

Closing the gap: Setting the scene

Dr Robert Grenfell

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?

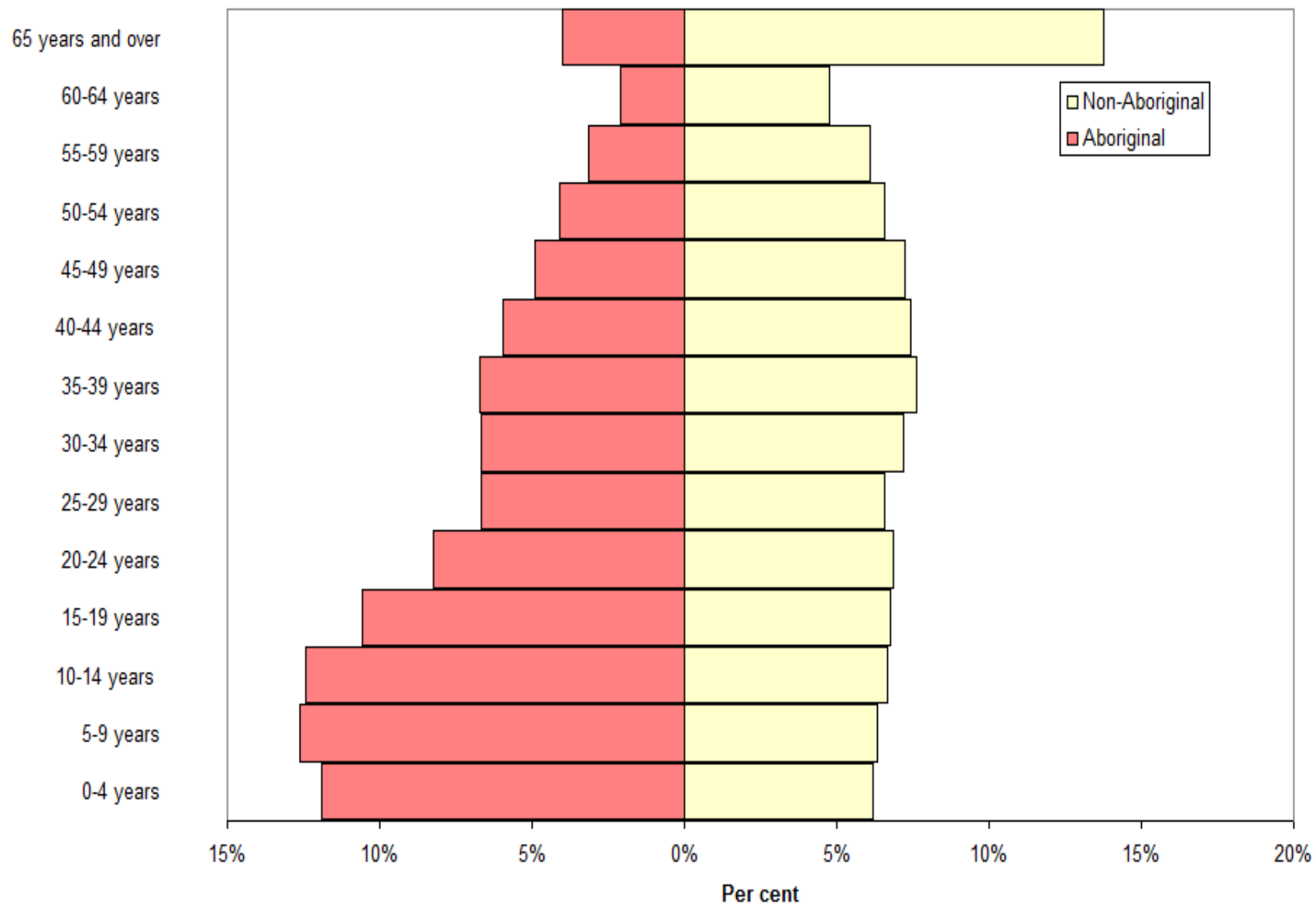
- Census 2006, Victoria
 - 33,517 Indigenous people
 - 5,093,023 total population
- Indigenous people
 - 0.6% of Victorian population
 - 89.9% Aboriginal, 6.6% Torres Strait Islander, 2.9% Aboriginal and Torres Strait Islander
 - 6.1% of Australian Indigenous population live in Victoria
 - 2.3% of Australian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

