

Closing the gap: Setting the scene

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Setting the scene

- Background
- What is different about this population?
- What is the gap?
- What factors influence the involvement of General Practice?

History



The Governor Sir Charles and Lady Gairdner with Abbot Gomez inspecting the children of St. Joseph's Orphanage, New Norcia, WA

National apology



Background

Year	Author	Report
1979	House of Representatives Standing Committee on Aboriginal Affairs	<i>Aboriginal Health</i>
1989	National Aboriginal Health Strategy Working Party	<i>A National Aboriginal Health Strategy</i>
1990	Aboriginal Health Development Group	<i>Report to Ministers</i>
1991	Aboriginal and Torres Strait Islander Commission	<i>Aboriginal and Torres Strait Islander Health Goals and Targets</i>
1994	Australian Bureau of Statistics	<i>National Aboriginal and Torres Strait Islander Health Survey</i>
1997	National Health and Medical Research Council	<i>Promoting the Health of Indigenous Australians</i>
1997	Royal Australian College of Ophthalmologists	<i>Eye Health in Aboriginal and Torres Strait Islander Communities</i>
1997	Australian Bureau of Statistics & Australian Institute of Health and Welfare	<i>The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples</i>
1998	Australian Institute of Health and Welfare	<i>Expenditures on Health Services for Aboriginal and Torres Strait Islander Peoples</i>
1998	Australian National Audit Office	<i>Aboriginal and Torres Strait Islander Health Program</i>
2000	House of Representatives Standing Committee on Family and Community Affairs	<i>Health is Life</i>
2001	Australian Institute of Health and Welfare	<i>Expenditures on Health Services for Aboriginal and Torres Strait Islander Peoples</i>
2003	Australian Bureau of Statistics & Australian Institute of Health and Welfare	<i>The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples</i>
2003	Productivity Commission	<i>Overcoming Indigenous disadvantage: key indicators</i>
2007	Australian Health Ministers' Advisory Council	<i>Aboriginal and Torres Strait Islander Health Performance Framework Report 2006</i>
2007	Oxfam	<i>Close the Gap Report</i>

Why is this a different population?

