CLOSING THE GAP: TACKLING CHRONIC DISEASE

The Australian Government's Indigenous Chronic Disease Package

Australian Government
Department of Health and Ageing

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Disclaimer
To many Aboriginal and Torres Strait Islander communities, it is disrespectful and offensive to display photographs of persons who have passed away. This brochure may contain such photos and we apologise to any communities who may be offended.

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St John of God Health Care's *Strong Family, Strong Culture* program employs senior Aboriginal women as support workers within communities to provide support and education to pregnant mothers. The program recognises the role of tradition and culture in educating pregnant Indigenous women about diet, health and ante natal care.

Image courtesy of St John of God Health Care, WA

INTRODUCTION

Why focus on chronic disease?

Aboriginal and Torres Strait Islander people experience a burden of disease two-and-a-half times that of other Australians. Cardiovascular disease, cancer, diabetes and respiratory diseases are the major diseases contributing to an unacceptable gap in life expectancy.

Reducing the burden of chronic disease requires a much greater effort in delivering prevention programs and comprehensive and well-coordinated primary health care for Aboriginal and Torres Strait Islander people. This booklet provides information on how the Australian Government's Indigenous Chronic Disease Package will contribute to closing the gap in Indigenous health outcomes.

Current situation

The first Aboriginal Community Controlled Health Service was established in Redfern (NSW) in 1971. Today, there are more than 170 Aboriginal community controlled health services funded by the Australian Government. These services deliver a range of comprehensive preventive and primary health care, substance use, and social and emotional wellbeing programs for Aboriginal and Torres Strait Islander people.

If closing the gap in health outcomes between Indigenous and non-Indigenous Australians is to be achieved, it is essential that comprehensive and accessible primary health care be provided not only by Aboriginal community controlled health services, but also by mainstream health services.

The Australian Government's Chronic Disease Package

At the November 2008 Council of Australian Governments[1] meeting, the Prime Minister, Kevin Rudd, announced a joint commitment by the Australian and State and Territory governments to invest up to $1.6 billion over four years to close the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation. The Prime Minister's announcement included $805.5 million over four years from the Australian Government for a package of initiatives to tackle chronic disease.

The Australian Government's Indigenous Chronic Disease Package provides significant new funding for preventive health, more coordinated and client-focused primary health care, and an expanded Indigenous health workforce.

The Package will:

- Promote and support good health through local community activities and the delivery of healthy lifestyle programs.
- Support accredited Indigenous health services and general practices through the provision of financial incentives to provide better health care for Indigenous Australians, including best practice management of chronic disease.
- Address barriers to access for essential follow-up services such as allied health, specialist care and Pharmaceutical Benefits Scheme (PBS) medicines.
- Build service capacity through growth in the number and skills of the Indigenous health workforce.

1 The Council of Australian Governments (COAG) is the peak intergovernmental forum in Australia, comprising of the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association. The role of COAG is to initiate, develop and monitor the implementation of policy reforms that are of national significance and which require cooperative action by Australian governments.

THE INDIGENOUS CHRONIC DISEASE PACKAGE

Preventing chronic disease

The prevention elements of the package will be delivered through a range of health and community organisations, including Aboriginal community controlled health services.

The focus will be on increasing engagement with health services as well as promoting healthy lifestyle choices, and improving access to targeted information about the risk factors for chronic disease, such as smoking, poor nutrition and lack of exercise.

Targeting smoking

Smoking is the leading risk factor for chronic disease in Aboriginal and Torres Strait Islander people, accounting for 12 per cent of the total burden of disease and one-fifth of deaths among Indigenous Australians[2].

Smoking tobacco increases the risk of heart disease, stroke, cancer, respiratory diseases such as emphysema and chronic bronchitis, macular degeneration and blindness. Reducing the number of Aboriginal and Torres Strait Islander people who smoke is essential if the goal of closing the gap in life expectancy is to be realised.

The Package will deliver:

- A national network of regional campaign coordinators to help communities develop local smoking reduction strategies and to coordinate initiatives across all levels of government, as well as health, education and other services. This will be achieved in a staged approach with coordinators recruited to cover 20 sites in 2009-10; followed by recruitment for a further 20 sites in 2010-11 and 17 sites in 2011-12.
- Training for 1,000 existing health and community development workers in relevant interventions to reduce smoking. Up to 200 workers will be trained in 2010-11; 400 in 2011-12 and a further 400 in 2012-13.
- Access to quit smoking services for some 13,500 Indigenous Australians, including individual, family and community-based programs over the four years.
- Funding to promote health issues and services to Indigenous Australians, including funding to promote smoking reduction and healthy lifestyle choices. Education and development kits will be developed by June 2010. Social marketing campaign programs will commence in 2010-11.
- Funding and training for up to 105 healthy lifestyle workers to assist Indigenous individuals and families throughout Australia who are at risk of developing a chronic disease to reduce their risk of chronic disease through the adoption of healthy lifestyle choices. 42 healthy lifestyle workers will be funded and trained by June 2011, another 30 by 2012 and a further 33 by 2013.
- Funding to enhance Quitline services to ensure appropriate interventions.

