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Aboriginal and Torres Strait Islander health

General practice embraces its significant role to close the gap

Like the featured authors, we have spent most of our working lives in remote, mostly Aboriginal communities. A common theme in these papers is the need to link clinical practice, prevention and appropriate policy to improve health outcomes. We need to consider our patients and their wider social context.

How can we as GPs and primary care practitioners contribute to improving health outcomes for Aboriginal and Torres Strait Islander peoples? We suggest five initial considerations: know and engage with your community, maximise access, know your epidemiology, have effective chronic disease systems and advocate for your patients.

The Focus authors in this issue remind us that community context and community engagement are critical factors. Hunter¹ underscores the importance of local knowledge and cultural respect. Clarke and Boyle emphasise strong family networks – the social capital of Aboriginal and Torres Strait Islander communities.² They also remind us that whilst the proportion of Australian and Torres Strait Islander peoples in the population increases with remoteness, most live in cities. Community-controlled health services have proliferated, but many Aboriginal and Torres Strait Islander people seek care from mainstream GPs.

For urban GPs, it may be difficult to recognise patients who identify as Aboriginal or Torres Strait Islander peoples or they may not be familiar with the local community. Hayman³ draws on his success in improving access with practical tips: employ Aboriginal or Torres Strait Islander staff; pay attention to the waiting room (eg. hang an Aboriginal and Torres Strait Islander poster or artwork); provide cultural awareness training for staff; and disseminate information to the local community, especially through links with existing Aboriginal and Torres Strait Islander organisations. These organisational partnerships are important for improving care and access through culturally safe practice and improving continuity of care.⁴ These include networks of GPs with an interest in Aboriginal and Torres Strait

Islander health, and registrar training in Aboriginal and Torres Strait Islander health.⁵ The authors describe a mainstream model that improved access for Aboriginal and Torres Strait Islander patients at no additional cost through strong links with the local Elders Council, a dedicated clinical session and organised transport.

Direct community participation in primary care has a positive impact on responsiveness and health outcomes.⁶ Mechanisms of participation range from community control through to Critical Friends groups – advisory groups made up of staff and patients who work together to improve practice quality.⁷

An understanding of the distribution and prevalence of disease is important in order to maintain a high index of suspicion for some otherwise rare diseases, such as acute rheumatic fever and rheumatic heart disease.

The prevalence of chronic disease is very high in Aboriginal and Torres Strait Islander populations. This is the largest contribution to the gap in burden of disease and mortality between Aboriginal and Torres Strait Islander populations and other populations.⁸ The Northern Territory is the only jurisdiction that is on track to close the gap in mortality between Aboriginal and Torres Strait Islander and other populations in a generation.⁹ One of the contributing factors to this improvement is very likely to be the early adoption of an effective chronic disease management system, which has probably slowed the growth of this epidemic.¹⁰ Mainstream services may learn from some of these successes. We need to ensure that we have effective chronic disease management systems in our practices.

Lastly, we need good clinical skills and public health knowledge to understand why we see the diseases we do. We need to advocate for individual patients and at a population level. Whilst Hunter¹ reminds us that if 'we really want to change the world we may have to begin in more modest but practical ways', he has also been a strong advocate through the popular press with his eloquent accounts of Aboriginal and Torres Strait Islander issues. The high prevalence of skin,¹¹ ear, eye and lung infections will be difficult to ameliorate without further

attention to environmental causative factors. As respected GPs we can write letters of support, attend meetings, support Aboriginal and Torres Strait Islander organisations and utilise Medicare Locals to ensure Aboriginal and Torres Strait Islander health issues are adequately addressed.

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Competing interests: None.

Provenance and peer review: Commissioned; not peer reviewed.

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