EDITORIAL

554 Partnerships in action: addressing the health challenge for Aboriginal and Torres Strait Islander peoples
Tamara Mackean, Mick Adams, Sally Goold, Christopher Bourke, Tom Calma

THE APOLOGY

556 Beyond Sorry — the first steps in laying claim to a future that embraces all Australians
Lisa R Jackson Pulver, Sally A Fitzpatrick

THE GREAT DIVIDE

560 Cancer care for Indigenous Australians
John D Boffa

562 Survival of Indigenous and non-Indigenous Queenslanders after a diagnosis of lung cancer: a matched cohort study
Michael D Coory, Adele C Green, Janelle Stirling, Patricia C Valery

568 Racial disparities in infection-related mortality at Alice Springs Hospital, Central Australia, 2000–2005
Lloyd J Einsiedel, Liselle A Fernandes, Richard J Woodman

572 Hospitalisations due to interpersonal violence: a population-based study in Western Australia
Lynn B Meuleners, Delia Hendrie, Andy H Lee

Lisa M Jamieson, James E Harrison, Jesia G Berry

DR ROSS INGRAM MEMORIAL ESSAY COMPETITION

580 The heart of the matter is, that it’s a matter of the heart
Barry N Fewquandie

582 Life b’long Ali Drummond (the life of Ali Drummond)
Samantha Faulkner

RESEARCH ENTERPRISE

584 Navigating the process of developing a research project in Aboriginal health
Anne PF Wand, Sandra J Eades

588 Indigenous child health: urgent need for improved data to underpin better health outcomes
Emily Fremantle, Yvonne A Zurynski, Deepika Mahajan, Heather D’Antoine, Elizabeth J Elliott

ADDRESSING DISEASES OF DISADVANTAGE

592 Oral health of Aboriginal and Torres Strait Islander Australians
Kaye F Roberts-Thomson, A John Spencer, Lisa M Jamieson

594 Effect of swimming pools on antibiotic use and clinic attendance for infections in two Aboriginal communities in Western Australia
Desiree T Silva, Deborah Lehmam, Mary T Tennant, Peter Jacoby, Helen Wright, Fiona J Stanley

599 The effect of passive smoking on the risk of otitis media in Aboriginal and non-Aboriginal children in the Kalgoorlie–Boulder region of Western Australia
Peter A Jacoby, Harvey L Coates, Ashwini Arumugaswamy, Dimity Elsby, Annette Stokes, Ruth Monck, Janine M Finucane, Sharon A Weeks, Deborah Lehmam

605 Heavy cannabis use and depressive symptoms in three Aboriginal communities in Arnhem Land, Northern Territory
K S Kylie Lee, Alan R Clough, Muriel J Jaragba, Katherine M Conigrave, George C Patton

610 Prevalence of and risk factors for hepatitis C in Aboriginal and non-Aboriginal adolescent offenders
David van der Poorten, Dianna T Kenny, Jacob George

615 Delivery of child health services in Indigenous communities: implications for the federal government’s emergency intervention in the Northern Territory
Ross S Bailie, Damin Si, Michelle C Dowden, Christine M Connors, Lynette O’Donoghue, Helen E Liddle, Catherine M Kennedy, Rhonda J Cox, Hugh P Burke, Sandra C Thompson, Alex DH Brown

MATTERS ARISING

“Let’s not talk about sex”: reconsidering the public health approach to sexually transmissible infections in remote Indigenous populations in Australia
Sandra C Thompson, Darryl M Kickett, Timothy G Leahy

LETTERS

Where do Queensland’s Indigenous people live?
Alan E Dugdale

The Northern Territory Emergency Response: a chance to heal Australia’s worst sore
Hamish R Graham

William J H Glasson

BOOK REVIEW

604 Aboriginal healthworkers. Primary health care at the margins.
Reviewed by Fiona Stanley

Cover image: Courtesy of GetUp! http://www.getup.org.au
Where do Queensland’s Indigenous people live?

Alan E Dugdale

TO THE EDITOR: Recent media reports of events in Aurukun, Palm Island and other Indigenous communities in Queensland may have left the impression that most Indigenous people in the state live short, violent lives in remote, dysfunctional communities. However, census data from the Australian Bureau of Statistics (ABS) contradict one aspect of this impression: in fact, few Indigenous people live in remote communities, with the majority widely spread through the general population (Box).

