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IndigenousNCDs: a call for States to include Indigenous peoples in non-communicable disease declaration

Introduction by Croakey: Thursday August 9, 2018 was gazetted as the International Day of the World’s Indigenous Peoples – according to a related United Nations webpage, that’s about 370 million people, living in 90 countries across the world.

UN Secretary-General António Guterres is quoted as saying,

*On this annual observance, let us commit to fully realizing the United Nations Declaration on the Rights of Indigenous Peoples, including the rights to self-determination and to traditional lands, territories and resources.*

Indigenous peoples are often considered “vulnerable”, making up less than 5 per cent of the world’s population, but 15 per cent of the poorest. In many countries Indigenous people are over-represented in morbidity and early mortality statistics, compared with benchmark populations.

The 2011 United Nations Political Declaration on NCD Prevention and Control acknowledged the disproportionate impact of non-communicable diseases (NCDs) on Indigenous populations, and made a commitment to implement “culturally relevant policies and programmes for NCDs that involve indigenous people”.

Soon after, a paper from the NCD Alliance (a global network of more than 2,000 NGOs, scientific and professional associations, academic and research institutions, private sector entities and individuals with an interest in NCDs), provided a detailed analysis of health inequalities, and excess rates of NCDs such as diabetes, cardiovascular disease and respiratory disease in Indigenous populations worldwide. Amongst other things, the authors called for:

*The active participation of indigenous peoples in the design, implementation and evaluation of the response to NCDs, with full recognition of indigenous concepts of health and wellbeing.*

Yet progress in this regard to this aspect of self-determination appears to be slow.
The next UN High Level Meeting on NCDs will take place late next month in New York. A new Declaration will be ratified, but the current draft does not mention Indigenous people.

The post below is the first of a short series of articles that Croakey is publishing in the lead up to the meeting, examining the implications for Indigenous peoples of the upcoming UN Political Declaration on Noncommunicable Diseases.

In response to the lack of inclusion of Indigenous perspectives and priorities in the draft, Summer May Finlay and Dr Kate Armstrong are co-chairing a movement that seeks to promote the voices and experiences of Indigenous peoples within the global NCDs discourse, #IndigenousNCDs.

Here they explain why continuing to view Indigenous peoples simply through the “vulnerability” lens is problematic, and why Indigenous-specific and Indigenous-led solutions are the only way forward if we want to reduce the devastating impact of NCDs on Indigenous peoples worldwide.

You can, of course, follow the conversation and lend support to #IndigenousNCDs on Twitter.

**Summer May Finlay and Kate Armstrong write:**

Indigenous peoples are often not specifically mentioned in United Nations documents. When they are, they are often relegated to little more than a footnote under “vulnerable” groups.

The term vulnerable, in and of itself, is problematic because it denies the strengths within Indigenous communities. It perpetuates the notion that Indigenous peoples cannot drive solutions to issues facing them.

Indigenous people could be forgiven for thinking that their exclusion from such documents is intentional – and that the deficit dialogue when Indigenous people are included intentionally maintains colonisation and Indigenous marginalisation.

The lack of inclusion of Indigenous peoples in the Zero Draft Declaration ahead of the third UN High Level Meeting (HLM3) on non-communicable disease (NCDs) is the current status quo.

The Declaration is due to be finalised, and presented for ratification, at HLM3, which will be held in New York on the 27 September 2018. Member states are currently in the process of amending the document. More information about the meetings can be found on the NCD Alliance website.

The latest draft of the NCD Declaration does not mention Indigenous peoples at all. This is despite Indigenous people around the world life experiencing a life expectancy up to 20 years less than other people, with the bulk of the life expectancy gap attributable to NCDs.

This situation has remained largely unchanged since the first UN HLM on NCDs in 2011. Involvement of Indigenous organisations and communities in global NCDs processes and consultations has been almost completely absent.

A new movement is seeking to change this situation.
#Indigenous NCDs: seeking inclusion in the global NCD discourse

#IndigenousNCDs is seeking to promote the voices and experiences of Indigenous peoples within the global NCDs discourse. The movement has a dual focus on raising awareness and advocating for inclusive language in the final Declaration, and is committed to the principles of Indigenous control and Indigenous led solutions.

The movement is Co-Chaired by Summer May Finlay and Kate Armstrong, working collaboratively as Indigenous and non-Indigenous persons respectively. The #IndigenousNCDs Founding Steering Group has both Indigenous and non-Indigenous members, and so far includes representatives from Australia, New Zealand, Canada and the United States of America.

So why is it important that Indigenous people are specifically mentioned in the Declaration? Why do we need Indigenous specific solutions?

As is the case in many countries, Indigenous people in Australia, New Zealand, United States of America and Canada are disproportionately affected by NCDs.

Diabetes, cardiovascular disease, cancer, smoking related lung disease and mental health conditions are the five main NCDs identified by the World Health Organisation (WHO), and these are almost uniformly experienced by Indigenous peoples at higher rates than other people.

Indigenous people globally are disproportionately affected by diabetes. In Australia, Aboriginal and Torres Strait Islander peoples are 6 times more likely than the non-Indigenous population to die from diabetes. In Canada, Indigenous peoples are 3-5 times more likely to have diabetes than other citizens.

Indigenous people are also more likely to have cardiovascular disease. Cardiovascular disease accounts for almost a quarter of the mortality gap between Aboriginal and Torres Strait Islander peoples and other Australians. Maori people are 3-4.2 times more likely to die from cardiovascular disease than other people in New Zealand.

These numbers are not improving, despite national rates of smoking decreasing, and increased social marketing aimed at reducing sugar consumption and increasing physical activity.

Mainstream solutions do little to reduce the burden of NCDs for Indigenous populations. The broader social determinants of health have a huge role to play, and until these are addressed in a meaningful way, Indigenous peoples will continue to experience an inequitable burden.

With colonisation having had a devastating impact on Indigenous peoples, and mainstream solutions unable to significantly reduce the rates of NCDs experienced by Indigenous peoples, a new paradigm is urgently required.

What is required is not more state based solutions but Indigenous led solutions.
The right to self determination demands Indigenous led solutions

Indigenous led solutions align with the principles of the UN Declaration on the Rights of Indigenous peoples described as self-determination. Articles 18 and 20 of the Declaration actually go further and state Indigenous People have the right to choose who will be actively involved in the decision making that affects them.

Article 18

*Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.*

Article 20

*Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.*

As it stands, without any specific involvement or mention of Indigenous peoples, the draft NCD Declaration is not able to guide States or hold them to account for the health of Indigenous people.

We know that many States are currently not collecting adequate data on Indigenous peoples, and without specific language that is inclusive, States are likely to continue to fail Indigenous peoples.

For many States, we imagine the enormous inequities experienced by Indigenous peoples is a source of great shame. If it’s not, it should be. And perhaps this shame may be one of the reasons why there is so little dialogue on Indigenous issues in the draft Declaration and other UN documentation relating to NCDs.

While the lack of inclusion may hide their shame, it continues to allow too many Indigenous people to die and suffer poorer quality of life. It is Indigenous people who bear the brunt of State inaction.

Any reluctance by Member States to include Indigenous peoples in the UN high level documents on NCDs demonstrates a lack of understanding that Indigenous led solutions are the absolute key to addressing existing health disparities.

We call on civil society to step up and work in partnership and solidarity with the #IndigenousNCDs movement to advocate for States to include Indigenous people in the Final Declaration that will be launched at the third High Level Meeting on non-communicable diseases in New York on 27 September 2018.
We welcome Indigenous organisations and non-Indigenous allies to join us. Please join our efforts to call on all Member States to amend the current draft to include Indigenous people and seek a commitment to developing Indigenous targets for NCDs.

Together, we can make a difference.

Summer May Finlay is a Yorta Yorta woman who grew up in Lake Macquarie near Newcastle. She is currently undertaking a PhD with the University of South Australia, and is a Croakey contributing editor. She is convener of the Aboriginal & Torres Strait Islander Special Interest Group of the Public Health Association of Australia, co-vice chair of the Indigenous Working Group for the World Federation of Public Health Associations, and a co-chair of the #IndigenousNCD movement.

