

Chapter 6
First Nations health

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Introduction

This priority area focuses on the health and wellbeing of all First Nations Australians living in the ACT. This is defined in the Constitution of NACCHO as:

"'*Aboriginal health" means not just the physical well-being of an individual but refers to the social, emotional and cultural well-being of the whole Community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well-being of their Community. It is a whole of life view and includes the cyclical concept of life-death-life.'* (1).

First Nations Australians' health across the lifespan is discussed, while the interaction between First Nations Australians and primary care services will be explored, focusing on the experiences of First Nations Australians who utilise any primary care services in the ACT.

As the PHN of the ACT region, CHN aims to improve the primary care services available to First Nations Australians. Through understanding service gaps, barriers and challenges faced by First Nations Australians, CHN works to ensure that all primary care is accessible, equitable, inclusive and culturally safe. As the primary care landscape changes and evolves, promoting choice is important, and ensuring that services are safe, appropriate and effective provides all Australians with the ability to choose how to manage their health.

Closing the Gap/historical context

The health and wellbeing of First Nations Australians is greatly influenced by historical factors relating to treatment and discrimination experienced. All Australian governments have committed to working with First Nations people, their communities, organisations and businesses to implement the new National Agreement on Closing the Gap at the national, state and territory and local levels (2). The objective of this agreement is to overcome the inequalities experienced by First Nations people so that their life outcomes are equal to all Australians. Emphasis is placed on shared decision making, building the community-controlled sector, improving mainstream institutions, data sovereignty and improving socioeconomic outcomes (3). Closing the Gap highlights the importance of First Nations people determining, driving and owning the desired health outcomes, building on the strong foundations and deep connection to family, community and culture (2).

First Nations data

Data throughout this chapter are from the 2018-19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). At the time of writing, this was the most recent publicly available data. A new release is scheduled for November 2024, so the data used in this report will be superseded. In future iterations, this data will be updated and analysed to determine if the needs identified are appropriate or adjustments are needed.

The limitations associated with First Nations health data are also acknowledged. Issues such as cultural insensitivity in data collection, underrepresentation of First Nations people and poor data quality can impact the type and value of data. This may lead to data that does not accurately represent the community and does not accurately reflect their health and service needs.

Health needs

Demographics

Estimates based on the 2021 Census suggest that ACT had a resident population of 9,525 First Nations Australians, with males accounting for 50.8% and females 49.2% (4). This equates to 2.1% of the total population, lower than the national level of 3.8%, but equal to the rates in the greater capital city areas (5).

The median age of the First Nations population in ACT is 24, with over half (50.2%) of the cohort under the age of 25. Only 10.6% of this population are aged 55+, which is slightly lower than the national proportion (12.8%). (5)

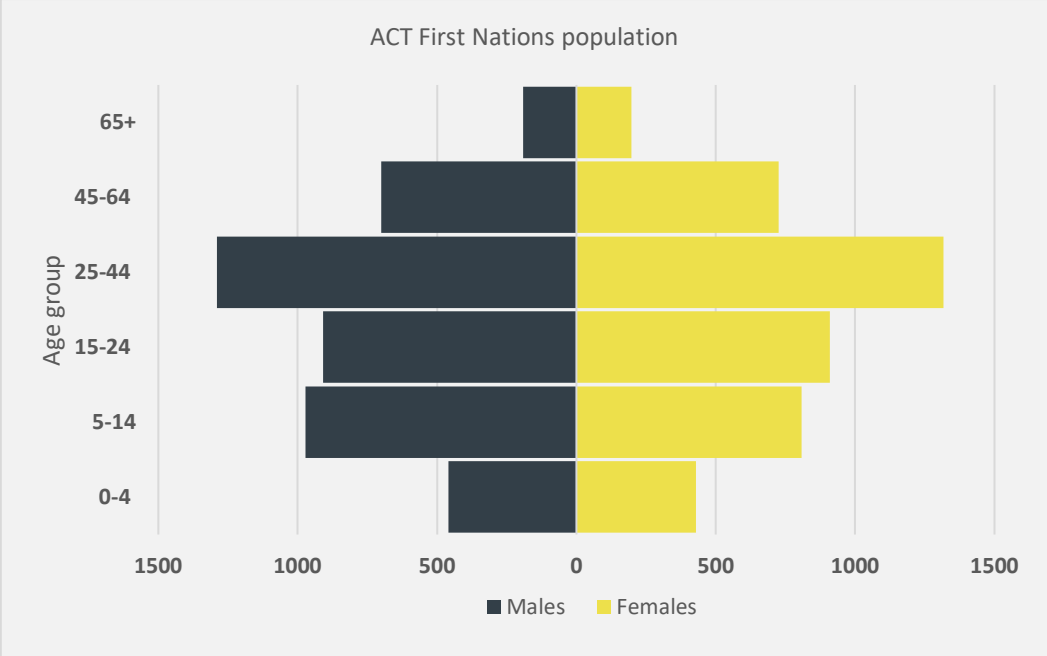


Figure 69: First Nations Australians in ACT by age, 2021 (ABS Census 2021)

Between 2016 and 2021, there was a 26.8% increase in the number of First Nations people living in the ACT (4). This was due to a combination of natural population growth and non-demographic factors such as changing identification status and census response rates. In this time, the proportion of the ACT population who are First Nations Australians also increased, from 1.6% to 2.1%.

Across the regions of Canberra, the largest First Nations populations were in Tuggeranong (2,900), Belconnen (2,344) and Gungahlin (1,538). These regions accounted for 71.2% of the ACT First Nations population, indicating a need for services in these areas. (5)

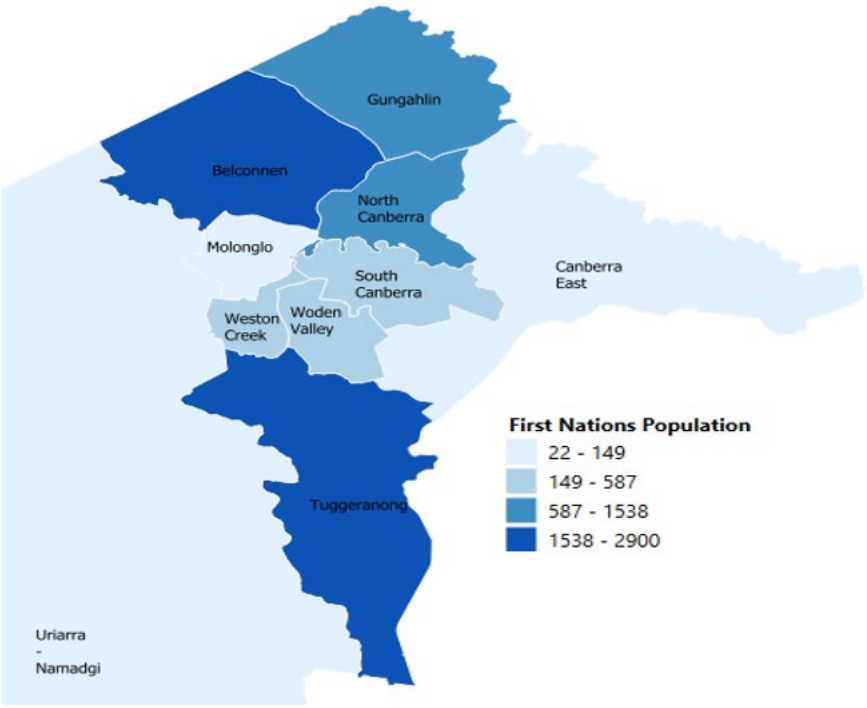


Figure 70: Distribution of First Nations people across Canberra

Determinants of health

The following data relate to socioeconomic factors for First Nations population in the ACT that can affect health. People who experience disadvantage in these areas may have barriers to access primary health care. This, in turn, can affect their overall health and wellbeing. Providers must consider these factors to ensure accessible and equitable service delivery.