2 Vos, T, Barker, B, Stanley, L & Lopez, A 2007, *The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003*, School of Population Health, The University of Queensland, Brisbane.

"Poor diet, smoking and a lack of exercise all contribute to poor health and prevent Aboriginal and Torres Strait Islander kids from growing up strong and from realising their full potential – both on and off the field."

Dean Rioli – Menzies School of Health Research and The Rioli Fund for Aboriginal Health (www.rioli.org.au).

"Health to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity."

National Aboriginal Health Strategy Working Party (1989). National Aboriginal Health Strategy (NAHSWP)

PRIMARY CARE – BETTER TREATMENT OF CHRONIC DISEASE

Improving the detection, treatment and management of chronic disease and addressing barriers to accessing health care by Indigenous Australians is a central focus of this package. This will be achieved through reforms to existing programs and support from new initiatives.

Indigenous clients will benefit from additional support to stay healthy and manage chronic conditions. This could include assistance with the cost of medicines and access to follow-up health care such as specialist and allied heath professionals.

Accredited Indigenous health services and general practices will benefit from new financial incentives, to be delivered through the existing Practice Incentives Program (PIP). In combination with the other programs outlined in this section these incentives will assist Indigenous health services and general practices to provide their Indigenous clients with proactive follow-up and access to best practice management of chronic conditions.

The PIP Indigenous Health Incentive:

- This measure will improve the care of Aboriginal and Torres Strait Islander clients aged 15 years and over, who have a chronic disease.
- Indigenous health services and general practices will need to register with Medicare Australia to participate in the PIP Indigenous Health Incentive.
- Indigenous health services and general practices will need to register their eligible clients.
- Payments will be available to eligible Indigenous health services and general practices that undertake certain activities to improve the care of Indigenous clients.
- The PIP Indigenous Health Incentive commences May 2010.

Access to Pharmaceutical Benefits Scheme (PBS) medicines

General practices participating in the PIP Indigenous Health Incentive, and all non-remote Indigenous health services, will be able to register Aboriginal and Torres Strait Islander clients for assistance with the cost of PBS medicines.

This initiative will allow many more Aboriginal and Torres Strait Islander people throughout Australia, particularly those in metropolitan and regional centres, to access cheap – and in some instances free – PBS medicines. Such assistance is already available through remote Indigenous health services.

The PBS co-payment measure:

- This measure will be available to Aboriginal and Torres Strait Islander clients attending Indigenous health services, as well as general practices participating in the PIP Indigenous Health Incentive. Assistance will be targeted to those with chronic disease risk factors or established chronic disease. Co-payment assistance will be available from 1 July 2010.
- Clients will need to be registered by their Indigenous health service or general practice.
- Clients' prescriptions will be processed in the usual way. Clients who would normally pay full price will pay only the concessional rate per prescription – $5.30 as at 30 September 2009.
- Clients who would normally pay the concessional rate will receive their medicines free of charge.

Mandatory patient premiums for some brands of medicines will still apply.

BETTER MANAGING CHRONIC DISEASE AND THE FOLLOW-UP CARE

Chronic diseases tend to be long-lasting and develop over time. They are often complex in nature with multiple factors behind their development. They can lead to the development of other diseases, and are associated with the onset of physical impairment or disability.[3]

Access to ongoing care, including specialist care provided by members of a multi disciplinary team, is important to good chronic disease management.

Clients with chronic conditions need to be connected to the health system and support networks. This assists clients to:

- understand their condition(s) and treatment options;
- develop a care plan, with opportunities to monitor and review that plan;
- take steps to protect and promote health;
- monitor and manage any ongoing symptoms or signs of the condition(s); and
- have confidence in their ability to access and use local support services.

The Indigenous Chronic Disease Package includes measures to support ongoing and follow-up care.

The Medicare Benefits Schedule (MBS) will be revised to allow Practice Nurses and Aboriginal Health Workers to provide additional follow-up care after an Indigenous Health Check – from five to ten MBS billable care items per year, per Indigenous client. This will take effect from 1 November 2009.

Indigenous health services and general practices participating in the PIP Indigenous Health Incentive will be able to refer clients with chronic disease and complex care needs to the Care Coordination and Supplementary Services Program. These services will operate at a regional level to provide care coordination, financial and other assistance to ensure clients are able to access necessary follow-up care.

Flexible funding through the Care Coordination and Supplementary Services Program will:

- Provide care coordination to assist individual clients to access follow-up care services consistent with their care plan; and
- Overcome barriers that could reduce access to follow-up care provided by allied health professionals and specialists.

Improving access to specialist care

The Medical Specialist Outreach Assistance Program will be expanded to introduce multidisciplinary teams comprising specialists, general practioners and/or allied health professionals to better manage complex and chronic health conditions in rural and remote Indigenous communities.

