

AH&MRC Chronic Disease Conference 2014

Changing Landscapes – Opportunities and Challenges

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Overview

- ❑ 'the Gap' – health outcome disparities
- ❑ The reviews – rational fiscal advice; irrational policy interpretations
- ❑ Challenges
- ❑ Opportunities
- ❑ Good thing we're smarter



Historical legacy....



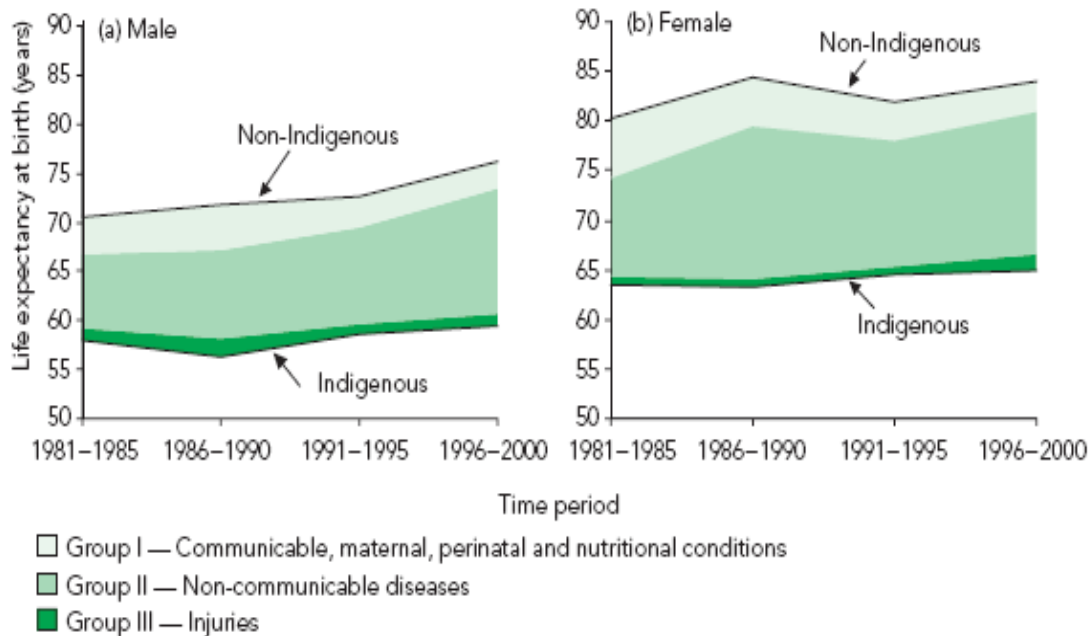
- ❑ Contemporary and intergenerational impacts of historical policy, legislation
- ❑ Unresolved trauma, loss, grief
- ❑ Segregation, protection, assimilation policies

"We have the power under the act to take any child from its mother at any stage of its life...Are we going to have a population of one million blacks in the Commonwealth or are we going to merge them into our white community and eventually forget that there were ever any Aborigines in Australia?"

