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6-18-2011

Health initiatives by Indigenous people in Australia

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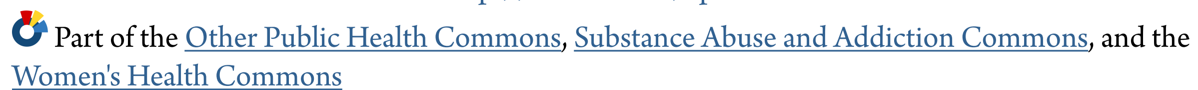
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Citation of this paper:
Clark, Stephanie, "Health initiatives by Indigenous people in Australia" (2011). *Aboriginal Policy Research Consortium International (APRCi)*. Paper 242.
http://ir.lib.uwo.ca/aprci/242

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Health initiatives by Indigenous people in Australia

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.[1] The restrictions have now been taken up by some other rural communities.

See Online for webvideo

Newspix/News Ltd

June Oscar (left) and Emily Carter, CEO and Chair of *Marninwarntikura* Fitzroy Women's Resource Centre

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.[2] There are also huge gaps in life expectancy. Aboriginal and Torres Strait Islander people die nearly 20 years younger than non-Indigenous Australians,[3] 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.[4]

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.[5] Alcohol-related deaths are disproportionately high[5] and fetal alcohol syndrome is prevalent in Indigenous people.[6]

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

researchers having a major role in decisions about health care. The achievements of June Oscar and her colleague Maureen Carter, who presented the films at the Congress, are shining examples of the success that can be gained by the Indigenous community.

Another example of progress is the formation of the indigenously led Lowitja Institute in Melbourne.[7] The aims of the institute are to build a national strategic research agenda to improve the health of Aboriginal and Torres Strait Islander people, who are represented by Dr Lowitja O'Donoghue, Ms Pat Anderson, and Professor Ian Anderson. Its charter will ensure that these groups will have a large say in the research process. Research projects are under way, and the institute offers scholarships to Aboriginal researchers. The expectation is that with Indigenous people under taking these projects they will win the Aboriginal and Torres Strait Islander peoples' trust and engagement in health and education systems—something that has been scarce up to now. The overriding message from the RACP Congress and from the Lowitja Institute is that education and Indigenous leadership are key for the improvement of the lives of Australian Aboriginal people.

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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Clinical Series and our clinical content

See **Series** pages 2115, 2127, and 2138

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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