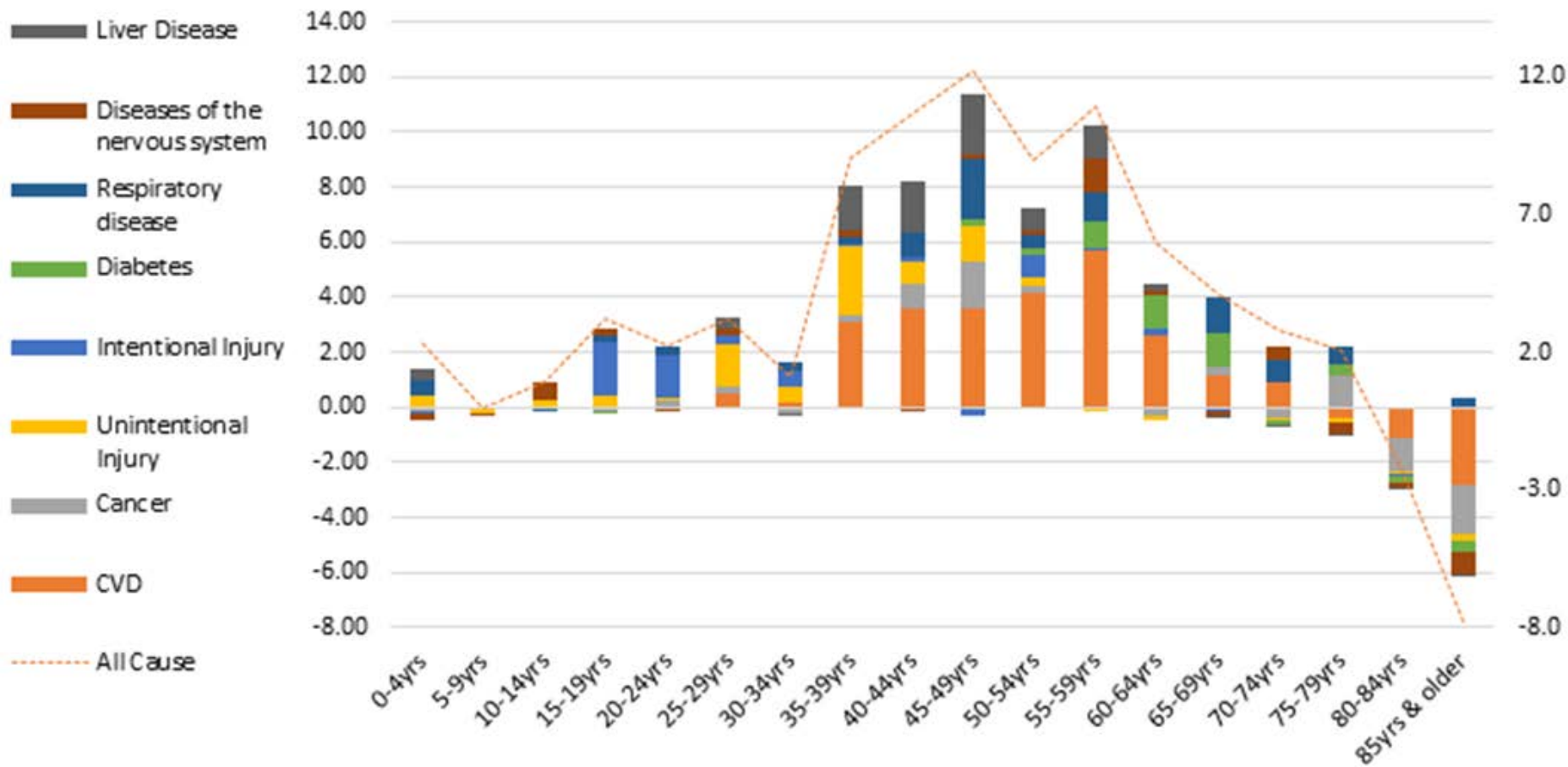
“You have to work within the system that we have”

Version 2: March 2005



"It can't be done" - Deconstructing Excess Mortality

Excess Deaths for Selected Causes of Death: Aboriginal Resident South Australians by Age Category 2009-11 (annual average deaths)



	All Cause	CVD	Cancer	Injury	Diabetes	Respiratory	Nervous system	Liver Disease
Excess	69.86	21.00	0.75	12.7	3.20	9.47	1.58	8.20

