



## Aboriginal and Torres Strait Islander Health

The health status of Aboriginal and Torres Strait Islander peoples is considerably poorer than any other group in Australia.

The life expectancy of non-Indigenous Australians has risen over the last three decades. However, the life expectancy of Aboriginal and Torres Strait Islander people remains significantly lower.

Hospitalisation rates for chronic and communicable diseases and mental health issues exceed those of non-Indigenous Australians across all age groups.

Contributing factors to the health inequality of Aboriginal and Torres Strait Islander peoples include: unequal access to primary health care and infrastructure; poor nutrition and living conditions; lack of culturally safe and culturally respectful health services and health education; human rights and social justice inequities including the effects of racism and insufficient or poorly targeted funding to meet health care needs; and lack of access to secure and meaningful employment.

The Australian Nursing and Midwifery Federation recognises that the nursing and midwifery professions play a significant role in improving the health of Aboriginal and Torres Strait Islander peoples and that addressing health inequality is a national priority. Essential to improving the health of Aboriginal and Torres Strait Islander peoples, is implementation of the recommendations of the *Report of the Indigenous Nursing Education Working Group 2002*<sup>2</sup>, the human rights based approach outlined in the *Social Justice Report 2005*<sup>3</sup>, and the *Close the Gap*<sup>4</sup> initiatives.

### **It is the position of the Australian Nursing and Midwifery Federation that:**

1. Aboriginal and Torres Strait Islander peoples should have equitable and affordable access to primary health care and health infrastructure.
2. Aboriginal and Torres Strait Islander peoples should have equitable access to adequate nutrition, fresh food and clean water; education to support healthy lifestyles; safe housing, and employment.
3. Aboriginal and Torres Strait Islander community controlled health services should be funded and supported to function within and advocate for their communities.
4. All health services should focus on improving accessibility and safety for Aboriginal and Torres Strait Islander peoples through the provision of culturally safe and respectful health care services.
5. The concept of community control, cultural rights, beliefs and values of Aboriginal and Torres Strait Islander peoples must be respected and incorporated into the delivery of health care.
6. Aboriginal and Torres Strait Islander peoples should be afforded the same choices and rights to refuse or accept treatment and care as other Australian citizens.
7. Mandatory child health assessments must not include invasive procedures.
8. The rights of children must be protected and their families supported to achieve better health outcomes.



9. Aboriginal and Torres Strait Islander peoples should be supported in strategies to reduce and abolish abuse and violence, particularly against women and children.
10. Culturally safe and respectful strategies developed by Aboriginal and Torres Strait Islander peoples to address abuse and violence, including sexual abuse of children, are supported.
11. There must be an urgent focus on primary health care to address poor health outcomes for Aboriginal and Torres Strait Islander peoples through programs for early childhood development, maternal health, health promotion, chronic illness and disease prevention.
12. Content relevant to the history, culture and health of Aboriginal and Torres Strait Islander peoples, including social justice issues, should continue to be mandated in all undergraduate and postgraduate curricula for nursing and midwifery students, and programs leading to endorsement and notation.
13. Aboriginal and Torres Strait Islander peoples should be involved in the development of guidelines for content in undergraduate nursing and midwifery curricula.
14. The role of nursing and midwifery in Aboriginal and Torres Strait Islander communities should be acknowledged and supported by governments.
15. Aboriginal and Torres Strait Islander peoples should have equitable access to nursing and midwifery education through an Australian Government commitment to further incentives and assistance to attract Aboriginal and Torres Strait Islander peoples to a career in nursing and midwifery.
16. Aboriginal and Torres Strait Islander nurses and midwives should have a voice in curriculum and policy development at local, state and national levels.
17. The Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) are the peak representative body.
18. Funding for Aboriginal and Torres Strait Islander health must remain a priority and be aligned with identified needs.
19. The commitment to Aboriginal and Torres Strait Islander health is ongoing.

*Endorsed August 2007*

*Reviewed and re-endorsed February 2011*

*Reviewed and re-endorsed June 2014*

*Reviewed and re-endorsed November 2016*

References:

- 1 Overview of Aboriginal and Torres Strait Islander health status 2015. Available at <http://www.healthinfonet.ecu.edu.au/health-facts/overviews>
- 2 The Indigenous Nursing Education Working Group. 2002. 'gettin em n keepin em'. Report to the Commonwealth Department of Health and Ageing Office for Aboriginal and Torres Strait Islander Health (OATSIH). Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-gettinem.htm1>
- 3 National Aboriginal and Torres Strait Islander Health Plan 2013-2023. <http://www.health.gov.au/natsihp>
- 4 Close The Gap campaign. <https://www.humanrights.gov.au/close-gap-indigenous-health-campaign>