Education

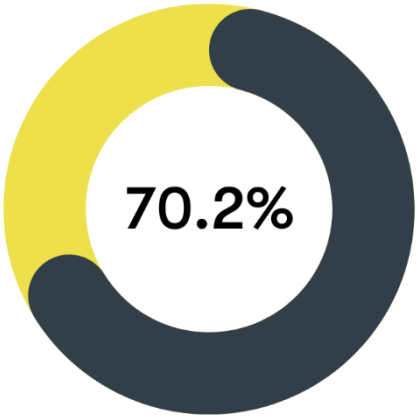
The 2021 Census showed that a higher proportion of First Nations people living in the ACT had completed tertiary education compared to First Nations people across the rest of Australia. Of First Nations people aged 15 years and above, almost one in five (19.8%) in ACT had completed a bachelor's degree level or above, compared to the National rate of 7.4%. Similarly, rates of First Nations people in ACT who had completed an advanced diploma or diploma level education were almost twice as high as the national rates (12.3% compared to 6.3%). The rates of educational attainment have increased since 2016, indicating growing access to education for First Nations people in the ACT.



Of First Nations people aged 15 and above, almost 1 in 5 (19.8%) in ACT had completed a Bachelor degree level or above

Employment

There is a well-established link between employment and health, with adults who are unemployed experiencing poorer health outcomes. First Nations people aged 15+ years in the ACT are more likely to be in the labour force (70.2%) compared to the rest of the nation (54.1%) (6). Of those in the labour force, 316 (7.2%) were unemployed, with over half of those unemployed aged 15-24 years (6). This is below the national unemployment rate for First Nations people of 12.3%.



First Nations people aged 15+ are more likely to be in the labour force (70.2%) compared to the rest of the nation (54.1%)

Income

According to Census figures in 2021, First Nations people living in ACT had a significantly higher median weekly income than national counterparts (6). This was true across personal, family and household incomes. Median incomes for First Nations people in ACT increased by between 20 and 26% over a five-year period from 2016 to 2021.

	ACT ($)	Australia ($)
Personal	1,004	540
Family	2,472	1,527
Household	2,289	1,507

Table 12: Median weekly incomes of First Nations people in ACT and Australia, 2021 (ABS Census 2021)



Housing

Compared to national figures, similar proportions of First Nations people in the ACT owned their home (43.9%) and rented (54.3%) (6). Household sizes were similar to national rates too, with a slightly lower proportion of First Nations people living in a household of five people or more in the ACT (14.1% compared to 19.4% nationally) (6).

Socioeconomic.status

While the data presented above highlight that First Nations people living in the ACT are comparatively advantaged compared to their national counterparts, there is still a gap with non-Indigenous people. First Nations people living in ACT still experience poorer education, income, employment and housing outcomes compared to non-Indigenous Canberrans (6). This highlights the effects of historical, societal and individual barriers experienced by First Nations people living in the ACT, and the need to improve accessibility and effectiveness of the health care system.



Figure 71: Comparison of socioeconomic factors between ACT First Nations people, national First Nations people and ACT whole population 2021 (ABS Census 2021)

Health behaviours

The following data relate to behavioural factors that affect people's physical, mental and social wellbeing. Changing health related behaviours may reduce the impact of numerous health problems and lower the risk of developing some conditions. Preventive measures and services focused on healthy behaviours may lower burden of disease and impact on health.

Nutrition

Many health conditions, such as heart disease, type 2 diabetes and kidney disease, can be influenced by poor nutrition. A healthy and balanced diet can help prevent or delay these health conditions.

The Australian Dietary Guidelines recommend adults eat at least two serves of fruit and five serves of vegetables daily as part of a balanced diet (10). According to the 2018-19 NATSIHS, fewer than half of First Nations people in the ACT (44.9%) ate adequate daily serves of fruit, while few ate adequate daily serves of vegetables (4.1%) (8).



Less than half (44.9%) First Nations people in the ACT were eating an adequate daily amount of fruit



Only 4.1% were eating an adequate daily amount of vegetables

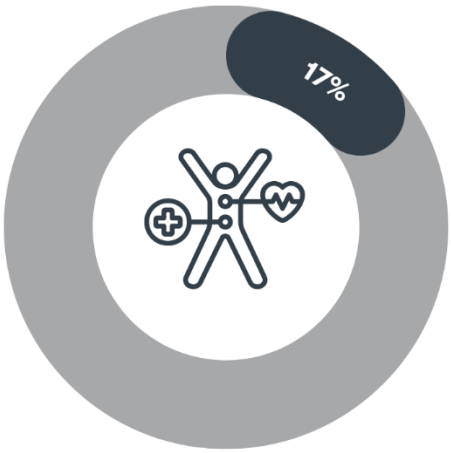
Fruit and vegetable intake is particularly important for children to ensure growth and development. Almost two in three (64%) First Nations children aged 2-17 years in the ACT met the recommended guidelines for adequate fruit consumption. However, fewer than one in ten (8%) met recommended vegetable consumption guidelines. (8)

Physical.activity

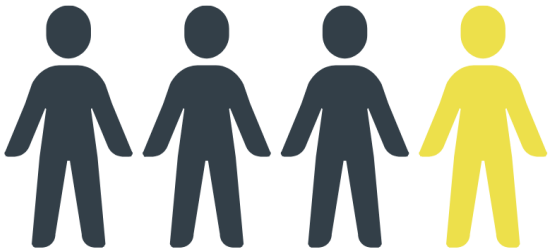
Compared to the Australian First Nations population, people in ACT are more likely to be physically active. A higher proportion of the population report high levels of physical activity (17% compared to 11.7%), and a smaller proportion are sedentary (13.2% compared to 23.6%) (11).

	ACT	Australia
High	17.0	11.7
Moderate	35.8	27.8
Low	34.0	36.9
Sedentary	13.2	23.6

Table 14: Self-reported physical activity levels of First Nations people in ACT and Australia, 2018-19 (ACT Health analysis of NATSIHS 2018-19)



17% of First Nations population in the ACT report high levels of physical activity



Approximately 3 in 4 First Nations people in the ACT are considered overweight or obese

Obesity

Overweight and obesity is a health problem that is associated with a range of health conditions and a significant reduction in life expectancy. Approximately three in four (75%) First Nations people in the ACT are considered overweight or obese, which is lower than the national First Nations rate of four in five (79.5%) (9). However, compared to the non-Indigenous population, a higher proportion of the population is overweight. This would impact on physical health outcomes and create a greater need for services and care.

	ACT First Nations	Aus First Nations	ACT Non-Indigenous
ASR per 100 who are overweight or obese	75.0	79.5	64.1

Table 15: Age standardised rates of First Nations people in ACT and Australia who are obese or overweight, 2018-19 (AIHW Aboriginal and Torres Strait Islander health performance framework report 2020)

Health status

Self-assessed health

Self-assessed health status is a measure of a person's perceived level of health and wellbeing (12). It can indicate a population's overall level of health, as well as offer an insight into access to, and success of, the health system.

In 2018-19, First Nations people in the ACT were slightly less likely to rate their health as 'excellent' or 'very good', and more likely to rate it 'fair' or 'poor' than their national counterparts (9). There is a much larger discrepancy when comparing to the self-rated health of non-Indigenous people living in the ACT. As seen in Figure 72 First Nations people were far less likely to rate their health as excellent/very good, and almost three times more likely to rate it fair/poor, compared to non-Indigenous people (9). This indicates an overall level of poor health, as well as likely barriers in health care accessibility and effectiveness of care for First Nations people living in the ACT.

