Speech by Pat Anderson

To the
NT Divisions Network
Primary Health Care Forum

"Teamwork Works"

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Crowne Plaza, Darwin

I would like to acknowledge the Larrakia Nation: owners of this land where we meet today.

I want to thank Cathy Bell for inviting me to talk with you today and I want to thank each of you for your efforts towards improving health here in the Northern Territory.

I am sick of attending funerals for people who died too young and weren't able to achieve their life's potential.

I don't need to tell anyone in this room that too many Aboriginal men and women die too early.

That point is not arguable.

But, after thirty years of concerted effort do we know whether our hard work is having an impact?

Can we tell whether the more collaborative, team work approach which is increasingly characterising the Aboriginal health sector in the NT is producing results?

I want to talk today, in the context of the theme of this forum - "Teamwork – its good Practice" - about some new research that indicates the benefits of a teamwork approach in dealing with the deplorable state of Aboriginal health.

I want to talk specifically about teamwork between Aboriginal and non-Aboriginal health practitioners and teamwork between health practitioners and health researchers.

A couple of weeks ago the Cooperative Research Centre for Aboriginal Health, which I chair, promoted some very significant new research conducted by the University of Melbourne and the Menzies School of Health Research.

The research, published in the Medical Journal of Australia, showed a slow down in the mortality rates of Northern Territory Aboriginal people.

Entitled **“Long-term trends in Indigenous deaths from chronic diseases in the Northern Territory: a foot on the brakes, a foot on the accelerator”** the MJA report was based on investigations into NT Aboriginal deaths from the six major non-communicable diseases.

The diseases investigated in the MJA report were ischemic heart disease, chronic obstructive pulmonary disease, stroke, diabetes, rheumatic heart disease and renal failure.

These six diseases caused 30% of all NT Aboriginal deaths.

I would urge you all to read the report published on August 7 as it provides some positive confirmation that while we certainly can’t

claim to be turning Aboriginal heath around in the NT we are beginning to see the first glimmers of improvement.

In our work there aren't too many "good news stories" and we all need positive confirmation that our efforts aren't in vain; that the perception held by many Australians about the intractable nature of Aboriginal ill-health is untrue.

So what did the researchers find?

They found that death rates from some diseases were actually falling while deaths from other diseases were still rising but at slower rates than previously.

Specifically the researchers found that:

- Death rates from ischemic heart disease nearly doubled and from diabetes more than quadrupled, although the annual increase in these death rates was slower after 1990.
- Death rates from chronic obstructive pulmonary disease (mainly chronic bronchitis and emphysema) dropped by twenty-five percent after rising before 1990 and then falling thereafter.
- There were no significant trends in stroke and rheumatic heart disease deaths, and trends in renal failure deaths could not be adequately assessed.

Most significantly the research showed death rates for chronic diseases were increasing more slowly (or even decreasing) in the 1990s compared to the 1980s.

The researchers pointed out that if this trend continues, we may see significant improvements in NT Indigenous chronic disease mortality when data from the current decade becomes available.

So what can we deduce about the cause of these improvements?

The principle cause seems to be improved access, over the past thirty years, to primary health care and, more recently, better methods of chronic disease management, particularly some groundbreaking programs aimed at better informing patients of their options to make changes in their own management of the disease.

You heard earlier today of one such program, Continuous Improvement – Chronic Disease, being run out of the Danila Dilba Health Service which has been running for 2 years and aims to support patients to make realistic changes to their lifestyle in light of their condition.

One of the other critical factors making this and other similar programs succeed has been the role of Aboriginal health workers and the way these programs are often informed by high quality research.

These factors represent what the CRC sees as two important prerequisites for health improvements; increased power and control of health programs by Aboriginal people themselves and a significantly improved process of research transfer, of ensuring that research outcomes are able to be practically implemented in the clinic setting.

Another program which provides a real cause for optimism is the Audit and Best Practice for Chronic Diseases or ABCD which you heard about earlier today.

The ABCD project embodies the sort of research supported by the CRC which meets the two objectives outlined above.

