National Rural Health Alliance

Healthy and sustainable rural, regional
and remote communities across Australia.

The Senate Standing Committee on Community Affairs References Committee:

Inquiry into equitable access to diagnosis and treatment for individuals with rare and less common cancers, including neuroendocrine cancer

15 March 2024

Question on Notice from Senator Janet Rice, page 22.

Ms Fitzmaurice: Our submission alluded to the fact that for First Nations people it is important to really improve the quality and experience of care in mainstream institutions. So if people are having to travel to metropolitan areas and be in environments that they're really not comfortable in, the system is able to work in partnership with communities to co-design services where racism is eliminated and cultural safety is embedded so that when people do travel to services that are not the local Aboriginal community controlled services they have a much better experience. That's a really important point, I think.
CHAIR: Do you know of research looking at First Nations experiences of mainstream health settings?
Ms Fitzmaurice: I am not personally aware of any. I know there is research about the Aboriginal community controlled health sector and how it has improved the experience of care. That's something we could take on notice, I expect.
CHAIR: Thank you.

Response

Australian Aboriginal and Torres Strait Islander peoples experience longstanding inequity of health outcomes when compared to non-Indigenous Australians.[i,ii] This inequity is increased with greater geographic remoteness.[i] Contributing factors are many and complex but include exposure to poorer social determinants of health, higher rates of health and behavioural risk factors and reduced access to health services.[i] Access to health services is particularly difficult for those living in rural and remote areas due to cost, physical lack of services close to home, and the need to travel vast distances off country to attend them.[iii] Access to healthcare for Aboriginal and Torres Strait Islander peoples is also influenced by the experience of institutional racism in the health system and unmet need for culturally safe healthcare services.[iv] Aboriginal and Torres Strait Islander people have a holistic concept of health which incorporates physical, social, emotional and cultural well-being at both the individual level and for the whole community.[iv]

We do know that Aboriginal and Torres Strait Islander people are less likely to access mainstream health services than non-Indigenous Australians and when they do, their health outcomes are not equitable to non-Indigenous people.[v] They often present for care later in a disease process and when they do seek care, are more likely to leave hospital early or fail to attend.[v]

Research assessing the experience of Aboriginal and Torres Strait Islander people, from their perspective, within mainstream health services in Australia, is limited. Noting this, it is therefore also important to understand the complex factors influencing access to healthcare services, whether mainstream or community-controlled, for Aboriginal and Torres Strait Islander peoples.

A 2022 study looking at the provision of care to Aboriginal women and infants during the first 1000 days in mainstream health services in metropolitan South Australia, found that there was a distinct lack of continuity of care for these families. [vi] The research, which drew on health worker rather than women's perspectives, reported three key themes: the system takes priority, culture is not central to care and "we've got to be allowed to do it a different way".[vi]

A 2018 study performed in a mainstream public hospital in metropolitan Melbourne, found differences in patient satisfaction with in-patient services between Aboriginal and Torres Strait Islander and non-Indigenous participants.[vii] The main findings of thematic analysis focussed on interactions with staff, the challenges of the hospital environment and the need to consider family members as well as the individual.

A 2021 study undertaken in rural and remote NSW, looking at the barriers and enablers to accessing healthcare for Aboriginal and Torres Strait Islander people both within the mainstream health sector and the Aboriginal community-controlled sector reported their findings from the healthcare worker perspective. They described a lack of coordination and continuity of care as a barrier; the importance of trust in the healthcare provider and the experience of cultural safety; the importance of health services understanding and meeting the personal and community needs as defined by Aboriginal and Torres Strait Islander people; the need for reliable, affordable services; and the impact of distance and transport availability.

Other research performed in rural, remote and regional Australia in the context of specific conditions or disease states, highlighted concerns about the hospital environment, being removed from family and having inadequate support, and difficulties due to the logistics and cost of travel, along with communication difficulties[viii]; inadequate communication, organisational factors and the experience of racism, poor knowledge of illness due to reduced health literacy, a lack of continuity of care and the importance of involving family[ix]; and the importance of strong interpersonal relationships with healthcare practitioners.[x]

The *National Partnership Agreement on Closing the Gap* is a key guide to how governments can work with Aboriginal and Torres Strait Islander people to improve inequity in health outcomes.

References

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