

## **SOCIAL DETERMINANTS OF HEALTH VITAL TO CLOSING THE GAP SUCCESS**

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IF *Closing the Gap* in health is ever to succeed, focus must shift to building health care relationships and partnerships that optimise care for every Indigenous patient, according to the authors of a Perspective published today by the *Medical Journal of Australia*.

Dr Talila Milroy, Academic Registrar at the University of Western Australia, and Associate Professor Lilon Bandler, Principal Research Fellow at the Leaders in Indigenous Medical Education Network at the University of Melbourne, wrote that the flaw in the *Closing the Gap* health policy was “the assumption that a homogenous approach, unaccompanied by deep, meaningful engagement with Indigenous people, communities, and health care services would be sufficient”.

“In 2020, the incorporation of Indigenous perspectives into health care, and greater control of health-related targets and programs by Indigenous-led organisations promised change, despite risks, including peak Indigenous health care bodies being ‘held responsible for any future policy failings’,” Milroy and Bandler wrote.

“General practice must be the cornerstone for restructuring Indigenous health policy, and this must include reforming Medicare.

“As GPs, we see how health care in Australia fails to adequately serve Aboriginal and Torres Strait Islander Australians. We see the risks associated with the new Closing the Gap policies in community primary health care [including] failing to acknowledge ‘a strong evidence base that suggests ... conditions can be prevented by addressing the socio-economic and environmental factors that make Indigenous peoples more susceptible’.

“The social determinants of health have long been clear, but the model of care expected of Australian GPs does not acknowledge that housing, food security, and protection from the effects of climate change are as important as a referral to a podiatrist when managing someone with diabetes,” Milroy and Bandler wrote.

The authors acknowledged the detrimental impact on Indigenous health of “racialised social structures, internalised racism, and power differentials in health care”.

“We need a Medicare reform which ensures that advocacy for Aboriginal and Torres Strait Islander patients is supported, encouraged, and valued.

“We urge a move from the paternalistic nature of the current *Closing the Gap* initiatives; a move from its emphasis on counting and on individuals and their behaviour; a move to working on health care relationships and partnerships that empower us to get the details of care right for every Indigenous patient,” Milroy and Bandler concluded.

“Social and cultural determinants are fundamental to health care, and are as important as ensuring good blood pressure control.

“We should aim to provide a flexible, engaged health care system, easily negotiated both by ourselves as practitioners and by Aboriginal and Torres Strait Islander patients, families, and communities.”

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