

We are the ones we are waiting for ... a response to 'Close the Gap'

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Introduction

In September 2007, an Aboriginal Health Study Tour from Western Australia was funded through Aboriginal Health Council of Western Australia (AHCWA), Derby Aboriginal Health Services (DAHS), OXFAM and South West Aboriginal Medical Service (SWAMS) to visit New Zealand, Canada and Alaska. The scope of the study tour incorporated investigating health outcomes across the continuum of care and health areas. A focus of the study tour was to explore the planning, development and implementation of key strategies that led to reducing the differences in life expectancy between Indigenous and non-Indigenous people in their respective countries.

This project was based on an action based methodology with service providers taking control of 'closing the gap' in this State, however, it is envisaged that the information will have national implications for all Aboriginal Medical Services (AMSs). Over the years, there has been ongoing relationship between the three agencies (AHCWA, DAHS and SWAMS) who recognise the complexities and who are committed to making changes to the provision of health services to their communities across urban, rural and remote settings in Western Australia. The support of OXFAM Australia was imperative in gaining inroads into areas highlighted in the 'Close the Gap' document.

The group visited rural and remote regions in these countries, met with academics, policy makers, community elders, Indigenous and non-Indigenous service delivery groups; and consumers of health services/programs. They toured facilities and communities to gain an understanding of the best practice programs across the continuum of health care; and the environments in which they are implemented. This was an important part of the study tour to reflect on the similarities and differences in culture. An analysis of priorities and a potential health focus was undertaken as part of this project. A critical overview of these countries and their funding arrangements, cultural and health programs have been analysed as an outcome of this project.

Policy and funding implications

The group identified five areas of sustained effort that would (given long term investment) make a difference to Aboriginal communities:

- focused funding
- holistic and traditional healing approaches
- chronic disease self-management
- emphasis on building culture
- workforce development.

Focused funding

From a specific health program perspective—the main focus across all three countries (but more specifically in Canada) was the emphasis and funding that went into child and maternal health. Australia has the beginnings of through programs such as *Headstart* (also known as *Firststart*). Additional funding is needed to plan, implement and monitor this program in every Aboriginal Medical and/or Health Service across Australia.

Oral health programs were also a major investment in all three countries. The link between oral health and physical health has been well documented and the investment needs to be consistent and long term. This is an important area to target within the health promotion, prevention and early intervention programs in day care centres, pre schools and school age children. Various outreach programs have proved to be successful, for example the oral health vans in New Zealand and the use of telemedicine in Alaska, especially the investment in training Indigenous dental therapists to work in rural and remote areas of the country.

Holistic and traditional healing approaches

Across all three countries (Alaska, Canada, New Zealand) the Indigenous populations all have federal recognition for their respective ‘stolen generations’ and a systematic and holistic view of health services. Health programs are funded equitably across regions, however, the specific implementation differed between countries and regions dependent on the needs of the community.

Traditional healing centres have a strong presence in all three countries—an example of this is the South Central Foundation (Alaska Native Medical Centre) who provides:

- healing hands
- prayer
- cleansing
- song and dance
- culturally sensitive, supportive counselling
- talking circles
- Alaskan and Canadian traditional healing gardens.

Traditional healing clinics/centres are accepted and recognised as an integrated practice alongside western medical practices. This is not consistent within Australian States and Territories.

Chronic illness self-management

All three countries but specifically New Zealand and Canada promote self-management for chronic disease conditions. This is promoted through the provision of information, guidance, care coordination and self-management methods that assist patients to monitor and manage their own health. Australia can learn much from these countries in the planning and implementation of these culturally based programs.

Emphasis on building culture

A strong cultural influence was observed in all three countries, bearing in mind that minimal time was spent in urban areas, in which the perspective could have been different as compared to observations made in rural and remote regions by the group. As stated previously, culture and tradition permeate

throughout communities and was observed by the study group to be the foundation for all health care program development.

All Indigenous services are provided by Indigenous controlled organisations. This was considered an important element by local health authorities in planning, developing and implementing health care services to Indigenous populations. Elders in communities in all three countries provide strength and bonding for their respective communities.

Workforce development

In all three countries visited, there was a strong emphasis and commitment to workforce development at all levels. Funding is provided for paid work and teaching/learning scholarships to create Indigenous health professionals that return to work in local communities. Staff in all three countries commit to training and will often attend training courses after hours and on week-ends.

Progress to date

As a direct result of the study tour South West Aboriginal Medical Service (SWAMS) and Derby Aboriginal Health Service (DAHS) have been advocating through the Aboriginal Health Council of WA for a culture building program, focused funding for child and maternal health; and a definitive planned Indigenous workforce development strategy in this State.

SWAMS has implemented an oral health program at the local Aboriginal primary school—providing oral health education, free toothbrushes and toothpaste to enhance oral care within the local community. Investigation and planning for a healing centre has commenced through discussions with funding bodies and the community. Funding has been sought to implement ‘Healthy for Life’ and this funding submission has been successful to assist the AMS to plan and implement promotion of good health, prevention strategies and chronic illness self-maintenance. SWAMS is developing an agenda for a traditional medicine/healing conference for the South West region in the coming months. The organisation has adopted an elders program from New Zealand with elders working in the community to ensure that the needs of our older people are addressed by the service.

The CEO from DAHS has continued to use the experience gained overseas to enhance the quality of the services they deliver.

Summary

The presentation will provide an overview of the similarities and differences between the countries in terms of philosophies, culture, environments and health programs. It will also cover the collective learning from the group on their recommendations for change and a future direction for meeting the health needs of Aboriginal people in Australia and more specifically in Western Australia.

Several programs implemented in a rural Aboriginal Medical Service will be described as a direct result of the study tour. In conclusion, the presentation will outline the major policy indicators for implementation in Rural and Remote Western Australia to make the difference required to ‘Close the Gap’.

Presenter

Carolyn Ngan is Operations Manager WA Country Health Services—Inland. Carolyn has a background in occupational therapy, has worked in disability and mental health over the past 20 years in New Zealand and Western Australia. She has completed a Masters in Leadership and Management and has a commitment towards enhanced health models for Indigenous communities. She worked on secondment with the South West Aboriginal Medical Service to develop their models of care. She has a strong interest in rural primary health care models and specifically in chronic disease models.