



Equity in trauma care of Aboriginal people: current evidence and future directions

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Background

Considerable health inequality exists between Aboriginal and non-Aboriginal Australians. Injury is a serious but preventable cause of mortality.

The aim of this study was to explore the evidence on equity in injury and trauma care and outcome of Aboriginal people.

Addressing the following research questions will contribute to the Close the Gap Aboriginal health campaign, particularly for trauma care.

The questions

- What is the current evidence on the extent of inequality in trauma care of Australian Aboriginal people?
- What are the differences in delivery of trauma care and health outcome of Aboriginal people in comparison with non-Aboriginal people?
- What are the underlying causes and risk factors of inequality?
- What are the challenges of the relevant studies?
- What are the directions for future works?

Research study design

In this scoping review, the electronic database of Medline was searched for studies on equity in trauma care of Aboriginal people.

Studies were included if they were:

- on acute physical trauma and injury
- on any body parts
- published at any time.

Studies were excluded, if they were:

- opinion papers and letters
- not written in English
- on Aboriginal people from any country other than Australia
- on conditions other than injury and physical trauma.

Identified papers: 189 papers detected on injury and trauma in Aboriginal people in Australia. Among these papers, 8 focused on Equity.

Methods used in the current studies were predominantly linking retrospective data or single centre prospective studies.

Results

- **Constant Gap:** Injury has remained as a constant factor contributing to the gap between life expectancy of Aboriginal and non-Aboriginal people (Zhao and Dempsey 2006).
- **Under-reporting:** Aboriginal status is under-reported, especially at private and major city hospitals (Randal et al 2013).
- **Healthcare experience:** Aboriginal people may have different health care experiences such as waiting for longer in emergency departments (Brown and Furyk 2009).
- **Children:** Hospitalisation and death due to unintentional injuries are more frequent in Aboriginal children mainly due to burns, poisoning and transport injuries (Moller et al 2013; Moller et al 2016).
- **Remoteness:** Living in remote areas is generally associated with poorer health outcomes; and injuries are responsible for one in every five deaths in people living outside major cities (Philips 2009).
- **Socioeconomic status:** Rate of hospitalisation due to accidents and injury is higher in Aboriginal children with higher levels of socioeconomic status, potentially due to more access to recreational activities as well as health care facilities. This is in contrast with the effects of socioeconomic status on other health conditions such as infectious diseases (Shepherd et al 2012).
- **Road trauma:** Rate of death caused by road related injuries in Aboriginal people is twice as non-Aboriginal Australians. This risk remains high in elder Aboriginal people, while it is reducing by age in non-Aboriginal Australians (Clapham et al 2008).

Lessons learned

- Trauma related injuries are continuing to be important factors contributing to the health gap between Aboriginal and non-Aboriginal Australians.
- Data linkage can enhance estimation of Aboriginal status in research.
- More research needed in order to understand the risk factors and underlying causes of inequality particularly in the health of Aboriginal children, transport injuries and healthcare experience of Aboriginal people.

Next steps

Future studies could:

- Utilise multi-centre prospective methodology, as well as data linkage, to capture a more accurate picture of the current condition.
- Investigate underlying causes and risk factors of inequity in more depth.
- Further explore the role of socioeconomic status on injury outcome of Aboriginal people.