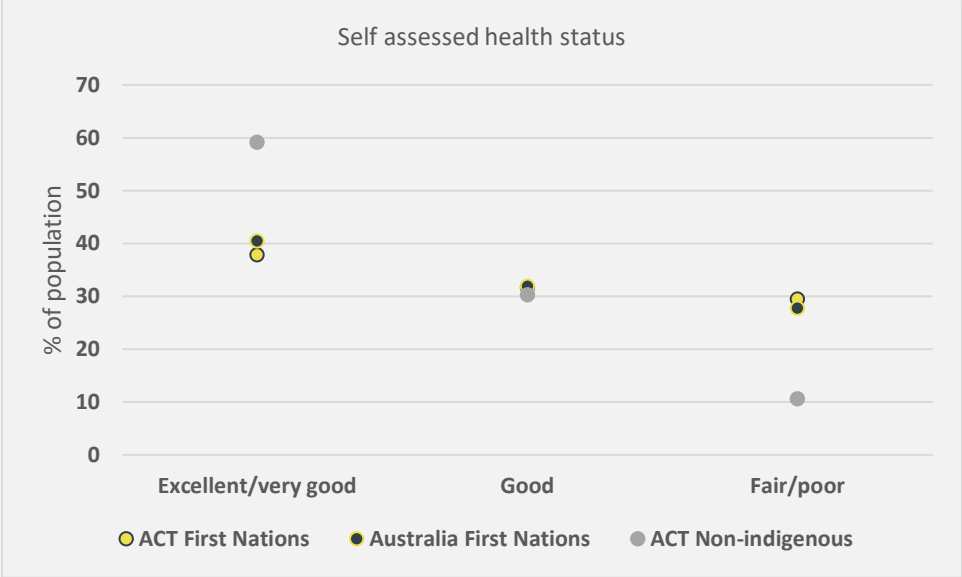


Figure 72: Self assessed health of First Nations people in ACT and Australia, 2018-19 (AIHW Aboriginal and Torres Strait Islander health performance framework report 2020)

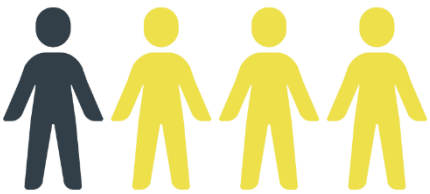
Alcohol

According to the 2022-23 National Drug Strategy Household Survey (NDSHS), one in three (33%) First Nations Australians consumed alcohol at risky levels (7). Results from the National Aboriginal and Torres Strait Islander Health Survey (NATSIHS) in 2018-19 (8), summarised in Table 13, estimate that a greater proportion of First Nations people in the ACT consumed alcohol and consumed alcohol at risky levels, compared to First Nations people across the country.

	ACT First Nations	National First Nations
Consumed alcohol in the last 12 months	82.7%	70.2%
Exceeded single occasion risk guidelines	53.8%	50.1%
Exceeded lifetime risk guidelines	21.2%*	18.4%

Table 13: Rates of alcohol consumption of First Nations people in ACT and Australia, 2018-19 (NATSIHS 2018-19)

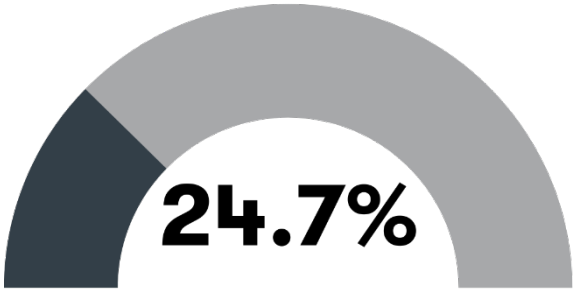
Tobacco



1 in 4 of ACT First Nations people aged 15+ were daily smokers

The 2018-19 NATSIHS showed that tobacco smoking rates for First Nations people living in the ACT were much lower than those of the national cohort (8). One in four (25%) of ACT First Nations people aged 15+ years were daily smokers, compared to 40.5% of First Nations people across the country. A higher proportion of First Nations people had never smoked (44.9%) compared to national counterparts (33.3%). (9)

Drug use



Approximately 24.7% First Nations Australians aged 15+ living in the ACT reported using illicit substances in the previous year

In 2018-19, approximately one in four (24.7%) First Nations Australians aged 15+ years living in the ACT reported using illicit substances in the previous year. This is lower than the national rate (26.9%) and equal lowest of all states and territories (8). Despite these comparatively lower rates, there is a higher than national rate of hospitalisations related to drug use (9.4 per 1,000 compared to 7.9 per 1,000), with only South Australia having a higher age-standardised rate (9).

Chronic conditions

Chronic conditions are long term conditions, lasting six months or more, that contribute to burden of disease. A person diagnosed with a chronic condition will often have poorer health outcomes, poorer quality of life, complex needs and be more likely to die prematurely (13). These complex needs will often create a greater need for services and care, placing strain on health services and systems.

According to the 2018-19 NATSIHS, First Nations people living in the ACT experience higher rates of chronic conditions than their national counterparts (8). Over half (57.1%) reported having at least one of the selected chronic conditions, while over one in three (36.4%) reported having two or more conditions (8). Recent figures from the 2021 Census also show a similar trend, with ACT First Nations people having higher than national rates, despite these figures likely underrepresenting the total number affected (6).

The rates and comparisons of selected chronic conditions from the 2018-19 NATSIHS are shown in Figure 73 below.

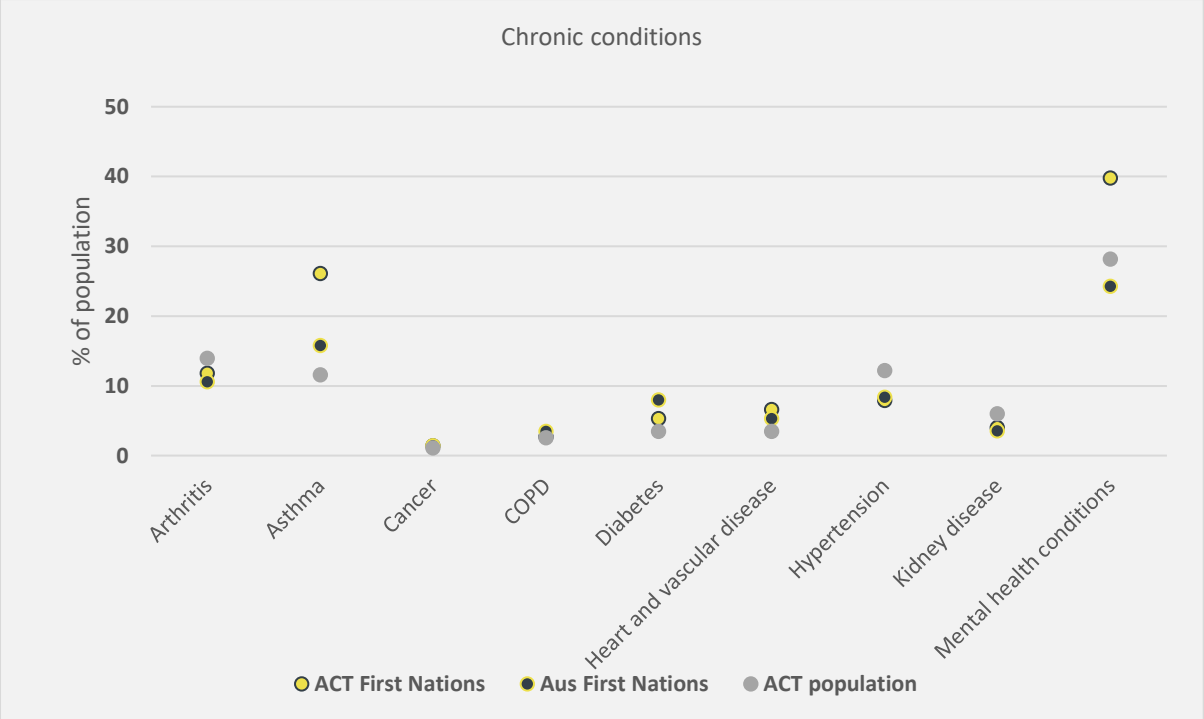


*Figure 73: Chronic conditions prevalence in First Nations people in ACT and Australia, 2018-19 (NATSIHS 2018-19) *ACT population figures from 2022 National Health Survey*

Analysis of these figures shows significantly higher self-reported rates of asthma and mental health conditions among First Nations people in the ACT, compared with their national counterparts. While rates of heart, stroke, and vascular disease, as well as arthritis, are also higher, most other chronic conditions are comparable to national First Nations' rates. Therefore, services targeting mental health and asthma care may address higher rates experienced by First Nations people.

Compared to the whole ACT population, First Nations people have higher self-reported rates of mental health conditions, asthma, heart disease, and diabetes, but lower rates of hypertension, arthritis and kidney disease.

Disability

A disability is an impairment in body structure or function, a limitation of activities and/or restriction in a person's participation in specific activities (AIHW – HPF). Disability is more prevalent in populations with poorer socioeconomic status, access to health services and health behaviours.

In the ACT, it is estimated that 51.9% of First Nations people aged 15+ years have a disability or restrictive long term health condition. This figure is higher than national rates (46.7%) and rates for non-Indigenous people in ACT (38.4%) (9).

Almost one in ten10 (8.3%) in the First Nations population required assistance with core activities, while just under one in six (15.6%) provided unpaid care or assistance to someone who required it due to disability, health or old age (9).