Dr Kate Armstrong is a public health physician, and the founder & president of CLAN (Caring & Living As Neighbours), an Australian-based NGO that is committed to a rights-based, community development approach to improving health outcomes for children who are living with chronic health conditions in resource-poor countries. At the UN Interactive Hearing on NCDs in July 2018, CLAN tendered a briefing paper, Non-communicable diseases in Indigenous populations – Raising the voices of Indigenous Peoples and Communities within the global NCD discourse. Kate is a co-chair of the #IndigenousNCD movement and founding chair of NCD Child.

For more information and to support #IndigenousNCDs, follow @IndigenousNCDs on Twitter.
IndigenousNCDs Retweeted
IUHPE - UIPES @IUHPE · 15h
We share @ncdalliance concern over the Draft Political Declaration for UN High-Level Meeting on #NCDs. From a #healthpromotion perspective, we need political commitment to strengthening systems for implementation: buff.ly/2vnjkho #HLM3 #enoughNCDs #beatNCDs

Helen Clark @HelenClarkNZ
Replying to @fadhil_ibtihal @ncdalliance and 4 others
Currently the proposed political declaration for the High-Level Meeting on #NCDs @UN in NY in September is weak. There will need 2 be sustained advocacy to endeavour to improve it.

Helen Clark @HelenClar... · 2d
Fully agree with importance of inclusion of indigenous peoples in declaration.

Pinned Tweet
IndigenousNCDs @Indige... · 5h
It would be fabulous if for the next 24 hours people and orgs could share #IndigenousNCDs success stories or resources.
There is much that as Indigenous people we can learn from the success of each other. #NCDs #BeatNCDs
As colonisation’s fulminant legacy of non-communicable disease lives on, the needs and priorities of First Nations peoples must be recognised

**Introduction by Croakey:** There’s a story from Canada in the post below that bears similarities to the reports that surface from time to time in Australia, of Aboriginal and Torres Strait Islander patients whose assessment in hospital is clouded by negative stereotypes, leading to poor medical care and harm.

It’s a theme that emerges all too often, thoughtfully explored, for example, in this Croakey post by Aboriginal doctor, Talila Milroy, who was prompted by an experience in hospital to wonder if identifying as Indigenous as a patient would do her and her family more harm than good.

The bias that comes from stereotyping leads to a form of structural racism which, writes Canadian First Nations member and family physician Dr Barry Lavallee, has its roots in the ongoing process of colonisation. And colonisation works towards the erasure of Indigenous peoples.

Dr Lavallee’s article is part of Croakey’s #IndigenousNCDs series, published in the lead-up to the UN High Level Meeting on non-communicable diseases that is to take place in New York.
He urges the UN Member States to “tell the truth” about the ongoing impact of colonisation in generating the disproportionate burden of non-communicable disease that continues to afflict Indigenous populations worldwide.

Maybe then, the healing can begin.

**Barry Lavallee writes:**

The actors within the upcoming United Nations high-level meeting on NCDs are tasked with telling the truth about the continuing impact of colonisation upon the health and healing of Indigenous peoples across the globe.

This obligation is fundamental to the notion of human capacity, hope and reconciliation.

Since 1492, the construction of Indigenous peoples as less than human has facilitated genocidal and erasure politics, protocols and practices around the world.

This ongoing process has been normalised and settlers continue to sleep well on stolen lands. The birth of Indigenous specific racism stems from here.

**Colonisation, racism and non-communicable diseases**

How does this ongoing process figure in the context of the disproportionate rates of non-communicable diseases (NCDs), as well as higher associated mortality and rates of complications found among Indigenous peoples?

The scientific method within the health discourse, academic and otherwise, fails miserably and specifically in helping to elucidate this relationship.

This type of bias has intention. Relying on proximal “lifestyle” behaviors such as obesity, smoking, healthy foods and the like to explain the differences, clouds a critical racial analysis.

The scientific method fosters whiteness, white power and privilege. This can become a significant barrier to addressing oppression – the racialised type – specific to the Indigenous body on settler territories.

In answering the question of why Indigenous communities suffer disproportionate rates of NCDs compared to others, consider the following:

The ultimate white (and settlers of color) power and privilege exists when the original peoples of the land die. This is the paradox. Settler society rationalises the higher death rates and suffering of Indigenous peoples from NCDs in very astute and normalised ways. This bias goes unrecognised because it is white.

The bias maims, removes limbs, separates families, kills.

How is this accomplished? By the active, reinforced and unrecognised employment of stereotyping. The Indigenous specific stereotype is a proxy for indigenous specific racism.

**The destructive power of stereotyping**

Recent research* conducted on the online San’yas Cultural Safety Training Program by Laurie Harding contends that Indigenous peoples enter health systems in stereotype only.

Harding analysed anonymous data from the Program’s online participants – specifically the component dealing with Indigenous specific stereotyping. Her findings reveal widespread stereotyping of the Indigenous body. In the removal of one stereotype, another quickly appears.
It seems that a true representation of Indigenous identity is not possible in the colonial context of health systems across British Columbia. The Indigenous person enters the health care system as the malignant fantasy of settler Canada.

Racism interferes with access to primary health care, delivers sub-optimal care, misdiagnoses conditions, limits access to medications and appropriate diagnostics.

Consider how this situation works to maintain disproportionate rates of NCDs and other colonially constructed conditions among the First Peoples across this globe.

A recent case illustrates the lethality of Indigenous specific racism. Mr. Brian Sinclair, an Indigenous man, **died waiting for care** in the emergency ward of one of the largest hospitals in Canada, the Health Sciences Centre in Winnipeg, Manitoba.

He required two things: a urinary catheter change and antibiotics. He had a urinary tract infection. Indigenous specific stereotypes employed by the staff over 34 hours secured his erasure, when he died of septic shock alone among over 100 other people who either received care or chose to leave.

**A fulminant risk factor**

Successive governments have failed to understand the distal and ongoing impact of colonisation on the health of Indigenous peoples.

The link still appears benign to many I am sure. So, let’s racialise the argument. There is a population with common histories, sometimes skin color, sometimes languages and sometimes territories. They are Indigenous peoples, the original inhabitants at the points of contact across the many continents, islands, spaces and places on this globe.

Racial identity is socially constructed and with specific intentionality: the maintenance of white (and settlers of colour) power and privilege.

This is the most distal, proximal and all in between fulminant risk factor at the core of the disproportionate rates of NCDs for Indigenous communities across this globe.

It has remained pervasive and lethal for hundreds of years. It appears, then, that Indigenous death and suffering is intimate and inseparable from the whiteness endemic to stolen lands.

Or is it?

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Deplorable omissions in NCD declaration, as government fails to back Indigenous quest for visibility

The declaration arising from the UN High Level Meeting on NCDs is unlikely to make specific mention of the needs and priorities of Indigenous peoples.

It's a conspicuous omission, given the disproportionate burden of non-communicable disease carried by First Nations members all over the world, and the United Nations' strong stance on the rights of Indigenous peoples.

As a Member State and a sworn defender of Indigenous human rights, the Australian government is in a good position to support Indigenous peoples in their quest to be recognised in this important document, but will they?

Croakey asked the question, as advocates reiterated their deep concerns that real health gains are unlikely while Indigenous peoples remain “invisible” in key international health forums.

Marie McInerney writes:


One was to “advance the human rights of Indigenous peoples around the globe,” including undertaking to support the UN Declaration on the Rights of Indigenous Peoples “in both word and deed” and to increase the participation of Indigenous peoples in all relevant UN processes and mechanisms.
Yet its failure to publicly back a campaign to include specific reference to Indigenous peoples in a critical upcoming UN agreement – the Political Declaration on Noncommunicable Diseases (NCDs) – raises doubts about the Government’s commitment to this pledge.

In a seven paragraph statement issued through the Department of Health that could best be described as mealy-mouthed, the Government also failed to respond meaningfully to Croakey’s questions about any efforts it had made on behalf of Indigenous peoples in the drafting of the UN declaration.

Indigenous health and human rights advocates say the lack of a specific reference to Indigenous peoples in the Declaration as it is currently drafted is “shameful”, given that Indigenous people are disproportionately burdened by non-communicable diseases (NCDs), and that States need to be “held to account” on health disparities.

They say Indigenous peoples have not been meaningfully engaged in the global NCD discourse to date and have had little formal participation in UN meetings on NCDs, underscoring their “invisibility” in international forums and efforts.