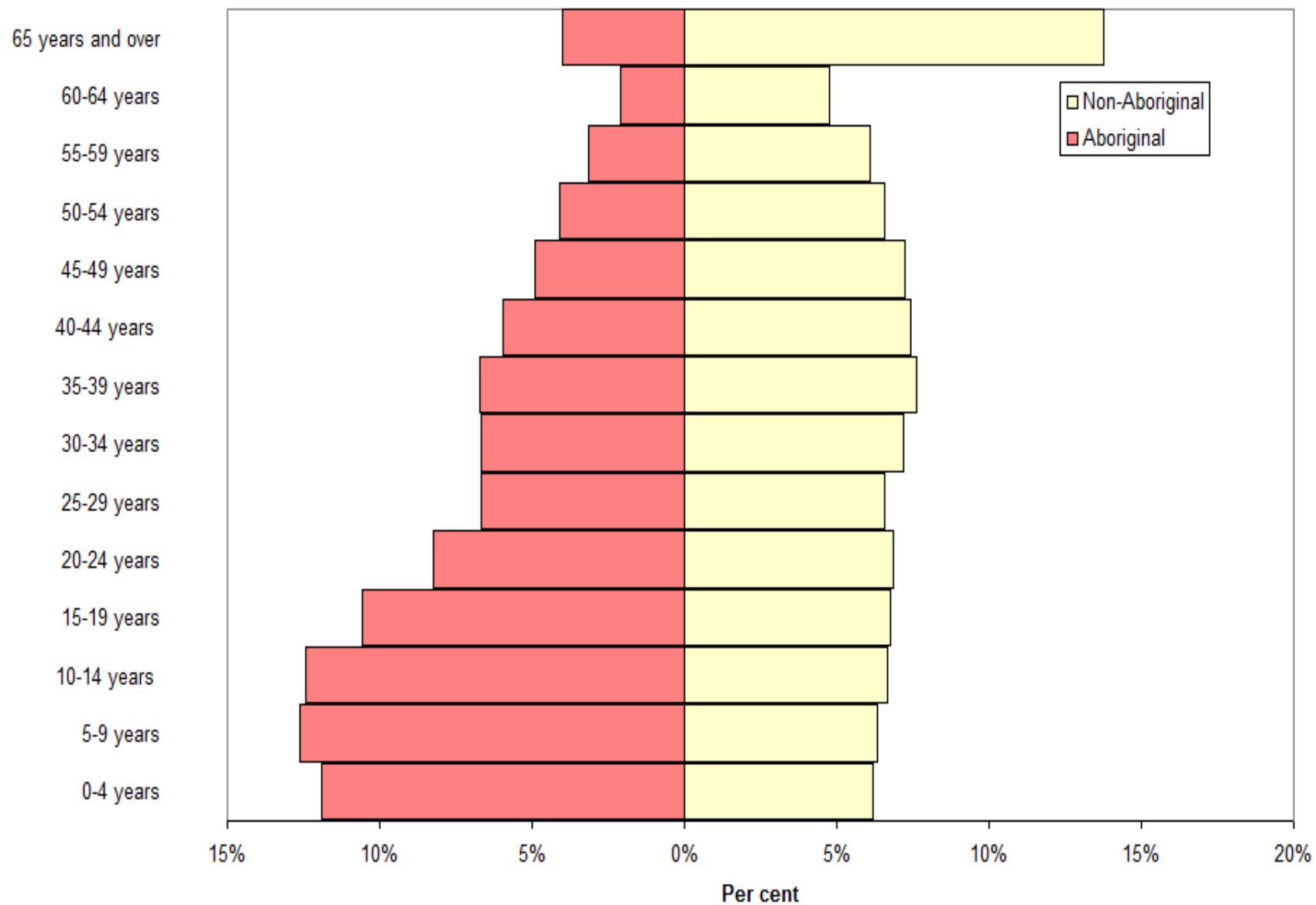
- Census 2006, Victoria
 - 33,517 Indigenous people
 - 5,093,023 total population
- Indigenous people
 - 0.6% of Victorian population
 - 89.9% Aboriginal, 6.6% Torres Strait Islander, 2.9% Aboriginal and Torres Strait Islander
 - 6.1% of Australian Indigenous population live in Victoria
 - 2.3% of Australian population

Why is this a different population?

- Indigenous population younger
 - 4% Indigenous people > 65 years
 - Non-Indigenous median age: 37 years
 - Indigenous median age: 21 years
 - 14% Non-Indigenous people > 65 years

Victoria, 2006; ABS 2007,

Population, Aboriginal and Non-Aboriginal, Victoria, 2006



Expectation of life

- Victorian data not available
- ABS adjusted direct method for NSW, 2005-07
NSW, 2007; ABS 2008

	Male	Female
Indigenous life expectancy	69.6	74.8
Gap	9.1	7.8

Avoidable mortality by cause

	Indigenous	Non-Indigenous	Rate ratio
Ischaemic heart disease	149.7	32.7	4.6
Cancer	115.2	60.8	1.9
<i>Lung cancer</i>	47.0	21.3	2.2
Diabetes	94.5	5.3	17.7
Suicide	26.3	11.1	2.4
Road traffic injuries	26.3	8.2	3.2
Alcohol-related disease	37.1	4.1	9.0
Selected infections	27.2	3.6	7.6
Cerebrovascular disease	36.5	9.8	3.7
Chronic obstructive lung disease	39.2	8.0	4.9
Nephritis and nephrosis	27.0	1.6	16.4
Violence	9.0	0.9	10.0
Birth defect	5.9	2.7	2.2
Perinatal complications	4.2	1.4	3.1
Rheumatic heart disease	10.7	0.5	22.7
Other	47.6	13.6	3.5
Total	656.3	164.5	4.0

Burden of cardiovascular disease

	Indigenous	Non-Indigenous	Risk ratio
Ischaemic heart disease	21.0	3.9	5.4
Stroke	5.7	2.1	2.8
Inflammatory heart disease	2.5	0.4	5.9
Rheumatic heart disease	2.1	0.1	25.1
Other cardiovascular disease	4.1	1.2	3.4
Total cardiovascular disease	35.3	7.6	4.6