Mental health

As discussed in the relevant chapter, mental health conditions are highly prevalent in the ACT and across Australia, and have an enormous impact on burden of disease, quality of life, physical health and individual service and care needs.

Social and emotional wellbeing is a key foundation of physical and mental health for First Nations Australians, through a holistic lens of individual, family, kin, community and country (9). Analysis of the 2018-19 NATSIHS suggests almost three in ten (29.2%) First Nations people living in the ACT experienced high levels of psychological distress, similar to national rates (31.8%) (9). According to the National Health Survey, this is almost 2.5 times higher than the proportion of non-Indigenous people living in the ACT.

Similarly, the NATSIHS showed that almost four in ten (39.7%) First Nations people in the ACT suffered from mental or behavioural conditions (8). Anxiety (28.8%) and depression (19.2%) were the most common mental health conditions reported (8). This indicates the importance of mental health services across ACT being well resourced and equipped to provide culturally appropriate care to First Nations people, to offer quality, personalised care to meet their needs.

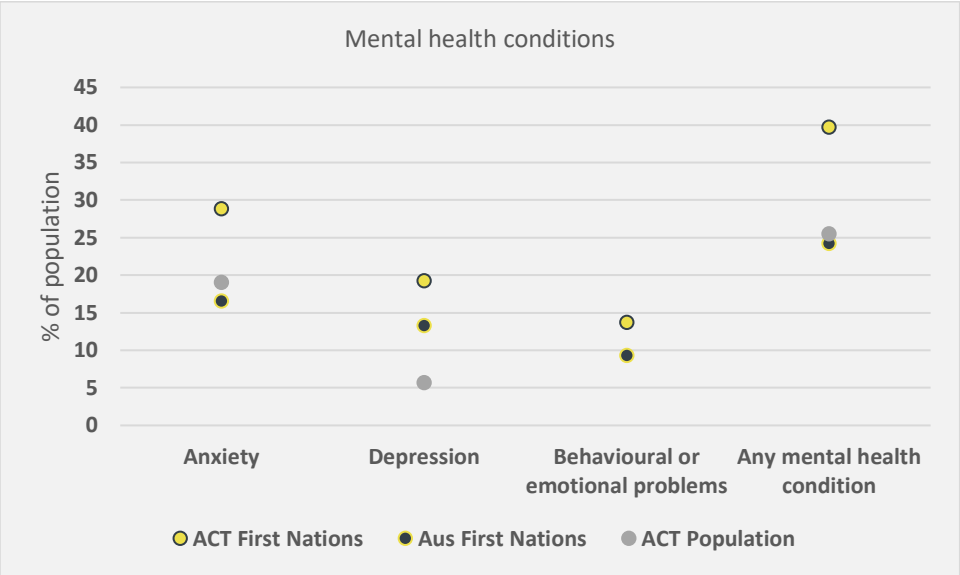


*Figure 74: Mental health conditions prevalence in First Nations people in ACT and Australia, 2018-19 (NATSIHS 2018-19) *ACT population figures from 2020-2022 National Study of Mental Health and Wellbeing*

Suicide and intentional self-harm

Nationally, suicide prevention in First Nations population is a major public health priority. In 2022, death by suicide was the fifth leading cause of death in First Nations people, accounting for 4.6% of all deaths (14). Young males experienced the highest rates of suicide, with almost three times the rate of non-Indigenous males of the same age. Due to the comparatively low First Nations population residing in the ACT, figures are not publicly reported.

Between 2017-19, ACT had the highest rate for all states and territories of hospitalisations of First Nations people for intentional self-harm (4.8 per 1,000 population) (8). These figures point to maintaining suicide and self-harm prevention as a priority for First Nations people across the ACT.

Ear and eye health

Hearing and vision loss among First Nations people is widespread and much more common than in non-Indigenous Australians. Hearing or vision loss can create developmental issues in children, including learning, social and linguistic difficulties, as well as being associated with behavioural problems. These developmental concerns in turn can lead to health problems as people age, increasing the need for services and care.

In 2018-19, over one in five (20.8%) First Nations people living in the ACT reported ear/hearing problems, greater than the national rate (13.7%) and a higher rate than all other states and territories (8). Despite the higher incidence, between 2017 and 2019 the rate of hospitalisations for ear issues in the ACT (1.6 per 1,000) were lower than the national rate (2.2 per 1,000). Children are commonly impacted to a higher degree, but standardised rates for hospitalisations of children aged 0-14 years in the ACT are lower than national figures (7.2 per 1,000 vs 8.8 per 1,000) (9).

In the same period, almost two in three (65.4%) First Nations people living in the ACT reported eyesight issues. This is the highest rate of all states and territories, and greater than the national rate of over half (52.1%) (9). Similarly to ear issues, there was a lower rate of hospitalisations for eye issues in the ACT cohort, with an age standardised rate of 7.0 per 1,000, compared to the national rate of 11.8 (9).

While these figures suggest that ear and eye health should be a high priority in the ACT, low hospitalisation rates point to accessibility issues and difficulty accessing services and timely and appropriate treatment. That, in turn, may exacerbate issues and leave many with undiagnosed, untreated, or uncontrolled hearing or sight issues.

Maternal and child health

Between 2013 and 2021, there as a relatively stable birthrate, with 1,545 First Nations babies born in the ACT. The highest number of births were to mothers aged 25-34 years, with 7.2% born to teenage mothers aged 15-19 years (11).

Birthweight is a key indicator of infant health and closely related to childhood health and early development. In 2021, one in ten (10.1%) First Nations babies born in the ACT had a low birthweight, in line with national rates (9.6%) (11).

In 2018-19, 87.3% of First Nations children aged 0-2 years in Australia had been breastfed, which is lower than 93.4% for non-Indigenous children in this age group (9). Breastfeeding newborn children and infants is linked to positive outcomes for survival, growth and development and, therefore, recommended for future health outcomes. The 2018-19 NATSIHS estimated 85.7% of First Nations infants aged 0-3 years had been breastfed, roughly in line with national figures (8).

Harmful health behaviours during pregnancy, such as consuming alcohol, smoking and illicit drug use, can have negative health effects on children's growth and development. Analysis of the NATSIHS shows almost one in three (32.2%) Australian mothers with Indigenous children smoked during pregnancy, while a smaller proportion consumed alcohol (9.3%) and used illicit drugs (3.4%). While the number of First Nations children born in the ACT in this period was low, similar rates are likely. (9)

Antenatal care engagement has shown a positive trend nationally, though opportunities remain for improvement in the ACT. Nationally, in 2020, 71% of First Nations mothers had their first antenatal visit within the first trimester (before 14 weeks), up from 50% in 2012. This increase reflects initiatives that emphasize culturally safe and accessible care, approaching the 80% early-visit rate seen among non-Indigenous mothers (22).

In the ACT, 52.1% of Aboriginal and Torres Strait Islander mothers who gave birth had their first antenatal visit at less than 14 weeks in 2020 (85 out of 163 mothers). It is important to note that in many cases, early antenatal care provided by a woman's general practitioner is not reported in the ACT, which may affect these figures (22).

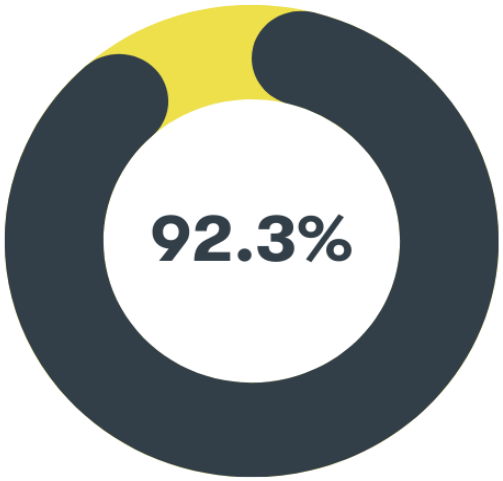
Despite the variation in early engagement, 85.7% of Aboriginal and Torres Strait Islander mothers who gave birth in the ACT attended five or more antenatal visits during pregnancy in 2020 (138 of 161 mothers), aligning closely with the national rate of 88.1% (22).