“Our voice is not heard in the UN system, it’s drowned out,” said Les Malezer, chair of the Brisbane-based Foundation for Aboriginal and Islander Research Action (FAIRA) and a member of the UN Permanent Forum on Indigenous Issues, which meets twice yearly.

**Missing the mark on a slow motion public health emergency**

Non-communicable diseases (NCDs), including cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of death in the world, representing 63 per cent of all annual deaths.

The UN’s 2030 Sustainable Development Goals (SDG) include a specific target to reduce by one-third premature mortality from NCDs, which have been described by former UN Secretary General Ban Ki-moon as “a public health emergency in slow motion”.

But the UN is worried that current global action on NCDs is insufficient to meet the SDG target.

The UN High-Level Meeting (HLM) of Heads of States and Government, set down for September 27 2018, is designed to reinvigorate action that began in 2011 with the first Political Declaration on NCDs.

That declaration did explicitly recognise the disproportionate impact on Indigenous peoples and the need for community-led solutions (see screenshot below).

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The latest draft of the 2018 Declaration does not.
Desperately seeking visibility

Adjunct Associate Professor Carmen Parter, from the Poche Centre for Indigenous Health at the University of Sydney, was among those sounding the alarm in Geneva in May at the launch of the World Federation of Public Health Associations (WFPHA) first Indigenous Working Group, which she co-chairs.

Attending a session of the World Health Assembly, she tweeted:

How will Indigenous issues be considered in the 2018 UN High-Level Meeting on NCDs? This is a critical question when we know that NCDs are the major contributing factors to the health and wellbeing of Indigenous people globally. #enoughNCDs #NCDs #IndigenousWFPHA @_PHAA_

Sadly the NCDs panelist was unable to respond to my question about Indigenous issues included in the high-level Mtg on NCDs so very disappointed because this demonstrates how invisible our issues are at the global level #NCDs #enoughNCDs #IndigenousWFPHA @WFPHA_FMASP @OnTopicAus

In June, Summer May Finlay, co-vice chair of the WFPHA Indigenous Working Group (and a contributing editor at Croakey) and Kate Armstrong, founder & president of CLAN, founded the #IndigenousNCDs movement to try to put the issue on the agenda.

Three Indigenous representatives, from Canada and the US, attended UN civil society hearings on the NCD Declaration in July, urging States to “prioritise Indigenous communities and the challenges they face addressing NCDs across the globe”, to acknowledge the role of racism and colonialism, and to highlight solutions, such as community controlled health services and cultural safety initiatives.

Making their case in a recent post at Croakey, Finlay and Armstrong said:

As it stands, the draft NCD Declaration, without specifically mentioning Indigenous peoples is not able to guide states or hold them to account for the health of Indigenous people.

We know that many states are currently not collecting adequate data on Indigenous people and without specific language that is inclusive of Indigenous peoples, states are likely to continue to fail Indigenous peoples.”

Deplorable omissions

Indigenous groups are not alone in having grave concerns about the draft NCD Declaration.

The NCD Alliance, which represents 2,000 civil society organisations in more than 170 countries, issued a statement earlier this month that said it “deplored” critical omissions in the draft Declaration which was “not nearly as ambitious, innovative nor groundbreaking as it needs to be.”

The Alliance highlighted the omission of sugar, alcohol and tobacco taxes, the lack of accountability mechanisms, insufficient safeguards against industry interference, and new language about personal responsibility that “fails to recognise that people cannot make healthy choices if the environments in which they live do not provide such choices”.

But, to the disappointment of the #IndigenousNCD campaign, although the NCD Alliance did recommend specific inclusion of Indigenous peoples in its original submission on the Declaration, the media release and an earlier statement of concern about the draft did not raise the issue of Indigenous people, nor was it a focus from any non-Indigenous groups at the July civil society meeting.

“To me that says civil society has a long way to go on this as well,” Summer May Finlay told Croakey.
The Alliance later tweeted its support for the campaign (see image), and wrote in a comprehensive statement to Croakey that the issues raised in its media statement “merely scratched the surface” of the problems with the draft Declaration.

Alliance CEO Katie Dain made the point that the 2018 Declaration will reaffirm previous NCD commitments, which means that the specific considerations of Indigenous peoples that all countries have committed to in the UN Resolution signed in 2012 still stand.

“However, we are very disappointed not to see more specific commitments to reduce health inequalities within and between countries now as there has been painfully little progress since 2011,” she said.

“We believe this approach has led to a substantially weaker draft Political Declaration in several areas, including the omission of a specific reference to Indigenous Peoples.”

Unanswered questions

As a Member State, Australia is involved in the High Level Meeting and the negotiations leading up to the declaration. So what is our Government’s position on the new NCD Declaration and how hard have we been fighting for inclusion of Indigenous people “in all relevant UN processes and mechanisms”?

Croakey addressed a series of questions to both Indigenous Health Minister Ken Wyatt (the first Indigenous member of an Australian Cabinet, who campaigners hope will attend the September UN meeting) and the Department of Foreign Affairs and Trade (DFAT), asking:

- Does Australia agree the Declaration should explicitly acknowledge the “enormous and inequitable burden” that NCDs place on Indigenous communities, and the need to acknowledge the reasons for that (including racism) and ways to address it (including solutions like community controlled services and cultural safety)?

- Has the Australian Government made any efforts to seek the inclusion of a specific reference to Indigenous Peoples in the Declaration, particularly given its pledges ahead of its election to the UN Human Rights Council?

- Will any Ministers of the Australian Government be attending the HLM in New York on September 27?

- What is Australia’s view on the importance of these sorts of instruments for improving the health and wellbeing of Indigenous peoples?

We additionally asked the Minister:

- Do you believe that Aboriginal community controlled health services could provide a global example for how best to address NCDs in Indigenous and non-Indigenous communities, and are there any other Australian initiatives that you believe could be helpful in global efforts to prevent and control NCDs?
We were advised that the Department of Health would “take the lead” on responding to our questions and, after nearly a week, received the following statement which did not answer the questions, and revealed little specific detail about Australia’s position or role in the process. It said:

**Australia is strongly committed to assisting indigenous peoples, both in Australia and overseas, to overcome social and economic disadvantage, and to improve health outcomes.**

**The Australian Government has actively engaged in the negotiation process for the Political Declaration of the UN High Level Meeting on Non-Communicable Diseases.**

**We have advocated for the right of every human being to the highest attainable standard of health, including those who are more vulnerable to non-communicable diseases.**

**The negotiation process is in the very final stages. The resulting document will be high-level and reflect a balance of the diverse interests and priorities of 193 countries.**

**Member States interpret Political Declarations in line with national priorities. In Australia, this includes support for Indigenous Australians through Government initiatives such as the Tackling Indigenous Smoking program, which aims to reduce smoking rates and reduce smoking related deaths in the Aboriginal and Torres Strait Islander community.**

**Background:**

**The Department of Health is leading, with support from DFAT, Australia’s engagement in the UN High Level Meeting on Non-Communicable Diseases, including the negotiations for the Political Declaration.**

**Australia’s participation in the High Level Meeting on Non-Communicable Diseases is still being finalised as part of our broader UNGA (UN General Assembly) delegation.**

**Avoiding accountability and an advocacy void**

It was a response that disappointed but did not surprise Finlay, given Australia’s lack of progress in closing the gap in health outcomes for Aboriginal and Torres Strait Islander people, and recent suggestions that the [Closing the Gap Refresh](#) may shift away from setting targets.

“I don’t think (the Australian Government) would want to be held accountable for the health of Aboriginal and Torres Strait Islander people on the international stage,” she said.

She expects that other nations also don’t want to be required to report health outcomes comparing their Indigenous and non-Indigenous populations.

“They’re not going to want to highlight what will be seen as their failure,” she said.

Finlay and Armstrong have been invited to meet with Minister Wyatt to discuss the #IndigenousNCDs campaign but Finlay concedes that the meeting and the campaign’s efforts are likely to come too late to achieve any revision of the draft Declaration by September 27, given the many months that have gone into the drafting process by member states.

And that’s a measure, she says, of the demands on Indigenous people who have to fight on many campaign fronts at the same time – a burden in itself, but particularly so given the health, education, and economic disadvantage that they bear globally.

“So it’s really disappointing when a Government like Australia which is well resourced does not support its own Indigenous people by advocating on their behalf,” she said.
The need for empowered Indigenous voices

Malezer says Australia can’t be judged on how well it meets its Human Rights Council pledges until it has completed its full three-year term, but that the above statement to Croakey “provided no evidence that Australia is living up to that commitment when it comes to NCDs”.