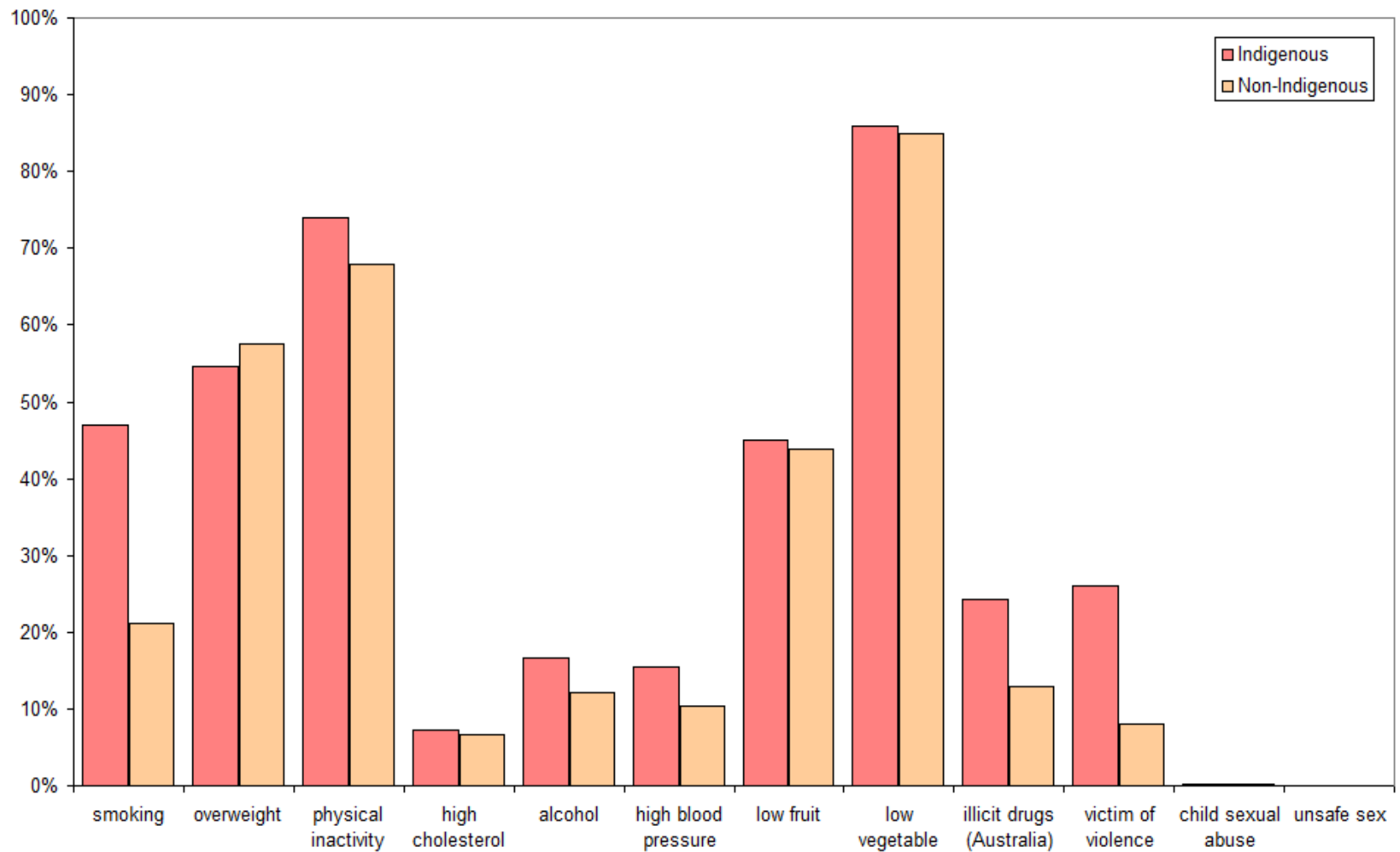
Health-related actions

| 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% |

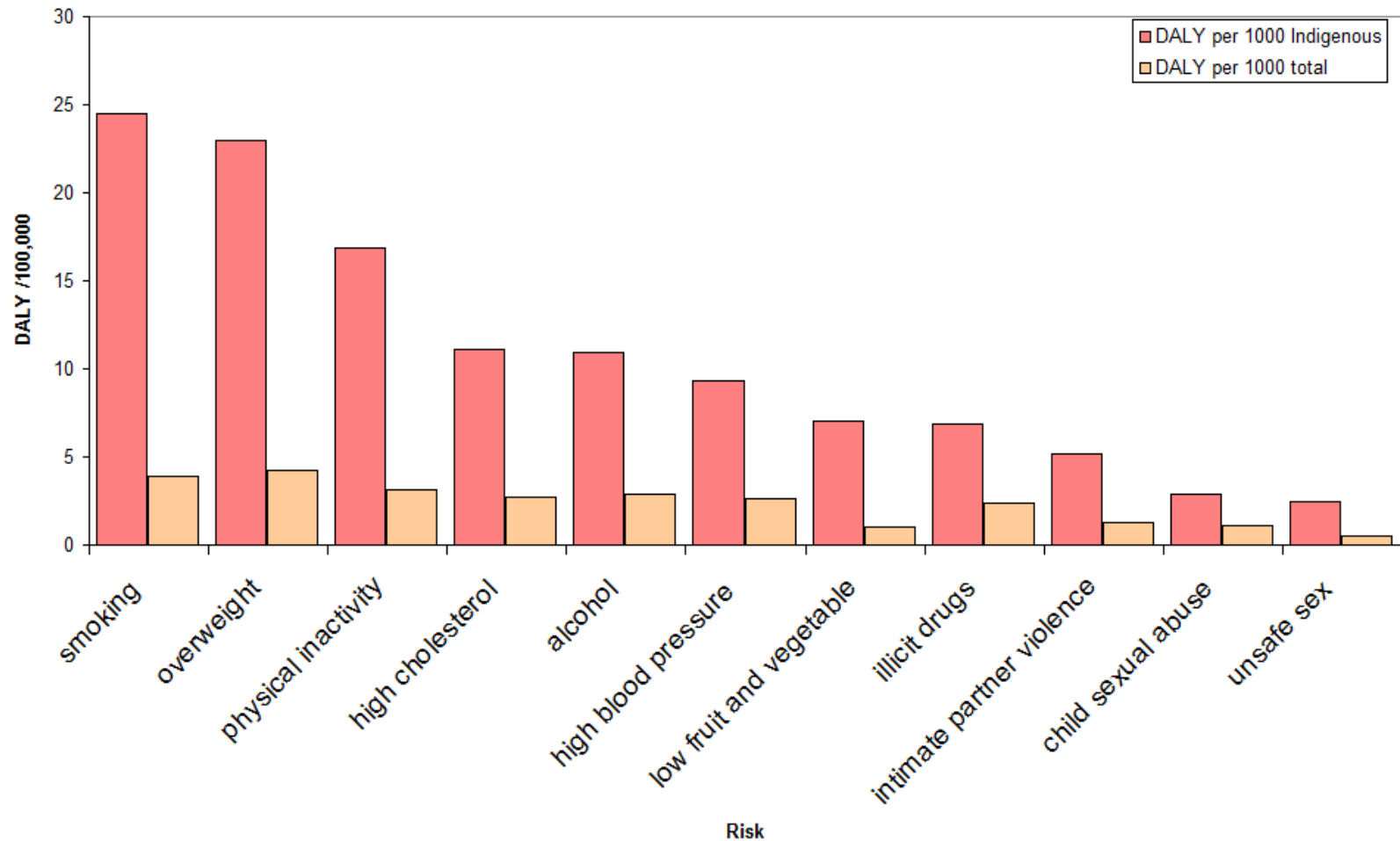
'Lifestyle' risk factors



