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June Oscar is an Aboriginal woman from Marninwarntikura Women’s Resource Centre, Fitzroy Crossing, in the Kimberley region of the Northern Territory, Australia, where about 4500 Aboriginal people live in more than 45 communities. She had attended 50 funerals in 1 year, many of which were for suicides related to alcohol abuse. She was also concerned about the one in four babies born with fetal alcohol spectrum disorder in the region, which she regarded as a particular disaster for an oral-based culture. After consultation with other women and their community Elders, the group made two films, Yajilarra (to dream) and Marulu (precious, worth nurturing, see webvideo), about how alcohol was destroying their lives through violence and crime. In 2009 they presented Yajilarra to the UN in New York and to the Australian Government. The result of their amazing initiative was that alcohol restrictions were introduced in the area: no drinks over 2.7% alcohol content could be sold in takeaways. The move was not universally popular, as the film depicts, but after the restrictions were introduced domestic violence fell by 43% and alcohol-related presentations to hospital were reduced by 55%—success indeed. The restrictions have now been taken up by some other rural communities.

Of the 8 billion Indigenous people in the world, about 570 000 live in Australia. In that country and other developed countries, such as New Zealand, the USA, and Canada, the health inequalities between Indigenous and non-Indigenous populations are enormous. In Australia the death rates from non-communicable diseases in Aboriginal and Torres Strait Islander people are shocking—those from diabetes are 13 times greater, those from kidney disease are five times greater, and those from heart disease are three times greater than in non-Indigenous people. There are also huge gaps in life expectancy. Aboriginal and Torres Strait Islander people die nearly 20 years younger than non-Indigenous Australians, by contrast with Indigenous people in Canada, the USA, and New Zealand, where this difference in life expectancy is between 3 and 7 years. Infant mortality rates in Aboriginal and Torres Strait Islander people are three times that of non-Indigenous children and about 50% higher than in Indigenous children in the USA and New Zealand.

These statistics can be directly attributable to several factors, the most important of which are social and economic disadvantage: poverty, poor housing, lack of education, poor access to medical care, and low income. Alcohol and smoking are particular problems in the Aboriginal population. Only 17% of Australians smoke, but 45% of Aboriginal people do so, indicating that the highly effective antismoking legislation in Australia has not filtered down to the Indigenous population. Alcohol-related deaths are disproportionately high and fetal alcohol syndrome is prevalent in Indigenous people.

A recurring theme in presentations at the Royal Australasian College of Physicians (RACP) 2011 Congress, in Darwin on May 22–26, was the importance of Indigenous communities, health workers, and
Clinical Series and our clinical content

Every journal has a personality. A journal’s content represents the mix of interests and skills in its editorial team. The Lancet tries, though surely fails on many occasions, to convey four aspects of our collective personality to readers. First, a commitment to the best international research that influences the ideas and practice of medicine. Second, a desire to put global health in the mainstream of modern medical thinking. Third, being a place for robust comment and opinion. And fourth, strengthening knowledge and understanding of the treatment and prevention of disease. As catalysts for bringing science to bear on practice, policy, and subsequently advocacy, our global health Series, such as those on stillbirths and vaccines, have sought to take the journal from being a passive recipient to an active participant in global health affairs. We now seek to do the same in the field of clinical medicine.

To further strengthen our clinical content, we are adding a programme of clinical Series to match our global health and country Series. We are publishing the first clinical Series in this issue—on arthritis. With these Series, we aim to provide a summary of pathophysiology, basic science, and—where important—genomic insights, as well as directly useful, practical, up-to-date clinical information on prevention, diagnosis, and management in a variety of important or neglected disorders. In addition, relevant new research will be critically examined and unanswered questions and new research areas will be highlighted to help define future research agendas. These Series will complement our Seminars, Reviews, and Clinical Core Collection, and serve as an opportunity to highlight and summarise in sufficient depth clinical areas in which an active and fast-moving body of research might make it difficult for busy clinicians to keep abreast of new findings and current best practice. Researchers might use these Series too as a basis for new research questions. We would be happy to hear about your ideas for topics that we should cover as a clinical Series.

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Much needs to be done to improve the health and wellbeing of Indigenous people everywhere, but in the words of June Oscar and Maureen Carter in Australia, “The journey is long and hard, but we have begun.”

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