



Access to Pharmacy Services by Aboriginal and Torres Strait Islander People

Position

The improvement of the health status of Aboriginal communities is a high priority for the Pharmacy Guild of Australia.

The Guild promotes equal access to medicines and pharmacy services for all sectors of the Australian population, including Aboriginal and Torres Strait Islander People. The Guild is committed to implementing high quality, culturally sensitive and appropriate pharmacy services; and to the development and application of Quality Use of Medicines (QUM) strategies in community pharmacies providing services to Aboriginal and Torres Strait Islander communities.

The Guild is committed to working closely with its members, Aboriginal and Torres Strait Islander organisations, communities and with all levels of Government in Australia to develop and improve health care services and health infrastructure for Aboriginal and Torres Strait Islander people.

Inherent in this commitment is the Guild's acknowledgement that:

- Aboriginal and Torres Strait Islander people have by far the worst health outcomes and the clearest inequity in health care provision of any identifiable group in the Australian population.
- All Australians, including Aboriginal and Torres Strait Islanders, have the right to good health as defined by the World Health Organisation's Declaration of Alma Ata which states that health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.¹
- Improving Aboriginal and Torres Strait Islander health is not just about improving the physical well-being of an individual. It is about working towards the social, emotional, and cultural well-being of the whole community, to enable each individual to achieve their full potential as a human being. A key stakeholder in improving the health of Aboriginal and Torres Strait Islander people, the National Aboriginal Community Controlled Health Organisation (NACCHO), state this is also based on the need to acknowledge that Aboriginal people have never ceded sovereignty of their land, nor their rights to self-determination.
- The integrated primary health care model developed by the Aboriginal community controlled health sector is in keeping with the philosophy of Aboriginal community control and the holistic view of health.

¹ World Health Organisation *Declaration of Alma Ata* (1978)

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- Community pharmacists, through positive relationships with the Aboriginal and Torres Strait Islander communities and Aboriginal community controlled health services, play a critical role in the delivery of primary health care services to Aboriginal and Torres Strait Islander people, and that there is a need to strengthen this role.
- The delivery of quality health care to Aboriginal and Torres Strait Islander peoples is dependent upon a respectful and coordinated approach, in collaboration with Aboriginal and Torres Strait Islander people, by all health care professionals and their organisations.

In order to be effective in developing and improving health care services and health infrastructure for Aboriginal and Torres Strait Islander people the Guild resolves to:

- Continue to be actively engaged in a number of initiatives to assist in addressing the gap in Aboriginal access to medicines such as Section 100 Scheme for Remote Aboriginal Communities. The Pharmacy Guild in consultation with the NACCHO and the Department of Health and Ageing developed a scheme to increase access to medicines for Aboriginal people in remote areas. A special provision of the National Health Act (Section 100) allows for special access arrangements where pharmaceutical benefits cannot be conveniently supplied. Under the Section 100 scheme, clients of remote area Aboriginal Health Services (AHS's) are able to receive PBS medications from AHS staff at no cost at the time of consultation. Medications are ordered by the AHS through a local community pharmacy and then supplied in bulk to the AHS, with no co-payment charged to AHS clients. Pharmacists receive a fee which is less than the normal payment for carrying out this service.
- Continue to deliver Aboriginal and Torres Strait Islander programs managed by the Guild under the Fourth Community Pharmacy Agreement (2005-2010) including the Section 100 Pharmacy Support Allowance Program and the Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islanders (QUMAX) in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO). These programs continue into the Fifth Community Pharmacy Agreement (2010-2015), in addition to electronic prescribing support and Pharmacy Practice Incentive and Accreditation Program, both of which strengthen patient services through community pharmacy.
- Develop strategies to encourage more Aboriginal and Torres Strait Islander people to enter the pharmacy workforce, through the Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme (ATSIPSS) and the Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme (ATSIPATS).
- Improve cultural awareness and understanding of Aboriginal and Torres Strait Islander health issues amongst its staff and members.
- Develop respectful and equitable partnerships and collaborative approaches with relevant Aboriginal and Torres Strait Islander organisations, to ensure the delivery of pharmacy services which achieve the best possible health outcomes for Aboriginal and Torres Strait Islander community members.
- Continue to advocate to all levels of Australian Government for serious reforms to the delivery of healthcare to Aboriginal and Torres Strait Islander people, and to hold these Governments accountable for any policy or program that provides an impediment to improvements in health care.

- The introduction of culturally appropriate new programs and projects which aim to improve the quality use of medicines by Aboriginal and Torres Strait Islander people.

Background

In 2006, 2.3% of the total population of Australia identified themselves as Indigenous. The number of people identifying themselves as Indigenous has increased by 11% since the 2001 Census.² The life expectancy of Aboriginal and Torres Strait Islander people is 11.5 years less for men and 9.7 years less for women than that of the non-Indigenous Australian population. Further, the infant mortality rate for Aboriginal and Torres Strait Islander Australians is twice the infant mortality rate for all Australians.³

Aboriginal and Torres Strait Islander people are comparatively low users of medical services and pharmaceuticals. For the mainstream Australian Government schemes of Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS), Medicare benefits paid per Indigenous person were estimated to be 45% of the non-Indigenous average, and the PBS expenditure was estimated at 51% of the non-Indigenous average.⁴

On 20 December 2007, the Council of Australian Governments (COAG) agreed to a partnership between all levels of government to work with Indigenous communities to achieve the target of ‘closing the gap’ on Indigenous disadvantage; and notably, to close this gap in life expectancy within a generation, and to halve the mortality rate of Indigenous children within ten-years. While Australian governments had previously committed to raise the standard of Indigenous Australians’ health to that of other Australians, this commitment was the first time Australian governments had agreed to be accountable for reaching this goal by placing its achievement within a time-frame. This was strengthened by the February 2008 *National Apology to Australia’s Indigenous Peoples* and the March 2008 *Close the Gap Statement of Intent* which includes a number of commitments to achieve equality in health status and life expectancy between Indigenous and non-Indigenous Australians by the year 2030.⁵

Since this time a number of strategies and action plans have been developed to guide policy decisions and infrastructure development for Aboriginal and Torres Strait Islander health equality, and this work will continue under the *Close the Gap Statement of Intent*.

Endorsed

National Council – November 2010

Date Reviewed

October 2010 – Government Relations and Policy Committee

May 2010 – Rural and Professional Services Committee

² Australian Bureau of Statistics, *Population Characteristics: Aboriginal and Torres Strait Islander Australians*, Catalogue No. 4713 (27 March 2008).

³ Australian Bureau of Statistics *Deaths Australia 2008* Catalogue no. 3302.0 (25 November 2008).

⁴ Expenditures on health for Aboriginal and Torres Strait Islander peoples 2004-05, Australian Institute of Health and Welfare, 2008

⁵ Australian Human Right Commission *Close The Gap National Indigenous Health Equality Targets* (March 2008)