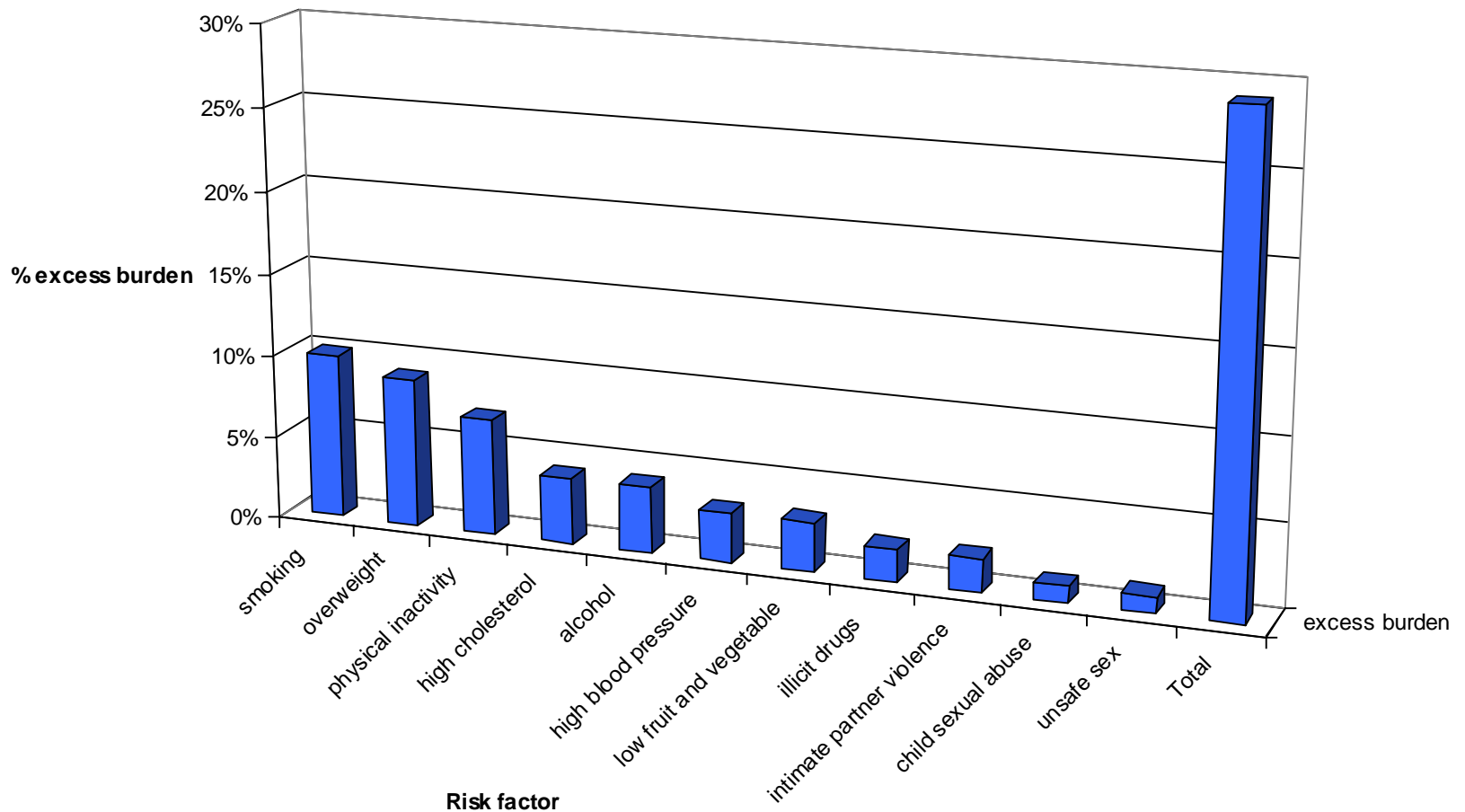
Excess burden of disease

| 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

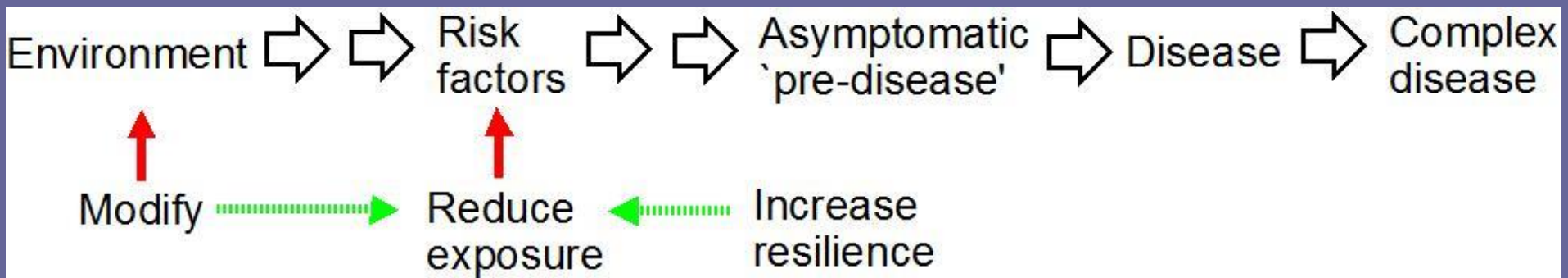


Closing the gap