Service needs

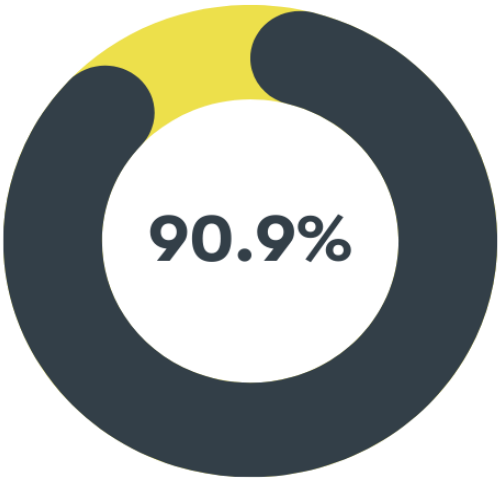
Primary care services

Access to primary care services, including general practice, nurses, allied health and pharmacists, is integral for maintaining good overall health and wellbeing. Having a regular GP or practice is associated with improved care experiences, with patients more likely to report they received very good or excellent care (15).

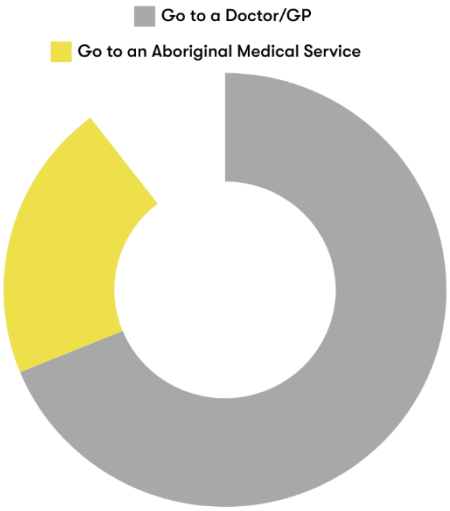
In the ACT, 90.9% of First Nations people reported attending a regular place for primary health care problems or advice (9). This is slightly below the national average (92.3%), and only above Victoria of all the states and territories. Almost seven in ten (68.8%) visit a doctor/GP, while the remaining two in ten (20.8%) attend an Aboriginal Medical Service (AMS) (9).



92.3% is the national average for First Nations people reporting they have a regular place to go to for health problems or advice



90.9% of First Nations people in the ACT reported they have a regular place to go to for health problems or advice



In the ACT almost 7 in 10 First Nations people (68.8%) go to a Doctor/GP, while the remaining 2 in 10 (20.8%) go to an Aboriginal Medical Service (AMS)

When asked about their preferred setting to receive care for health problems and advice, 59.7% reported they would prefer a GP, while over one-third (36.4%) prefer an Aboriginal Medical Service (9). While lower than the national rates (48% prefer AMS), it indicates a proportion of First Nations people in the ACT would prefer to attend an AMS, though they do not currently. First Nations people in the ACT should have greater choice and more opportunity to access the primary care services they want, and to receive quality, culturally appropriate care, regardless of their preference.

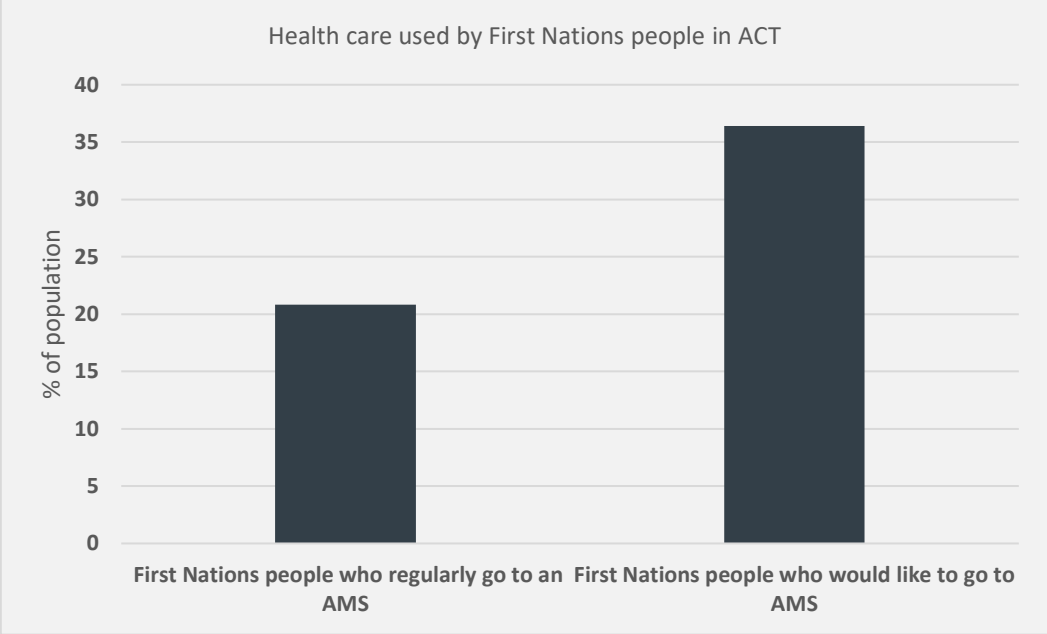


Figure 75: Health care used by First Nations people in ACT, 2018-19 (AIHW Aboriginal and Torres Strait Islander health performance framework report 2020)

The NATSIHS data showed that people who are least disadvantaged (SEIFA quintile 5) and people with one or more chronic conditions are more likely to see a GP, pointing to potential drivers of higher than national ACT rates.

Health Assessment for Aboriginal and Torres Strait Islander People (MBS Item 715)

First Nations people can receive an annual, Medicare funded health check at their local GP or Aboriginal Medical Service. This is usually bulk billed under MBS Item 715 and without charge to the consumer (the 715 Health Check). The 715 Health Check aims to identify risk factors for illness and chronic conditions, allowing First Nations people to work collaboratively with their preferred healthcare providers to maintain good health and wellbeing. Further Medicare funded follow up services can also be provided following the 715 Health Check.

In 2023, there were 1,650 MBS Item 715 health checks delivered in the ACT, accounting for 17.9% of the total First Nations population (16). While this is a slight increase from uptake in 2021 and 2022, it still shows an overall decline of 715 Health Check rates in the last five years. This is lower than the national uptake rate of 27.9% and, compared to all PHN's, the ACT sits 25th out of 31. A total of 4,170 ACT First Nations people have had at least one 715 Health Check over the five-year period between 2018-2023, accounting for just under half (45.8%) of the First Nations population (16).

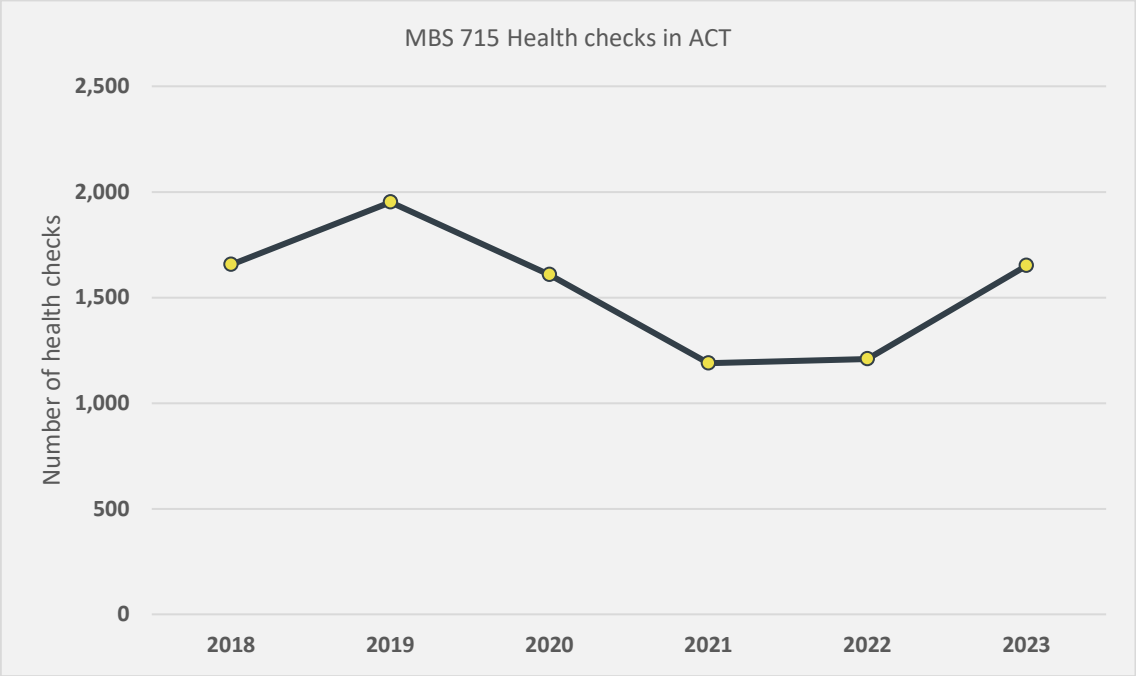


Figure 76: MBS 715 health checks used by First Nations people in ACT, 2018-2023 (AIHW – Health checks and follow ups for Aboriginal and Torres Strait Islander people, 2024)

