Please note:

1. If using this document as a soft copy, items with links can be clicked on for full-text access.

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March 20th 2014 is Close the Gap day. General Practitioners and the teams in which we work are at the forefront of the work to improve the health of Aboriginal and Torres Strait Islander people. This work needs to be backed up by good information and good evidence. We hope this document is useful in highlighting some of the evidence that can improve the work of GPs in this area. Access to all the articles is available through the RACGP library, though you may need a log in. Contact the library or the National Faculty of Aboriginal and Torres Strait Islander Health if you would like further reading.

The statistics

The Indigenous Health InfoNet is the best one-stop website for information and publications relating to Aboriginal and Torres Strait Islander health. This document is a succinct summary of the statistics across all the areas of Indigenous health. It provides information about Aboriginal and Torres Strait Islander populations; the context of Indigenous health; various measures of population health status; selected health conditions; and health risk and protective factors.


The following two papers report the health status in a slightly different format. Vos et al show the spread of the gap in Indigenous people living in urban or remote areas, and the contribution of different lifestyle factors to the gap.


The analysis by Zhao, shows that socio-economic status explains a large part of the health gap.

Causes

The following three articles confirm the effect that poverty has on Aboriginal and Torres Strait Islander health. Zhao et al show that poverty explains a large number of hospital admissions for Aboriginal people in the Northern Territory. Cunningham et al show a similar finding for poverty being related to diabetes.


Shepherd at al demonstrate similar findings, though the evidence across the board is less robust, and there are likely to be additional other explanations, relating to historical and current exclusion


The following two studies show the link between racism (experienced by 93% of Aboriginal people in the Ziersch paper) and poor health.


Ziersch AM, Gallaher G, Baum F, Bentley M. Responding to racism: Insights on how racism can damage health from an urban study of Australian Aboriginal people. Social Science & Medicine. 2011 Oct;73(7):1045-1053. Available from the Library on request, please email library@racgp.org.au

Interestingly, as doctors, we often reach for genetic explanations for health differences, this BMJ paper shows that genetics explains almost none of the health differences seen in different populations

Policy

As GPs and primary health care professionals, we work in the context of different government policies. The current policies under the Closing the Gap umbrella have been very influenced by the Close the Gap campaign, the RACGP being a member of the steering committee. This campaign came about as a result of the following document, which was responsible for a change in policy to thinking about health as a human right.

Achieving Aboriginal and Torres Strait Islander health equality within a generation - A human rights based approach From the 2005 Social Justice Report, produced by the Australian Human Rights Commission.

The government published its Closing the Gap Report and the Close the Gap campaign published its Progress and Priorities report. These set out the progress so far and make recommendations for future policy direction

Closing the Gap Prime Minister’s Report 2014

Close the Gap - Progress and priorities report 2014

The following two articles, one by a GP working in the Northern Territory, and one by a prominent public health physician who has worked for the WHO and UK government both write viewpoints with similar conclusions – that we must work on the social causes that contribute to the poor health of Aboriginal and Torres Strait Islander people.


In Practice

We are used to reading about descriptions of Aboriginal and Torres Strait Islander health but there have been some good articles demonstrating simple changes in our practices that we can all make to improve the health of Aboriginal and Torres Strait Islander people.

These two articles describe some of the interventions carried out in non-Aboriginal medical services. The first is in private general practice, and the second is in a state health service.


**Crucial to improving the way we work with Aboriginal and Torres Strait Islander people, is knowing who our Aboriginal and Torres Strait Islander people are. These articles describe the attitudes of patients (Scotney et al) and doctors (Kehoe & Lovett). (You can see the RACGP Position paper here: [http://www.racgp.org.au/yourracgp/faculties/aboriginal/guides/identification/](http://www.racgp.org.au/yourracgp/faculties/aboriginal/guides/identification/))**


There are some very interesting studies telling us about the experience of Aboriginal and Torres Strait Islander people accessing health services.

The papers by Durey et al and Peiris et al are well worth a read for their quotations from Indigenous people using health services. The descriptions of people's adverse experiences are eye-opening, and the solutions described by Aboriginal and Torres Strait Islander people themselves will make us think about our own services.


Stating that cultural competence is required to improve care in Aboriginal and Torres Strait Islander seems obvious. This paper strengthens the evidence behind that statement.

There is some debate about what should be included in education about culture, and the consensus is that it needs to move beyond a focus on medical conditions, or a focus purely on teaching “the other” culture. It must include learning about our own cultures, and tackling racism head on. These are two of the best articles in this area.


Some of the research contributes to this by asking non-indigenous people about their attitudes. For example, Durey et al interviewed non-Indigenous health care practitioners in WA, and describe unconscious attitudes which prevent effective care for Aboriginal and Torres Strait Islander people.


Other research describes the mismatch in assumptions about cultural barriers. Aboriginal and non-Aboriginal people in Mount Isa have different ideas about how to overcome barriers. Non-Indigenous people concentrated on the policies and procedures and posters and pamphlets. While these were important to Aboriginal people, they were meaningless if they weren’t accompanied by a therapeutic professional relationship with staff in the service. As GPs, this is something that we are all able to aim for, however.


Finally, for a more comprehensive summary of the evidence about effective interventions, read this.


Guideline sources
The RACGP and NACCHO have developed the National Guide to a Preventive Assessment in Aboriginal and Torres Strait Islander Peoples.

This is the evidence based guideline giving specific clinical recommendations on the preventative health interventions which are effective in Aboriginal and Torres Strait Islander people. Available at http://www.racgp.org.au/yourracgp/faculties/aboriginal/guides/national-guide/

ClinicalInfoNet

This is a web portal funded by the Department of Health and run by the Indigenous HealthInfoNet. It links through to clinical guidelines and patient information for Aboriginal and Torres Strait Islander people in priority clinical areas. Available at http://www.clinicalinfonet.net.au/Pages/default.aspx