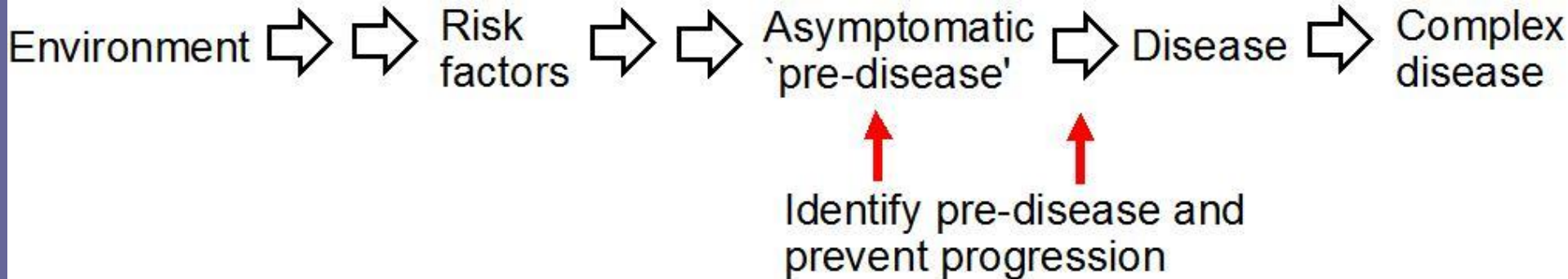
- The prevalence of burden shows the potential gain
- The prevalence of risk factors shows the size of the task
- Risk factors are driven by social determinants