It’s part of the reason why countries like Australia need to have more robust engagement with Indigenous groups and communities, he said, asking whether the Federal Government’s Indigenous Advisory Council was consulted at all on Australia’s contribution to the NCD Declaration.

Both Malezer and Parter see the problems with the NCD Declaration as pointing to the need for stronger Indigenous voices in global governance structures in the UN and the World Health Organisation (WHO), as well as within the Australian Government.

Malezer says Australia should be “one of the loudest voices” in advocating Indigenous rights internationally, given its Human Rights Council pledges and failures in Closing the Gap.

But he said the blame does not lie solely with the Member States, but also with the systems of the UN which should ensure the principles of self-determination, if the Declaration on the Rights of Indigenous Peoples is embedded in all its work.

“It’s not just the UN states, it’s the collective system, through the bureaucracy of the UN, that should be pushing for this,” he said.

The failure of the system with the NCD Declaration was “a glaring example” of why Indigenous peoples should have permanent ‘observer’ status at the UN to allow them to participate more fully in its work, he said.

Parter sees similar problems with the WHO, including its planned program of work (2019-2023).

“Again, another example of the poor representation of Indigenous people’s public health issues at the global level. Another shame for the broader public health community,” she told Croakey.
What will it take to get IndigenousNCDs into the UN Declaration and onto the global agenda?

The clock is ticking on the efforts of those involved in the #IndigenousNCDs movement, to make the Member States sit up and take notice of the need for Indigenous peoples worldwide to be specifically included in the upcoming UN Political Declaration on the prevention and control of non-communicable diseases.

Marie McInerney reported for Croakey that such recognition was looking unlikely, with the federal Department of Health confirming that “the negotiation process [for the Declaration] is in the very final stages” before being ratified at a High Level Meeting of heads of state and government on September 27.

The post below comes from someone who has been here before. In the lead-up to the UN's first High Level Meeting on NCDs, via her role at the Australian-based Child Health NGO, Caring and Living As Neighbours (CLAN), public health physician Dr Kate Armstrong was part of a coalition of civil society groups that sought, successfully, to have the needs of children and adolescents included in the 2011 Political Declaration.

Having seen what a difference a change in wording has made to the recognition and participation of young people in the global NCD discourse, Armstrong recently co-founded #IndigenousNCDs with Summer May Finlay, to advocate for Indigenous peoples to be similarly included.

Buoyed by experience and living in hope, she outlines a plan of action.
Kate Armstrong writes:

As mentioned in a previous article in this Croakey series, on 27 September 2018 the United Nations (UN) will host the third High Level Meeting (HLM3) on non-communicable diseases (NCDs) in New York.

The resulting outcome document (Political Declaration) will guide Member States on future priorities and actions to address non-communicable diseases (NCDs).

As things stand, the Draft Declaration, dated 6 June 2018, does not mention Indigenous peoples, acknowledge the importance of culturally safe and appropriate approaches to the prevention and control of NCDs, or reference the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

These omissions present a serious and urgent public health conundrum.

Why does exclusion of Indigenous peoples from the global NCDs discourse matter?

As outlined previously, Indigenous peoples worldwide experience an inequitable burden of preventable morbidity and mortality due to NCDs.

Unequal exposure to a range of adverse social determinants of health (such as poverty, racism, unemployment, barriers to education, and unaffordable access to quality health care and services), and other NCD risk factors places Indigenous peoples at increased risk.

Within this context, language is vitally important.

Language is powerful.

An absence of language can be destructive.

As long as Indigenous peoples are not meaningfully acknowledged in the global NCDs discourse, their voices, experiences, priorities, solutions, successes and challenges will not be heard.

Member states will not be obliged to ensure Indigenous peoples and communities are actively leading, analysing, researching, planning, implementing, monitoring and evaluating culturally safe and appropriate solutions to #BeatNCDs. Indigenous peoples will not feature in global NCD action plans, nor their subsequent goals, indicators or targets.

As former WHO Director General Dr Margaret Chan has been famously quoted:

> What gets measured gets done.”

Failure to specifically include Indigenous peoples in the Political Declaration on 27 September 2018 will undermine the rights of all Indigenous peoples to self-determination and the enjoyment of the highest quality of life possible.

And yet, amidst this doom and gloom, there is hope...

Learning from Civil Society’s efforts for children and adolescents

Ahead of the first UN HLM (HLM1) on NCDs in September 2011, the Draft Declaration did not include any mention of children or adolescents (despite the fact young people are affected by NCDs and a life-course approach to the prevention of NCDs is imperative); nor was there any acknowledgement of the rights of children and adolescents to health and life.
Fortunately, civil society groups swung into action. The NCD Alliance established a Child-Focused Working Group in January 2011 and, following a period of sustained collaborative advocacy, Member States ultimately agreed to include reference to children, adolescents and a life-course approach to NCDs in the 2011 Political Declaration.

This change in language has had a monumental flow-on effect in the years since, with children, adolescents and young people now an integral part of the global NCDs discourse, and increasingly included in national NCD policies and programs.

Civil society is powerful when it unites

Just as the Child-focused Working Group of the NCD Alliance and later NCD Child rallied to drive change in 2011, so too the #IndigenousNCDs movement seeks genuine partnership with Indigenous and non-Indigenous allies alike.

Led by Indigenous peoples, civil society must come together as rapidly and effectively as possible to raise awareness of the status quo and the urgent need for change.

We must leverage every opportunity to connect and communicate. Social media plays a vital role in this process, and Twitter (@IndigenousNCDs and #IndigenousNCDs) offers a powerful platform for advocacy.

Harness the power of language and knowledge

Just as advocates for children and adolescents were dogged in the pursuit of inclusive language in the 2011 Political Declaration, so too must the #IndigenousNCDs movement be consistent and clear in messaging.

Citizens are encouraged to reach out to their own governments and call for their help in ensuring Indigenous peoples are included in the Political Declaration in September 2018.

As we advocate, we are mindful that far too many Indigenous peoples and communities around the world have never even heard the term “NCDs” much less been involved in UN dialogues, consultations or briefings.

Exclusive use of the terms “Chronic Disease” and “Chronic Conditions” for conditions such as diabetes, heart disease, respiratory diseases and cancer locks too many Indigenous peoples out of the global NCDs discourse.

We must encourage governments, multilaterals, NGOs, academics and communities to connect local Indigenous peoples to the broader NCD conversation.

There is a need to translate information on NCDs into a myriad of languages and culturally appropriate educational resources as a matter of some urgency if we are to #LeaveNoOneBehind.

People and stories must be at the centre of all we do

Just as every UN NCDs event now rightly promotes, includes and values the voices of youth, every future UN NCDs should have Indigenous peoples attending, participating and representing their communities in a meaningful way.

In order to make this happen there are substantial financial and capacity constraints to overcome. The Australian non-government organisation CLAN (Caring & Living As Neighbours) was proud to facilitate attendance of three Indigenous peoples at the UN Civil Society Hearing on NCDs in NY on 5 July 2018, so they could share their stories.
As at August 2018, #IndigenousNCDs is not aware of a single Indigenous person planning to attend HLM3 in NY in September.

**There’s life beyond #HLM3.**

Emboldened in September 2011 by the meaningful inclusion of children and adolescents within the Political Declaration on NCDs, members of the child-focused working group of the NCD Alliance committed to ongoing advocacy action. CLAN was proud to serve as founding Secretariat of NCD Child, a global coalition with a stellar cast of founding.

The ongoing efforts of NCD Child, including conferences in 2012 (Oaklands, USA) and 2014 (Trinidad and Tobago) have been instrumental to the ongoing advocacy efforts of civil society. In 2014, the Secretariat for NCD Child moved from CLAN to the American Academy of Pediatrics (AAP), which continues to provide strong Secretariat support to this important movement.

Whatever the outcome of HLM3, the #IndigenousNCDs movement needs to learn from the efforts of NCD Child and continue to strive for change beyond September 2018.

Guided by Indigenous peoples and in partnership with non-Indigenous allies, it is hoped that the #IndigenousNCDs movement will continue to grow, connecting internationally, advocating and influencing until the inequities in the prevention and control of NCDs are redressed. This will take time, effort, resources and champions.

