

Many of you may have heard the Health Minister talk about the improvement in indigenous health. In a press release from his office faithfully copied verbatim in the Guild produced November 2006 Rural Pharmacy newsletter he told us that the **"health of Indigenous Australians is improving"**. What it actually showed us was modest gains in life expectancy. Not an increase in health, but a slowing down of the acceleration in rates of death in most areas.

It's like we've gone from a Lamborghini into a Commodore. We are still accelerating until we get to 100km an hour it will just take us a little longer.

Recently he made comment on a report from Menzies School of Health Research; "Northern Territory Indigenous life expectancy improvements 1967-2004" that showed improvements in life expectancy for indigenous people in the NT. And there has been a slight but positive increase. This study was only on indigenous people in the NT. I would be interested in seeing a wider representative study undertaken.

But the figures are good when you first look at them. Indigenous females in the top end now live to 68 and Indigenous men to 60 years of age compared to the life expectancy of 54 and 52 years respectively in the 1960's. During this time however, the life expectancy in the total Australian population increased from 68 – 78 years in males and from 74 – 83 years in females. Indigenous females have closed the gap in the race of life expectancy. Unfortunately the indigenous men of the Northern Territory, though increasing their life expectancy have not increased at the same rate as the rest of Australia's men and the gap has widened.

The report showed that the NT indigenous life expectancy at birth has improved. In the NT the indigenous childhood mortality rate are approximately 12 and 18 per thousand, three times the rate of all Australian infants at 4.5 and 5.5 per 1000 for females and males respectively.

The report asks why the improvement. It seems to be due to "significant improvements in mortality due to communicable, maternal, perinatal and nutritional condition and injury". The report then states: "Mortality from chronic diseases, however, does not appear to have played a role in life expectancy gains" and comments as I have already on the slowing rate of increase. It is the success of programs targeting chronic disease that will now make the difference. In the Conclusion of the article it states *"Dangers remain, however if increasing death rates from chronic disease are not reversed"*

The S100 scheme has been a great advance in ensuring medications are available. The ability of pharmacists to visit remote health services is also a positive. In remote Australia we are talking about a population that may not take medications as you and I would. Their understanding of illness and medication may be a lot less than you and I. With diabetes you go from being well one day to being on metformin, a sulfonylurea, aspirin, ACEI and a statin at the minimum the next.

If you lived at 15 National Circuit Barton ACT 2600, or at 44 Thesiger Court DEAKIN ACT 2600 would you like a pharmacist to visit perhaps twice a year and perhaps never see you, but pass on information about your medications through an intermediary. Do you think it is ok for pharmacists not to be involved on a day to day basis with your health?

I urge our representative bodies to accept the notion of social justice, a fair go for all, and push for pharmacists to be allowed to play their role in the health care of all Australians.

Robbo