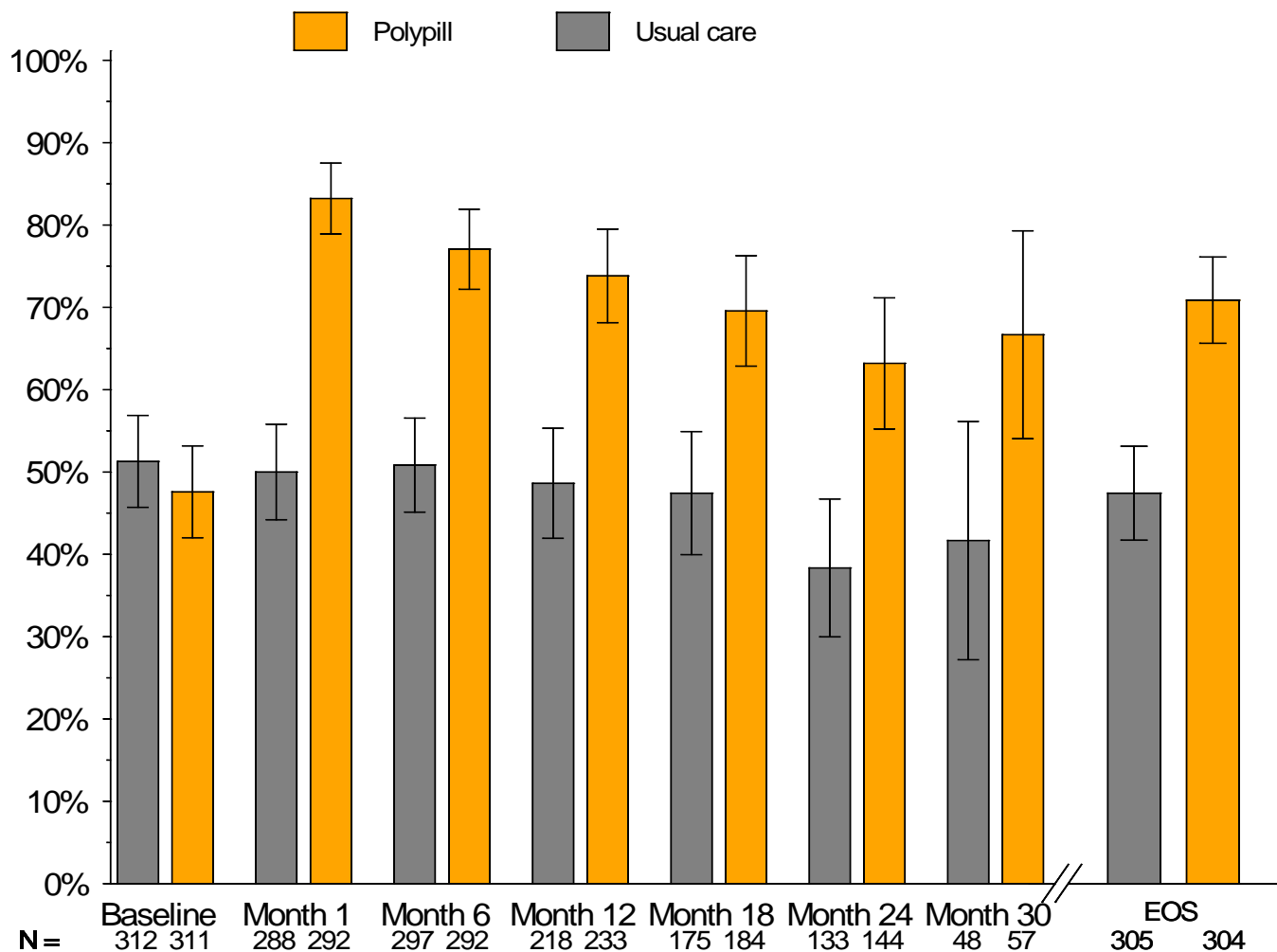


Clinical and social correlates of prevalent CVD

VARIABLE	OR	95%CI	P
Age	1.05	1.01-1.1	0.017
Hypertension ($\geq 140/90$)	2.88	1.1 – 7.8	0.038
Major depression§	9.46	1.8– 50.6	0.009
TOTAL CHOLESTEROL	1.16	0.7 – 1.8	0.529
DIABETES	1.52	0.4 – 6.1	0.554
CURRENT SMOKER	0.69	0.2 – 2.2	0.692
EMPLOYMENT (Y/N)	0.87	0.3 – 2.9	0.825
Education ≥ 16 YRS	1.6	0.5 – 4.9	0.406
INCOME ($> \$1000$ v $\$0-399$)	0.58	0.1 – 2.5	0.462

§PHQ-9 scoring for DSM-IV Criteria for Major Depressive Disorder

Intervening – Delivering what we know we should



Central Australian Heart Protection Study

Testing the effectiveness of a culturally appropriate, family based secondary prevention program.