**We must ACT NOW if we are to #LeaveNoOneBehind**

HLM3 on NCDs is almost upon us. The #IndigenousNCDs movement calls on all Indigenous NCDs champions and non-Indigenous allies to come together to help make a difference. We welcome any and all offers of assistance and partnership.

Please get involved by:

- Learning more about the situation for Indigenous peoples and NCDs not just in your own country but in others as well.
- Reaching out to your government officials and NCDs Civil Society organisations requesting support to change language in the HLM3 Declaration.
- Sharing stories about Indigenous led solutions to the prevention and control of NCDs – use #IndigenousNCDs where possible so we can connect and learn from the successes and strengths of others.
- Acknowledging and promoting the work of Indigenous researchers, academics and health professionals working in the field of NCDs.
- Supporting Indigenous peoples who are living with NCDs to share their stories.
- Holding governments accountable to ensuring Indigenous communities everywhere are supported to learn more about NCDs in their own language, and to engage in the global NCDs discourse.
• Helping promote awareness of #IndigenousNCDs when you next hear the terms “Chronic Conditions” and “Chronic Disease” in the context of Indigenous health.

• Contacting @IndigenousNCDs or info@indigenousncds.org if you would like to get more involved.

If we have learned anything from the NCD Child movement, it is the profound and lived understanding that change is possible and we can make a difference when we all work together.

If Member States were willing to step up once for children and adolescents in 2011, surely they will care enough to do it again for the world’s Indigenous peoples in 2018.

Only time will tell…

*The founding members of NCD Child included CLAN (Caring & Living as Neighbours), UNICEF, Harvard Global Equity Initiative, Johns Hopkins University, AYUDA (American Youth Understanding Diabetes Abroad), Save the Children, The Geddes Group, the Public Health Institute (PHI), Medtronic Foundation, the International Pediatric Association (IPA) and the American Academy of Pediatrics (AAP).

Dr Kate Armstrong is a public health physician, and the founder & president of CLAN (Caring & Living As Neighbours), an Australian-based NGO that is committed to a rights-based, community development approach to improving health outcomes for children who are living with chronic health conditions in resource-poor settings. At the UN Interactive Hearing on NCDs in July 2018, CLAN tendered a briefing paper, Non-communicable diseases in Indigenous populations – Raising the voices of Indigenous Peoples and Communities within the global NCD discourse. Kate is a co-chair of the #IndigenousNCD movement and founding chair of NCD Child.

For more information and to support #IndigenousNCDs, on Twitter, @IndigenousNCDs.
Dead, or Deadly: a formidable response to non-communicable diseases, designed by and for Aboriginal women

**Introduction by Croakey:** The #IndigenousNCDs series of articles at Croakey has been looking at the need for Indigenous peoples worldwide to be included in the upcoming UN High Level Meeting, and the ensuing Political Declaration, that will seek to set the global agenda for the prevention and control of non-communicable diseases for years to come.

In the first article in the series, Summer May Finlay and Kate Armstrong wrote that Indigenous peoples’ right to self determination demands that the solutions to their health problems be Indigenous-led.

Experience in Australia bears out the need for Indigenous leadership in programs targeting the high rates of chronic diseases in Aboriginal and Torres Strait Islander people, if for no other reason than that Indigenous-led initiatives work.

Consider the success of our Aboriginal Controlled Health sector, which leads the way on comprehensive primary care, including health screening and risk factor management.

As well as having much to gain from inclusion in the global discourse on non-communicable diseases (NCDs), Indigenous people have much to contribute.

The NSW-based Aboriginal women’s health program, Dead, or deadly is an example of an initiative that arose from local need, and tackles NCDs from a variety of angles that are only possible through Indigenous leadership. It’s a program by Aboriginal women, for Aboriginal women, that has received deserved recognition nationally.
Croakey has featured the program before. For this series we asked the Program Coordinator, Willow Firth, and Senior Aboriginal Health Worker and Manager, Hayley Longbottom, to provide an update and to consider what it is that makes Dead, or Deadly so effective.

In other news, a meeting brochure that was recently made available by the United Nations and World Health Organization in the lead-up to the High Level Meeting specifically recommends that “Heads or senior representatives of relevant United Nations entities, civil society, the private sector, philanthropic foundations, academia, medical associations, Indigenous leadership (our emphasis) and community organizations” should attend the High Level Meeting, along with “Heads of State and Government, Parliamentarians, and Ministers of Foreign Affairs, Finance and Health.”

The brochure also provides a brief guide to the magnitude of the global problem of NCDs, the purpose of the meeting and declaration, and opportunities for action. It’s worth a look if you want to gain a clearer understanding about why non-communicable diseases should and can be tackled as a group.

Croakey will be hosting a Twitter-fest on this issue in the near future, so charge your devices and stay tuned.

Willow Firth and Hayley Longbottom write:

Dead, or Deadly commenced in 2009 at the South Coast Women’s Health and Welfare Aboriginal Corporation (Waminda) in the Shoalhaven region of NSW.

It was designed for and by Aboriginal women, as a health promotion program.

By integrating theory and practice, Dead, or Deadly takes a holistic approach to physical activity, nutrition, smoking cessation, chronic disease prevention and management.

While addressing the complex issues that impact the health and wellbeing of Indigenous women and their families, Dead, or Deadly also targets risks behaviours that create the circumstances for chronic disease. Health education workshops and yarning circles are core to the program.

Dead, or Deadly has been very successful in enabling women to reduce these risks in their lives, by providing support in a safe, culturally appropriate environment that supports healthy choices, physical activity and health information.

Indigenous Australia has a vibrant history of strength, resilience and self-determination. At the same time, ongoing impacts of colonisation continue to manifest in poorer health outcomes for Waminda’s client group.

The data also show extremely high rates of comorbidity between physical and mental health disorders (Dead, or Deadly Report 2017), consistent with what has been observed elsewhere. The high emotional distress is also related to the womens’ experiences of trauma and interpersonal violence.

Holistic responses to chronic disease

Chronic diseases are the leading cause of illness, disability and death in Australia, accounting for 90% of all deaths in 2011.

Many lifestyle behaviours ultimately leading to chronic disease tend to be part of a vicious cycle. For example, inadequate sleep and poor diet leads to fatigue, fatigue leads to inactivity, inactivity leads to weight gain, weight gain to metabolic syndrome, type 2 diabetes and other flow-on effects.

The Dead, or Deadly program attempts to intercept these behaviours using motivational interviewing, positive role modelling and health education.
Each year, numbers of actively engaged and participating Aboriginal women in *Dead, or Deadly* continue to increase. Due to this increased community demand, *Dead, or Deadly* has expanded up and down the coast of NSW. Starting in Nowra/Bomoderry, Jerrinja and Wreck Bay, the program is now delivered in Wallaga Lake, Bega/Eden on the far south coast, plus Coomaditchie to the North.

The success of the *Dead, or Deadly* program in addressing chronic disease for women was recognised by the Federal Government with an announcement of **funding support** earlier this year.

Our last 12-month report demonstrated we had 248 Aboriginal and Torres Strait Islander women involved in the program, with 580 group sessions and 3429 episodes of health care. We want to demonstrate that this model of care and service delivery works, and can be replicated.

The holistic, relationship-based model of *Dead, or Deadly* has enabled Waminda to simultaneously address health and related life issues, while creating pathways to Waminda’s other health, wellbeing, case management and clinical services to provide a wrap-around service for these clients.

**Research reveals** that the *Deadly, or Deadly* program enables Waminda to deliver health services according to a social model of health.

### Measurable positive changes

*Dead, or Deadly* has led to measurable, positive changes in Waminda’s clients’ health and wellbeing, including physical health and related factors such as employment, self-esteem, family, education and strengthening cultural identity and connection.

These significant achievements mean Waminda is making a contribution to the broader Indigenous health agenda. The results are promising in light of calls to ‘close the gap’ between Indigenous and non-Indigenous health outcomes.