A O Neville, Chief Protector of Aborigines

Contributors to the 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

Grp I - 15–16%

CVD – 33%

GUT – 9%

DM – 9%

Chronic Resp - 9%

Injury – 8%

16.7 years 1996–2000

19.0 years 1996–2000

Zhao and Dempsey, MJA 2006

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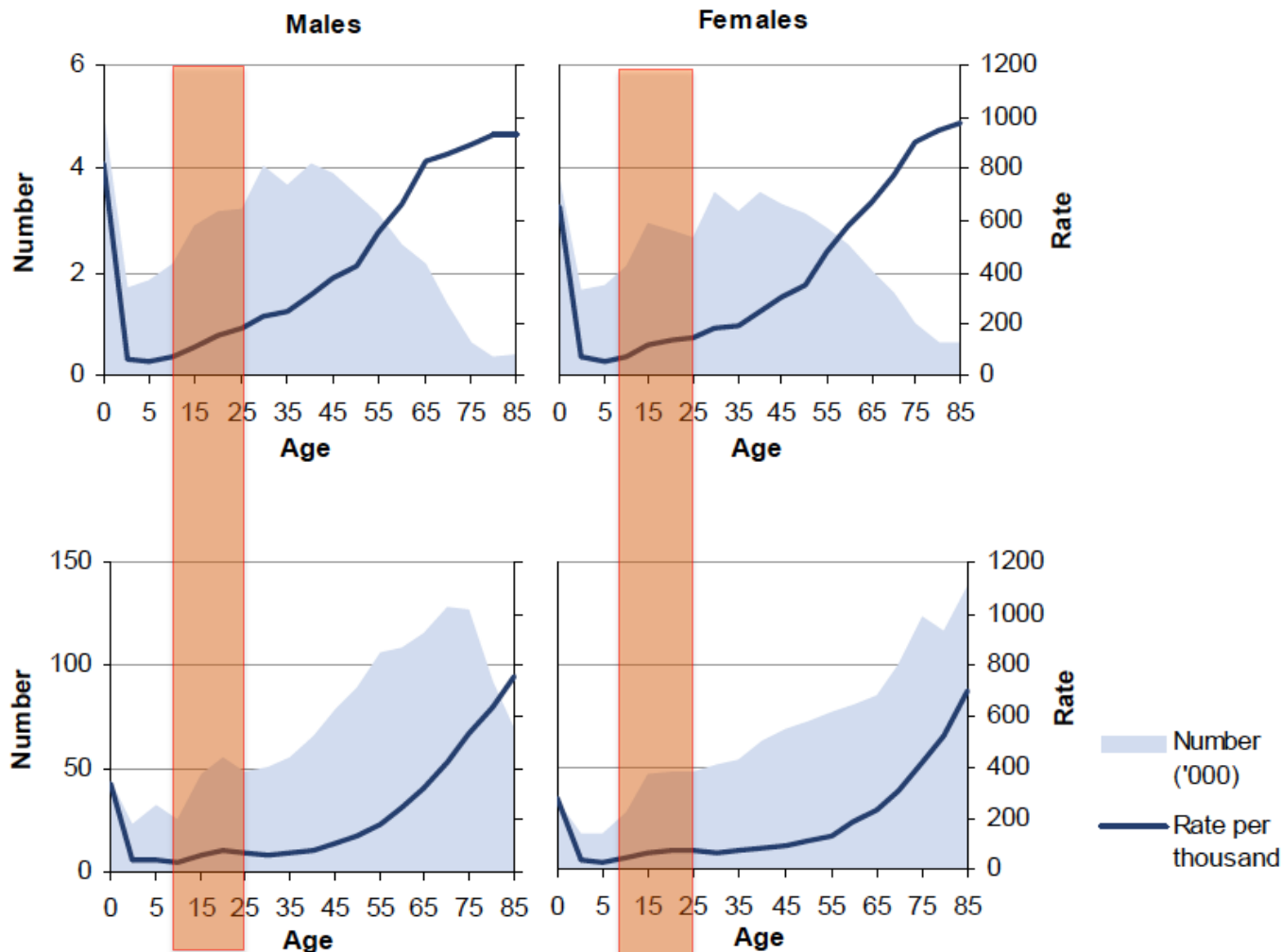
Burden of Disease