Recent Heart Foundation report

- Compared with other Australians, Aboriginal and Torres Strait Islander people had:
 - three times the rate of major coronary events, such as heart attack
 - 1.4 times the out-of-hospital death rate from coronary heart disease (CHD)
 - more than twice the in-hospital death rate from CHD
 - a 40% lower rate of being investigated by angiography
 - a 40% lower rate of coronary angioplasty or stent procedures
 - a 20% lower rate of coronary bypass surgery.
- 2006 Australian Institute of Health and Welfare (AIHW)

Burden of diabetes

	Indigenous	Non-Indigenous	Risk ratio
Diabetes type 2	16.6	3.1	5.4
Diabetes type 1	1.3	0.4	3.0
Total diabetes	17.9	3.5	5.1

Diabetes mellitus type 2

- Reason for 13% of all health care consultations by Indigenous people

Australia, 2004; AHMAC 2006

- Burden prevalence ratio: 5.1

Australia, 2003; Vos et al 2007

33% of Indigenous hospitalizations are for diabetes

- Most of these are for renal dialysis

KHLO data, Victoria 2004-07; DHS 2008

- Hospitalization rate ratio: 2.1

Victoria, 2004-06; AIHW 2008

Kidney disease

- Self-reported kidney disease in Indigenous people: 2.2%
 - × 19.8 more likely

Victoria, 2004-05: ABS 2006, [15]

- End stage renal disease: 0.3%

Victoria, 2004: AHMAC 2006 [23]

- Burden: 10.4 DALY /100,000

- Burden prevalence ratio: 7.6

Australia, 2003; Vos et al 2007 [21]

