Kidney health equity for Indigenous Australians: an achievable goal

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Ameliorating the inequitable burden of kidney disease that is experienced by Aboriginal and Torres Strait Islander peoples is an achievable goal. Genuine and committed partnerships between the Australian government, health-care providers and Aboriginal and Torres Strait Islander peoples are imperative to maximize the success of health equity initiatives.

"Chronic kidney disease … disproportionately affects Aboriginal and Torres Strait Islander peoples"

"Distress and hardship mirror inequity and magnify the symptom burden of kidney failure"

Australia is a high-income country with a publicly funded health-care system, yet Aboriginal and Torres Strait Islander peoples experience health inequities, including poor kidney health outcomes. Aboriginal and Torres Strait Islander peoples seek health equity but are faced with limitations that can only be addressed by Australian governments, which have power to execute health policy and manage resource allocation. A rebalancing of power is required to enable agency of Aboriginal and Torres Strait Islander peoples in evaluation of health data, the creation of equitable health policy and the provision of properly resourced and accountable health care.

Chronic kidney disease (CKD) disproportionately affects Aboriginal and Torres Strait Islander peoples; a 2012–2013 survey of 3,300 adults reported that 11% had diabetes, 17.5% had CKD and 53% of those with diabetes also had CKD. Our work confirms that Aboriginal and Torres Strait Islander adults experience a rapid annual decline in kidney function that can be predicted by diabetes, inflammation and doubling of albuminuria. Notwithstanding these and other risk factors for non-communicable diseases, the current focus on individual responsibility for illness prevention ignores systemic issues that are key determinants of chronic illnesses, including access to affordable and nutritious food, safe and secure accommodation without overcrowding, minimisation of chronic stress and ensuring that patients experience cultural safety when accessing health care. A reduced incidence of kidney failure among Indigenous Australians would be a key signal of successful health equity efforts.

Aboriginal and Torres Strait Islander adults are four times more likely to initiate dialysis, and more likely to have kidney failure owing to diabetes, than other Australians. Among those aged 25–64 years, Aboriginal and Torres Strait Islander people are 10 times more likely to commence dialysis. They also have comparatively lower access to kidney transplantation and home-based dialysis, resulting in a greater reliance on nurse-assisted haemodialysis, which is predominantly available in population-dense areas close to hospitals. The differential health burden of living in remote Australia without local dialysis care services substantially impacts Aboriginal and Torres Strait Islander communities. Distress and hardship mirror inequity and magnify the symptom burden of kidney failure. Patients and their families experience relocation and profound dislocation from social, cultural and economic support regardless of whether dialysis initiation is planned or unplanned.

The Royal Australasian College of Physicians Indigenous Strategic Framework 2018–2028 recognizes powerlessness, racism and denial of human rights as key antecedents of sustained health inequities. The starting position to address these inequities must be the values, priorities and perspectives of the people who are affected. Consultations with Aboriginal and Torres Strait Islander patients with kidney failure strongly support improved provision of secondary and tertiary care and emphatically recommend public health and primary prevention initiatives. Recent national strategic initiatives to improve kidney health include the development of a guideline for the management of CKD in Aboriginal and Torres Strait Islander peoples and the creation of Indigenous Data Governance processes by the Australia and New Zealand Dialysis and Transplant Registry. In addition, a federal government initiative is defining a Renal Indigenous Health Roadmap encompassing all stages from primordial prevention to tertiary care. Investment in a specialized and appropriately resourced kidney health workforce comprising Aboriginal and Torres Strait Islander professionals at all levels will be critical to equalize kidney health and health equity knowledge and maximize the impact of health equity strategies.

Kidney health equity is achievable when the imperative and method most likely to enable sustainable change is embraced. Genuine partnerships between the Australian government, Aboriginal and Torres Strait Islander peoples, the Indigenous community-controlled health sector and government health service providers are critical to ameliorate health disparities.

Competing interests

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