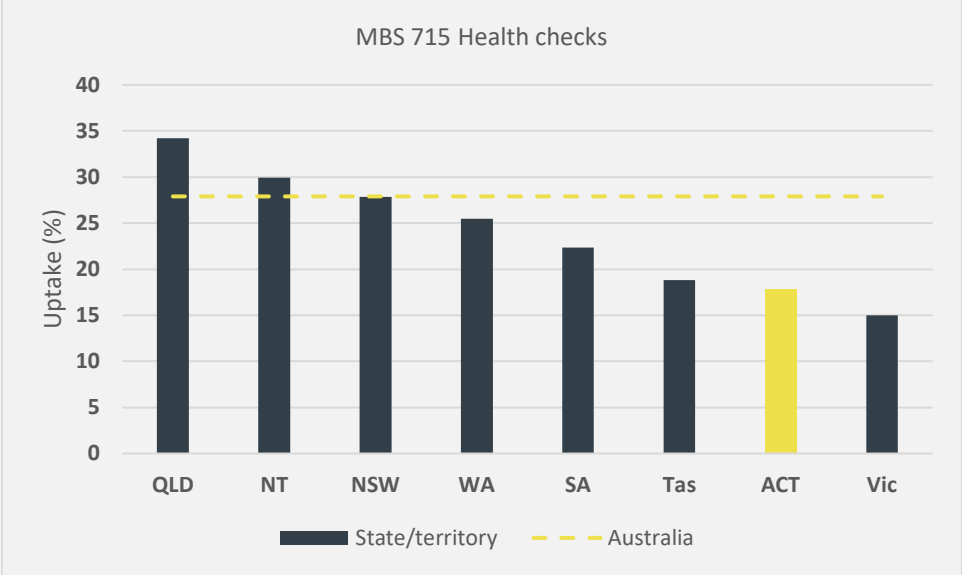


Figure 77: MBS 715 health checks uptake by First Nations people in Australia, 2023 (AIHW – Health checks and follow ups for Aboriginal and Torres Strait Islander people, 2024)

The greatest number of health checks were provided to First Nations people living in Tuggeranong (482), Belconnen (378) and Gungahlin (210). However, these were the same regions with the lowest rates of uptake, indicating higher First Nations populations and potential opportunities to improve rates in these areas in future years (16).

Fewer than three in ten (29.8%) consumers who received a 715 Health Check received a specific MBS follow up service within twelve months. This is lower than the national rate of 45.4%, and again ranks low compared to other PHNs (25th of 31) (16). MBS specific follow up services include practice nurses, allied health practitioners and Aboriginal and Torres Strait Islander health workers and practitioners. Possible reasons for low use of follow up services include lack of service providers, other access barriers, lack of awareness of the specific MBS item numbers or, while less likely, that there was no identified need for additional health care.

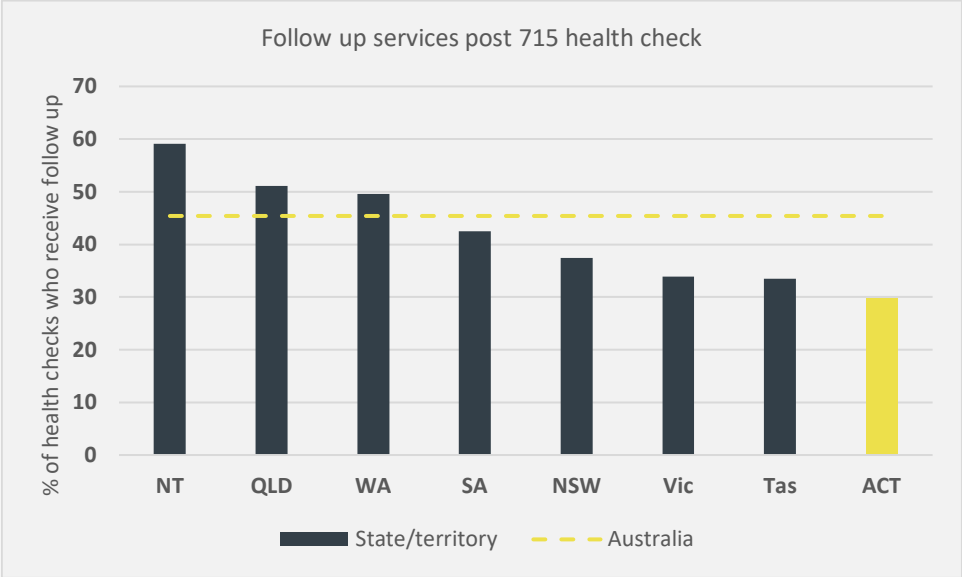


Figure 78: Rate of follow up services post MBS 715 health checks by First Nations people in Australia, 2023 (AIHW – Health checks and follow ups for Aboriginal and Torres Strait Islander people, 2024)

Preventive care

Cancer screening

Cancer screening programs aim to reduce the impact of illness and death from specific cancers, by detecting presence and allowing intervention at an early stage of the cancer's progression. Early detection and intervention for cervical cancer, breast cancer, bowel cancer and prostate cancer can reduce the burden of disease. The proportion of First Nations people in the ACT who had screening tests are outlined below in Table 16.

	ACT	Australia
Had regular mammograms	80%	68.8%
Had regular pap smears	77.3%	68.3%
Ever participated in bowel screening test	38.1%*	21.4%
Ever participated in prostate screening test	50%	58.3%

Table 16: Participation in cancer screening tests by First Nations people in ACT and Australia, 2018-19 (AIHW analysis of BreastScreen data and 2018-19 NATSIHS)

BreastScreen Australia data showed an age standardised rate of 26.8% Indigenous women aged 40+ years participated in its screening programs, slightly above the national rate of 23.6% (9). However, screening rates were lower than for non-Indigenous women aged 40+ years (35%).

Immunisations

Immunisations are highly effective in reducing illness and disease burden from vaccine preventable illnesses. As shown in Table 17, childhood immunisation rates in the ACT are higher than national rates, but generally lower than vaccination rates for non-Indigenous people in ACT (9).

	ACT First Nations	Aus First Nations	ACT non- Indigenous
Fully immunised at 1 year	92.5%	91.1%	96.6%
Fully immunised at 2 years	89.8%	89.1%	95%
Fully immunised at 5 years	97%	96.1%	95.7%

Table 17: Rates of childhood vaccinations for First Nations people in ACT and Australia, 2022 (AIHW analysis of data from the Australian Immunisation Register)

Hospital services

The rate of potentially preventable hospitalisations (PPH), where admission could have been prevented through timely and effective care outside the hospital, is an indicator of the effectiveness of the primary care system. PPH rates for First Nations populations can indicate accessibility of primary care for that cohort.

Between 2019-21, PPH rates for First Nations people in the ACT were much higher than those for non-Indigenous people in the ACT of all ages. PPH rates ranged from 1.25 times to four times higher in First Nations populations across the different stages of the lifespan (9). Compared to the national First Nations population, PPH rates are similar until the age of 34 years, when ACT PPH rates were comparatively much lower than national rates for the rest of the lifespan.

