Partners: Aboriginal Population Health Research Teams

- **KGOWS Team** - Five Urban NSW Communities - La Perouse Land Council & Tharawal, Durri, Daarimba Maarra and Galimbala ACCHOs - and our Aboriginal Community Partners
  - Tony Broe – Study Director & Geriatrician
- **KICA Team & Loomah Project** - Six Kimberley Communities
  - Leon Flicker – Study Director & Geriatrician
- **Aboriginal & Torres Strait Islander Team** - Far North Queensland & Torres Strait Communities
  - Eddie Strivens – Study Director & Geriatrician
Growing Old in Aboriginal Communities
Outline of Talk

• Aboriginal Health & Ageing – 1788 to Today

• Why do some populations Grow Old? And Grow Old Well?

• What are the Policy Implications
From 1788 thru the 1800s – “new” infectious diseases (measles, cholera, flu, TB etc) decimated Aboriginal populations as ‘first contact’ took place.

Depopulation was made worse by the legal fiction of “terra nullius”; by violence; by dispossession from land, culture and children; by lack of human rights through the 1800s to the 1960s.

Leading to the belief - in the 1950s = that Aboriginal people were a “dying race”
However from the 1960s to today

• Infant mortality - Urban & Remote – has been steadily falling

• Adult Life-span - Urban & Remote - is now increasing from the 1990s - 2000s

• There are large - and increasing - numbers of very old (75+) Aboriginal people in all communities – from remote Kimberley & APY Lands to urban La Perouse

• The Australian Aboriginal population is both growing rapidly (to pre-1788 levels – n ~ 600,000) & Ageing rapidly
1. **Access to Human Rights - after almost 200 yrs?**
   Citizenship ’67; Social services ’69; Federal Racial Discrimination Act ‘72; Land Rights ‘70s on; Self determination phase ’70s on; Native Title ’92 on; Federal Apology’08 - All helped

2. **Improved health care & services? - from the ’90s in NT** (Thomas et al 2006) and probably in Australia generally (AIHW) - with mid-life Chronic Disease incidence starting to decline

3. **Major socio-economic advances for Aboriginal people? – not as yet?**
What remains to be done?
A lot

• **Epidemics** are gone but Child skin & ENT Infections remain - with renal, cardiac, hearing damage

• **Systemic diseases** - Heart, Lung, Renal, Vascular - v. high (X4) but starting to fall and lifespan to rise (Thomas et al – 2006; Condon et al 2006)

• **However** - Dementia rates in older Aboriginal people are five to ten times non-Indigenous (KICA Study 2008; KGOWS pre-pilots; North Q’land Studies etc)

• **While Child risk factors** – social, family trauma - remain high in both remote & urban communities

Aboriginal life expectancy today equals non-Indigenous ~ 1950
Aboriginal life span is improving
But the Gap is not closing?

Reducing Aboriginal early childhood risks – to improve brain growth - is vital to closing the gap
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• Why do some Populations Grow Old?
  – And Grow Old Well?

• What are the Policy Implications
Projected Total fertility rate = 1.75, annual net migration = 110,000.

Census of the Commonwealth of Australia, Population by age and sex, Australian States and Territories (3201 0)
Australian Aboriginal Population by Age
Similar to non-Indigenous around 1940

Young-old Rising

Young People – 0 to 24 yrs = A Potential Aboriginal Demographic Dividend - Given better early childhood, education & jobs

Indigenous Australian Population

ABS 2004a IN Population and Diversity: Policy Implications of Emerging Indigenous Demographic Trends
Aboriginal life expectancy today equals non-Indigenous ~ 1940-50
Aboriginal people are entering a Mixed Health Transition - 2 3 4 together?

Mainly through Socio-economic Advances

• Better education, better jobs & rising incomes
• Better childhood with smaller - better educated - families
• Improved nutrition
• Less crowding & better housing
• Sanitation & Public Health
• Medical advances

Aboriginal people have missed out on many of these advances.
What remains to be done so Aboriginal people can share in the major socio-economic advances?

- **Adults** Abolition of poverty - Economic opportunity - Good housing? NOT HAPPENING FAST ENOUGH?

- **Children & Adolescents** – Smaller Families & better educational opportunities for good brain growth? JUST STARTING?

- **Early Childhood** – Good parenting, no separation, child trauma prevention - for early brain development? A LONG WAY TO GO?
KGOWS Research – A Life Cycle Approach
A good brain is the Key to Growing Old Well

- **Early-childhood**
  - Develop the brain well

- **Child & Adolescent**
  - Grow the brain fully

- **Mid to Late Life**
  - Keep the brain active

Aboriginal Artist LeAnne Hunter
Q: When does the Mind-Brain Grow?
All our lives but MOSTLY IN CHILDHOOD

Brain weight

Age 1 year > 50% of brain growth
Age 7 years > 75% of brain growth
Adult years

Q: How does the Mind-Brain Grow?
Mothers, family, environment, genes – grow it

MRI Brain Scan Normal Neonate
A thin strip of Cortex

MRI Brain Scan Normal Adult
Masses of ‘gyri’ = Complex Cortex
Q: How do childhood experiences predict Mid-life Health? And Ageing? Evidence? Lots*

- **Mothers** (mainly) but also family, school, culture, communities grow our children’s minds & brains

- **Childhood trauma** - absent parenting (separation, institutions) & poor parenting skills (mothers separated) - impact brain development and cause deficits in brain performance – ADD – PTSD – Learning/Reading defects

- **Early Childhood brain changes** then affect social & emotional well being, reduce learning & education, lead to the welfare and criminal justice systems - and lead to poor adult health outcomes (e.g., cigs, alcohol, obesity, heart disease)

Growing Old in Aboriginal Communities
Outline of Talk

• Aboriginal Health & Ageing

• Why do some Populations Grow Old?
  – And Grow Old Well?

• What are the Policy Implications
The Aim of our Population Health & Ageing Research Teams is to work with Aboriginal community partners to link research & services

• To provide hard evidence for policy change and service development for Aboriginal communities

• To capacity build communities and Aboriginal researchers in successful ageing across the life cycle

• For Aboriginal communities to capacity build non-Indigenous researchers in Aboriginal culture & values
What are the policy implications?

- Addressing **adult** bio-medical risk factors (smoking, alcohol, hypertension) and diseases (heart, lung, renal) - **is essential but insufficient to close the gap**

- Addressing **adult** social determinants (discrimination, better jobs, training, housing, poverty, economic growth) - **is essential but insufficient to close the gap**

- Addressing **child/adolescent** determinants (schools, higher education, jobs opportunities & careers) - **is absolutely essential but still insufficient to close the gap**
What are the policy implications?

• Addressing **early childhood** determinants
  – Good parenting and Family safety
  – Stolen generation - ongoing Separation of families
  – Family violence to women and children
  – Physical sexual & emotional abuse of children

Is required for brain development & growth to close the gap in lifespan in another generation
What are the policy implications?

Our Aim is that research findings will provide hard evidence to develop policy and deliver services

– Prevention - Child Maternal and Parenting services
– Therapy - for Aboriginal children who have existing: learning difficulties, PTSD, ADD etc.
– Access - for children to early childhood education
– Access - for adolescents to secondary & tertiary education
– Public Health approaches to delay dementia
– Good housing means health care across the life span
– ACCO Aged Care Services - as and when needed