The inequalities surrounding indigenous health

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The Inequalities Surrounding Australian IndigenousHealthInequality in health is one of the most controversial topics within Australian Health Care. Inequality inrelation to healthis defined as being “ differences in health status or in the distribution of health determinants between different population groups” (World Health Organization, 2012). Within Australia inequality affects a wide range of population groups; however Indigenous Australians are most widely affected therefore this paper will focus on how inequality has impacted their health.

Research shows that Australia’s Indigenous people suffer from a multitude of social and economic inequalities such as inadequate access to nutritiousfoodand health care, being socially and economically ostracized, cultural barriers, discrimination, inadequate shelter and sanitation, and insufficienteducation(Commonwealth Grants Commission 2001, p. 58-60; AustralianHuman RightsCommission 2007), which all contribute to poor health physically, emotionally and spiritually. To gain a better understanding of the ill treatment of this population it is important to review Australian history and the affects on the individual and the community.

Throughout history Indigenous Australians have suffered great inequality at the hands of white settlers. In 1788 the British colonialists arrived claiming the continent as their own withoutrespector consideration for its inhabitants. The inequality suffered by the Indigenous due to this lack of respect was brutal and executed with contempt, such as large scale massacres, assimilation of Indigenous children (known as the stolen generation), the banishment of entire communities, and a loss of land impacting on the hunter gatherer lifestyle etc. Australian Indigenous Health Info Net, 2011).

Prior to the arrival of the British, “ Indigenous Australians generally enjoyed better health ... than most people living in Europe” (Australian Indigenous Health Info Net, 2011), this could be directly due to the nomadic lifestyle and relatively small clans. According to the Australian Indigenous Health Info Net after the arrival of the British, Indigenous tribes were exposed to a number of diseases such as pertussis, small pox, tuberculosis, venereal diseases, measles, scarlet fever and Influenza.

Having had no previous exposure to such afflictions Indigenous Australians endured a significant loss of life and their social structure was severely disrupted (2011). Throughout history inaccessibility of conventional health services and insufficient distribution of health frameworks in some Indigenous communities, has inevitably created a disadvantage to be as healthy as non-Indigenous Australians (Australian Human Rights Commission, 2007).

Although society has advanced and is now bound by more equitable laws, large numbers of Indigenous Australians as individuals and as communities continue to suffer lower socioeconomic circumstances and health inequalities. This history of inequality, discrimination and overall mistreatment has not only had a prolific impact on the health and socioeconomic status of Indigenous individuals but it has contributed to an increase in detrimental social conditions and a lack of faith in their Non-Indigenous counterparts, the Government and the Australian Health Care System.

Isaacs, Pyett, Oakley-Brown, Gruis, and Waples-Crowe (2010) found that “ A general lack of trust in mainstream services by the Indigenous community

and previous experiences ofracismand discrimination can draw individuals away from these services" (p. 78). VicHealth determines that the disadvantages of financial hardship has a considerable residual influence on health inequalities (2005, p. 1). Low income and financial hardship has commonly been linked with poor housing and hygiene. Disadvantaged Indigenous individuals are more than often sharing their dwellings and overcrowding is not unlikely.

Overcrowding generally means that there is an unavoidable spread of disease (Commonwealth Grants Commission, 2001, p. 58-60), placing significant strain on an individual's financial position, due to higher expenditure outcomes, affecting their ability to seek health treatment. Such strain can increase the individualsstresslevels. The Australian Human Rights Commission points out that stress " can impact on the body's immune system, circulatory system, and metabolic functions through a variety of hormonal pathways and is associated with a range of health problems, particularly diseases of the circulatory system (2007).

Indigenous individuals are strongly identify with their community and work together to heal rather than exclusively. Therefore socio-economic disadvantages, intolerance and health inequalities that affect Indigenous individuals also have an impact on their communities. The introduction to the western/European way of living, loss of ancestral land, intolerance and the economic disadvantages that Indigenous Australians suffer fuels socially related conditions within their communities such as substance abuse, violence, increased degrees of infectious diseases and chronic diseases etc. ulminating in higher mortality rates than non-Indigenous Australians

(Duckett & Willcox, 2011, p. 34-35). Stephens, Porter, Nettleton and Willis (2006) state that “ infectious disease burden persists for Indigenous communities with high rates of diseases such as tuberculosis, and inequality also exists in the prevalence of chronic disease, includingdiabetesand heart disease” (p. 2022). Statistics show mortality for most age groups of the Indigenous population is twice that of non-indigenous people.