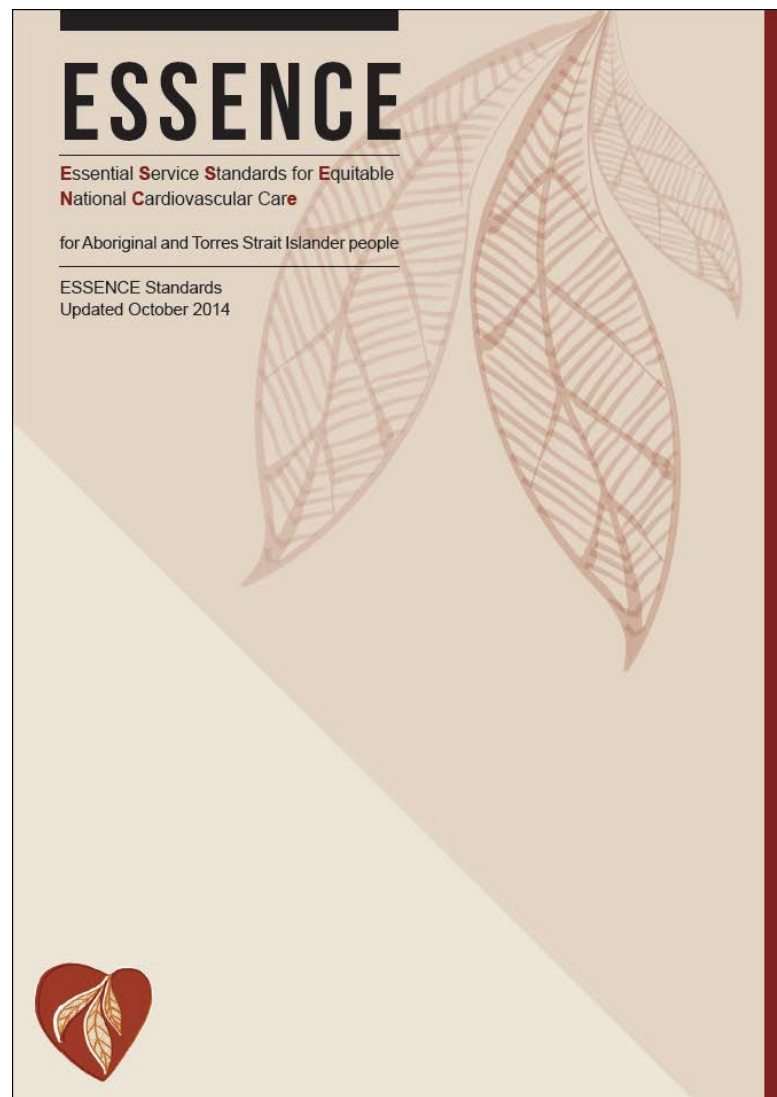
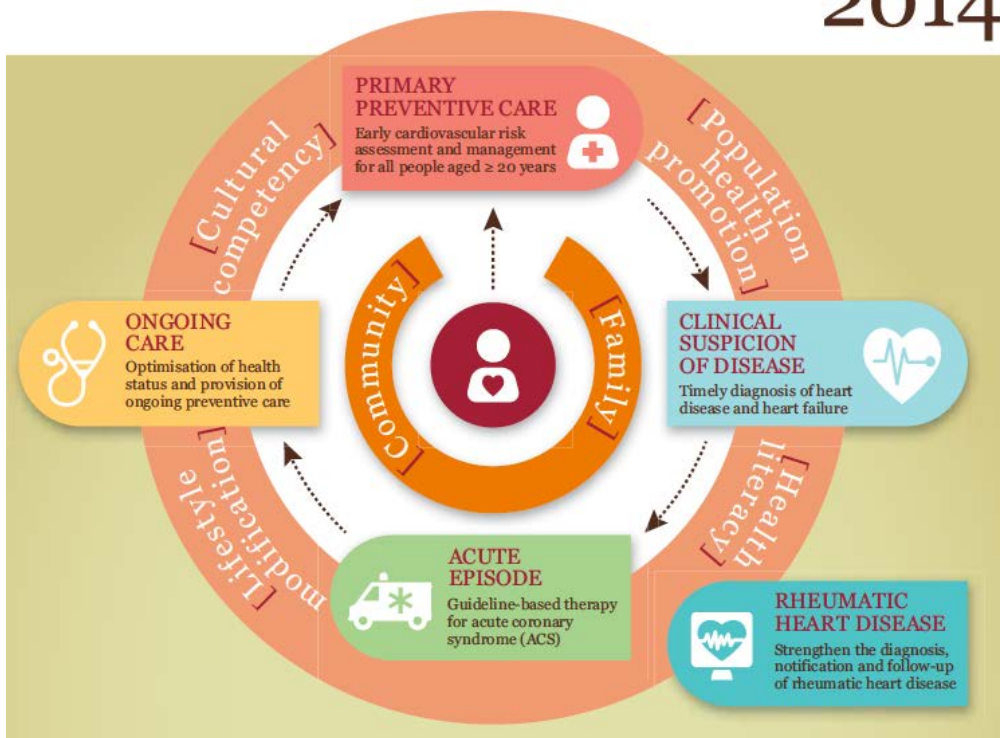
1. Learning about your heart
2. Looking after your heart
3. Keeping a healthy heart
4. Engaging family



Influencing Policy and Practice



2014



Towards an Exemplar Approach to Close the Gap?

ESSENTIAL SERVICE STANDARDS

1. Trends in and contribution of various conditions to health differentials over time;
2. Equitable service elements and standards of care for all Australians;
3. Mapping which Australians are missing out on various essential elements of care;
4. How best to deliver necessary services and programs to those missing out; and,
5. The costs and likely benefits of delivering essential services and conversely the cost of inaction if inequality is not overcome.