Through a teamwork approach incorporating researchers, clinic managers, health workers and a number of health departments across Australia ABCD has had a marked impact.

Improved HbA1c control among patients;
Much improved blood pressure management
Increased flu vaccination rates ;
And improved rates of men's health screening one of the big challenges to health improvements.

These and other health interventions - driven by research and heeding the voices and experiences of Aboriginal people themselves – will, I believe, build on the early success of reduced mortality rates

and continue the process of redefining Aboriginal health in the interests of Aboriginal people.

The NT Government recently released figures showing an increase in life expectancy for NT Aboriginal women.

Steve Guthridge's research found that from 1996 – 2003 the life expectancy of Aboriginal women increased from 65 years to 67.9 years.

According to the Department of Health and Community Services this result shows that health staff in community controlled and government health services are improving health outcomes by systematic management of chronic diseases.

This increase in life expectancy follows earlier statistics showing a reduction in infant mortality from 25 per 1000 births in 1996-2000 to 16 per 1000 births in 2001-2003.

Some people have downplayed these results, pointing out that whilst Aboriginal death rates are falling or slowing down the death rates for non-Aboriginal people are decreasing at a much faster rate.

They remind us that the life-expectancy gap between Aboriginal and non-Aboriginal people continues to widen, and this is of course true.

But that fact should not detract from the positive findings contained in all the reports I've referred to.

We need to acknowledge the improvements, learn how and why they've come about and ensure that we build on our successes through greater government investment in primary health, further development of capacity in the Aboriginal community and ensuring that health research is driven by Aboriginal needs and priorities.

We need to build on the work that's been done in developing effective relationships and team work between health professionals, including both GPs and specialists and the Aboriginal communities they serve.

And we need to ensure that research results are expeditiously made available to health services in a form that makes their practical application easier and more likely.

In short the importance of creating a teamwork approach and ensuring greater Aboriginal control of the design, implementation and management of health services is born out by recent research.

At a time when mainstreaming of services is increasingly proposed as a solution to Aboriginal disadvantage it is essential that we all hold the line and retain our commitment to the principle of Aboriginal control.

I remain concerned that Governments seem to find it difficult to take Aboriginal voices seriously.

I remain firmly convinced that we, and I mean here both black and white people involved in and committed to providing appropriate health services, know what needs to be done.

Years of our own personal experience and high quality research mean that we are not operating in the dark when it comes to understanding both the causes of, and solutions to Aboriginal ill-health.

What's too often missing from the equation is government willingness to follow the advice given by Aboriginal people and our non-Aboriginal friends in the sector.

This deafness of government and a lack of funds will be the most serious obstacle to consolidation and expansion of the successes created through teamwork.

We need to get this message out far and wide: it's now time to expand and consolidate the work of Aboriginal Medical Services and government health clinics; time to increase the role of Aboriginal health Workers; time to improve on how we conduct and transfer research and above all time to increase the funding for Aboriginal health.

It’s certainly not a time for rolling back the advances of the past few decades and trying to reinvent the way we do business in the Aboriginal health sector.

I want to finish with a couple of thoughts.

I’m conscious that my remarks this afternoon have been exclusively about the Aboriginal health sector but I know that the lessons learned about team work in that sector equally apply to mainstream health.

I’m increasingly aware that the imperatives demanded by the degree of ill-health in Aboriginal Australia have seen the development of some ground-breaking initiatives in how health services are designed and delivered and that many of these initiatives are just as necessary in mainstream health.

The empowerment of patients to better manage chronic diseases, as described by Carol Jobson of Danila Dilba earlier today is one case in point.

Surely such a program would be equally useful in improving chronic disease management in the mainstream community?

The final point I want to make is the role of the General Practice and Primary Health Care NT as a bridge builder between the Aboriginal and mainstream health sectors and between geographic regions within the NT.

This bridging work, undertaken so successfully by the GP&PHC NT, is an essential role in creating teamwork across sectors and across and between the Aboriginal community-controlled health sector and the Department of Health clinics.

We can no longer afford to work in isolation from each other.

I congratulate you all for your hard work and to the GP&PHCNT for, once again, creating a forum for robust discussion and debate.

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