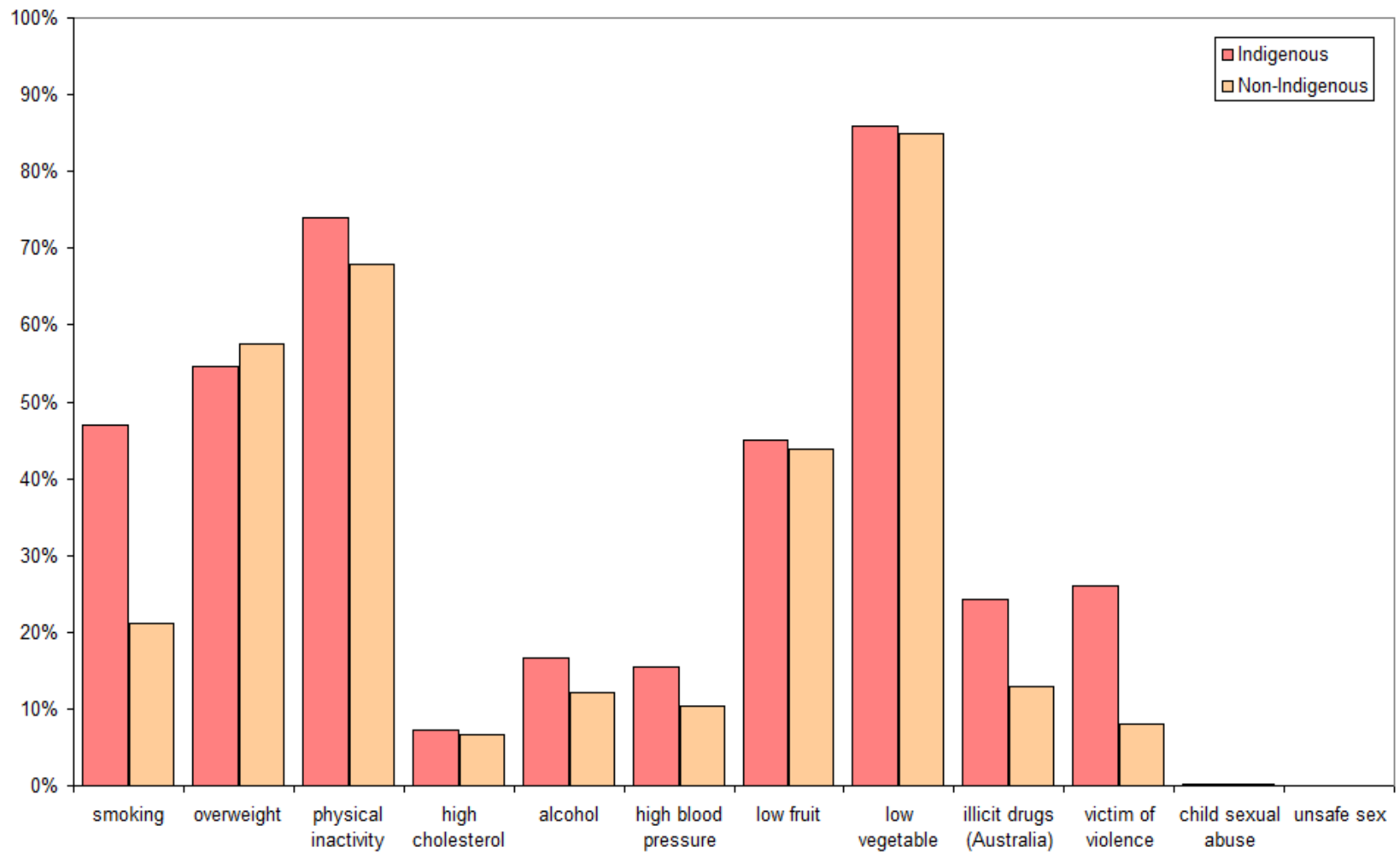
Health-related actions

Health-related action		Rate ratio
Admitted to hospital	14.1%	1.3
Visited casualty or outpatients	3.4%	1.5
Consulted GP or specialist	28.0%	1.3
Consulted dentist	3.4%	0.7
Consulted other health professional	14.7%	1.2
Days away from work or study	20.8%	1.8
Other days of reduced activity	13.8%	1.6

'Lifestyle' risk factors

Risk factor	Indigenous	Non-Indigenous
Smoking	47.0%	21.1%
Overweight	54.6	57.5%
Physical inactivity	74.0%	68.0%
High cholesterol	7.2%	6.7%
Risk or high risk alcohol	16.6%	12.2%
High blood pressure	15.4%	10.3%
Low fruit	45.0%	43.9%
Low vegetable	86.0%	84.9%
Illicit drug use	24.2%	13.0%
Victim of violence	26.0%	8.0%
Child sexual abuse	0.2%	0.2%