Some of the key benefits of the program include:

- Improved access to health checks for all individuals participating in the program and increased understanding about their health status and strategies for managing any health risks; including heart disease, kidney disease and diabetes and stroke.
- Decreases in cardiovascular markers for most of the women participating in the program.
- Changes in behaviour that leads to healthier eating and increased physical activity for Aboriginal women on the South Coast and associated reductions in body weight. There is some evidence that *Dead, or Deadly* is more successful than other government initiatives.
- On average, *Dead, or Deadly* participants have increased their cardiovascular fitness and reduced both weight and girth (mean reduction of 6% body weight).
- We commonly see reductions in HbA1C’s and blood pressure results.
- Opportunities for women to address their smoking through harm minimisation or cessation support. On average the women have reduced their smoking and a number have quit smoking altogether. Opportunities for pregnant Mums to access smoking cessation support, tailored exercise programs and healthy living support, and referral to culturally informed ante- and post-natal maternity services.
- Significant improvements in the social and emotional wellbeing of women, and reductions in stress levels (as shown by the K-10 assessment tool).
Dead, or Deadly has been a catalyst and leader in the development of other programs at Waminda. As well as providing a soft entry to clinical and allied health services at Waminda it has enabled the development of our Young Women’s Program and our Tackling Indigenous Smoking program.

Referral pathways for women into professional services, and to our Primary Health Care services and existing partnerships, lead to improved screening and timely detection for those at high risk of developing chronic conditions. This type of preventative health care is not only important for Indigenous health, but in the wider health care system which is experiencing the enormous pressure of modern day chronic disease.

The less well recognised influences on health, such as stress, anxiety, poor or inadequate sleep, lack of connectedness, loss of meaning and purpose, along with numerous environmental influences, are modifiable, and are key to the success of Dead, or Deadly.

Changing the impacts of these influences takes time, thus the need for ongoing support for Indigenous-led programs such as Dead, or Deadly to create sustained lifestyle change, to maximise health and wellbeing.

Willow Firth is the Dead, or Deadly Program Coordinator at the South Coast Women’s Health and Welfare Aboriginal Corporation (Waminda). Hayley Longbottom is a Senior Aboriginal Health Worker and Manager.

On twitter @Deadordeadly1 Instagram @deadordeadly
Sharing stories and knowledge, and building momentum for global action: Report from #IndigenousNCDs Twitter festival

Powerful, moving stories about the impact of non-communicable diseases (NCDs) upon Indigenous peoples globally were shared as part of an international Twitter festival that trended nationally on Friday, 14 September.

The #IndigenousNCDs event was held in the lead up to the 27 September UN Political Declaration on Noncommunicable Diseases and followed a series of articles at Croakey, examining the declaration’s significance for for Indigenous peoples.

The Twitter discussions were moderated by Summer May Finlay and Dr Kate Armstrong, who are co-chairing a movement that seeks to promote the voices and experiences of Indigenous peoples within the global NCDs discourse – follow @IndigenousNCDs and this Twitter list.
Introductions

Summer May Finlay is a Yorta Yorta woman from Australia and Co-Chair of #IndigenousNCDs.

Follow @OnTopicAus
Thanks @OnTopicAus! On Country of the Wallumedegal people of the Eora Nation #IndigenousNCDs

Summer May Finlay @OnTopicAus
Good morning! Before we start the #IndigenousNCDs twitter festival I'd like to acknowledge the traditional owners of the land I am tweeting on, Awabakal Country & pay my respect to Elders past and present. What Country are...

My name is Summer May Finlay & I'm a Yorta Yorta woman. I'm soon to be submitting my #PHD in Aboriginal health & have worked mainly & for Aboriginal Community Controlled Health. My passion however has always been Aboriginal Tobacco Control. #IndigenousNCDs

I also lost my grandfather to a heart attack, he smoked & my Aunty who had pneumonia & died in child birth because her lungs collapsed. I also lost my cousin at 45 from heart attack. All from smoking.

17% of preventable Indigenous deaths are caused by smoking. #IndigenousNCDs

Ppl say if u haven't smoked u shouldn't work in tobacco control. U don’t need to smoke to understand it’s impacts. Almost all our mob know what it’s like to loose someone from smoking. I lost my 2 grandmothers, 1 from stoke the other emphysema both from smoking. #IndigenousNCDs

I am super lucky to be working on @IndigenousNCDs in partnership with the amazing @K8_Armstrong as a co-chair of the #IndigenousNCDs movement. Kate is an amazing non-Indigenous public health physician who works tirelessly to support Indigenous pop health & self determination.

#Indigenous ppl have distinct cultures & histories pre & post colonisation which is why it’s important that Indigenous Ppl are included in the Declaration from the High Level Meeting on NCDs. croakey.org/category/croak... #HLM3 #IndigenousNCDs
Summer May Finlay @OnTopicAus · 1m
Tackle the triggers is another amazing Aboriginal tool developed by @AHCSA_ & @sahmriAU researchers. I was lucky to be involved in writing the tools based on the research. It aims to assist managers to support their staff to quit smoking.
tacklethetriggers.com.au #IndigenousNCDs

Tackle - Tackle the Triggers
Tackle the Triggers
tacklethetriggers.com.au

Summer May Finlay @OnTopicAus · 1m
When I was at the @ahmrc I developed in conjunction with my team & our members who are Aboriginal Community Controlled Health Organisation (ACCHOs) I developed the Tobacco Resistance Tool Kit ahmrc.org.au/resources/publ...
#IndigenousNCDs

Aboriginal Tobacco Resistance Tool Kit
The AH&MRC tobacco resistance and control (A-TRAC) team developed the kit in consultation with ACCHOs to ensure the resource addressed t...

ahmrc.org.au

Summer May Finlay @OnTopicAus · 58s
Around Australia there are a number of amazing smoking cessation programs run by Aboriginal Community Controlled Health Organisations including @DeadlyChoices. Here is one of their ads: youtu.be/72STfEeAldM

#IndigenousNCDs

Summer May Finlay @OnTopicAus · 3m
There is so much good work going driven by Indigenous Ppls for Indigenous Ppls aimed at reducing non-communicable diseases. Would love if you could share the programs in your communities during the twitter festival.

#IndigenousNCDs

Summer May Finlay @OnTopicAus · 3m
I first started in Indigenous public health in 2009 in tobacco control at @VACCHO_org on a smoking & pregnancy research project with @BronFredericks. The 1st thing I realised is that any solutions required a whole of community approach. #IndigenousNCDs
The NCD Alliance

Lucy Westerman is a Senior Policy and Campaigns Officer with the NCD Alliance

Follow @ncdalliance
In the same way that #youthNCDs & #NCDvoices have been elevated in global discourse & increasingly contribute to NCD policy development, we hope #indigenousNCDs means that Indigenous voices & perspectives are increasingly part of country & global discussions on NCDs. #enoughNCDs

Similarly, people living w existing conditions, youth, older people, those in low income communities or unemployed & those in remote villages versus cities, experience #NCDs differently to each other. All experiences need to be accounted 4 #indigenousNCDs #enoughNCDs

At #WHA71 #indigenousWFPHA launched @KerWyattMP to encourage recognition of protective power of #culture. There's potential to integrate understanding of cultural determinants of health & strengths approaches in the global response to #NCDs - #indigenousNCDs can contribute a lot!

Ideally, #HLM3 Political Declaration should recognise & address inequalities & disproportionate burden of #NCDs in certain populations incl. Indigenous people. #IndigenousNCDs #enoughNCDs

There are a lot of things the #HLM3 political declaration should do. We advocated for many inclusions over many months. & to be honest, to say we are 'underwhelmed' is an 'understatement'. #IndigenousNCDs #enoughNCDs ncdalection.org/news-events/ne...

The 2011 #NCDs Political Declaration set a foundation for incl. of Indigenous people, w para 45 focused on Indigenous people - & the importance & value of recognition of the disparities, unique determinants, & strengths within Indigenous Populations. #IndigenousNCDs #enoughNCDs

Unfortunately, many 2011 & 2014 commitments are not yet achieved, which may explain why many countries are off track to meet 25x25 & 2030 #SDGs #NCDs targets. But the 2018 PD should reaffirm earlier commitments. Leaders should be reminded of them #IndigenousNCDs #enoughNCDs

There is an opportunity for Heads of State & Government, Prime Ministers, Presidents, & Ministers speaking at #HLM3 & #UNGA73 to emphasise the importance of engaging affected communities, by highlighting successful Indigenous community-led initiatives #indigenousNCDs #enoughNCDs
Indigenous Working Group of WFPHA

Emma Waimarie is a Member of the Indigenous Working Group of the World Federation of Public Health Associations

Follow @emma_waimarie
Celebrate ourselves...social marketing messages that raise the bar...promoting the beauty of indigenous practices promotes wellbeing and positively affects how we see ourselves and how we embody self determination over our health.