Standards for Reducing Inequity in CVD Care



- Overarching CVD
- Coronary Heart Disease
- Chronic Heart Failure
- Stroke
- Rheumatic Heart Disease
- Hypertension

Societal Health
 Socioeconomic determinants
 Comprehensive primary health care
 Education and awareness *
 Health behaviours

Maintaining health and managing risk
 Smoking cessation *
 Early assessment of risk *
 Risk management *
 Access to essential medicines
 Identifying and managing ARF *
 Secondary prevention of RHD *

Care of acute disease
 Timely access to acute care *
 Rapid assessment and diagnosis *
 Timely treatment *
 Specialised care

Ongoing care of disease
 Discharge medications *
 Rehabilitation *
 Patient education and lifestyle modification *
 Coordination from hospital to community *
 Access to ongoing care *
 Management of RHD *
 Palliative care

Systems of care
 Integrated regional clinical network *
 Transport and referral protocol *
 RHD control programme *
 Data Information and monitoring systems *
 Health professional education *

Monitoring Cardiovascular Outcomes

Monitoring Cardiovascular Systems and Processes of Care

KNOWLEDGE TRANSLATION

maximising impact on policy and practice

The South Australian Aboriginal Diabetes Strategy 2017 – 2021

Prepared for:
The South Australian Department for Health and Ageing

Prepared by:
Warrilparriya Aboriginal Research Theme, SAHMRI
Feb 2015 to June 2016.



South Australian Aboriginal Cancer Control Plan 2016-2021

Translating knowledge into action to improve the lives of Aboriginal people affected by cancer



South Australian Aboriginal Heart and Stroke Plan 2017-2021

June 2016



GUIDING PRINCIPLES FOR HOW WE DO OUR WORK

PRIORITIES arising from and endorsed by the Aboriginal community

COMMUNICATION that is culturally and community relevant – willing to listen and learn

INVOLVEMENT of Aboriginal people and organisations is essential

KNOWLEDGE TRANSLATION
Sharing and translation of knowledge generated through research to maximise impact on policy and practice

RESPECT for Aboriginal knowledge, knowledge systems, and custodianship of that knowledge



Equivalent **PARTNERSHIPS**, Mutual trust

CONTROL Respectful and culturally appropriate management of our all biological and non-biological research materials

OWNERSHIP Acknowledge, respect, protect Aboriginal intellectual property rights

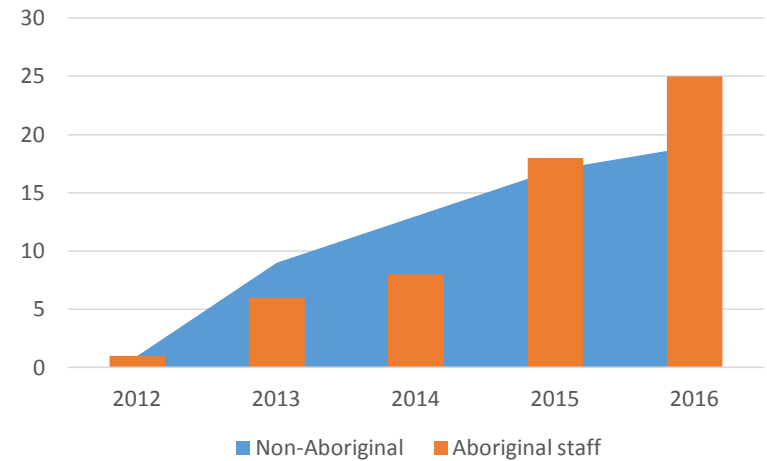
RECIPROCITY Delivering tangible benefits determined by Aboriginal people