Over the past 10 years, the Indigenous population of Queensland has increased by 33.7% (Box). However, the number of people living in Aboriginal and Torres Strait Islander land council areas was almost stationary, dropping from 17855 in 1996 to 17739 in 2006, and the proportion of Indigenous people living in these areas decreased from 18.7% to 13.9% over the 10 years.

The other six out of seven Indigenous people lived in the general community (Box). Twenty-four per cent lived in Brisbane city; suburb-by-suburb analysis showed most lived in less affluent areas of Brisbane but, even in these, the percentage of Indigenous people was only 1%–8% in each area. There are no major ghettos.

In 2006, 32.4% of Indigenous people lived in south-east Queensland (classified as the “Brisbane Indigenous Region” by the ABS, Box); there is no land council area in this region. On North Stradbroke Island, a group of 366 Indigenous people living in the general community comprised 18% of the local population, but in all other locations the percentage of Indigenous people was well under 10%.

Indigenous Australians have also moved to other cities in Queensland. In 1996, 42 571 Indigenous people (44.6% of the state’s Indigenous population) lived in a major city (Brisbane, the Gold Coast, Toowoomba, Rockhampton, Townsville or Cairns). By 2006, 61 672 Indigenous people lived in these cities. This is below the 67.1% for all Queenslanders, but is still nearly half (48.3%) of the Queensland Indigenous population.

In the 1996, 2001 and 2006 ABS censuses, an Indigenous person was defined as someone who had ticked one of three boxes on the ABS census form stating that he or she is Aboriginal, Torres Strait Islander or both. All censuses have problems with accuracy of the data submitted to the datasets, and identify only broad trends, I believe they are robust.

Much of the increase in the Indigenous population is probably due to the higher birth rate of Aboriginal and Torres Strait Islander people (26.4/1000 v 12.9/1000 in the overall Queensland population). However, “migration” — people reclassifying themselves as Indigenous — may also contribute.

These census data show that, as with other Australians, there is a net movement of Aboriginal people from rural to urban areas. Anecdotally, many people move from Indigenous communities and other rural areas to relatives in “town”; some stay for only a short time, but others remain in the city. This move is sometimes to the rural or urban fringe, but more often is into a stable integrated family group. Most Indigenous people in Queensland are widely spread through the general population.

Alan E Dugdale, Honorary Principal Research Fellow
Department of Paediatric and Child Health, University of Queensland, Brisbane, QLD.
A.Dugdale@uq.edu.au

LETTER

<table>
<thead>
<tr>
<th>ABS census data on Queensland Indigenous people*</th>
<th>1996</th>
<th>2001</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queensland population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3 368 850</td>
<td>3 655 139</td>
<td>4 046 880</td>
</tr>
<tr>
<td>Indigenous (% of total population)</td>
<td>955 118 (2.8%)</td>
<td>1 127 772 (3.1%)</td>
<td>1 27 684 (3.2%)</td>
</tr>
<tr>
<td>Brisbane population</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1 468 617</td>
<td>1 605 650</td>
<td>1 782 973</td>
</tr>
<tr>
<td>Indigenous (% of total population)</td>
<td>21 462 (1.5%)</td>
<td>26 453 (1.6%)</td>
<td>30 769 (1.7%)</td>
</tr>
<tr>
<td>Indigenous population (% of Queensland Indigenous population)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brisbane</td>
<td>21 462 (22.5%)</td>
<td>26 453 (23.5%)</td>
<td>30 769 (24.1%)</td>
</tr>
<tr>
<td>Brisbane Indigenous Region†</td>
<td>na</td>
<td>36 323 (32.2%)</td>
<td>41 369 (32.4%)</td>
</tr>
<tr>
<td>Major Queensland cities‡</td>
<td>42 571 (44.6%)</td>
<td>52 385 (46.5%)</td>
<td>61 672 (48.3%)</td>
</tr>
<tr>
<td>ATSI land council areas§</td>
<td>17 855 (18.7%)</td>
<td>16 567 (14.7%)</td>
<td>17 739 (13.9%)</td>
</tr>
</tbody>
</table>

ABS = Australian Bureau of Statistics. na = not available. ATSI = Aboriginal and Torres Strait Islander.
* Data are collated from numerous sections of the 1996, 2001 and 2006 ABS censuses. † The Australian Indigenous Geographical Classification used by the ABS. ‡ Includes Brisbane. § Population for ATSI land council areas is total population.