Access to specialist care will be enhanced by funding beginning in May 2010 to support private specialists to provide outreach services in urban areas and assist with the cost of specialist follow-up care for Indigenous Australians.

3 *Chronic Diseases and Associated Risk Factors in Australia, 2006.* Australian Institute of Health and Welfare (AIHW) – 2006.

"The Western Suburbs Indigenous Gathering Place (Maribyrnong, VIC) was established in 2003 to support the health, cultural and community needs of local Aboriginal and Torres Strait Islander residents. Our focus on preventive health and chronic disease management - including diabetes education, nutrition, and a quit smoking program - is based on a holistic approach to Indigenous health and wellbeing, and is driven by a coordinated Health Plan that is supported by 32 other local mainstream service providers."

Colleen Marion, Founder and CEO.

SMOKING
WHO NEEDS IT

GROWING THE INDIGENOUS HEALTH WORKFORCE

The number of Indigenous Australians employed in the health and medical professions has grown strongly over recent years. For example, in 1996 there were 41 Indigenous general practitioners working in Australia. In the ten years to 2006, this number has doubled to 82[4].

There has also been sustained growth over recent years in the number of Indigenous students enrolled in health courses (1,426 in 2006[5]), the number of registered Indigenous nurses in Australia (1,135 in 2006[6]), and in the number of Aboriginal Health Workers (1,012 in 2006[7]).

The measures in this package will build on this growth, and help to increase the number of qualified Indigenous health and medical professionals. It will also increase the number of qualified non-Indigenous health and medical professionals providing health care to Indigenous Australians.

Workforce training, expansion and support

Targeted funding will be provided to increase the capacity of primary care services to deliver effective health care to Indigenous Australians. The package includes a range of workforce initiatives, including:

- More than 160 new Indigenous Outreach Workers in Indigenous health services and Divisions of General Practice throughout Australia. Indigenous Outreach Workers will be recruited from Aboriginal and Torres Strait Islander communities and will receive training, mentoring and support to enable them to reach their full potential;
- Funding and training for up to 105 healthy lifestyle workers to assist Indigenous individuals and families throughout Australia who are at risk of developing a chronic disease to reduce their risk of chronic disease through the adoption of healthy lifestyle choices. 42 healthy lifestyle workers will be funded and trained by June 2011, another 30 by 2012 and a further 33 by 2013;
- An additional 38 GP registrar training posts will be established in Indigenous health services;
- Chronic disease self-management training to more than 400 people already in the health workforce so that they can support Indigenous Australians to better self-manage their chronic disease. Training will be provided to at least 100 workers in 2010-11, 150 in 2011-12 and a further 150 in 2012-13;
- At least 75 extra health professionals and practice managers in Indigenous health services;
- Expansion of current nursing scholarship program arrangements to provide for 50 new nursing scholarships and 50 nurse clinical placements each year over four years in Indigenous health services;
- A recruitment campaign to encourage existing health professionals and Aboriginal and Torres Strait Islander people to work in Indigenous health;
- A primary health care resource addressing the prevention and primary care management of key chronic diseases experienced by Indigenous people will be developed for use by primary health care professionals. Mainstream chronic disease guidelines will be linked to Indigenous specific information as appropriate; and
- In addition to encouraging more health professionals to work in the Indigenous health sector from 2009-10, a website and a recruitment campaign in 2010-11 will be established.

4 *Aboriginal and Torres Strait Islander health labour force statistics and data quality assessment.* AIHW – April 2009.
5 Ibid.
6 Ibid.
7 *Australia's Health 2008.* AIHW 2008.

TIMING FOR IMPLEMENTATION

Many of these programs start in the 2009 - 10 financial year, and build momentum over the four years. The Department of Health and Ageing will provide information on how to access the various programs and funding under the Package as they come on line.

Priority Area	Measures	4 yr funding $m
Preventing Chronic Disease	National Action to Reduce Indigenous Smoking Rates	$100.6
	Helping Indigenous Australians Reduce Their Risk of Chronic Disease	$37.5
	Local Indigenous Community Campaigns to Promote Better Health	$22.7
Primary health care services that can deliver	Subsidising PBS Medicine Co-payments	$88.7
	Higher Utilisation Costs for MBS and PBS	$140.5
	Supporting Primary Care Providers to Coordinate Chronic Disease Management	$115.1
	Improving Indigenous Participation in Health Care through Chronic Disease Self Management	$18.6
	Increasing Access to Specialist and Multidisciplinary Team Care	$70.8
	Monitoring and Evaluation	$39.9
Fixing the gaps and improving the patient journey	Workforce Support, Education and Training	$17.7
	Expanding the Outreach and Service Capacity of Indigenous Health Organisations and Engaging Divisions of General Practice to Improve Indigenous Access to Mainstream Primary Care	$143.1
	Attracting More People to Work in Indigenous Health	$7.2
	Clinical Practice and Decision Support Guidelines	$3.1
	TOTAL FUNDING FOR MEASURES	**$805.5**

Further information on the Package can be found at: www.health.gov.au/tackling-chronic-disease