Indigenous health perspectives

Mr Brendon Kelaher
National Indigenous Immunisation Coordinator
Todays talk

- Aboriginal people (Historical to Present)
  - Colonisation
  - Immediate history
  - Vaccine preventable diseases
  - Targeted vaccines

- Issues affecting uptake and coverage

- The Aboriginal workforce

- Your contribution

- Conclusion
Colonisation

• 1788 England well accustomed to variolation.
  • Smallpox greatly reduced

• 1\textsuperscript{st} recorded smallpox outbreak 1789.

Outcome for local community – Sydney Cove

- ‘Most of the Aborigines were simply found dead, some victims were delivered to the medical officers for examination and treatment. That they were pronounced to be smallpox sufferers leaves little room for serious doubts’

- Official report sent to Britain stated
  ‘that half the Aborigine's between the Hawkesbury and Botany Bay died within two months’


Vaccine preventable disease 1800’s

- Cowpox matter for variolation requested by Governor King 1803.

- Significant tuberculosis, pertussis and measles outbreaks recorded by 1820’s.

- Influenza outbreaks caused significant mortality in the non-Aboriginal population - 1820’s and 1838.

- Assumed, huge ramifications in the Aboriginal population but no documentation.
Aboriginal Data Collection

- Not a priority until prompted by health ministers early 1970.
- Aboriginal people 1st counted as Australian citizens 1971.
- Prior to this the ‘Australian Constitution – In reckoning the numbers of the people of the Commonwealth, or of a State or other part of the Commonwealth, Aboriginal natives shall not be counted.
- Ask the question
Indigenous Population Distribution by Jurisdiction, Australia 2006 ABS

Slide care of Mr Brynley Hull and Dr Robert Menzies
Vaccines and Medicare Items Specifically for Indigenous Client

- Vaccines
  Funded/Recommended only for Indigenous Population
  - Hep A, (QLD, NT, WA, SA)
  - Pneumo (50–64yrs and 15–49 with Risk Factors)
  - Seasonal Influenza
    - 6 mo - <5 yrs
    - 15+yrs

- Medicare Items for Indigenous Clients
  - Health checks
    - Child, Adult and Older Persons
  - Aboriginal Health Worker – Cert III NT
    - Item # 10950 with chronic health plan
Figure: 3.2.1  Hepatitis A notification rates (standardised) for NT, QLD, SA, WA, NSW, Vic, for 2000 to 2010*, by Indigenous status

* Notifications where the date of diagnosis was between 1 January 2000 and 31 December 2010
Timeliness of the 3rd dose of DTP vaccine (DTP3) by Indigenous status - cohort born in 2006

![Graph showing timeliness of DTP3 vaccine by Indigenous status. The graph illustrates the percentage of children who received the vaccine on time by age at which they received the dose.]
ACIR reporting

- Standing collection of Indigenous status on ACIR
  - Via Voluntary Indigenous Identification program

- Allows for concentrated follow up of children overdue

- Sensitive follow up is important

- Allows for collaboration b/w Public health, AMS and GP
The Power of Collaboration for immunisation

- Aboriginal Playgroup
  - Space provided

- Attendance
  - ACCHS Nurse and AHW
  - Centrelink
  - Burnside
  - PHU CMH Nurse

- What Happened
  - Use of ACIR data
  - Transportation to AMS
Indigenous staff

- Aboriginal Health Workers
- GP Networks - Close the gap positions
- Public Health - Aboriginal Health Immunisation Workers
Indigenous staff - continued

- Staff around you
  - Job sharing
  - Provision of skill acquisition
  - Collaboration with other organisations
Conclusion

- Identification is the backbone of health access for Aboriginal and Torres Strait Islander people
- Use your Identified data effectively and with respect
- Gain an understanding for Indigenous specific programs/strategies
- Advocate for specified Identified immunisation positions
- Increase and know the workforce around you