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Aboriginal health in Australia: the health human resources & policy context

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Aboriginal and Torres Strait Islander health is an oft-stated headline health care priority in Australia. This reflects the fact that Aboriginal peoples in Australia have the worst health outcomes and the poorest access to health care of any identifiable population subgroup. The Australian Bureau of Statistics estimates that the expectation of life at birth for Aboriginal Australian males born in 1996-2001 was 59.4 years - 17 years less than the for all males. For Aboriginal women, the figure is 64.8 (also 17 years less).[1] The excess of mortality in middle age is particularly striking.[2] A point of note is that Australia is alone among comparable developed countries having failed to make significant inroads into health inequities for its Indigenous population, when compared to Canada, the United States and New Zealand.[3] Chronic conditions such as diabetes are a major contributor to health inequalities.[4] Underlying health determinants such as over-crowding, poor essential services, underemployment, low educational outcomes and associated issues of alcohol of substance misuse are major issues of concern.[5]

In spite of comprising only 2.4% of the total Australian population of around 20 million, there is actually less spent per-person on health care for Aboriginal peoples across most funding programs. Global health expenditure is only 18% higher (a result of greater hospital-based care, especially in rural and regional areas that have higher costs). Australian federal government healthcare spending is only 86c per head for Aboriginal Australians for every $1 spent on the rest of the population. For the national Medicare and pharmaceutical benefits schemes, the figure is 33c for every $1.[6] Problems accessing these mainstream health-funding sources relate to barriers in accessing general practice (GP) and community pharmacy services.[7] Economic analyses have estimated that the shortfall in expenditure for primary health care is in the order of $400 million per annum, excluding the cost of additional workforce requirements.[8]

Aboriginal peoples are significantly under-represented among the ranks of health professionals in Australia – with the number of Indigenous Australian doctors (at around 90) being less than 10% of what it should be on a population basis. The under-representation extends through nursing, pharmacy, allied health and other health professional areas.[9]

Nonetheless, there are important lessons for health workforce in an environment characterized by high levels of acute and chronic morbidity, under-resourcing and often geographical isolation. Aboriginal community controlled health services (ACCHSs) are a notable example of innovation as a health service delivery model and human health workforce solutions.

The first ACCHS was established at Redfern in 1971, pre-dating the World Health Organization's 'Health for All' commitment to community-based primary health care models. The network has since expanded to over 130 services around the country. While ACCHSs vary in size and location, they are share many commonalities: they are initiated and governed by local Aboriginal communities; they have a multi-professional health workforce profile; and they are active across a broad work-front in prevention, clinical treatment, social support, policy advocacy and community development. A state and national peak bodies represents the interests of the sector with government and other stakeholders.[10]

Workforce models employed by ACCHSs probably anticipate the direction for future development of primary health care more broadly in modern healthcare systems. ACCHSs have been champions of the Aboriginal Health Worker (AHW) profession – a model of community-based Indigenous middle-level provider providing a range of clinical and social services, working with doctors, other professionals and communities. The profile of health workforce in ACCHS is around 3 AHWs for every doctor and nurse, along with a range of other health professionals in smaller numbers that may include dental professionals, allied health workers and mental health professionals.[11]

Aboriginal health workers are registered as health professionals only in the Northern Territory - in spite of commitments by governments to explore statutory support for the profession and policy supporting the central role of the profession.[12,13,14] The prospects of increased clarity of AHW roles and

consistency of training standards has been improved by the establishment of national competency standards and qualifications[15] This followed commitments by Australian governments under the *Aboriginal and Torres Strait Islander National Health Workforce Strategic Framework* to implement standards and qualifications for AHWs that would 'support comprehensive primary health care practice roles at various levels and distinguish these from other vocational streams currently encompassed by the term 'AHW'.[16]

Another feature of the ACCHS model is the organized approach to practice population health care. ACCHSs were early innovators and users of computerized patient information and recall systems in the primary care setting internationally. For instance, the Kimberley Aboriginal Medical Services Council has been applying computerised information and recall systems to organise comprehensive population-based health care since 1987 - initially using *Healthplanner* (Amfac Medrecord)[17] and later, *Project Ferret* (Pen Computers, Pty Ltd, Sydney).[18] These information systems enroll the local or regional patient population and have embedded evidence-based guidelines for care. The system provides providers with preventive healthcare prompts, covering both the well-persons' health check (appropriate to age, gender and regional risks) and any elements of care associated with known health problems (such as diabetes mellitus). Other functions typically include the ability to generate work-lists for specified groups of patients who are overdue care and a capacity to audit and feedback quality of care.

There is much yet to be done in the Australian Aboriginal health setting. In particular, the level of resources being applied by governments is grossly inadequate. Nonetheless, there have been important innovations that have been driven by local Aboriginal communities in developing service models and human health workforce solutions that have a broader application in modern healthcare systems.

Disclaimer

The author presents information based on personal professional experience and scholarship. The views presented do not represent those of Aboriginal communities or their community controlled organisations. For information on the Aboriginal community controlled health services, see the National Aboriginal Community Controlled Health Organisation (NACCHO) website (http://www.naccho.org.au). NACCHO is the peak body representing ACCHSs throughout Australia.

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