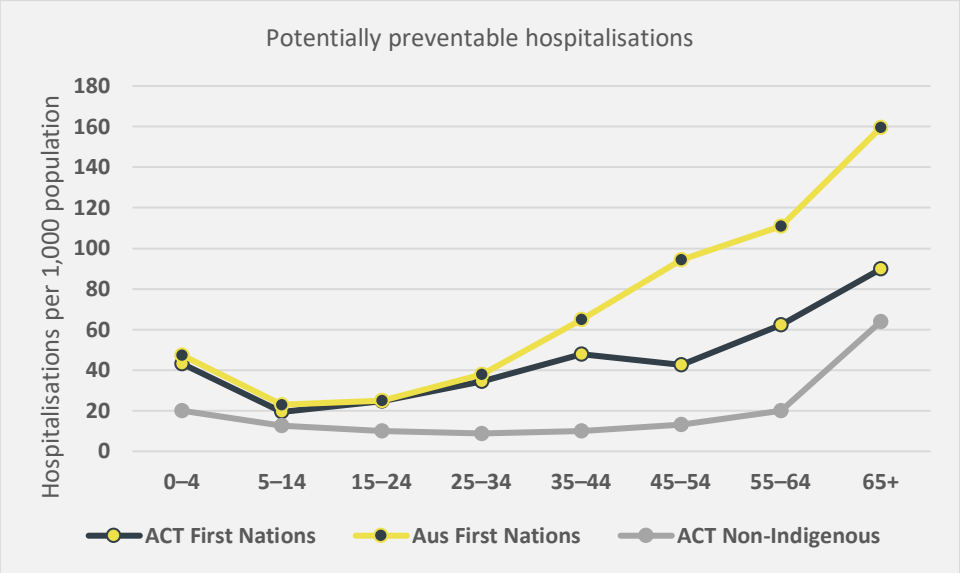


Figure 79: Rates of PPH for First Nations people in ACT and Australia, 2019-21 (AIHW 2024, Selected potentially preventable hospital admissions data visualisation, Aboriginal and Torres Strait Islander health performance framework website)

First Nations people in the ACT experience greater rates of PPH than non-Indigenous counterparts for all types of conditions, with double the age standardised rate of PPH for vaccine preventable conditions, potentially preventable acute conditions and potentially preventable chronic conditions.

Mental health services

In the ACT in 2021-22, a total of 7% of community mental health care consumers were First Nations Australians (17). This equates to a rate of 86 per 1,000 people, which is almost four times the rate of the non-Indigenous population. The national rate is 56 per 1,000 population, indicating greater access to community health services for First Nations people living in the ACT (17).

AOD services

Improper use of alcohol and other substances can cause physical, emotional and social harm to people and their communities. First Nations people in Australia suffer greater rates of harm and burden of disease from AOD issues, with contributing factors including discrimination, intergenerational trauma and inequity. Accessing AOD services can improve people's overall health and wellbeing, as well as reducing harm to community and social connections.

In 2022, First Nations Australians accounted for 18% of people in Australia who received services for their own or someone else's alcohol or drug use (18). First Nations people were six times more likely than other Australians to receive treatment for alcohol or drug use. Local data show that more than one in ten (11.7%) AOD services delivered in the ACT went to First Nations people, indicating a lower proportion in the ACT sought services (18).

ACCHO

There is one Aboriginal Community Controlled Health Organisation (ACCHO) in the ACT. Winnunga Nimmityjah Aboriginal Health and Community Services (Winnunga) is located in Narrabundah, a suburb within the South Canberra region. Winnunga's primary health care services are provided by general practitioners, nurse practitioners, nurses, midwives, Aboriginal health workers and practitioners, mental health practitioners, and allied health staff including physiotherapy, audiology, optometry, podiatry and dietetics.

In 2022-23, Winnunga provided 81,346 services to 5,355 consumers (19). Approximately four in five consumers (78%) were First Nations Australians, suggesting that approximately 30-40% of First Nations people in the ACT attended Winnunga for medical services (19).

Consumers attended Winnunga from across the whole ACT region, with the most from Tuggeranong (1,064) and South Canberra (998). However, over one quarter (27%) of consumers came from the northern regions of Canberra (Belconnen, North Canberra and Gungahlin), despite the practice's location in South Canberra (19).

The majority of services were provided by nurses (38,587) and GPs (19,434), while there were 1,754 services provided by psychologists and 1,693 by other allied health professionals. Other services including dental, antenatal and postnatal care, community programs and social health programs were also provided for the First Nations community.

Cultural competency and experiences of healthcare

It is vital to provide culturally competent healthcare services to meet the needs of First Nations people in Australia. Cultural competence is defined by the University of NSW as, 'the ability to participate ethically and effectively in personal and professional intercultural settings' (20). Equally important is cultural safety, as defined by health consumers' experience, and not by healthcare providers. It refers to how safe a person feels within the healthcare setting, their ability to access services, and their comfort in raising concerns about their care. This framework ensures that First Nations people receive person centred care that respects their cultural identity and promotes equity in health outcomes. Ensuring that healthcare services are culturally competent and safe can improve access to care, effectiveness of care, personal experiences of care and, ultimately, improve health outcomes for First Nations people.

Analysis of the 2018-19 NATSIHS showed that almost one quarter (24.7%) of First Nations people in the ACT did not visit a doctor in the previous twelve months when needed (9). While ACT data outlining the reasons given is unreliable due to a high margin of error, national data indicates reasons for not attending services. Over one in five (21.5%) First Nations people who did not see a doctor when needed reported that it was due to the cultural appropriateness of the service. Disliking the service, fear or embarrassment, lack of trust and discrimination were key drivers of these numbers. Cost of the service was provided as a key factor for 7.4% of respondents (9).

Experience of care is another key driver of effectiveness of services, with improved outcomes likely for people with positive GP experiences. In 2018-19, fewer than six in ten (58.1%) First Nations people in the ACT rated their overall level of health care received from GPs in the last 12 months as excellent or very good (9). This was the lowest of all states and territories, and well below the national level of 74.9%. As detailed in Table 18 below, the main driver of this poor rating seems to be how much time was spent with each patient, which was well below national rates (9).

	ACT	Australia
Doctor/GP always/usually listens	86%	88.8%
Doctor/GP always/usually explains things in a way that can be understood	86%	87.9%
Doctor/GP always/usually shows respect for what was said	88.4%	91%
Doctor/GP always/usually spends enough time with patient	74.4%	87.5%
Excellent/very good rating of health care received in last 12 months	58.1%	74.9%

Table 18: Experiences of care for First Nations people in ACT and Australia, 2018-19 (AIHW Aboriginal and Torres Strait Islander health performance framework report 2020)

Being subject to discrimination or an unfair experience within a healthcare setting can greatly impact people's health outcomes, compounding existing barriers that affect accessibility of healthcare services. Latest figures from 2018-19 show that almost half (44%) of First Nations people in the ACT experienced discrimination in the previous twelve months, the highest rate of all states and territories (9). Over one in three people (34%) reported they had heard racial comments or jokes (9), while almost one in six (16%) had been told they are less intelligent due to their Aboriginal and/or Torres Strait Islander status.

These figures paint a grim picture of the experiences of First Nations people in the ACT, and the potential harmful effects on access to services and overall health outcomes. As data shows that ACT First Nations people may experience lower levels of disadvantage compared to their national counterparts, there is an expectation of fewer barriers when accessing health services. Patient experience and discrimination data suggest this may not be the case, highlighting the need to improve cultural competency across the ACT. That is an area of focus, including with cultural competency training for primary care staff provided by CHN.

First Nations workforce

There are too few First Nations people who are registered health professionals in the ACT. AIHW analysis of the National Health Workforce Dataset from 2021 showed a rate of 135.4 registered First Nations health professionals per 100,000 population in the ACT, far below the rates of the other states and territories (21). Interestingly, ACT has the highest rates of non-Indigenous registered health professionals (8,367 per 100,000), highlighting the vast difference. Registered health professionals include medical practitioners, nurses, Aboriginal and Torres Strait Islander health workers and practitioners, dentists and allied health professionals. The ACT has the lowest proportion of registered health professionals who are First Nations Australians, with only 0.01% of all registered health professionals in the ACT identifying as such.

Stakeholder perspectives

The legacy of colonisation, ongoing racism, and systemic marginalisation continue to shape the health experiences of First Nations Australians. These factors contribute both to distrust in healthcare systems and to entrenched barriers in accessing care and affects both physical and mental health outcomes. Across our stakeholder interactions, several recurring themes related to the health of First Nations Australians were prominent.