#IndigenousNCDs

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Passionate about addressing institutional racism...get to the core so we can fully practice hauora for our people...#IndigenousNCDs @phanawzealand @hapaitehauora @matthewtuki @BoydSwinburn @DavidClarkNZ @minhealthnz @NgaiTahu @TePutahitanga1 @ngatiwhatuiaiwi @MariamParwaiz

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Celebrating the diversity of Indigenous people’s...the beauty of who we are...raise our power as people...change internal dialogue...create thriving communities...#IndigenousNCDs @DavidClarkNZ
Young Indigenous leaders deeply engaged in cultural practices...turning the tables in health outcomes...culture as cure...we investing in life success

#IndigenousNCDs @hapaithehauora @davidclark @NgaiaTahu @TePutahitanga1
@CarmenParter @phanewzealand @BoydSwinburn @MarlamParwaiz

Using the power of Indigenous language...Indigenous messaging...Indigenous intelligence...we are the holders of the solutions...recognize indigenous voices the wealth of indigenous knowledge for best health outcomes...

#IndigenousNCDs @hapaithehauora @DavidClarkNZ @matthewtukaki
Youth voices

Zac Penner is a Métis medical student at the University of Manitoba. Nadine Clopton in a non-Indigenous student at Lehigh University and NGO Youth Representative for CLAN. Kaitlyn Hunsberger is a member of the Fort McDowell Yavapai Nation in Arizona. Her Hunsberger’s statement can be found online here.

Follow @zacpenner and @NadineClopton
Dr Barry Lavallee

Dr Barry Lavallee is a member of the Manitoba First Nation and Métis communities and family physician specialising in Indigenous health and northern practice. His article in the #IndigenousNCDs series can be found [here](#).

Follow @bdalaval

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Hi,

My name is Barry @bdalaval and I am an indigenous physician located in Winnipeg, Manitoba. I work at a number of organizations, all aimed at addressing the health of Indigenous peoples.

Non-communicable diseases found among Indigenous peoples in our territories differ in their frequency and the outcomes of these diseases result in higher rates of mortality and morbidity. The story differs in many ways.

My passion comes from my communities, our values, our histories, our spiritual beliefs and I take direction from our elders and with a growing focus on the needs of our youth.

I knew early in my life that I would focus my work and effort to address the challenges my communities face.

We work closely with the ADI (Aboriginal Diabetes Initiative) workers in community. They are a brilliant and dedicated group of First Nation community members who are key to the prevention and treatment of NCDs.
Professor Alex Brown

Professor Alex Brown is an Aboriginal medical doctor and researcher, specialising in depression and heart disease in Aboriginal men

Follow @adhbrown
Patterns of Cardiovascular mortality

Deaths from CVD (ICD-10) by age, Indigenous status, 2006-2012

<table>
<thead>
<tr>
<th>% Aboriginal</th>
<th>% Non-Aboriginal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Contributors to the L/E Gap

3 Trends in the life expectancy gap between Indigenous and non-Indigenous people in the Northern Territory, 1981-2000, for global burden of disease groups

<table>
<thead>
<tr>
<th>Group</th>
<th>Burden of Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Communicable, maternal, perinatal and nutritional conditions</td>
</tr>
<tr>
<td>2</td>
<td>Non-communicable diseases</td>
</tr>
<tr>
<td>3</td>
<td>Injuries</td>
</tr>
</tbody>
</table>

Note: 1990-2000

NCD - 77% Gap in LE

CVD - 33%
GLUT - 9%
DM - 9%
CCAD - 9%
Cancer - 10%
Injury - 9%

Trends in rates of NCDs are changing. CVD falling, but rise of cancer remains of enormous concern. Expect crossover in next decade.
Alex Brown @achbrown • 11m

#indigenousNCDs CVD still leading cause of death, but inequalities exist for all major causes of illness. Diabetes mortality 5 times that seen in other Australians. @scienceatsa/mri

Indigenous: Non-Indigenous Mortality Differentials 2016 - ASSR/100,000

- Ischaemic heart disease (IHD)
- Diabetes (DM)
- Oesophagus, stomach, colorectal cancer (OSCC)
- Liver cirrhosis (LC)
- Suicide (including self-harm)
- Other (all other causes; e.g. HIV, AIDs, violence)

Alex Brown @achbrown • 9m

#indigenousNCDs Inequalities exist across all our nations, but Australia leads league table for poor outcomes in diabetes...this data on cross-national mortality inequalities in diabetes. #shameful

Mortality due to diabetes in Indigenous peoples and national general diabetic populations

Alex Brown @achbrown • 7m

#indigenousNCDs essential that the root causes and underlying drivers are considered and understood. Great data graphic from NSW. Stress, racism, depression, oppression, marginalisation have a cost and must be at the front of our responses to NCDs

The Burden of SEWB Issues in Indigenous Australians

Mental Health Commission of New South Wales
Alex Brown @adhbrown · 6m
#IndigenousNCDs cost to our community unbearable - cost to health care system avoidable. Leading causes of preventable hospitalisation in NT - NCDs (diabetes way out in front) - massive inequalities for our communities

Trends in avoidable hospitalisation

Li SQ et al. (2008) Avoidable Hospitalisation in Aboriginal and non-Aboriginal people in the Northern Territory. MJA

Alex Brown @adhbrown · 6m
#IndigenousNCDs. Why do we see what we see? I have a few thoughts

EXPLAINING CD DISPARITY

Racism and Adverse Experiences
Underlying Risk
Poor Health and Social Policy
Social & Historical Factors
Inequitable access & quality of care

Summer May Finlay @OnTopicAus · 12m
I see that most of the factors influencing non-communicable disease among Indigenous ppl are not controlled by us. It won't be individuals choices who make the most difference but rather health system change & government policy approaches driven by us.

Alex Brown @adhbrown
#IndigenousNCDs. Why do we see what we see? I have a few thoughts
Alex Brown @adhbrown - 5m
#IndigenousNCDs can't respond without backing and adequately resourcing our primary care warriors... they are out there, they know what needs to be done, we need to back them @NACCHOAustralia

Enhancing Relationships with the ACCHO Sector

Alex Brown @adhbrown - 4m
#IndigenousNCDs Let us lead the way to a better future....whoever did this cartoon - thanks

CAN INDIGENOUS PEOPLE SAVE THE WORLD?

Yes, but only if you let US!!.
Aboriginal Community Controlled success stories

Aboriginal Health & Medical Research Council (AHMRC) is the peak representative body and voice of Aboriginal Community Controlled Health Services in NSW

Follow @ahmrc
ACCHSs deliver a broad range of primary health care services that are highly integrated and coordinated. Studies exploring consultations occurring at ACCHSs and general practice identify important differences between the models of care offered. ACCHSs are more likely to provide holistic care and involve a range of health professionals and services. The ACCHS primary health care model has been associated with improved population level indicators, such as mortality, as well as improvements in a range of specific health outcomes, in child and maternal health, chronic disease, mental health and sexual health in particular.
On partnerships

Summer May Finlay and Kate Armstrong, who is a public health physician and President of CLAN (Caring & Living As Neighbours), which provides Secretariat support to the #IndigenousNCDs movement.

Follow @OnTopicAus and @K8_Armstrong
Summer May Finlay @OnTopicAus · 4m
For those wanting to know how to be a good ally, I wrote an article for @NITV on that very topic earlier this year. You can check it out here: sbs.com.au/nitv/article /2/... #IndigenousNCDs

How to be a good Indigenous ally
How can non-Indigenous people be a useful ally to Aboriginal people? It’s something I’ve asked a lot. And admittedly, it’s tricky — How do they avoid
sbs.com.au

Summer May Finlay @OnTopicAus · 10m
If I know me u know I believe in Indigenous leadership in Indigenous affairs. I also have recognised the importance of non-Indigenous allies. Here in Aust Indigenous ppl are only 3% of the pop. We have less power & resources. Our allies help amplify our voice. #IndigenousNCDs

Brissie Murri @BrissieMurri
Replying to @OnTopicAus
I know sister. We can’t do all the heavy lifting ourselves. We don’t control the systems, health workforces, health departments, big NGOs, institutions & unis. We need strong, committed allies who want to help bring about systemic change! #IndigenousNCDs
@IndigenousNCDs
3:54 PM - 13 Sep 2018
Other resources

Lowitja Institute @LowitjaInstitut · 19m
Managing Two Worlds Together: Improving Aboriginal Patient Journeys
lowitja.org.au/aboriginal-patient-journeys... This project worked on understanding & improving Aboriginal patient journeys & published case studies on a range of IndigenousNCDs WeAreIndigenous

Managing Two Worlds Together
Stage 3: Improving Aboriginal Patient Journeys – Study Report

Aboriginal Health @NACCHOAustralia · 2m
Aboriginal Health & IndigenousNCDs

Welfare reform is targeting many remote living Aboriginal people impoverishing them and resulting in the consumption of unhealthy foods that are killing them prematurely from non-communicable diseases

nacchocommunique.com/2018/09/14/nac...
Reflections and wider contributions

Danielle Navarro @djnavarro · 11m
The #IndigenousNCDs hashtag has some really sobering but powerful data sets this morning.