Indigenous
Australians

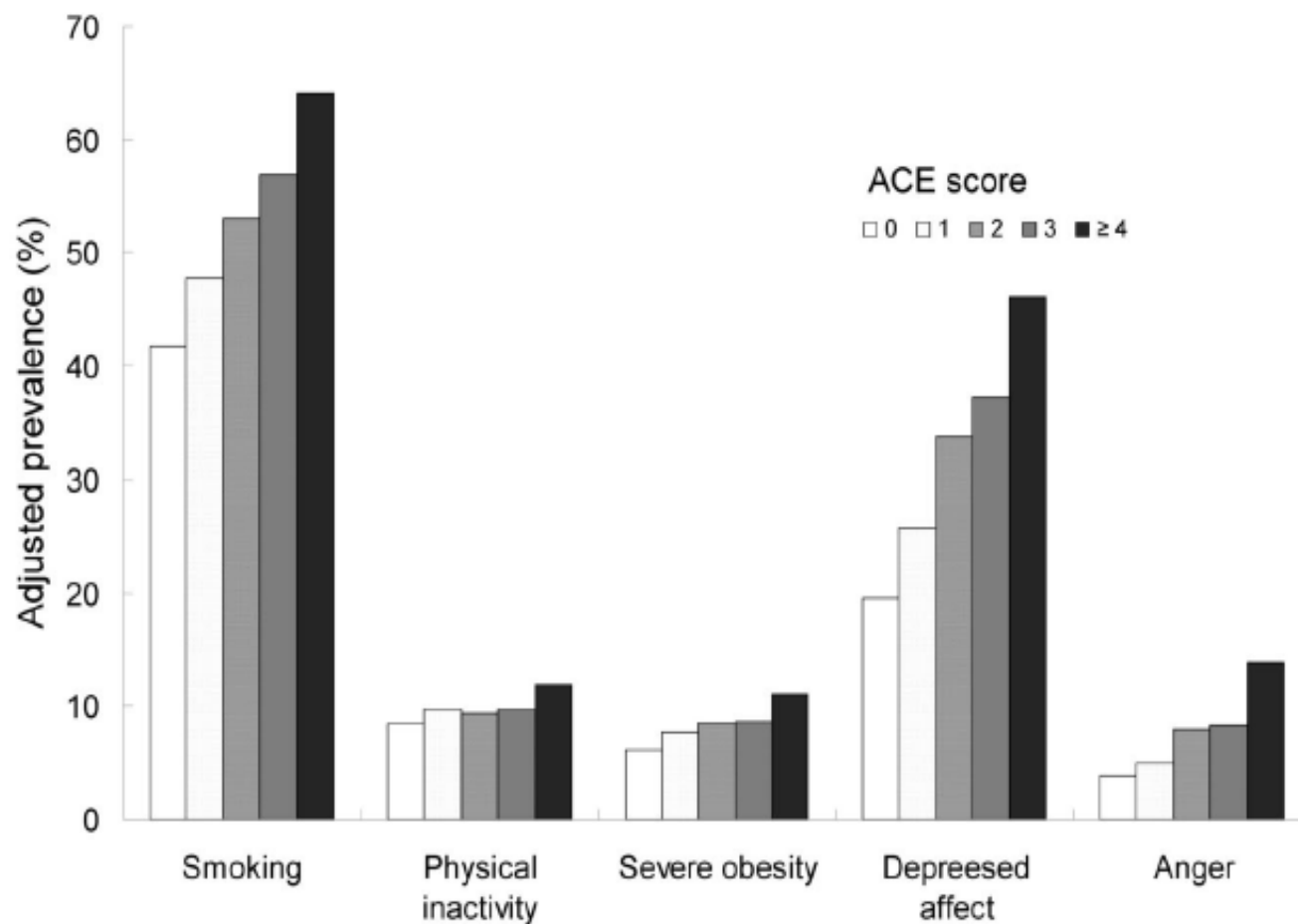
Australia



Aboriginal



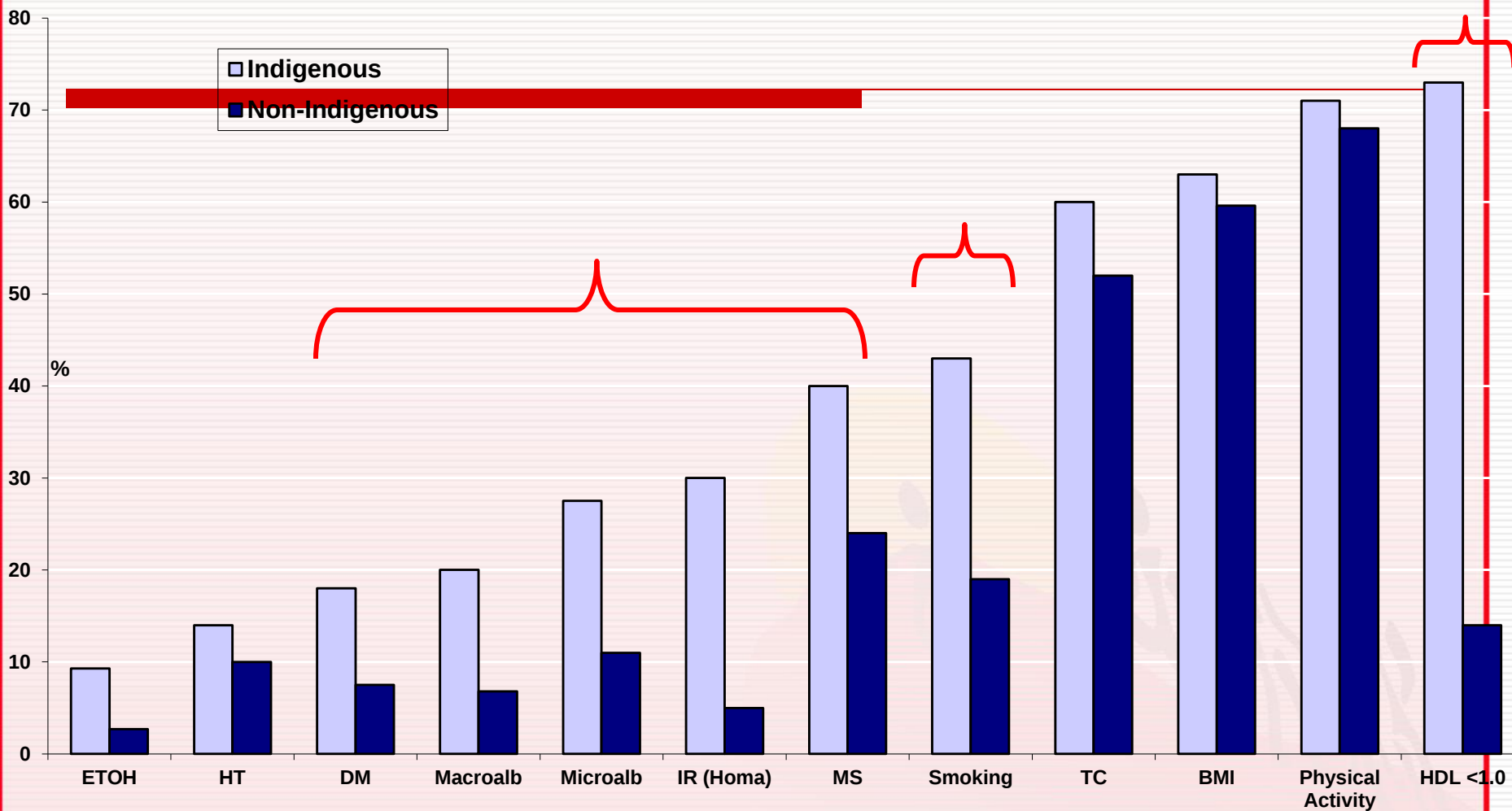
ADVERSE CHILDHOOD EXPERIENCES AND RISK



DETERMINANTS OF OBESITY AND METABOLIC SYNDROME

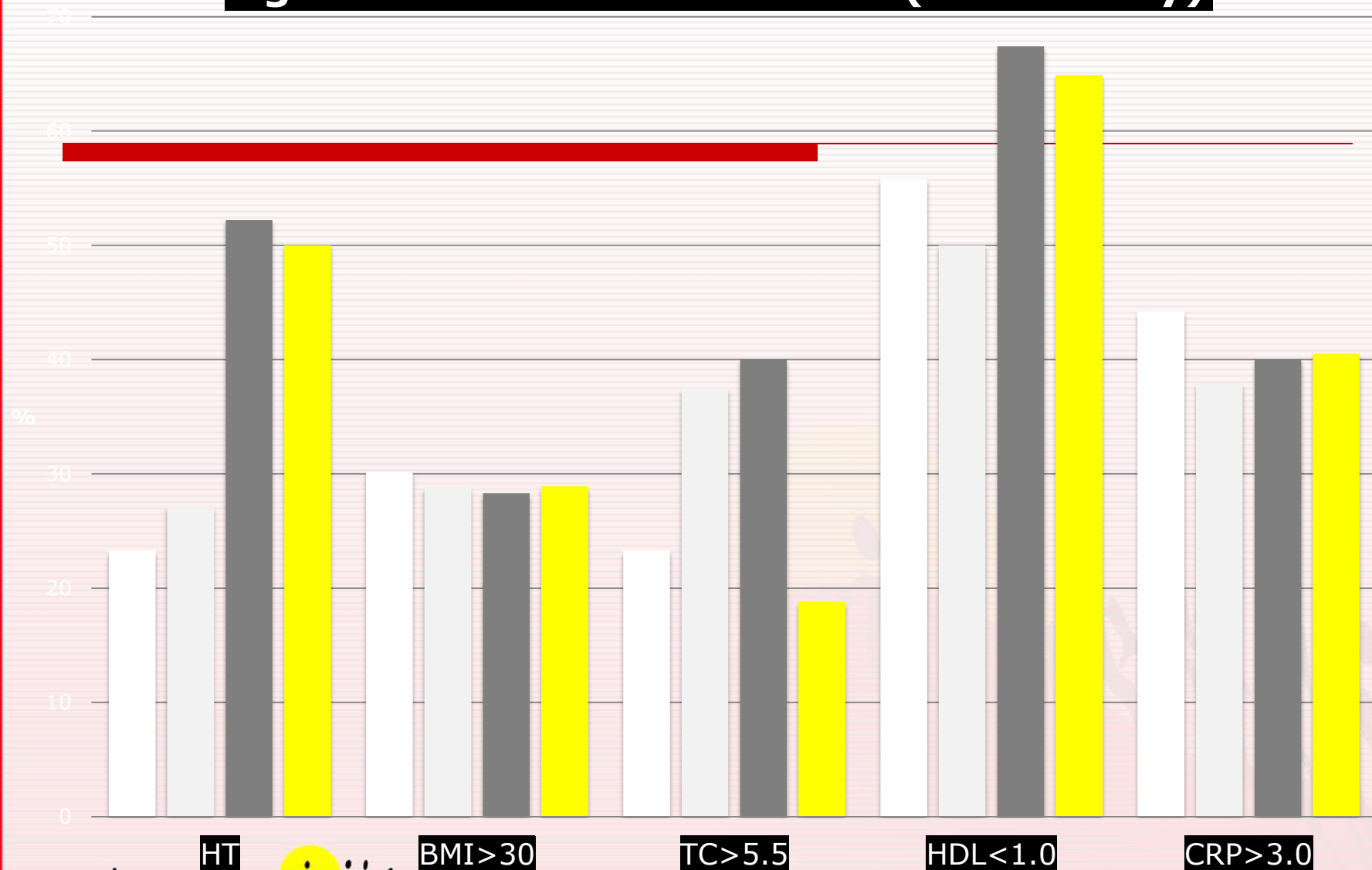
- ❑ Central Adiposity > high BMI (at any BMI higher CA)
- ❑ Metabolic conditions and risk of CVD exist in lean Aboriginal and Torres Strait Islander youth (>50%)
- ❑ Important but not only determinant of MS
 - Low Birth Weight
 - Childhood deprivation/poverty
 - Psychosocial Stressors /abuse
 - Maternal Diabetes
 - Foetal Deprivation ['programming' – resource mismatch]
 - Failure to Thrive – rapid catch-up growth
 - Epigenetic [gene-environment interactions and trans-generational transmission]