'Health promotion'



'Preventive health care'

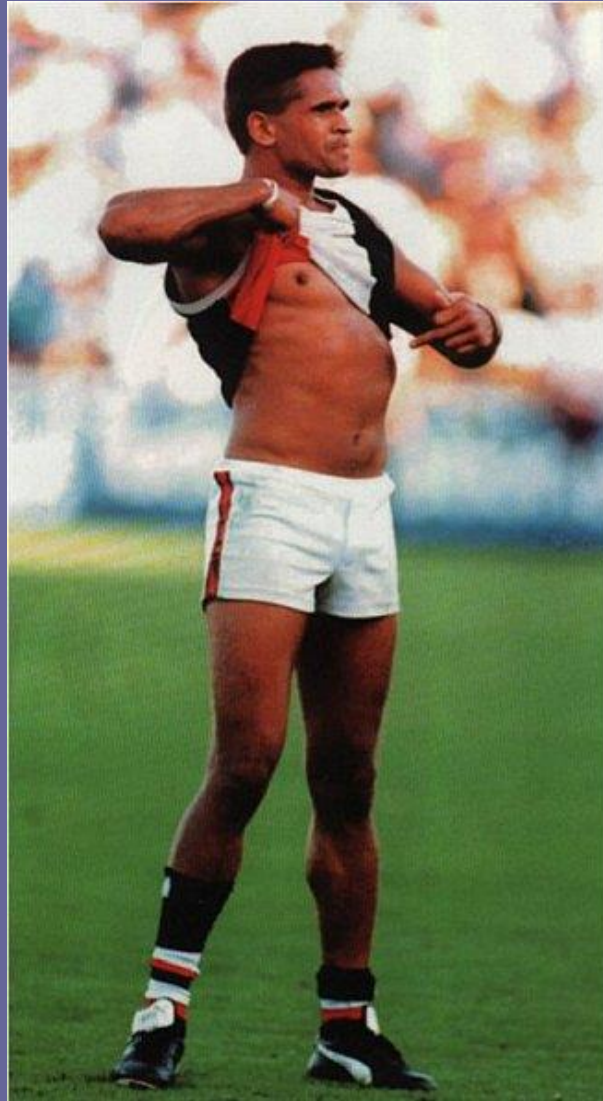


Primary health care

- 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