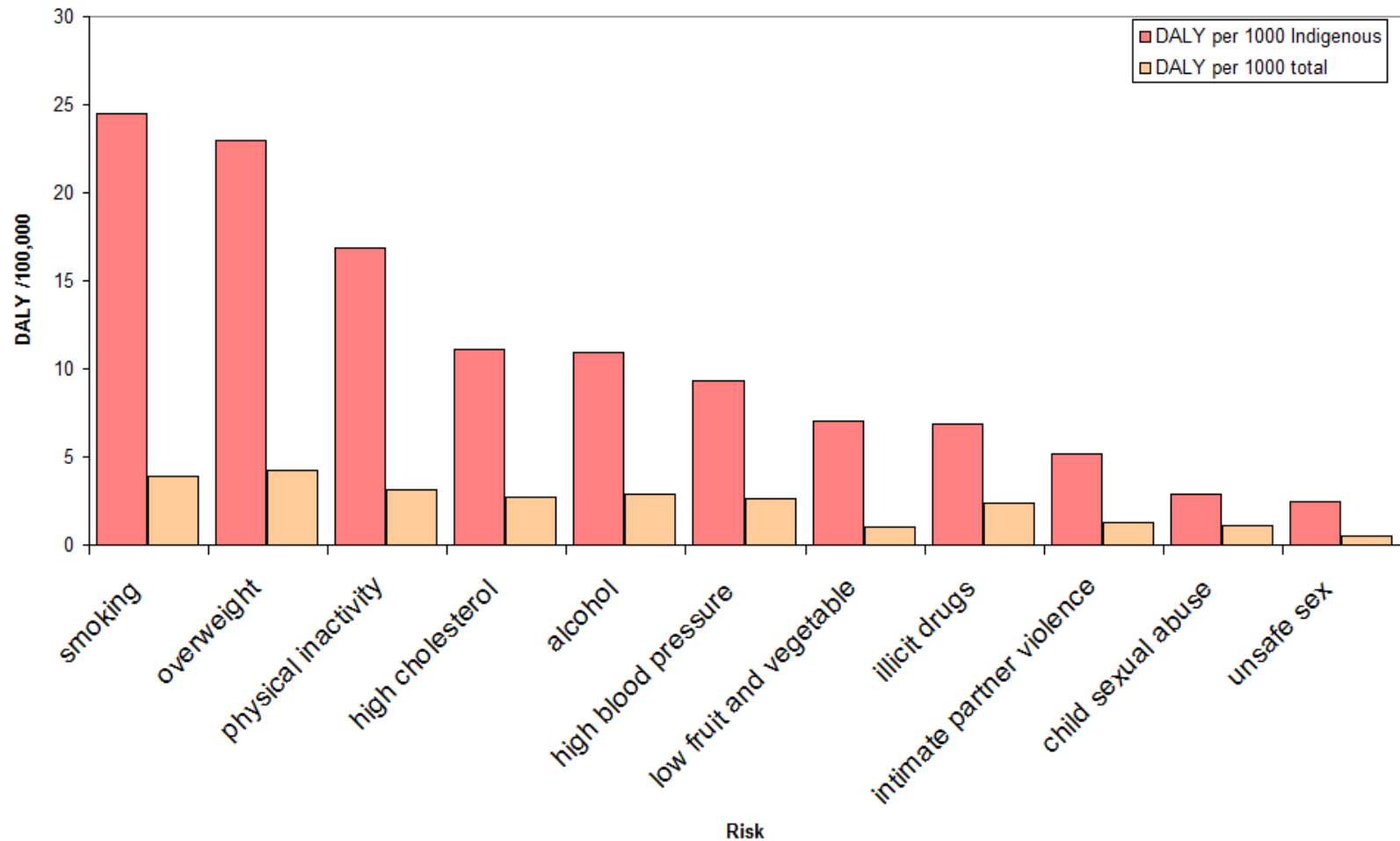
'Lifestyle' risk factors



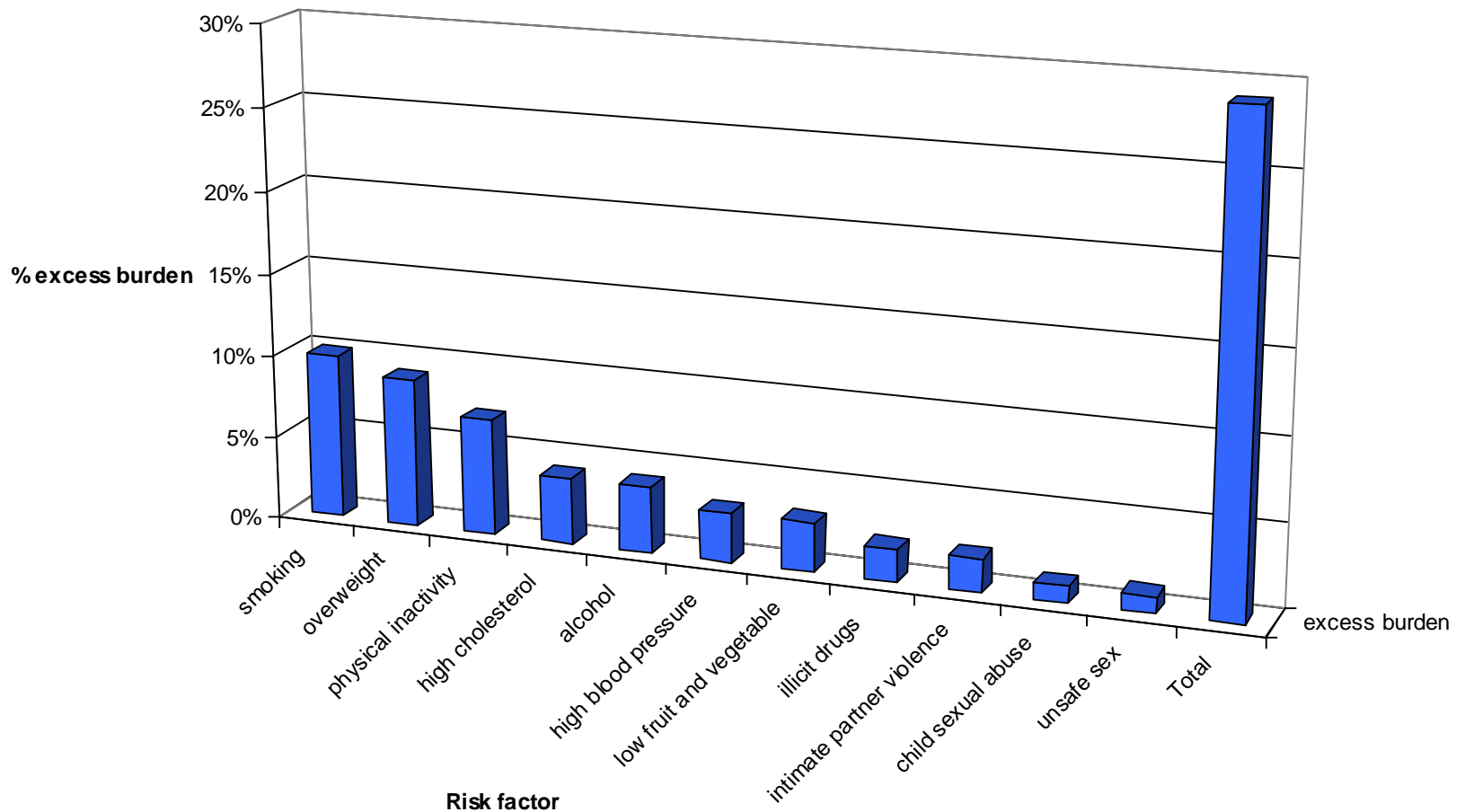
Excess burden of disease

Risk factor	Indigenous	Non-Indigenous	Ratio	Excess
Smoking	24.5	3.9	6.3	10%
Overweight	23.0	4.2	5.5	9%
Physical inactivity	169.	3.1	5.4	7%
High cholesterol	11.1	2.7	4.1	4%
Risk or high risk alcohol	10.9	2.9	3.8	4%
High blood pressure	9.3	2.6	3.6	3%
Low fruit and vegetable consumption	7.0	1.0	7.0	3%
Illicit drug use	6.9	2.4	2.9	2%
Intimate partner violence	5.2	1.3	4.0	2%
Child sexual abuse	2.9	1.1	2.7	1%