CVD Risk Factors - Australia

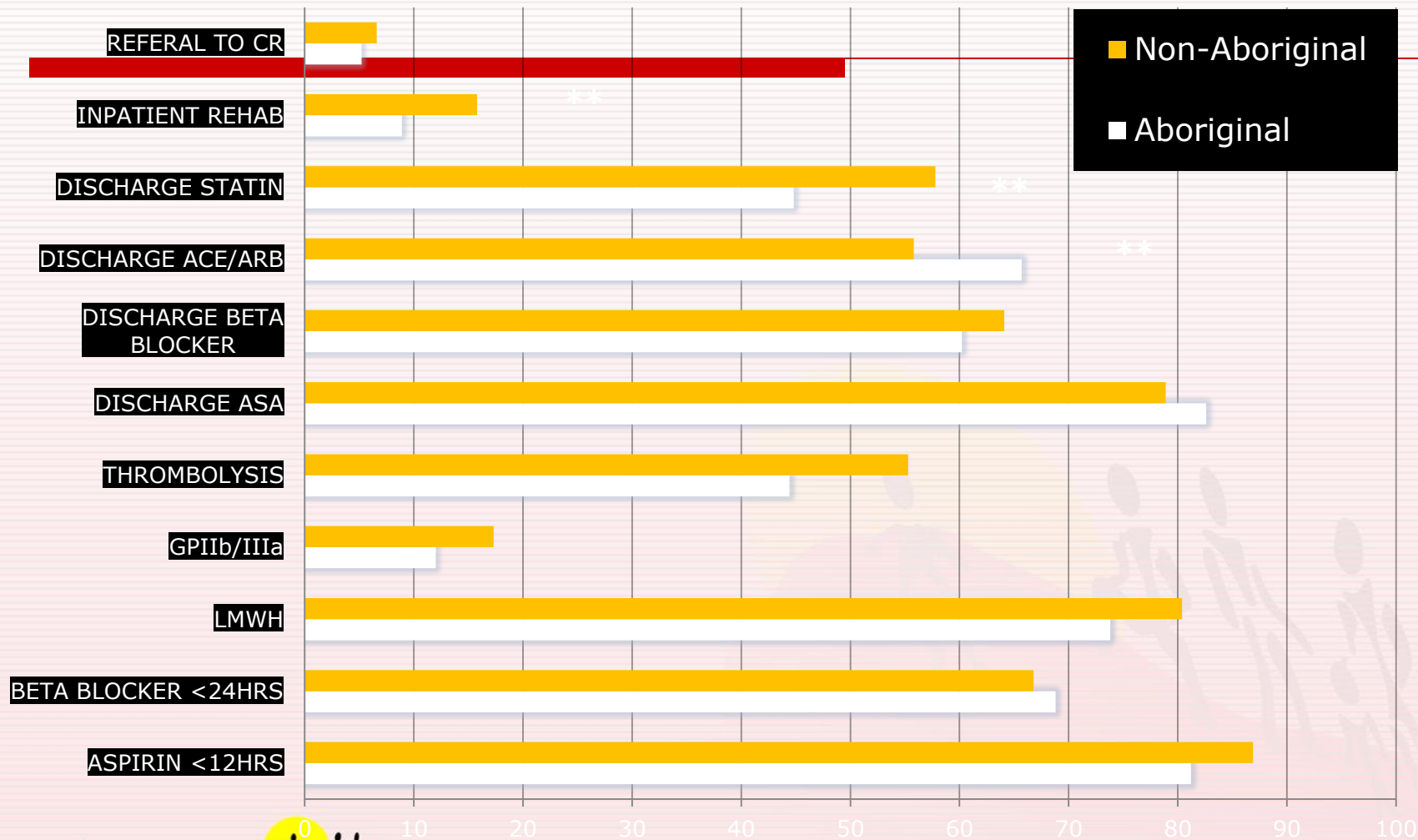


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Age-related CVD risk factors (MHM Study)



DIFFERENTIAL TREATMENT, ACS AND OUTCOMES



Pieces of the Puzzle



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Prepared by the Close the Gap Campaign Steering Committee



Reviews etc

- ❑ Productivity Commission
- ❑ Commission of Audit
- ❑ Funding streams and themes (Scullion)
- ❑ Reducing reporting red tape
- ❑ Thinning out bureaucracy
- ❑ MLAs and superclinics
- ❑ 12 month funding agreements
- ❑ Budget – belt tightening and extravagance

Priorities

- ❑ Chronic disease – excess morbidity and mortality, significant proportion preventable
- ❑ Cardiovascular, cerebrovascular, diabetes, renal disease
- ❑ Mental health
- ❑ Social determinants of health – education, SES, environmental infrastructure
- ❑ CULTURAL DETERMINANTS OF HEALTH
- ❑ Population and public health strategies – primary, secondary, tertiary prevention
- ❑ Addressing priorities and negotiating the research agenda - resourcing for current disparities or potential future benefits
- ❑ Personalised medicine vs population health





