



NACCHO

National Aboriginal Community Controlled Health Organisation

Media Release

6 March 2009

PM's speech uses flawed "evidence" on Aboriginal health

Dr Mick Adams, chair of NACCHO, the peak body for Aboriginal community controlled medical services, says "Our medical services are being further marginalised in the government's response to our Close the Gap campaign by the use of flawed data".

Dr Adams said the Prime Minister's claim in his February 26 Close the Gap report card that the strategy to address treatable chronic illness should be targeted "largely through the mainstream health system, because that is where 70 per cent of Indigenous people are treated" is wrong.

"Unfortunately, the seventy percent figure is an urban myth based on one poorly worded survey by Australian Bureau of Statistics (ABS) being used to sideline our services" Dr Adams said.

"The figure is used in preference to an evidence-based approach which indicates our services treat closer to 50 % of the Aboriginal population" Dr Adams said.

The ABS's National Aboriginal and Torres Strait Islander Health Survey asks a small sample 'where do you usually go when you have a health problem?' The one permitted answer is from choices including: an Aboriginal Medical Service, a hospital, a doctor or GP, traditional healer, other, or nothing. Answers are misleading when a patient seeing their regular GP at an Aboriginal Medical Service answers GP rather than the Aboriginal Medical Service.

More robust surveys such as the annual general practice Bettering the Evaluation and Care of Health (BEACH), which surveyed over 950 general practitioners (GPs) in 2007-08 with a sample of 95,300 patient encounters showed only 0.9% of encounters were with Aboriginal and Torres Strait Islander patients.¹ Over a 10 year period, this proportion has not changed, ranging from 0.7 - 1.6%.²

Studies have consistently shown that the vast majority of general practices have few Aboriginal clients and as a whole, private general practice plays a relatively minor role in primary care to Aboriginal peoples. Earlier BEACH studies showed that more than 70% of general practices *do not see a single* Aboriginal client, and the vast majority of those that do see Aboriginal patients have less than 5% of their encounters with them.³

Private general practices have very few encounters with Aboriginal clients and of the 1% or so that reported substantial encounters, these may have been GPs working within Aboriginal Medical Services.

¹ Britt H, Miller GC, Charles J, Henderson J, Bayram C, Harrison C, Valenti L, Fahridin S, Pan Y, O'Halloran J 2008. General practice activity in Australia 2007-08. General practice series no. 22. Cat. no. GEP 22. Canberra: Australian Institute of Health and Welfare.

² Britt H, Miller GC, Charles J, Henderson J, Bayram C, Harrison C, Valenti L, Fahridin S, Pan Y, O'Halloran J 2008. General practice activity in Australia 1998-99 to 2007-08: 10 year data tables. General practice series no. 23. Cat. no. GEP 23. Canberra: Australian Institute of Health and Welfare.

³ Figure 16.1 and Table 16.1 in 2001-02 BEACH data.

In contrast, over the period 2005-06, nearly 250,000 Aboriginal clients attended Aboriginal community controlled medical services. This is around 50% of the total Aboriginal population (Service Activity Reporting Data, DOHA website). Most of the patients attending Aboriginal community controlled medical services are Aboriginal or Torres Strait Islander (comprising 89% of encounters).

Studies also confirm that patients attending Aboriginal Community Controlled Health Services also tend to have more complex disease than those treated within private general practices.

“Given that Aboriginal Community Controlled Health Services provide better outreach services, culturally appropriate care and comprehensive support, they are able to reach needy and under-served Aboriginal patients which is the key intent in closing the gap in Aboriginal disadvantage” says NACCHO CEO Dea Delaney Thiele.

“To close the gap we have to increase the capacity of those services that are capable of reaching Aboriginal peoples. Our services do that. Every inquiry over the last 30 years has confirmed that Aboriginal Community Controlled Health Services are the way to close the gap” Ms Thiele says.

“While not all Aboriginal peoples have access to our services it means all health care providers have important roles to play in breaking the cycle of Aboriginal disadvantage.

“However, to close the gap, the approach should be to support Aboriginal communities towards greater participation in primary health care. The right of Aboriginal peoples to participate in decision-making that affects their health and well-being is the primary principle here. Community control and governance is the ultimate expression of this.

“Our focus is on supporting the family as a whole, and we have strong social support systems that strengthen the community as a whole.”

“This makes us different to general practices, and it’s that difference that can close the gap” Ms Thiele said

NACCHO Media Contacts:

Chairperson Dr Mick Adams 04 0964 6952

CEO Dea Delaney Thiele 04 1704 6692

Media Chris Hallett 04 0770 4788