Our People

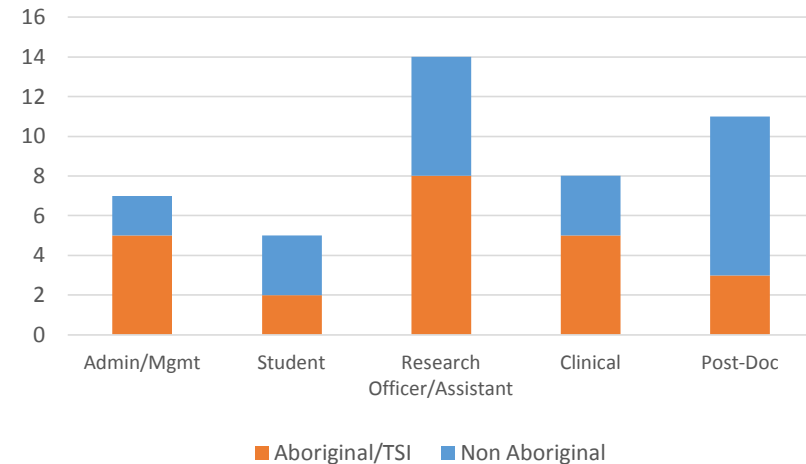


+ Conjoint Appointments with Heart Health, HMBC Theme, Infection and Immunity

Growth in staff numbers Wardliparingga 2012-16



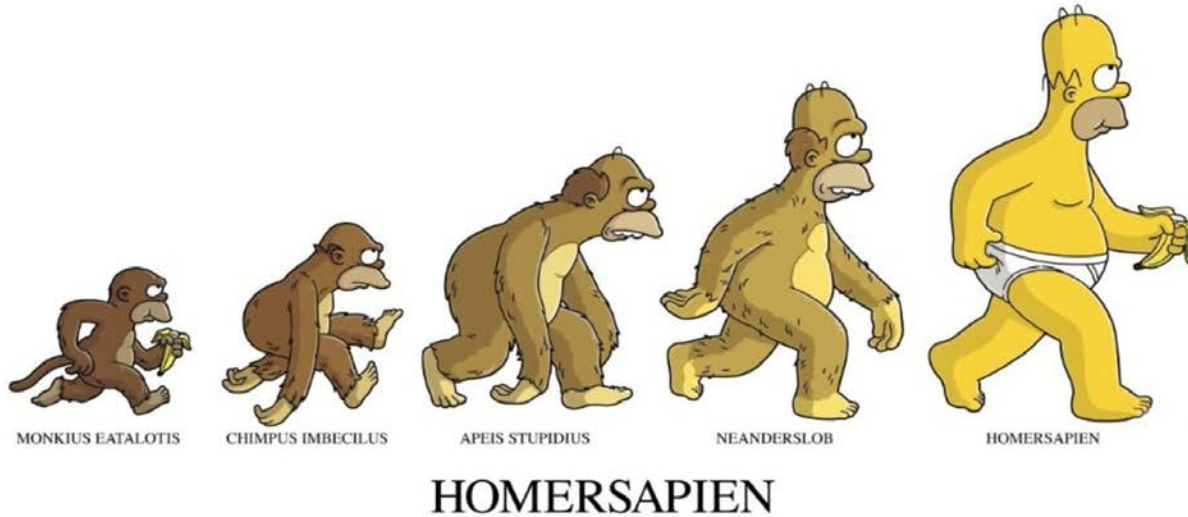
Staff- Roles by Indigenous Status



RE-IMAGINING THE FUTURE – WHAT DO ABORIGINAL PEOPLE OFFER THE WORLD?



Grand Challenge #1 – Chronic Disease



#2 – Overcoming Intergenerational Disadvantage

How can we close the life expectancy gap?

We could try getting white people to die younger.

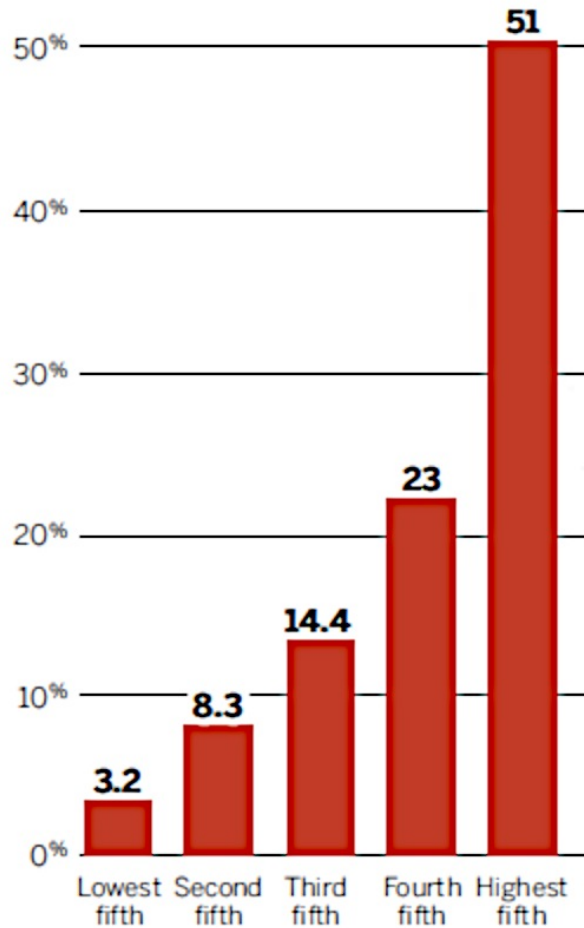
Who said that?!