*Aboriginal Community Controlled Health
Organisations'*

Healthy for life

Report Card



Aboriginal health in Aboriginal hands



Investing in *Healthy Futures* for generational change

**NACCHO 10 Point Plan
2013-2030**



Aboriginal health in Aboriginal hands



10 *Healthy Futures 2013-2030* Point Plan

Guided by

Aboriginal
Community
Controlled
Health
Organisations



Culture



Self
Determination



Health Equity

Affiliates

NACCHO

Australian, State & Territory Governments

By investing in

1 Aboriginal Community Controlled Health Sector

To deliver

2 Innovative Comprehensive Primary Health Care

Driven by

3 Aboriginal
Health Leadership

4 Partnership

5 Health
System Reform

Underpinned by

6 Health
Financing

7 Health
Workforce

8 Health
Infrastructure

9 Research
and Data

10 Accountability, Reporting, Monitoring, and Evaluation

We will achieve

A Healthy Future for Generational Change





A Blueprint for Aboriginal *Male Healthy Futures* for generational change

NACCHO 10 Point plan
2013-2030



Aboriginal health in Aboriginal hands



NACCHO

Aboriginal Male Healthy Futures

Blueprint 2013-2030

Guided by

Aboriginal
Masculinity
Social and Cultural
determinants



Respect for

Laws
Elders
Culture
Traditions



Responsibility

Leaders
Males
Teachers
Holders of Lore
Providers
Warriors
Protectors of
our Family
Women
Old People
Children



Aboriginal Community
Controlled Health

Affiliates

NACCHO

Australian, State & Territory Governments

By investing in

1

Aboriginal Male Health

To deliver

2

Innovative gender based Comprehensive Primary
health care for Aboriginal Males

Driven by

3

Health

4

Mental
Health SEWB

5

Social
Determinants

Underpinned by the need to improve

6

Access

7

Male
Workforce

8

Integration

9

Research
Data

10

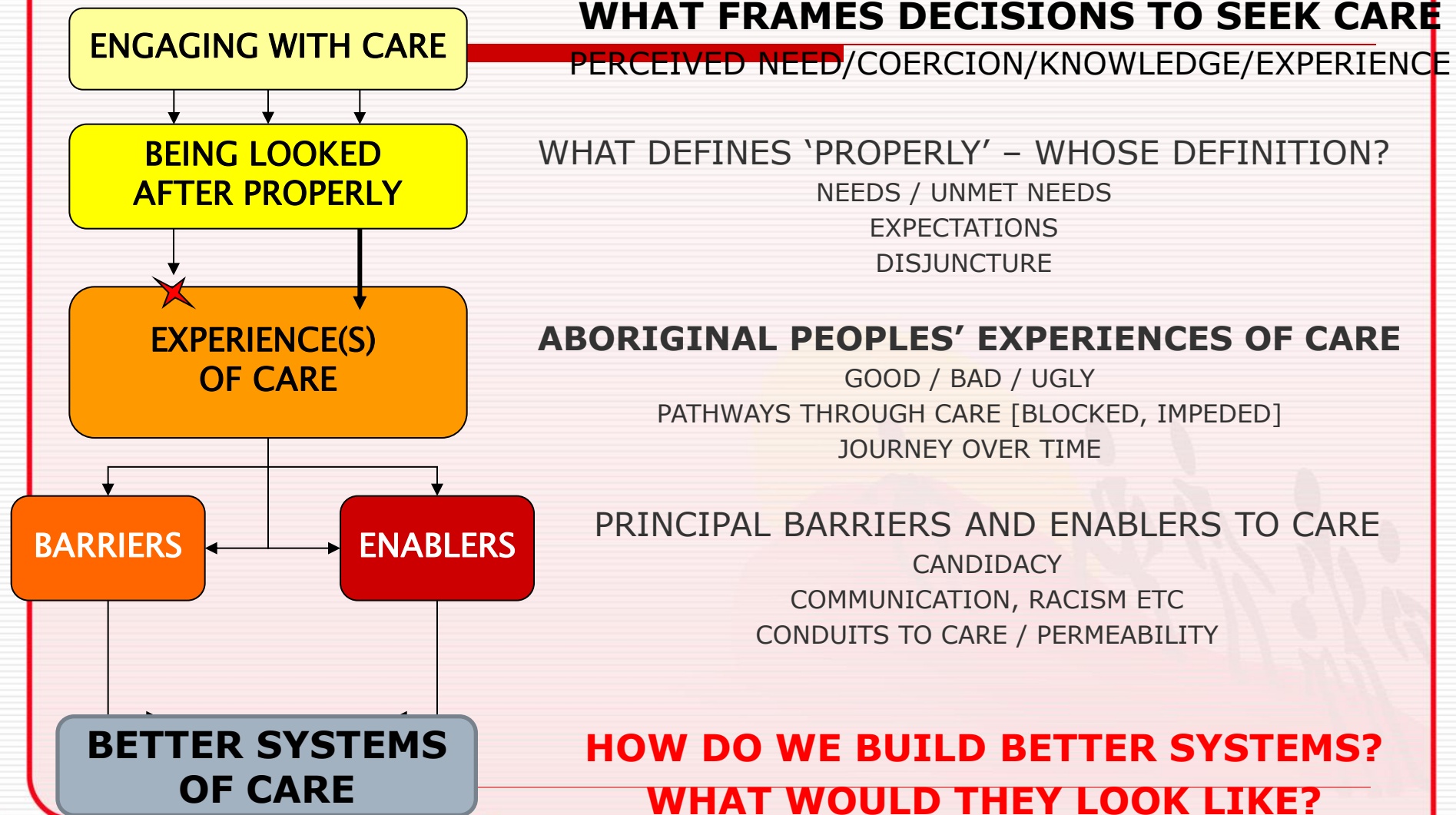
Accountability, Reporting, Monitoring, and Evaluation

