

# A time and a place



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doi:10.5694/mja13.c0708

This issue of the *MJA*, timed to coincide with NAIDOC Week, is devoted to exploring the health status of Australia's Aboriginal and Torres Strait Islander peoples — particularly our children and young people. Children aged 0–14 years make up 35% of the Australian Indigenous population, write Eades and Stanley (*page 12*). Data on their health and development are patchy but indicate a growing divide between Indigenous and other Australian children for several risk factors and conditions. Azzopardi and colleagues (*page 57*) add a systematic review of the evidence for young people aged 10–24 years into the mix, finding gaps in the observational research for urban settings, mental health and injury, and confirming the well known dearth of interventional studies.

Two studies in this issue add to the scant evidence available by testing simple interventions that might lead to improvements, such as providing subsidised fruit and vegetable boxes to disadvantaged families in regional towns (*page 46*) and swimming pools in remote communities (*page 51*).

Turning our thoughts to the health needs of Indigenous children is always important but is particularly timely now. A federal election, with all its potential for policy upheaval, is just 2 months away. In the first article in our pre-election series, Arabena (*page 22*) recognises an urgent need for better data to evaluate existing and future policies, and envisages a plan for health that takes Aboriginal and Torres Strait Islanders' perspectives, wishes and culture into account, and brings an end to aspects of the health system that contribute to inequality, such as racism.

Independently of the election, the Australian Government is developing a new National Aboriginal and Torres Strait Islander Health Plan for the next decade. Kimpton, president of the Australian Indigenous Doctors' Association (*page 11*), says the plan will have the best chance of success if it has at its heart some important principles: nurturing of the Indigenous health workforce;

genuine, strong partnerships with Indigenous organisations; fostering culture as integral to health and wellbeing; and promoting Indigenous leadership, while involving the whole health system.

The solutions to many health problems for Indigenous children lie outside the health system, but making our health services accessible, culturally safe and appropriate places will lead to better outcomes for the families who inevitably need them. "Cultural competence" can be a daunting term for doctors. Thackrah and Thompson (*page 35*) encourage us to look at our own culture of medicine and the practical realities of patients' lives when trying to put this difficult concept into practice.

Amid all this thinking and soul searching, there are good examples of what works — innovative health promotion and education programs combining the nurturing effects of "country" with exchanges of new knowledge (*page 69*), and thriving health services where Indigenous families can truly have their health needs met and that also serve as centres of outreach bringing sorely needed medical expertise to remote communities (*page C1*).

As Milroy reminds us (*page 14*) in her response to a study that found many Aboriginal children had been exposed to traumatic, potentially health damaging experiences (*page 42*), Indigenous children need access to the best possible health services right now and for years to come.

History tells us that policies fail, and services falter, when they are not developed in consultation with those for whom they are designed. On this point, Eades and Stanley concur: "... we believe that Australian services have failed to close the gap in child health because they have been developed without involving or engaging First Nations people". At this important time in Australian history, we have yet another chance to get it right. Be it by public policy or individual action, we need to do all we can to make our health services places of healing for Aboriginal and Torres Strait Islander children and their families. □

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## Reaching out to remote communities

The recent boost to the Council of Australian Governments' Closing the Gap scheme funding, from \$200 million to \$260 million per year, has many hoping more money will be allocated to take specialist health care outreach to more Indigenous communities around the country. Dr Noel Hayman, founder and director of the Inala Indigenous Health Service in Brisbane, talks with Annabel McGilvray about the move towards

increased integration of specialist services within Indigenous primary health care (*page C1*), including the multidisciplinary team Dr Hayman is part of, which runs regular clinics for the 500-strong Cunnamulla Indigenous community, 700 kilometres west of Brisbane. Dr David Hughes, chief medical officer of the Australian Institute of Sport, talks about the life of a sports physician with Cate Swannell (*page C4*). □