

Question 1 – highlighted below

Ms Bowring: I think the lack thereof is a good point when it comes to Indigenous research particularly. The majority of the research that's currently conducted and historically has been conducted is generic research. More now, we are seeing a greater shift towards research that is specific to different communities—ethnicity, geography, demographics et cetera.

CHAIR: What kind of research is that?

Ms Bowring: Culturally sensitive research around how to deliver education programs. That's something that we've had most involvement in—wanting to translate research findings, making sure that there is culturally appropriate, correct use of language, they are respectful et cetera, but also looking into how that information requires dissemination, because it is different for different groups of families and looking at location. Sadly, the Indigenous rate of stillbirth is higher than that—

CHAIR: How much higher?

Ms Bowring: Approximately two times higher. That can be attributed to rural and remote communities that don't have the access to the same health services that others do and also predisposition to risk factors et cetera.

CHAIR: But there is no data really to confirm the reasons behind that?

Ms Bowring: No, and this is why we talk about data being far more granular. It's one thing to submit a figure that is the sum total for a nation at the end of a five-year period, but, if we had access to where these are occurring,—family history, background, location and all of those finer details—it gives a greater understanding of where the research needs to be concentrated.

CHAIR: We certainly have that in our terms of reference, and we look at Close the Gap in terms of the parliament every year reporting to all Australians on what closing the gap is, and that is clearly an area that we can actually look into as well in terms of First Nations. So, if there's any further information that can be provided to the committee, such as whether your foundation has a network in terms of First Nations community controlled health organisations or GPs in those regions, it would be really beneficial for us to know. Your submission has provided us with recommendations going forward, and if you could give us some thoughts in relation to that as well, that would be appreciated.

Ms Bowring: Certainly, I can send that through for you in more detail.

Answer 1

In regards to specific Aboriginal and Torres Strait Islander health services and research, the Foundation recommends the work of experts, including Deanna Stuart-Butler who specialises in Indigenous maternal health. You can find an example of her work here: https://www.mcri.edu.au/sites/default/files/media/documents/afs_birth_2015.pdf

In a similar vein, the Foundation has this year received a grant application from Jane Yelland who has worked with Deanna and who also has interest in equity in health outcomes for Indigenous and migrant communities.

Both of these experts have strong connections with Aboriginal and Torres Strait Islander health services.

In regards to data, the below table from the Australian Institute of Health and Welfare outlines perinatal mortality by Aboriginal and Torres Strait Islander status of mother from 2011 to 2012 – this includes stillbirths and neonatal deaths.

Table 1 Source: AIHW: <https://www.aihw.gov.au/getmedia/7cd62505-c674-4926-8035-b879c009f5e3/19440.pdf.aspx?inline=true>

Table 3.15: Perinatal mortality by Aboriginal and Torres Strait Islander status of mother, Australia 2011–2012

| Indigenous status (mother) | Total births ^(a) | Live births | Stillbirths | | Neonatal deaths | | Perinatal deaths | |
|---------------------------------------|-----------------------------|----------------|--------------|---------------------|-----------------|---------------------|------------------|---------------------|
| | | | No. | Rate ^(b) | No. | Rate ^(b) | No. | Rate ^(b) |
| Indigenous | | | | | | | | |
| Aboriginal | 21,690 | 21,420 | 270 | 12.4 | 106 | 4.9 | 376 | 17.3 |
| Torres Strait Islander | 1,389 | 1,380 | 9 | 6.5 | 7 | 5.1 | 16 | 11.5 |
| Aboriginal and Torres Strait Islander | 1,266 | 1,253 | 13 | 10.3 | 11 | 8.8 | 24 | 19.0 |
| Total | 24,345 | 24,053 | 292 | 12.0 | 124 | 5.2 | 416 | 17.1 |
| Non-Indigenous | | | | | | | | |
| Total | 588,392 | 584,211 | 4,181 | 7.1 | 1,447 | 2.5 | 5,628 | 9.6 |
| Unknown Indigenous status | | | | | | | | |
| Total | 1,402 | 1,390 | 12 | n.p. | 9 | n.p. | 21 | n.p. |

(a) Total births comprise live births and stillbirths. Neonatal deaths are included with live births.

(b) The rate is the number of deaths per 1,000 births per specified Indigenous group. Stillbirths and perinatal death rates were calculated using all births (live births and stillbirths). Neonatal death rates were calculated using all live births. These rates are not age-standardised.

The Foundation makes the point in its submission to the Committee that stillbirth data should be broken down at a more granular level so that trends can be extrapolated, including data on Aboriginal and Torres Strait Islander communities, by postcode, ethnicity and the like. This data should be made available to the private sector, researchers and relevant organisations to encourage a collaborative environment.