Culturally safe services

- **Cultural safety as a priority**:
  Cultural safety is not just a standalone issue; it intersects deeply with other themes such as mental health and accessibility. Providing culturally safe services, where people feel understood, respected and valued was raised as a high priority for First Nations people. Healthcare consumers reported experiences visiting GPs where they felt their cultural needs were not well understood, and it affected their experience of care and overall service. The importance of cultural safety was stressed with the belief that one poor experience can have a cascade effect, creating barriers to accessing other services and, potentially, leading to avoiding services altogether.

  As supported by the data, many First Nations people in the ACT avoid services due to cultural safety concerns (HPF 3.08 - Cultural competency). A lack of cultural safety in healthcare settings can lead to avoiding services, exacerbating mental health challenges and reducing the overall effectiveness of health interventions."

- **Identifying culturally safe services**:
  Knowing if a service will meet people's cultural needs is a challenge, with cultural safety often a consideration in choosing a new service. While positive experiences are shared through word of mouth among the community, the harmful effects of one poor experience can have an ongoing impact on the community. Methods to identify services that are culturally safe and competent would benefit consumers, and reduce risks associated with negative interactions.

- **Need for cultural awareness training**:
  Stakeholders felt that more cultural awareness training for service providers is required. While there is ongoing work in this area, further educational sessions including refresher courses were suggested to improve overall cultural safety in ACT. While many service providers may complete awareness training, an ongoing commitment to cultural safety and cultural competence requires regular reflection and learning.

Awareness and uptake of 715 health checks

- **Lack of awareness**:
  Stakeholder feedback suggested that the while low takeup of 715 Health Checks is multifactorial, a large proportion can be attributed to a lack of knowledge and awareness of those health checks in the ACT. It was felt that, unless a First Nations person is offered a 715 Health Check by their general practitioner, they would be unaware of their existence and availability. Lack of awareness may compound affordability barriers felt in the ACT, where many eligible people do not access free health checks and follow up services that may identify or prevent future health concerns.

- **Barriers in GP clinics**:
  Potential barriers to GP clinics promoting and offering 715 Health Checks to First Nations consumers include; time, understanding, education, practice systems, and appropriate identification of First Nations consumers.

- **Identifying First Nations consumers**:
  Some clinics face challenges identifying whether a patient is eligible for a 715 Health Check due to incomplete or missing Indigenous identification data. Even when eligibility is confirmed, the time and effort required to review records and contact eligible patients were raised as significant barriers.

- **Time and resources**:
  When the Indigenous status of a patient is known, clinics may still face barriers related to time and resources. With healthcare professionals already stretched, promotion and completion of 715 Health Checks can often become a lower priority. In many cases, GPs must balance providing preventive care with addressing immediate health concerns, which may limit the time available for conducting thorough health checks.

- **Perceptions of clinical utility**:
  Some stakeholders have questioned the clinical value of 715 Health Checks, expressing concerns that they are sometimes viewed as a superficial 'checkbox exercise', which may not yield meaningful clinical insights. There is interest in further exploring these perceptions to improve understanding and takeup of 715 Health Checks in clinical practice.

Mental health care for First Nations people

- **Culturally appropriate mental health services**:
  Providing mental health care for First Nations people in the ACT was discussed as a priority for the First Nations community, with social and emotional wellbeing central to health and wellbeing. Stakeholders expressed a view that there is a lack of culturally appropriate mental health services across the ACT for First Nations people, leading to a gap in services. Stakeholders also reported that many First Nations people felt uncomfortable talking about their mental health with medical professionals, preferring instead to speak to family, friends or community members in a less formal setting. Improving the ability for existing services to provide culturally competent care, as well as increasing the breadth of community services and settings may make mental health services more accessible for First Nations people in ACT.

- **Need for trauma-informed care**:
  Stakeholders believed, that for First Nations Australians, the provision of trauma-informed care is valuable and essential. Services that are not equipped to recognise and address the complex historical and cultural factors contributing to mental health issues risk being perceived as inadequate or unsafe. The absence of trauma-informed approaches can exacerbate existing barriers, including distrust of health professionals and concerns around cultural safety. Expanding trauma-informed care training for mental health professionals is essential to bridging these gaps and enhancing accessibility and effectiveness of care for First Nations people. Stakeholders identified that a focus solely on symptom management, without addressing underlying trauma, may fail to meet the needs of First Nations Australians, underscoring the urgency for a more integrated, culturally responsive approach to mental health care.

Accessibility and affordability of health services

- **Access challenges**:
  Accessible health care services are primary barriers for First Nations Australians. First Nations people in ACT reported having difficulty getting appointments with both GPs and allied health practitioners when required, citing long waiting times and an inability to see their preferred provider as key challenges.

- **Financial barriers**:
  Cost of services, particularly in relation to GP appointments and the difficulty in obtaining a bulk billed appointment, was also raised as a challenge. As shown in the data (3.08 – Cultural competency), 7.4% of First Nations people recently avoided seeing a GP due to the cost. For people who are regularly seeing GPs, allied health practitioners and specialists for appointments, the costs of managing their health and wellbeing swells, creating extra financial strain and cost of living pressures.

  Financial barriers, coupled with culturally unsafe environments, can compound the effect, with First Nations people not only avoiding healthcare due to cost, but also due to lack of trust in the system. This dual challenge significantly impacts overall health outcomes.

Discrimination and mistrust in the healthcare system

The impacts of colonisation and the legacy created by the European settlement are felt by First Nations people throughout Australia, creating a complex relationship with government and authorities. Additionally, First Nations people continue to experience racism, discrimination and injustice, both at a personal level and systematically, resulting from this legacy. For First Nations people, discrimination, racism and injustice experienced in the health care system can cause distrust of health professionals and the healthcare system, leading to avoiding care and, potentially, worsening health outcomes. Ensuring systems and processes central to the health care system do not discriminate, allowing accessibility and opportunity for all, is integral for a strong system.

- **Recent strains on trust**:
  Locally, stakeholders reported strained trust between the First Nations community and the government. The recent Voice to Parliament vote in 2023, was said to have contributed to the strained relationship and has created greater stressors and challenges for First Nations people living in ACT. People have reported worsening experiences of discrimination and racism since this time, creating a greater sense of fear and distrust.

- **Importance of education and reconciliation**:
  It is important that all health care organisations and service providers continue to educate themselves, their staff and the community about the importance of reconciliation, and the benefits it provides to the community. While a longstanding and complex issue will not be solved in a short period, ongoing education and a commitment to improvement is vital in working towards building a safe environment for all.

Partnerships and collaboration

- **Strengthening collaborations**:
  Stakeholders believed fostering collaboration and strengthening partnerships between organisations are important actions for organisations working regularly with First Nations people. Improving partnerships and collaboration should lead to improved health service delivery and benefit the First Nations community by elevating the level of culturally safe, effective health care. While building and maintaining relationships requires time and resources, it is believed the benefits will outweigh the cost for service providers. The benefits for the community include improved referral processes, integration of care, information sharing and a person-centred approach. Where possible, resources should be allocated to create, strengthen and cultivate these relationships to benefit the First Nations community.

Identified needs

Priority 1

- Improve provision of culturally safe services and reduce levels of racism and discrimination within healthcare settings in the ACT.
- Improve provision of chronic disease management services for First Nations people and support for people with chronic conditions and low self-rated health.
- Improve service provision and support for First Nations people with mental health conditions in ACT.
- Improve provision of affordable and accessible primary health care.
- Improve collaboration and partnerships between health care services and community.
- Improve provision of preventive health care services targeted to First Nations people in the ACT.

Priority 2

- Improve awareness of, and support for, First Nations people who experience suicidal or non-suicidal intentional self-harm in the ACT.
- Improve quality and rates of MBS item 715 indigenous health checks and follow up services delivered in the ACT, including support to services to provide those health checks.
- Improve care for First Nations people with eye/vision problems in the ACT, including by increasing awareness of existing services.
- Increasing accessibility to antenatal care for mothers having a First Nations child.

Priority 3

- Improve awareness of socioeconomic disadvantage experienced by First Nations people in the ACT and support provided to those affected.
- Improve care for First Nations people with ear/hearing problems in the ACT.
- Improve provision of integrated care for First Nations people, providing support for those at risk of potentially preventable hospitalisations in the ACT.

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