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Primary Health, Data and Evidence Branch  
Indigenous Health Division  
Department of Health  
MDP 750, GPO Box 9848  
Canberra ACT 2601

Registered Charity  
ABN 42 006 173 379  
Level 7, 461 Bourke Street  
Melbourne VIC 3000  
Telephone 03 9670 1000  
StrokeLine 1800 STROKE (1800 787 653)  
strokefoundation.org.au

Sent via email: [indigenouphcpolicy@health.gov.au](mailto:indigenouphcpolicy@health.gov.au)

To whom it may concern

**Re: Review of the Practice Incentives Program Indigenous Health Incentive (PIP IHI)**

*Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. We do this through raising awareness, facilitating research and supporting stroke survivors. Stroke Foundation is dedicated to empowering health professionals to deliver high quality best-practice care to stroke patients. We advocate for better systems, processes and resources to help health professionals deliver world class stroke care.*

*As the voice of stroke in Australia, Stroke Foundation welcomes the Australian Government's review of the PIP IHI.*

Chronic health conditions such as stroke are the leading cause of illness, disability and death in Australia.<sup>1</sup> This year there will be more than 56,000 strokes in Australia, and there are more than 475,000 stroke survivors living in our community<sup>2</sup>, many with an ongoing disability. Unless action is taken, it is estimated by 2050 the number of strokes experienced by Australians will more than double to almost 133,000 strokes annually, and there will be one million stroke survivors living in the community.<sup>2</sup> Importantly, research indicates that 80 percent of strokes can be prevented.<sup>3</sup>

There is a disproportionate burden of stroke among Indigenous Australians, who are 1.7 times more likely to be hospitalised for stroke, and 1.5 times more likely to die from stroke, as non-Indigenous Australians.<sup>4</sup> Chronic disease is responsible for 80 percent of the mortality gap between Indigenous and non-Indigenous Australians, with stroke and transient ischaemic attack accounting for four percent.<sup>5</sup>

The absolute risk of cardiovascular disease (CVD), including stroke, is high among the Indigenous Australian population.<sup>6</sup> A recent study reported more than 25 percent of Indigenous Australians aged 35-74 years were estimated to be at high risk of a CVD event in the next five years, and high absolute risk is evident at younger ages compared with the general population.<sup>6</sup>

Australian and international evidence shows strong primary care systems result in better health outcomes, lower rates of avoidable hospitalisations, and significant cost savings.<sup>7</sup> For a chronic disease such as stroke, a comprehensive and integrated primary care system is

critical to reducing behavioural risk factors such as smoking, and managing physiological risk factors such as hypertension and diabetes, all of which are highly prevalent in Indigenous communities. Importantly however, despite their relatively higher burden of chronic disease, Indigenous Australians access primary care services less frequently than their non-Indigenous counterparts.<sup>8</sup>

As such, Stroke Foundation strongly supports programs such as the PIP IHI, which focus on improving access to effective primary care services and best-practice management of chronic disease for Indigenous Australians, as well as opportunities to improve and refine these programs.

The cultural appropriateness of health services and paucity of Indigenous staff have been identified as access barriers to primary care for Indigenous Australians.<sup>9</sup> The requirement that all PIP IHI registered practices have at least two staff members who have undertaken cultural awareness training is in itself not enough to have a significant impact on inequalities in primary care access for Indigenous Australians. This is particularly the case when training is delivered in isolation or rapidly over short timeframes.<sup>10</sup> Rather, what is needed is ongoing development and embedding of cultural competence in health services. Cultural competence includes the set of behaviours, attitudes and policies that come together to enable professionals to work effectively in cross-cultural situations.<sup>10</sup> Importantly however, there is a lack of conclusive evidence in the Australian context about what strategies are most effective for improving the delivery of culturally competent health services to Indigenous Australians. More work is needed to determine a coherent, national approach to this issue.<sup>10</sup>

Aboriginal Community Controlled Health Services (ACCHSs) are primary healthcare services initiated and operated by local Aboriginal communities in urban, regional and remote areas of Australia. ACCHSs have not only led the way in providing culturally appropriate healthcare for Aboriginal and Torres Strait Islander patients, but have also been leaders in chronic disease management through their use of continuous quality improvement, monitored and informed by key performance indicators. The PIP IHI has been a useful source of funding to assist ACCHSs to better manage chronic disease in their communities. This could be further improved by reducing the administrative burden associated with the requirement for annual re-registration, and continuing to closely involve ACCHSs in any changes arising from this consultation.

Stroke risk can be lowered through lifestyle changes and the use of medications to reduce blood pressure and cholesterol. In fact, if high blood pressure alone was eliminated it is estimated the number of strokes experienced would be halved.

A recent study has shown only 53 percent of Indigenous Australians with existing CVD, and 42 percent of those at high risk, are using cholesterol-lowering medications.<sup>6</sup> This may be due to a variety of reasons, including the fact many Indigenous Australians are not having regular health checks.

Health check items for Indigenous Australians were first introduced in 1999, and while the use of health checks has increased over time, in 2016-17 about 70 percent of the Indigenous population did not have a health check.<sup>11</sup> This presents a significant opportunity to prevent future stroke by increasing the number of Indigenous health checks performed. As such, Stroke Foundation strongly supports Australian Government initiatives aimed at increasing

the awareness, understanding and uptake of health checks among healthcare providers and the Indigenous community.

Finally, if health checks are to improve health outcomes for Indigenous Australians, it is critical the health issues identified during the course of these checks are appropriately followed-up and managed. Limited published data does suggest about 80 percent of health checks identify health problems that require follow-up treatment or referral.<sup>12</sup> A 2016 study assessed all Indigenous health checks performed at an Aboriginal Medical Service over a two year period and recorded initial actions, management and follow-up six months after the health check.<sup>8</sup> This study showed newly identified health issues were documented in 84 percent of cases. It also showed six months following the health check, 25 percent of cases with newly identified health issues had received no follow-up.<sup>8</sup> Therefore, it is vital there are systems in place to ensure health problems uncovered as a consequence of Indigenous health checks are appropriately addressed in a timely fashion.

Thank you for the opportunity to provide input to the review of the PIP IHI.

Yours sincerely,



Professor Bruce Campbell  
**Chair, Clinical Council**  
Stroke Foundation

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