Alex Brown @adhbrown
#IndigenousNCDs Staring with the age of death of Indigenous Australians, 30 years earlier than non-Indigenous Australians

Paul Dutton @pauldutton1968 · 7m
This is a held feeling of fear that I'm living beyond my perceived life expectancy every birthday that passes and it's hard to shake. How is that a thing? I've been to too many funerals lost three nephews in my 20's, it stole any care I had for my own wellbeing.

#IndigenousNCDs

Alex Brown @adhbrown
#IndigenousNCDs Staring with the age of death of Indigenous Australians, 30 years earlier than non-Indigenous Australians

Paul Dutton @pauldutton1968 · 6m
I've outlived my father, two sisters & a brother, too many nephews, nieces & cousins.
I feel, I don't know how that actually makes me feel it's not privileged.

#IndigenousNCDs

Paul Dutton @pauldutton1968
It's 2018
Think about if this affected your families, parents and grandparents barely living beyond middle age to see their children & grandchildren grow up safe, sound and supported.

Rage
Trauma
Hurt
Love
Lore
Country
Culture
Language
Family
Community
Justice / Lost
This is ours
#IndigenousNCDs
**Brassie Murr @BrassieMurr · 1h**
Replies to @pauludonn1968
It’s really hard Paul when so many have passed on. I’m nearly 60 & the older I get the more I hear of others who are chronically unwell & who’ve passed. I’m aiming to be the healthiest I can with exercise, food, not smoking or drinking & more. #IndigenousNCDs @IndigenousNCDs

**Paul Dutton @pauludonn1968 · 3m**
Why isn’t there #CloseTheGap funding supporting Cultural food banks for communities that can also help national nutrition outcomes? In turn, provides self supporting economic enrichment, self worth, community direction & outcomes. Engagement.
Cultural Respect.
#IndigenousNCDs

**Paul Dutton @pauludonn1968 · 52m**
Will #ClimateChange and it’s increasingly reported pace towards greater change result in #FoodSurvival and how can Country Native Food knowledge and retention be supported, through funding experts (community) in developing crops but also stocks for distribution.
#IndigenousNCDs

**Paul Dutton @pauludonn1968 · 2h**
Until society, capitalism and politicians accept that #Colonialism still controls Australian society Aboriginal wellbeing and cultural connection to the name Australia will never happen
We are of the land. Australia’s non-Aboriginal must accept this first then ...
#IndigenousNCDs

**Carmen Parter @CarmenParker · 18m**
We need #IndigenousNCDs to be visible globally and this Twitter festival is making that happen so join us @WHO @IndigenousWFP @WFPFA_FMASP @UNhumanRights @UN

**Banok Reid @IndigenousX · 11m**
Encourage all you mob to follow the #IndigenousNCDs hashtag this morning.
The conversations that are happening right now are so insightful. Coming together and knowledge sharing is something our people have always done. Even deadlier to see it in the twitter space!

**Papaarangi Reid @Papa_R · 2m**
#IndigenousNCDs looking forward we need to focus on solutions to Indigenous NCDs that reclaim Indigenous ways of being and align with climate action
Croakey Series: #IndigenousNCDs 2018

**Papaarangi Reid @Paps_R · 3m**
#IndigenousNCDs bet your thoughts are similar to mine - we are underserved in health policy and services because of colonialism and racism

**Alex Brown @achbrown**
#IndigenousNCDs. Why do we see what we see? I have a few thoughts

**NCD Alliance @ncdalliance · 9m**
Replying to @K8_Armstrong
At NCDA we have been listening... & learning... we realised that in our advocacy, we have used the term ‘vulnerable’ and Indigenous people in the same sentence; we now appreciate how disempowering the language is... żyw
#LanguageMatters #IndigenousNCDs #enoughNCDs (1/2)

**NCD Alliance @ncdalliance · 9m**
Replying to @ncdalliance @K8_Armstrong
‘Vulnerable’ undermines Indigenous people’s incredible resilience & strengths, & we recognise their right to self determination, & acknowledging & valuing these qualities is crucial to improving health with Indigenous community led solutions.
#IndigenousNCDs #enoughNCDs (2/2)

**NCD Alliance @ncdalliance · 4m**
Replying to @OnTopicAus @lewest and 7 others
Thanks for having us join, & for facilitating such an important, powerful discussion @OnTopicAus - a privilege to be part of it - & yet more to learn from an amazing line-up! Looking forward to following more #IndigenousNCDs voices next time... #enoughNCDs #bextNCDs #HealthForAll

**Fran Baum @baumfran · 5m**
Let’s cross link #phmoz #IndigenousNCDs lots of common issues

**Melissa Sweet @croakeyblog**
Hope those at #phmoz can take some time to check out #IndigenousNCDs from this morning’s Twitter festival. Important cc @BelTownsend @baumfran @drtobyfreeman @IndigenousNCDs @_PHAA_ @ALEighMP @PHMglobal @DoctorBoffa @crehealthequity @DavidGLegge @SharonFrielOz

**Bronwyn Fredericks @BronFredericks · 3h**
Terrific to see the @Deadordeadly1 Pgm on the #IndigenousNCDs Twitter Festival this morning! Shout out to everyone at @WamindaSthCoast & all the deadly women, inc @MLongbottom13, who are pushing it out at the gym on a regular basis! ⚽️💪💪💪💪💪💪💪

**Melissa Sweet @croakeyblog**
Warm up for #IndigenousNCDs Twitter festival this morning with this excellent program: Dead, or Deadly: a formidable response to non-communicable diseases, designed by and for Aboriginal women croakey.org /dead-or-deadly...
Summer May Finlay @OnTopicAus · 1m
As advocates we have to make sure we take care of ourselves too so we can continue to advocate for our mob for many decades.

For me that’s getting to the gym when I can so I can make sure I #beatNCDs. His is my face lost gym just now! #IndigenousNCDs

Brissie Murri @BrissieMurri · 3m
Replying to @OnTopicAus @croakeyblog and 9 others
Good for you sister! I’m nearly 60 & do exercises & walk every day so does my partner. We eat healthy & quit smoking & drinking 18 years ago. When our first grannie was born I asked myself then ‘what type of granddad did I want to be?’ I’m working to avoid #IndigenousNCDs

Summer May Finlay @OnTopicAus · 8m
My key take home message is that Indigenous pps are doing amazing stuff, it’s just not recognised. Bring us into the tent and we will see solutions which are led by us that make significant impact on #IndigenousNCDs. @WHO @Un
Having impact

Brilliant to see #IndigenousNCDs trending nationally. Fabulous way to start your day - join @OnTopicAus @ncdalliance @bdalaval and many more - and a wrap to come from @croakeyblog at @CroakeyNews

Australia trends · Change

#NintendoDirect
Jonathan Brown (JB) is Tweeting about this

David Sharma

Wentworth
Dave Sharma wins Liberal candidacy for Malcolm Turnbull’s vacated seat

Fatman Scoop
1,259 Tweets

#IndigenousNCDs
Dr Anita Heiss, Melissa Sweet, and 1 more are Tweeting about this

#9News
1,832 Tweets

Frank
76.5K Tweets

Bowraville
2,193 Tweets

Scott Morrison
6,682 Tweets

Democrats
388K Tweets
See the Twitter analytics from Symplur, showing there were 322 participants and almost 11 million Twitter impressions, and read the Twitter transcript.