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

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

[Bar charts showing age distribution of deaths for Indigenous and non-Indigenous Australians, by age and gender.]

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.

Source: AIHW 2014
Contributors to the L/E Gap


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

Zhao and Dempsey, MJA 2006
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

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Data source: Cause of Death Unit Record File for South Australia provided by the Australian Coordinating Registry (unpublished) extracted for the Landscape Project 22 June 2015.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

<table>
<thead>
<tr>
<th></th>
<th>All Cause</th>
<th>CVD</th>
<th>Cancer</th>
<th>Injury</th>
<th>Diabetes</th>
<th>Respiratory</th>
<th>Nervous system</th>
<th>Liver Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess</td>
<td>69.86</td>
<td>21.00</td>
<td>0.75</td>
<td>12.7</td>
<td>3.20</td>
<td>9.47</td>
<td>1.58</td>
<td>8.20</td>
</tr>
</tbody>
</table>
"What scientists hold stock in, is only what they can measure. But you can’t measure the mind or spirit. You can’t weigh it, you can’t deconstruct it. But only if we do will they see that Aboriginal people are spectators to the death of their culture, their lives....

We watch as our culture dies.
How are you going to measure that?"
### Clinical and social correlates of prevalent CVD

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

§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

better cardiac care
for Aboriginal & Torres Strait Islander People

2014

ESSENCE
Essential Service Standards for Equitable National Cardiovascular Care
for Aboriginal and Torres Strait Islander people
ESSENCE Standards
Updated October 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

Continuum of Risk and Disease

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

Overarching CVD

Coronary Heart Disease

Chronic Heart Failure

Stroke

Rheumatic Heart Disease

Hypertension

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 Systems and Processes of Care
KNOWLEDGE TRANSLATION
maximising impact on policy and practice

South Australian Aboriginal Diabetes Strategy 2017 – 2021

Prepared for:
The South Australian Department for Health and Wellbeing
Prepared by:
Warrakinyka Aboriginal Corporation, Yanea Saha
Feb 2017 to June 2018

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

Growth in staff numbers Wardliparingga 2012-16

Staff- Roles by Indigenous Status

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

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Share</th>
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<tbody>
<tr>
<td>Lowest fifth</td>
<td>3.2%</td>
</tr>
<tr>
<td>Second fifth</td>
<td>8.3%</td>
</tr>
<tr>
<td>Third fifth</td>
<td>14.4%</td>
</tr>
<tr>
<td>Fourth fifth</td>
<td>23%</td>
</tr>
<tr>
<td>Highest fifth</td>
<td>51%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau
Grand Challenge #5
Building Better Health Care Systems

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

Get well soon because your chronic debilitating illness is boring and becoming a major inconvenience for me.
What if Aboriginal people ruled?

We're here to show you how to fix things...

Geez, 40,000 years and I never realised anything was broken...
Fire Storms v Fire Management?

Working together
Emma Bamblett
Wemba Wemba
Consumption v Sustainability
Politics of Power v Collective Wisdom
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!!.