Burden by 'lifestyle' risk factor



Excess burden by risk factor

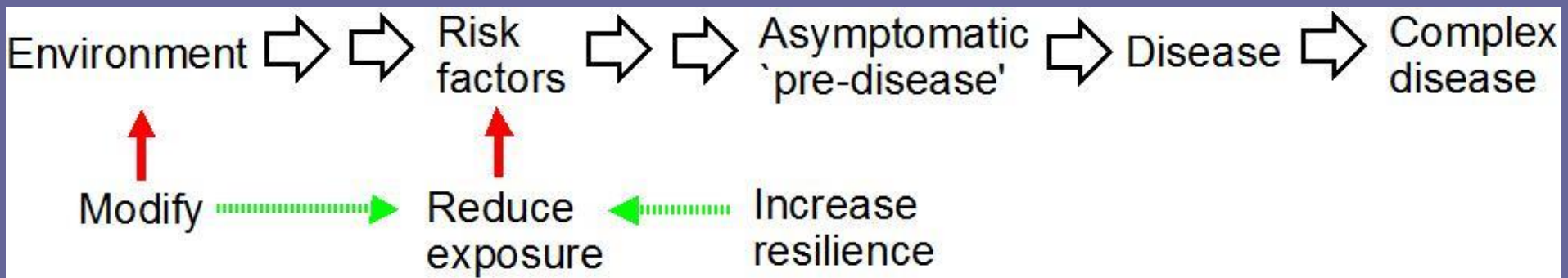


Closing the gap

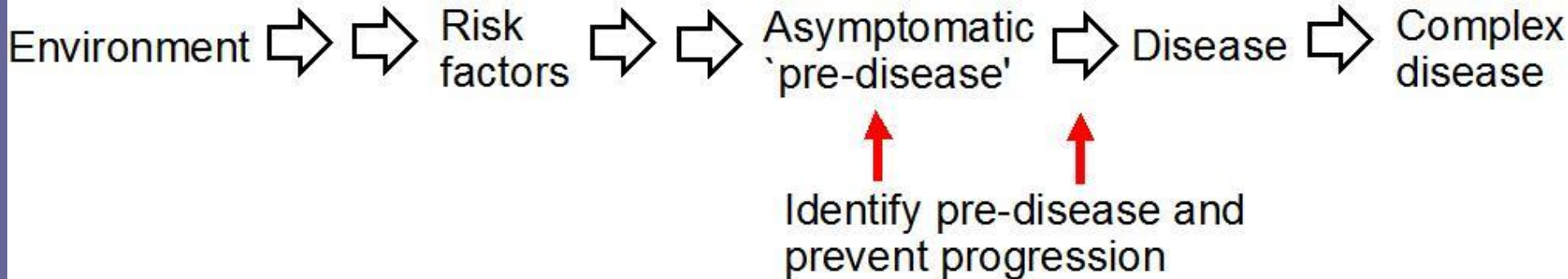
- The prevalence of burden shows the potential gain
- The prevalence of risk factors shows the size of the task
- Risk factors are driven by social determinants



'Health promotion'



'Preventive health care'

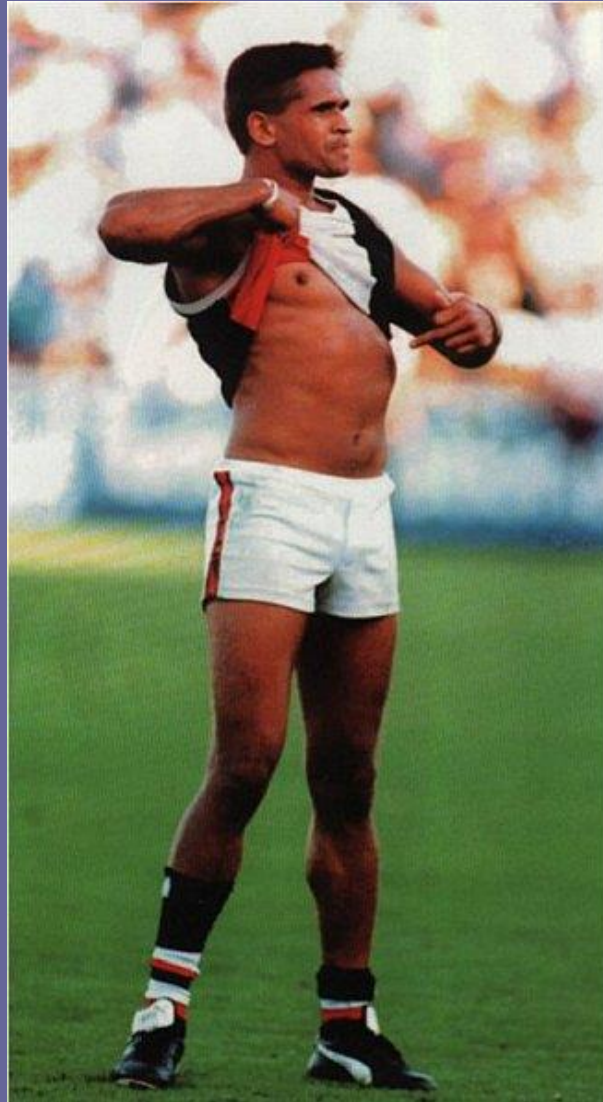


Primary health care

- Improved access
- Practice and population register systems
- Systematic approach to the primary care of cardiovascular risks and diabetes
- Cardiovascular disease and diabetes control targets
- Integration with Community controlled health services

- In CDM we strive for excellence in performance.
- To do this we need to identify the outliers and irrespective of race/culture/beliefs engage the individual in their care in a way that is relevant to them.

Culture



Culture, health and wellbeing