19 May 2008
The Northern Territory Emergency Response: a chance to heal Australia’s worst sore

Hamish R Graham

TO THE EDITOR: As a junior doctor working in Central Australia, I have spent the past year rediscovering my own Aboriginal heritage. I read the recent articles on the Northern Territory intervention1-4 with interest. All authors agree that the current state of health in NT communities is shameful, and that the causes include a wide range of social determinants. However, beyond these similarities there is almost complete discordance between the article by Glasson (of the NT Emergency Response Taskforce)3 and the other three articles by NT-based doctors (Tait,2 Boffa et al,3 and Brown and Brown4).

Glasson paints a demeaning and misleading picture of NT communities as exhibiting “a complete breakdown of normal mores”. This fits snugly with the “white blindfold” view, described by Tait,2 that will only further disempower marginalised Aboriginal people and communities. Glasson ignores the vast accumulated knowledge and successes attained by Aboriginal community-controlled health services (ACCHSs) and health workers, relegating their contribution to a half-sentence in his acknowledgements. Boffa and colleagues clearly outline the remarkable successes of ACCHSs and their repeatedly ignored calls for more resources.3 Glasson leaves no room for real community participation, and justifies the government’s heavy-handed approach as necessary for such a “crisis”.4 Brown and Brown describe convincingly the absolute necessity of Aboriginal rights and participation in any intervention conducted on their behalf, and the valiant long-term struggles by Aboriginal people to tackle the current situation.4

In response to the government’s intervention, in June 2007, Mark Wenitong, President of the Australian Indigenous Doctors’ Association, expressed concerns that remain relevant today: “As medical professionals, we question the notion that you can treat poverty, dispossession, marginalisation and despair (the root causes of substance misuse and sexual, physical and emotional abuse) with interventions that further contribute to poverty, dispossession, marginalisation and despair.”5

Indeed, the Ampe akelyernemane meke mekarle: “little children are sacred” report was very clear about the necessary approach to addressing the issues it raised: “What is required is a determined, coordinated effort to break the cycle and provide the necessary strength, power and appropriate support and services to local communities, so they can lead themselves out of the malaise: in a word, empowerment!”6

My experience working in NT Government hospitals and ACCHSs has revealed both the enormous challenges facing Aboriginal people in the NT, and their remarkable resilience and capacity to achieve against all odds. As health professionals and Australian citizens we must recognise these efforts and support interventions that are evidence-based, respectable, and conceived in partnership with Aboriginal communities and their ACCHSs. Without this, the most expensive intervention will only ever amount to a superficial facelift.

Hamish R Graham, Resident Medical Officer Alice Springs Hospital, Alice Springs, NT.
dr.hamish.graham@gmail.com


IN REPLY: While I acknowledge the arguments many have put forward that the Northern Territory Emergency Response (NTER) has been too rapid and implemented without optimal community consultation — which some perceive to have disempowered Indigenous people — I stress the need to continue and indeed step-up momentum so that communities can regain control of their own futures as soon as possible.

The positive impact of the NTER measures in creating better health, social and economic outcomes for Indigenous Australians will only be realised with the total support and focused energy of those “on the ground”, charged with delivering vital primary care and secondary intervention in NT communities. Without the continued engagement of these hardworking individuals who are able to establish the trust required to build bridges into these communities, the initiative is not sustainable. It is into the hands of those who live and work in Aboriginal communities that the NTER Taskforce and government agencies will pass the baton of change — we hope they will run with it.

William J H Glasson, Ophthalmologist and member of the Northern Territory Emergency Response Taskforce
Private Practice, Terrace Eye Centre, Brisbane, QLD.
glasson@terraceeyecentre.com.au

LETTERS

Correspondents

Please submit letters electronically via Editorial Manager at www.editorialmanager.com/mja/. Authors who cannot access the Editorial Manager submission system may submit letters by email to medjaust@ampco.com.au.

Letters must have no more than 400 words and 5 references. All letters are subject to editing for clarity and Journal style; proofs will not normally be supplied. There should be no more than 3 authors per letter, and each author should give one relevant position and affiliation for publication. Presentation of the reference list must follow the same guidelines as for manuscripts (see examples at www.nlm.nih.gov/bsd/uniform_requirements.html). In particular, only include material that has been published (or accepted for publication), and ensure that reference details are complete, including the names and initials of all authors for references with up to 4 authors, or of the first 3 authors then “et al” if there are more than 4.