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MEDIA RELEASE

CLOSING THE GAP NEEDS MORE THAN REFRESHED TARGETS

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AS long as the Closing the Gap policy remains a “medical response to what is effectively a political problem” it will continue to fail in its aim of eliminating Indigenous health inequality, according to the authors of a Perspective published today in the Medical Journal of Australia.

An effective refreshing of Closing the Gap would require “a radical reconfiguring of relationships of power between Indigenous and non-Indigenous people that are necessary for achieving better health outcomes”, wrote Associate Professor Chelsea Bond, a Principal Research Fellow within the School of Social Science at the University of Queensland, and Dr David Singh, a Research Fellow, also at UQ.

That reconfiguring would include a mechanism “whereby Indigenous peoples could be considered the solution to better health rather than the cause of ill health, where Indigenous research institutions administer Indigenous health research investments rather than be advisors to them, and where Indigenous peoples are the architects of health advancement rather than accessories to failed health policy frameworks.”

Bond and Singh wrote that the Federal Government’s recent announcement of a “refresh of targets, rather than a rethink of policy approach” had its dangers.

“There is a danger that the engagement of Indigenous peak [bodies], many of which are reliant on federal funding, will be used to embellish a policy agenda that effectively maintains the status quo and, further, will be held responsible for any future policy failings in Indigenous health,” they wrote.

“Closing the Gap tends to focus our attention disproportionately on the behaviour of individuals, suggesting that health inequalities are a product of Indigenous lack, morally and intellectually, rather than socially determined.”

Current epidemiological thinking, they said, juxtaposed Indigenous peoples “statistically against non-Indigenous people, and simultaneously positioned [them] as at-risk of and the cause of ill health”.

“Today, we can observe Indigeneity listed as a risk factor for all manner of lifestyle diseases in well-meaning health promotion resources, alongside other risks of smoking and obesity,” Bond and Singh wrote.

“There still remains an implicit and residual racial calculus within contemporary epidemiological discourse which constructs population health inequalities as a product of contrasting poorer behaviour between one population and another.

“We remain unconvinced that improvements in Indigenous health will come through refreshed numerical targets or greater financial investments in health research.

“What is required is a broadening of our intellectual investment in Indigenous health: one that invites social scientific perspectives about the social world that Indigenous people occupy and its role in the production of illness and inequalities.

“That any of these suggestions might appear as radical propositions is perhaps a more telling and tragic indictment of what little progress has been made in over a decade of the Closing the Gap approach, more

tragic than the statistical tale that is told each February on the floors of the Australian Parliament," Bond and Singh concluded.

Please remember to credit *The MJA*.

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