The highest rate of mortality of Indigenous people is six times that of non-Indigenous Australians, this mortality is encountered by both males and females aged between 35-44 years of age (Duckett & Willcox, 2011, p. 33). Consistency of low socioeconomic position in Indigenous communities is a causality of ill health which exacerbates Indigenous people’s disparity, contributing a continuum of disparity and ill health among generations (VicHealth, 2005, p. 3). These impacts of health inequality for Indigenous Australians on the Australian health system are varied.

Hospitals and health services experience a higher influx of Indigenous patients compared to their counterparts (Australian Human Rights Commission, 2007). The Australian Institute of Health and Welfare maintains that the ratio of Indigenous patients in health care settings compared to non-Indigenous is about three to one. Indigenous people present with a plethora of health problems including cardiovascular disease, diabetes, substance and violence related injuries, mental illness etc. (2011). All of these health issues have a deep correlation with inequality.

The high rates of patient intakes and health issues surrounding Indigenous people suggests they are not accessing health services and health education that encourages and aids in prevention. As mentioned earlier Isaacs et al

(2010) stated that this is a direct impact of fear and trust related to racial discrimination (p. 78). Insufficient education may play a role in the inability to understand what services are available to them. An abundance of health services are available to urban Indigenous communities; however access to services for more remote communities poses muchfinancial difficultyand stress.

Financial stress has also impacted the health care system as funding continually needs expansion to support the outcomes of poor health inequalities for this population. In 2006-2007 “ Indigenous health care expenditure accounted for 3. 3% of national expenditure” (Australian Institute of Health and Welfare, 2011). The Australian Institute of Health and Welfare states that this is only slightly higher than what is allocated to services accessed by Non-Indigenous Australians, even though Indigenous people suffer a higher burden of disease (2011).

It is evidential that more services are required to create preventative outcomes and to relieve financial burden across the board. Considering Indigenous people generally work as a community rather than as individuals (being that they are clan affiliated) perhaps it would be more beneficial for the community as a whole to address what improvements need to be made to better suit their cultural beliefs. Freemantle, Officer, McAullay and Anderson (2007) acknowledge that Indigenous communities who oversee attainable and adaptable services have consistent, convincing health improvements (p.). Community leaders should work cohesively with local and state governments to create more holistic approaches toward gaining effective health outcomes. This may mean making the choice to take a leap

of faith in the health care system and the government that has primarily been responsible for the mistreatment of Indigenous peoples. In addition the government at a national level is cohesively strategizing to improve life for Indigenous people. The Council of Australian Governments (COAG) has agreed upon a strategy developed to ‘ Close the Gap’. Closing the Gap is a commitment by all Australian governments to improve the lives of Indigenous Australians, and in particular provide a better future for Indigenous children” (Department of Families, Housing, Community Services and Indigenous Affairs, 2009). State health departments such as VicHealth are also aiming to create improved healthequalityby enhancing awareness across all sectors, engaging in promotion to decrease health inequalities, establishing schemes that address health inequalities etc. (2005, p.). Compared to the global community, Australian life expectancy and morbidity rates for Indigenous people have been found to be greater than that of other developed communities such as New Zealand, Canada and the USA (Freemantle et al. 2007, p. 2). The Freemantle et al. research (2007) revealed that Australian Indigenous people had an inferior life expectancy with males living approximately 56 years and females 63 years. In comparison, Canada’s Indigenous males lived approximately 68. 9 years and females 76. 6 years.

In addition, the discrepancy in life expectancy between Australia’s Indigenous population and their non-Indigenous counterparts is marginally greater than that of other developed nations, with non-Indigenous Australians life expectancy at 76. 6 years for males and 82 years for females. In relation to morbidity, compared to the USA Australian Indigenous people

experience an increased rate of illness such as diabetes at 85. 4, while the American Indigenous people only experience a rate of diabetes at 36. 2 (p. 26-28).

It is evidential that Australian Indigenous populations suffer higher rates of health inequalities compared to other developed countries; this may be proof that Australia is not doing enough to bridge the gap. However it must be acknowledged that underdeveloped nations experience much lower rates of life expectancy and greater rates of illness, than developed nations. In conclusion it is suffice to say that since white settlement, Indigenous Australians as individuals and communities have suffered great health inequalities, due to racial discrimination and low socio-economic disadvantages.

Although the Australian government and the health care systems are working towards amending these health inequalities, working cohesively with Indigenous communities will increase positive outcomes. Evidence shows that more effective action needs to be committed to and enforced. References Australian Government. (2001). Commonwealth grants commission: Indigenous funding inquiry.

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