

Aboriginal and Torres Strait Islander people are the Indigenous inhabitants of Australia who face many inequities regarding cancer care and outcomes. They are more likely to be diagnosed with cancer than non-Indigenous Australians and have not experienced the improvement in survival that non-Indigenous Australians have.

AT A GLANCE

- This article provides an overview of the historic, cultural, and health systems factors that influence the disparity in outcomes, including the ongoing effects of colonialism, and the gap between current provision of health care in Australia and the cultural beliefs and cancer understanding of Indigenous people.
- The efforts of the Australian government, Indigenous groups, and healthcare services to improve cancer care and outcomes are discussed, including promoting appropriate and accessible healthcare services and targeting known risk factors.
- Health systems can contribute to the improvement of health outcomes of Indigenous people with cancer by providing culturally appropriate care, ensuring the health service environment is safe and welcoming, and addressing low numbers of Indigenous staff members in health fields such as nursing and medicine.

KEYWORDS

cancer care; Australia; Indigenous communities; disparities; risk factors

DIGITAL OBJECT

IDENTIFIER

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Australian Indigenous Communities

Efforts to improve cancer care

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Aboriginal and Torres Strait Islander Australians (hereafter referred to as Indigenous Australians) are the Indigenous people of Australia and are thought to represent one of the world's oldest surviving cultures, with evidence of their presence in Australia going back 50,000 years (O'Connell et al., 2018). They are a diverse population, with more than 150 languages, and their communities are located across the entire continent (Australian Bureau of Statistics, 2017). In 2016, 3% of Australia's population, or about 650,000 people, identified as Indigenous, and this number is increasing (Australian Bureau of Statistics, 2017). As with many minority groups, Indigenous Australians face inequities in terms of health care in general and particularly in cancer care.

Despite efforts to close the health disparity gap between Indigenous and non-Indigenous Australians, cancer remains disproportionately burdensome on the Indigenous community. Indigenous Australians are 1.1 times more likely to be diagnosed with cancer than non-Indigenous Australians (Australian Institute of Health and Welfare, 2018b). From 2009 to 2014, the most commonly diagnosed cancer in Indigenous Australians was lung cancer; in non-Indigenous Australians it was prostate cancer (Australian Institute of Health and Welfare, 2018b). From 1996 to 2014, five-year survival of non-Indigenous

Australians with cancer increased from 58% to 65% but only improved from 47% to 50% in Indigenous Australians (Australian Institute of Health and Welfare, 2018b).

This article provides an overview of cancer care in Australian Indigenous communities. It describes Indigenous Australians' view of health care, two specific cancer risk factors for this community, and methods to improve cancer care in these communities.

Disparities in Cancer Care

Disparities in cancer care and outcomes stem from the disadvantaged social and economic conditions experienced by Indigenous Australians, directly resulting from colonization (Sherwood, 2013). Settlement of Australia by the British began in 1788 and was followed by a systematic separation of Indigenous people from their land, disruption of traditional social systems, separation of children from their families, violence, and conflict, as well as the introduction of diseases, such as smallpox, that killed many Indigenous people (Sherwood, 2013). Indigenous people in Australia were only recognized as full citizens of the country in the Constitution as a result of a national referendum in 1967 (Williams, 2007). Indigenous Australians continue to experience stigma and discrimination, factors that significantly affect key social determinants of health, including employment, education, income, and housing