Indigenous Women's Health -
What can make a difference?

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INTRODUCTION

I want to begin by paying my **respects to the traditional owners** of this country, the Eora / Cadigal people on whose lands we are meeting.

My name is **Stephanie Bell** and I am the Director of the Central Australian Aboriginal Congress, the Aboriginal community controlled health service, in Alice Springs.

The question today is, **what can make a difference**?

The **state of Indigenous health in Australia** continues to be a major concern to governments, health care providers, and of course to Indigenous people ourselves. The health disadvantage of Indigenous people begins at conception, continues at birth and throughout the life span, and does not discriminate between the sexes. Life expectancy for Indigenous people is considerably worse than for comparable Indigenous populations elsewhere. The life expectancy for Indigenous women in this country is almost 20 years less than for non-Indigenous women. This life expectancy is the same for women in urban, rural and remote Australia.

We have all seen the statistics, and it is all too easy to be overwhelmed by them. To decide that the question "What can make a difference?" is too hard. But as doctors, health care providers and policy makers it is our responsibility to make a difference, and it is within our power to make a difference. Today I want to invite you to do just that.

We can make a difference to Indigenous women's health by **reforming the delivery of health care services to Indigenous women**. And we can all play a role in that reform.

It is our belief that the Aboriginal Medical Services have, and continue to lead the way in reforming health service delivery in this country. We established Aboriginal **community control**; we saw the need for integrated, holistic health care; we advocated for culturally appropriate health service delivery including women's only services, in the 1970s, before **comprehensive primary health care** was talked about by the theorists. We understood the connection between dispossession and social exclusion and health, before the WHO talked about the social and economic determinants of health in the 1990s.

Community controlled health care is essential for communities to determine their own health priorities, and manage the planning,

delivery and evaluation of their health service programs. The benefits of community controlled health services are:

- they deliver health care programs for Aboriginal people and communities that are suitable for the community

- they recognise that good health depends on many things like identity, access to health services, good environmental infrastructure, education, good nutrition and strong culture

- they support community development and self-determination by strengthening political power, increasing community skills, through employment, education of Aboriginal people in all aspects of a health service

- they are actively involved in political issues affecting Aboriginal people, and are a voice to advocate health priorities for Aboriginal people, such as the Alukura by the Grandmothers' Law, a program of Congress. Alukura was established following extensive consultation with Indigenous women throughout Central Australia, in the early 1980s. Women had a vision for a one stop women's service where they could go for a broad range of health services including pregnancy and birthing, screening and children's services. In Central Australia, women's health, the Grandmothers' Law and women's business are intricately connected, and so a 'women's only', separately located health service is essential to ensure adequate access to health care.

Comprehensive Primary Health Care is a model of health service provision practiced by the Aboriginal community controlled health services like Congress in Alice Springs. This model has four key components:

1. Clinic services including treatment, preventative care, immunisations, screening, and management of chronic disease

2. Support services for a health service to function well including education and training, good management systems, transport, child care, visiting specialists and access to ambulance and hospital

3. Special programs for community initiated activities dealing with the underlying causes of ill health and population health, such as Social and Emotional Wellbeing and special services aimed at particular target groups like youth, women and children under 2

4. Advocacy and policy development activities so that the community can advocate for their health needs and contribute to the development of policy that affects health care

Comprehensive primary health care, is a **holistic approach** to health care, focusing on whole of life, from conception to old age, and on the whole individual and his or her social environment. We discourage selective health care programs, or body part programs as we call them, because such programs do not empower individuals to take care of their own health, and unless they are integrated into the broader comprehensive primary health care services, they are of no long term benefit to the population.

REFORM OF HEALTH SERVICE DELIVERY

The reform of health service delivery centres around 3 issues:

1. Chronic disease: Indigenous women in the NT are dying from chronic diseases, assault related injuries and motor vehicle accidents. Our health care systems which are traditionally designed to meet acute care needs, therefore need to be re-designed or re-oriented to **prevent and control chronic non-communicable diseases**, and to support disease prevention, health promotion and self care initiatives by individuals and communities.

2. Underlying social and economic determinants of health: In all countries the rich live longer than the poor. A person's physical health is like a frozen moment taken from their social and economic environment. In 1998 the World Health Organisation identified ten social and economic determinants of health, and argued that the health industry has a responsibility to address these underlying causes of ill health by advocating, establishing and supporting programs that address these causes, such as employment, education, access to medical services, powerlessness, addiction and social exclusion.

3. **The Primary Health Care Access Program, PHCAP:**

   PHCAP was negotiated by the Indigenous community controlled health sector, Commonwealth, State and Territory governments, and ATSIC in 2000. It aims to provide:

   - greater resourcing of comprehensive primary health care services, on a regional per capita basis, which will have a major impact on health service delivery particularly in rural and remote communities
   - wider Indigenous control of health services; and
   - better health outcomes at a population level.