We will achieve

Aboriginal Male Healthy Futures for Generational Change

Cultural Determinants	Human Rights	Domain
Self Determination	UDHR; UNDRIP	HR, law and justice, social inclusion
Freedom from discrimination	ICERD; ICESCR	Politics, service delivery, social policy, law and justice
Individual and Collective Rights	UNDRIP; ICCPR	Law and justice, employment, economics, social policy
Freedom from assimilation and destruction of culture	ILO Convention (No. 169) on Indigenous and Tribal Peoples; ICCPR	Law and justice, service delivery, social policy, politics, education
Protection from removal/relocation	CRC; ICERD; UNDRIP	Law and justice, service delivery
Connection to, custodianship and utilisation of country and traditional lands	ILO Convention; ICESCR; Convention on Biological Diversity	Native Title and land rights, environment
Reclamation, revitalisation, preservation and promotion of language and cultural practices	CRC; ICESCR	Education, employment
Protection and promotion of TK, IIP	ILO Convention; UD Bioethics and Human Rights	Law and justice, ethics
Understanding of lore, law, traditional roles and values	UNDRIP	Education

Patient Journey conceptual model



Aboriginal and Torres Strait Islander leadership

- ❑ Reform agenda - e.g. COAG, HHRC, super-clinics, community hospital boards
- ❑ Principles of participation, integration, community control, whole of life/health/wellbeing
- ❑ Best practice, comprehensive primary care – multidisciplinary, team based, co-located, priority driven
- ❑ Increasing capacity and participation across primary/secondary/tertiary management
- ❑ Professional organisations, peak bodies



PREVENTION AGENDA

- ☐ MATERNAL ENVIRONMENT
- ☐ MANAGING DM
- ☐ CHILDHOOD DISADVANTAGE
- ☐ SMOKING AGENDA
- ☐ FAMILY INTERVENTIONS AROUND ACUTE EVENTS
- ☐ NURSE PRACTITIONERS
- ☐ DELIVER WHAT WE ALREADY KNOW



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Cross-portfolio approaches

- ❑ Education – national curricular reform; inclusive, respectful, truthful
- ❑ Health – mixed business models and income streams, core business/universal platform and complementary programs
- ❑ Economic independence – pathways into employment, careers, financial security
- ❑ Community safety – child safety, law and justice, acknowledging positive Aboriginal practices, empowering communities

Developing a conceptual framework

Domains	Principles	Actions
Cultural	Privileging Aboriginal knowledge, child rearing practices, social roles and responsibilities Foundation for strength based approach	Cultural immersion initiatives Aboriginal and Torres Strait Islander workforce, leadership in sector Culturally competent CP practitioners Parenting programs
Politics	The protection of children from sexual abuse is a non-negotiable social priority	Bipartisan commitment
Policy and Practice	Best Interests of the Child	Children in all policies approach Impact Assessments translation from research/exemplars to evidence based best practice
Justice and law	Responsive regulation Rationalise legislation – Cth standards, jurisdictional interpretation	Increasing intensity of interventions – broad social protections; powers of departments, services; assessment; removal of perpetrators; placement of children; incarceration
Capacity and capabilities	Improved social and professional understanding of child protection issues Empower communities toward zero tolerance for child sexual abuse Focus on modifiable risk factors Minimising stigma	Broad social education; targeted issues literacy; open social discourse; empower children and adolescents; accessible services; workforce training and specialisation (multi, interdisciplinary)

