

Closing the 'Targets' Gaps: Review of 2008-2030 National Indigenous Health Equality Targets

Niyi Awofeso, Kim Brooklyn and Nazmy K. V. Williams

While the 2008 National Indigenous Health Equality Targets ('Close the Gap')¹ has received strong support at federal, state and territory government levels as well as among many Indigenous groups, medical associations and civil society groups, it has secured only cautious support from some Indigenous health researchers and policy analysts.^{2,3} We agree with the need for caution and posit that the document could be improved in a number of areas.

First, social determinants targets are yet to be incorporated into the document, more than a year following its formal launch, a shortcoming that requires urgent attention. Second, several 'Close the Gap' policies, strategies and programs currently exist nationwide, creating inefficiencies in Indigenous health management. For example, although the Council of Australian Governments' 'Close the Gap' priorities in health have correlates in the the Health Equality Targets, the two approaches are managed and funded separately.⁴ Third, current application of the 'Close the Gap' document is primarily as an advocacy tool, and given the broad-based support for this document it may be more effective as an implementation framework. Fourth, the strategies for narrowing health inequality in the document would be enriched by extending the 'Close the Gap' benchmarks to include best-practice strategies from New Zealand and Canada, such as social inclusion measures and community partnerships' in prevention and early diagnosis of chronic diseases like diabetes.^{5,6}

Some refinement of existing targets may be required. The Partnership targets may be modified to include public health measures to ensure collaboration between government services, non-governmental organisations and Aboriginal communities. The Health Status targets may include reducing the percentage of teenage births⁷ among Indigenous women. As injuries and poisoning account for 16% of Indigenous mortality,⁴ a target related specifically to this significant problem is needed. Given the importance of adequate housing infrastructure in health improvement, targets and processes for implementing the Rudd Government's \$672 million Strategic Indigenous Housing and Infrastructure Program may be usefully incorporated into the document. Furthermore, there is little capitalisation on health indicators

that are uniquely positive about Indigenous people (i.e. Community vitality issues like close-knit family relations and involvement in cultural events). The inclusion of these indicators will challenge policy makers to work towards closing cultural competency gaps in 'mainstream' health care delivery.⁸

Finally, it is advisable to increase accountability of service providers by detailing groups and institutions responsible for specific targets and time frames. We posit that the integration of political, economic and socio-cultural interventions will enhance the usefulness of the National Indigenous Health Equality Targets, particularly as health is a human right and a requirement for human development.⁹

References

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Authors

Niyi Awofeso, School of Population Health, University of Western Australia and School of Public Health and Community Medicine, University of New South Wales
Kim Brooklyn, Western Australia AIDS Council, Perth
Nazmy K. V. Williams, School of Population Health, University of Western Australia

Correspondence

Niyi Awofeso, School of Population Health, University of Western Australia, M431, 35 Stirling Highway, Crawley WA 6009. Fax: (08) 6488 1188; e-mail: niyi.awofeso@uwa.edu.au