

Close the Gap: ask the experts

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TO THE EDITOR: We commend the Indigenous Health issue of the Journal (18 May 2009). Its editorial emphasis — that partnerships with and continued leadership by Aboriginal and Torres Strait Islander peoples will be key to closing the gap between Indigenous and non-Indigenous Australians¹ — is supported by preliminary, unpublished findings from our research into improving mainstream general practice care of Indigenous patients.

Couzos and Thiele emphasised that closing the gap in health and life expectancy between Indigenous and non-Indigenous Australians depends on Aboriginal community controlled health services (ACCHSs).² By virtue of their governance structure and focus, these services deliver culturally safe and appropriate primary health care to Indigenous Australians, while addressing issues of Indigenous autonomy and other social determinants of health.²

However, although not all general practices see Indigenous patients, 0.9% of general practice encounters (range, 0.7%–1.6%) are with Indigenous patients, equating to about one million consultations a year. Indigenous Australians present to general practitioners with essentially the same range of clinical conditions as do non-Indigenous Australians, although consultation rates for diabetes and circulatory conditions are higher for Indigenous patients.³ Most Indigenous Australians (76%) live in urban and regional areas, and are widely spread through the general population. They are likely to need mainstream services including general practice and primary care services, at least some of the time and for the foreseeable future.

There is clearly a need for initiatives beyond support for ACCHSs, Indigenous workers and communities, to improve mainstream services for Indigenous Australians in a culturally sensitive and appropriate manner.⁴ Better sociocultural education for health care providers, trainees and students is required to close the gap that exists in mainstream understanding and acceptance of Indigenous cultures and aspirations.

The Inala Indigenous Health Service in Brisbane is an example of a mainstream practice successfully developing into an accessible service.⁵ Our research aims to improve mainstream general practice care for Indigenous Australians with diabetes who live in urban areas of Victoria. As the following statement made by Indigenous participants in focus groups for our research indicated, health services must be patient-centred:

We need to hold the health system — and that includes GPs — accountable for delivering help to Aboriginal people. The best one to do that is the consumer.

Focus group participants also highlighted the importance of working together:

I think we need to take some responsibility ourselves as (Indigenous) workers in organisations and go to these mainstream services. Whether it's diabetes or

drugs and alcohol, we need to say look, you get funded to look after everybody, and we want to come here and tell you how to look after our people when they come to your centres.

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1 Armstrong R. Close the Gap: ask the experts [editorial]. *Med J Aust* 2009; 190: 523.

2 Couzos S, Thiele DD. Closing the gap depends on ACCHSs [letter]. *Med J Aust* 2009; 190: 541.

3 Britt H, Miller GC, Charles J, et al. General practice activity in Australia 2007–08. Canberra: Australian Institute of Health and Welfare, 2008. (AIHW Cat. No. GEP 22.) <http://www.aihw.gov.au/publications/index.cfm/title/10651> (accessed Sep 2009).

4 Dodson M. Whatever happened to reconciliation? Australian National University public lecture, 20 June 2007. Public Lecture Series 2007. <http://www.reconciliation.org.au/home/media/speeches> (accessed Sep 2009).

5 Hayman N, White N, Spurling G. Improving Indigenous patients' access to mainstream health services: the Inala experience. *Med J Aust* 2009; 190: 604–606. □

Commission report recommends that health services be required, by accreditation processes, to meet specific standards of cultural safety for Indigenous patients to ensure high-quality care.⁴ Within a quality assurance framework, systematic reforms such as these can potentially improve mainstream services, while supporting Indigenous workers who face unrealistic pressures to improve their local services. As Liaw points out, these initiatives are in addition to the vital role of ACCHSs in closing the health disparity gap.

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1 Britt H, Miller GC, editors. General practice in Australia, health priorities and policies 1998 to 2008. Canberra: Australian Institute of Health and Welfare, 2009. (AIHW Cat. No. GEP 24.) <http://www.aihw.gov.au/publications/index.cfm/title/10721> (accessed Oct 2009).

2 Couzos S, Thiele DD. Closing the gap depends on ACCHSs [letter]. *Med J Aust* 2009; 190: 541.

3 Aboriginal Health Council of Western Australia. Cultural safety training. <http://culturalsafetytraining.com.au> (accessed Sep 2009).

4 National Health and Hospitals Reform Commission. A healthier future for all Australians: final report June 2009. Canberra: Department of Health and Ageing, 2009. <http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report> (accessed Oct 2009). □

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IN REPLY: It is unclear how many mainstream general practice consultations involve Aboriginal and Torres Strait Islander patients. Of 485 300 patient encounters attributed to general practices in the BEACH study (2003–2008), 7292 were with Indigenous patients, but 2906 of these encounters took place in Aboriginal community controlled health services (ACCHSs) rather than in general practices.¹ If funding to close the gap in Aboriginal disadvantage is being channelled to general practice and the Divisions of General Practice (through recent measures of the Council of Australian Governments), then the Indigenous health outcomes of mainstream services must be carefully attributed.²

The ACCHS sector agrees there is a need to make general practices culturally secure for Indigenous Australians. For example, the Aboriginal Health Council of Western Australia has developed modules for cultural safety training, which are accredited by the Royal Australian College of General Practitioners for GPs' professional development.³ The National Health and Hospitals Reform