It is our belief that holistic, community controlled, comprehensive primary health care services are the best model of health service delivery to address chronic disease management, and social and economic factors that determine population health.

MAKING A DIFFERENCE

I am now going to look at the programs that have been developed at Congress as a way of illustrating how health care can be oriented to address these factors:

- chronic disease

- social and economic determinants

- PCHAP, in particular comprehensive primary health care and community control

Chronic disease is a major cause of premature death and death for Indigenous women in the NT. We have therefore developed a broad range of programs to address the prevention and management of chronic disease including:

1. Alukura provides a comprehensive women's screening service, **antenatal and postnatal** program to optimise the health of mother and child in-utero and for the first 6 weeks of life, to reduce infant mortality, improve birth weights. This care includes a **visiting obstetrician and gynaecologist** for a weekly clinic, and current negotiations with the Alice Springs Hospital to enable Alukura midwives to attend to the **births** of Alukura clients using the **hospital** facilities. We also run an **education** program for young women through schools, women's centres and youth services on reproductive health.

2. Congress runs a program for **children under 2** to further promote early childhood development by addressing the needs of mother, child and family

3. The ongoing management of chronic disease has required us to **streamline links** with secondary and tertiary health care services such as the Alice Springs hospital.

- Congress and Alukura attend a variety of meetings at the hospital to facilitate **shared care** including continuity of care meetings and O & G meetings for case management and review, and the presentation of papers.

- Congress and Alukura have established **multidisciplinary visiting specialist** clinics to assist easy access for our clients. These include the visiting Obstetrician & Gynaecologist, a colposcopy unit, and annual mammogram screening at Alukura; and visiting general and renal physicians and an ophthalmologist for clinics at Congress.

Violence is <u>the</u> single major cause of premature death for Indigenous women in the NT. We advocate funding for Indigenous **women's organisations** to run programs to support women to take action against this problem.

Alcohol and other substance misuse is a significant factor in the number and severity of instances of **violence** against Indigenous women, **motor vehicle accidents**, and in the incidence and severity of **chronic illness** in Indigenous people. Congress has been actively involved with key health stakeholders and community groups to develop a coordinated campaign to address alcohol problems including the development of a Central Australian Regional Substance Misuse Plan.

Alukura and Congress participate in **policy development and advocacy** on behalf of Indigenous health by research, developing effective strategies to address Indigenous health problems, and **providing leadership** in the Indigenous health debate. We played a key role in developing the PHCAP including advocating for funding and resources for discrete women's services.

CONCLUSION

So how can doctors such as yourselves make a difference? How can you support the necessary reforms in the delivery of health services to Indigenous women?

1. Indigenous women throughout Australia are saying to us that they need an Alukura, their own Indigenous women's health service. What we want to stress is that Alukura is not a stand alone service. Its success and strength has been achieved by its integration into the broader community controlled Aboriginal health service, through Congress, and its comprehensive primary health care model of health care provision, including policy development and public health. We therefore recommend the development of an Indigenous women's health services based on these principles.

2. Support the move towards Aboriginal community control and Comprehensive Primary Health Care. Don't be threatened to work in community controlled health services or by Aboriginal governance and management. Don't be threatened by becoming salaried. Doctors have shown they are happy to work in corporate medical practice, so why not in community controlled services?

3. Become informed and support the PHCAP. Challenge the myths about Aboriginal ill health, and about government spending on Aboriginal health. Inform yourselves. It is no longer acceptable to say that Aboriginal health is only an Aboriginal problem.

   (For more information see paper distributed at the PHAA Conference 2000: Boffa, John & Fisher, Michael, 2000, *Aboriginal and Torres Strait Islander Health: Implementation of the Primary Health Care Access Program (PHCAP) in four remote health zones in Central Australia in the Northern Territory*, Northern Territory Aboriginal Health Forum, November.)

4. Improve your own personal delivery of health care to Indigenous people. Maintain attentive, non judgemental care, and promote individual responsibility.

5. Understand the need for health care providers to re-orient their service to better address chronic disease in Indigenous people through early detection, diagnosis and management of illness, and support streamlining links between the primary, secondary and tertiary health care providers.

6. Understand health and illness in its social context and that addressing the social determinants of health, such as advocating for proper education for young Indigenous people, early childhood programs, employment, appropriate community responses to substance misuse and addiction, is

essential and legitimate business for all members of the health industry.

7. Understand that there is an effective Aboriginal health leadership across Australia and support it. Ensure that organisations that you are affiliated with promote and support Aboriginal community control and self-determination, take advice on matters of Indigenous health, develop effective relationships with the National Aboriginal Community Controlled Health Organisation, NACCHO, and its affiliated state and territory bodies such as the Aboriginal Medical Services Alliance of the NT.

QUESTIONS

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