#3 – Overcoming Income Inequality

A sharp divide

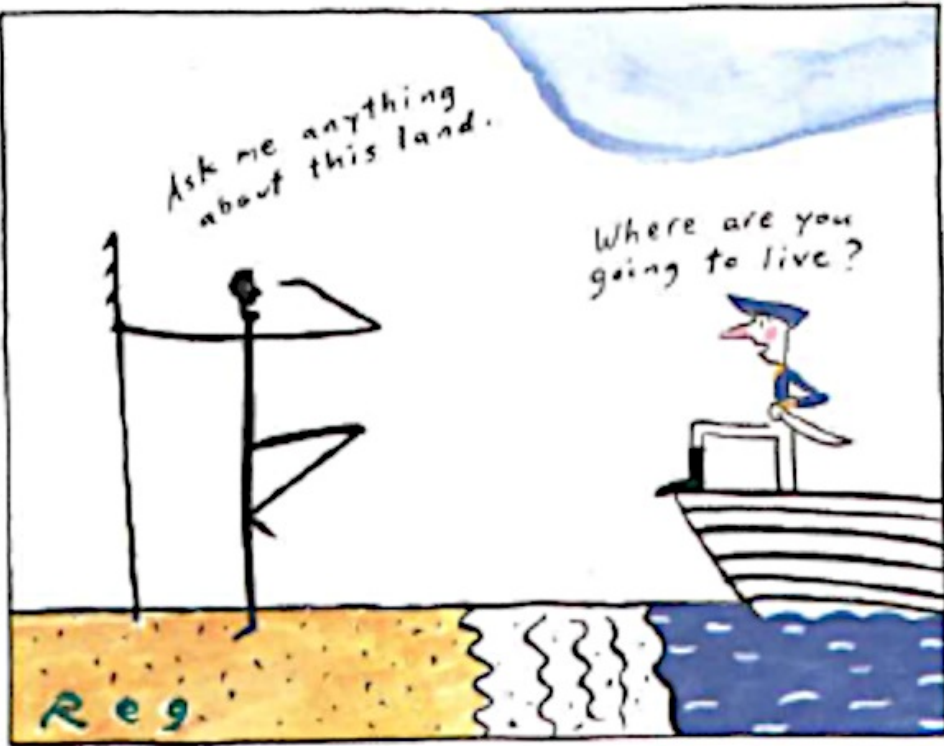
Shares of U.S. income by quintile, 2012



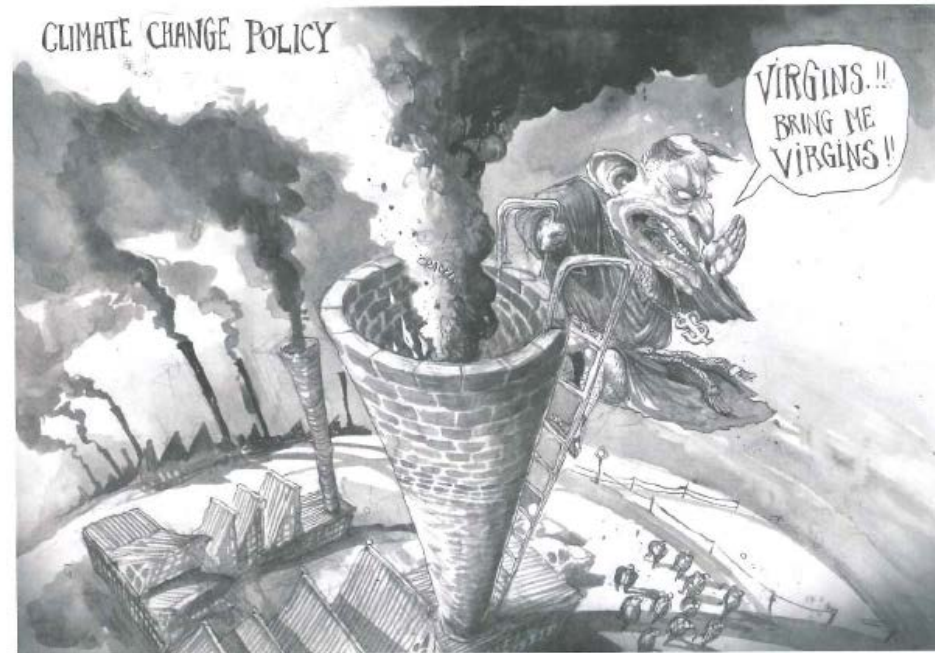
Source: U.S. Census Bureau



Grand Challenge #4 – Global Degradation



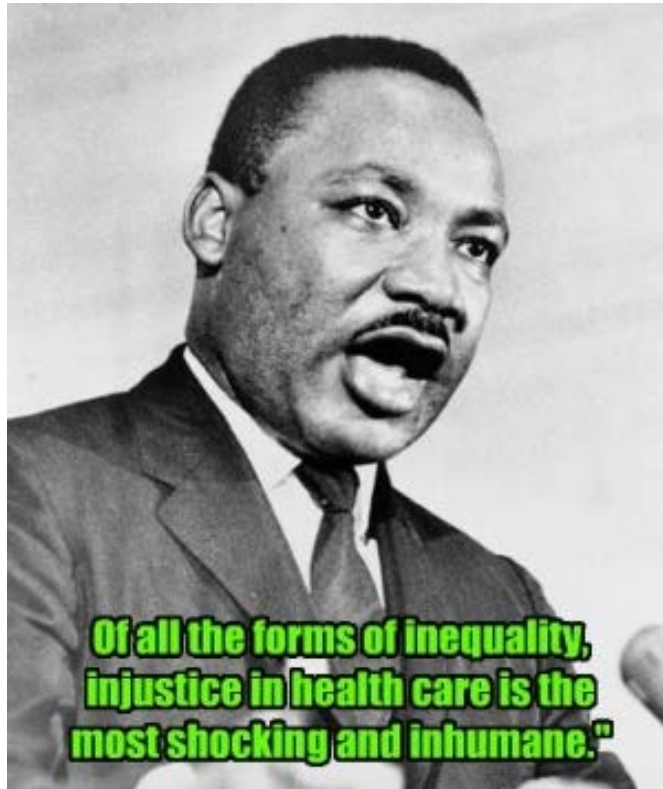
Reg Lynch, *The Sun-Herald*, 2011



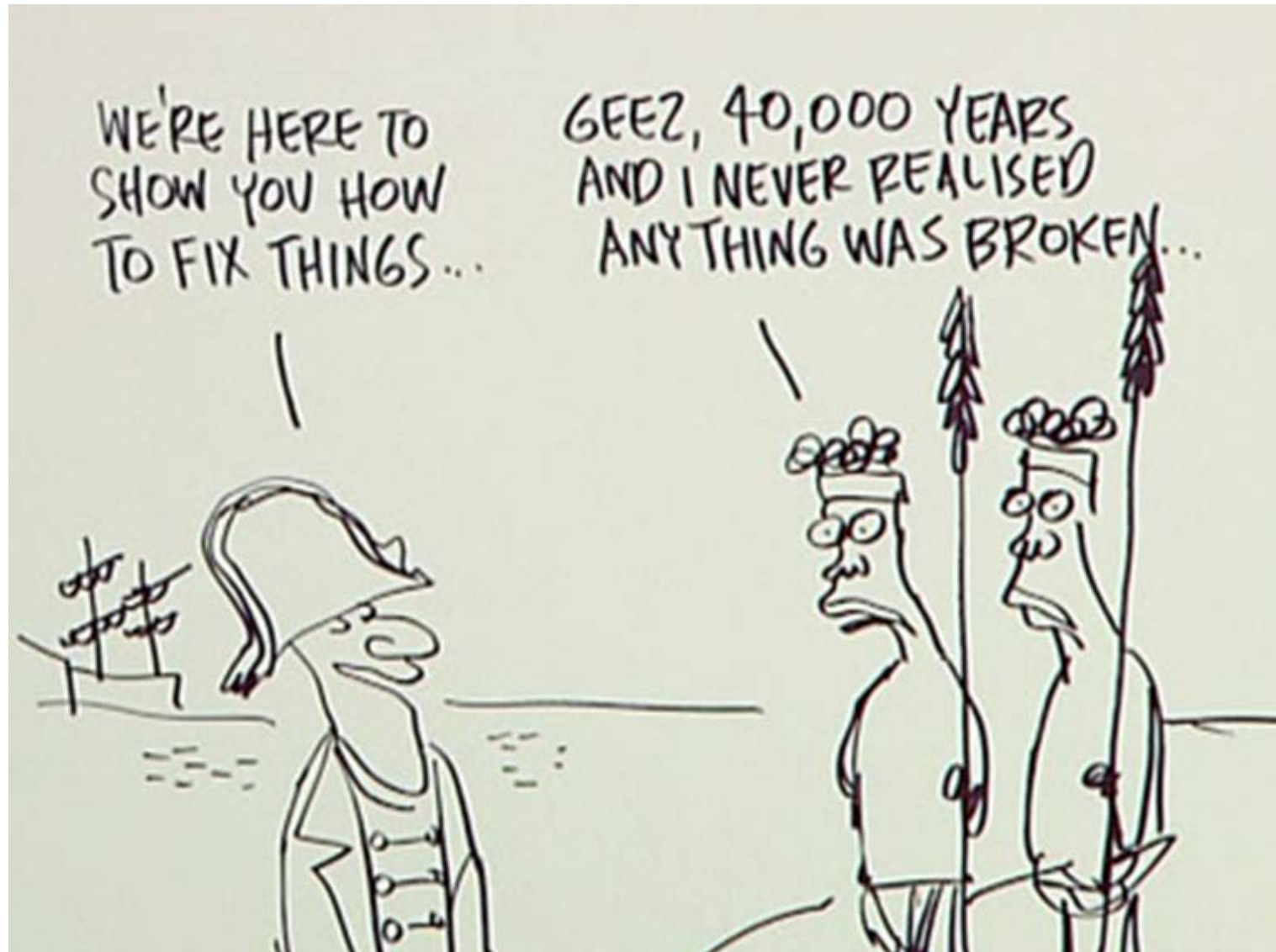
David Rowe, *Australian Financial Review*, 2011

Grand Challenge #5

Building Better Health Care Systems



What if Aboriginal people ruled?



Fire Storms v Fire Management?



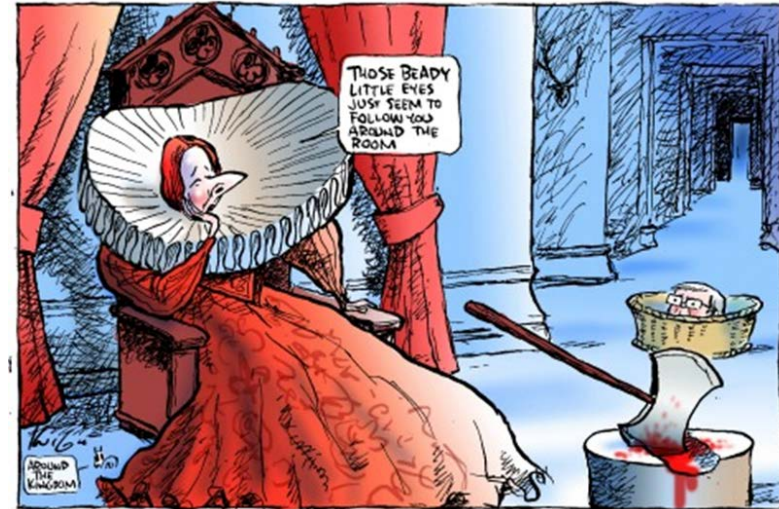
Working together
Emma Bamblett
Wemba Wemba



Consumption v Sustainability



Politics of Power v Collective Wisdom



ABORIGINAL SELF GOVERNMENT



"Today we talk about tomorrow"

All Aboriginal people in the Northern Territory are invited to come and talk about:

- Constitutional change
- Reconciliation and treaties
- Mabo rights
- Aboriginal Self Government

NT ABORIGINAL CONSTITUTIONAL CONVENTION
on Warumungu land at the
TENNANT CREEK SHOWGROUNDS 23-27 AUGUST 1993

Organised by the NT Land Council, NT Aboriginal Legal Services and NT ATIC Commission, New South Wales and Papua Government Associations.
Maboiki Cultural Centre, Alice Springs, Ph: (089) 51 9113 Fax: (089) 51 8764





Partnerships
Connectedness
Equivalence
Leave no one behind
Respect
Two ways of knowing

True leaders
don't create
followers...
they create
more leaders!

J. SAKIYA SANDIFER

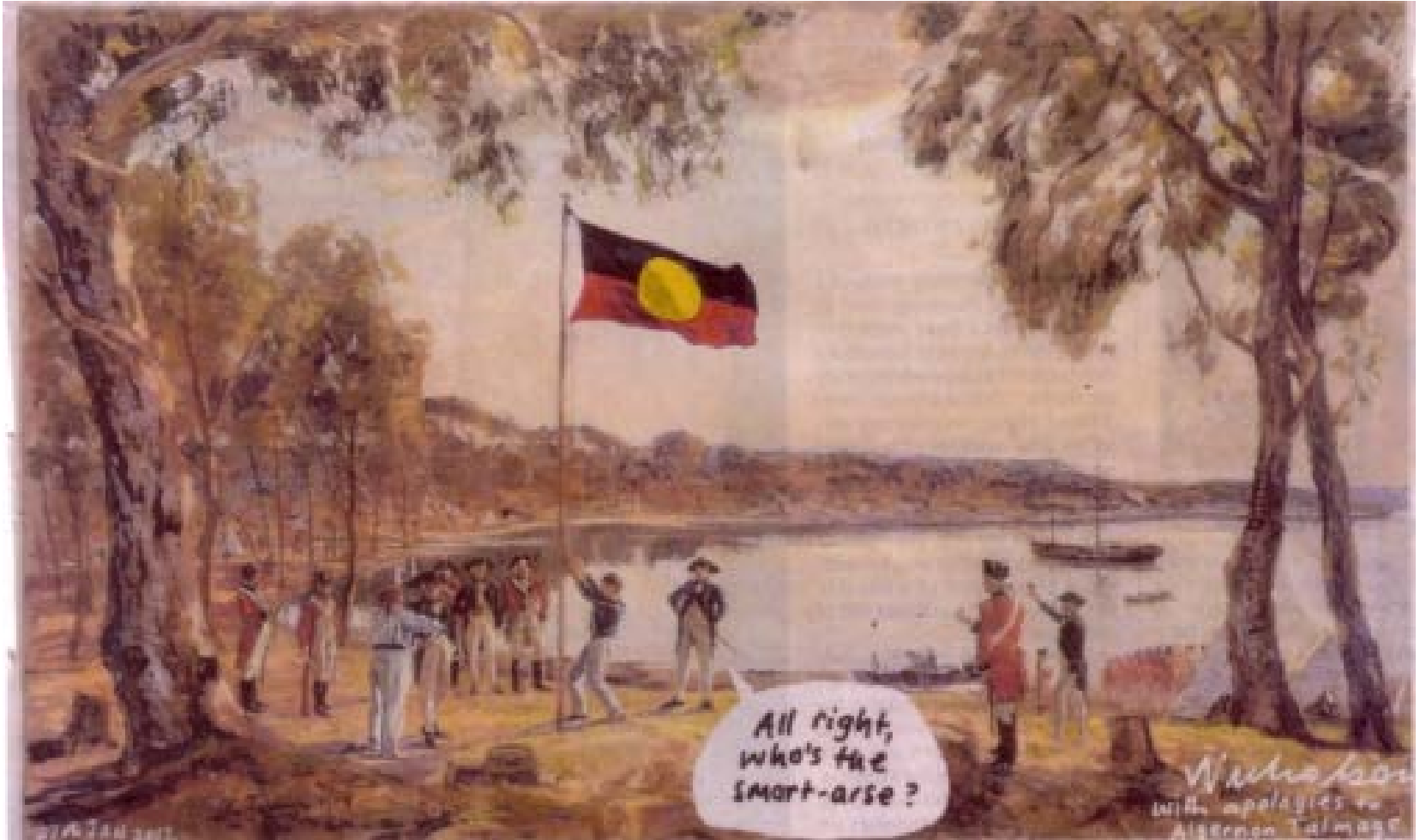


What Would Proper Care Look Like?

- Beyond words— felt rather than articulated
- Family – holism – totality of context
- Respect – connection
- Relational
- Worth, valued, belonging, visibility
- Gentleness – ‘a way about them’
- Time/flexibility
- Communication/Explanation
- Proactive > reactive
- ‘Leave no one behind’
- ‘Humanness’ – our impulse



CAN INDIGENOUS PEOPLE SAVE THE WORLD?



Yes, but only if you let US!!.