INDIGENOUS HEALTH:

Moving from rhetoric to reality

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Good evening ladies and gentlemen, I would like to acknowledge the traditional owners of the land in which I stand tonight and sincerely thank Professor Mick Reid for inviting me to present on behalf of the National Aboriginal Community Controlled Health Organisation (NACCHO). I would also like to acknowledge Professor Ian Ring, Professor Wendy Hoy, Dr Ngiare Brown as well as Ms Helen Evans the First Assistant Secretary of OATSIH.

This evening I will present you with an overview of the development of the Aboriginal Community Controlled Health Sector and provide you with evidence of how good policy advice does not always equate to positive health outcomes for Aboriginal people. I will do this not by highlighting the vast range of health issues affecting our communities but by providing you with an example of how *The major National Aboriginal Health Strategy* did not get effectively implemented – too often it is the process through bureaucracy that lets us down, even though it is not rocket

science to understand. I will finish by summing up on how we can all make a contribution to improving Aboriginal health over the next decade.

The Aboriginal Medical Service Redfern was the first Aboriginal Community Controlled Health Service in this country. The AMS as it is known was established in 1971 in response to community need and provided affordable, accessible and culturally appropriate health care. It started out as a shopfront clinic with a volunteer Doctor and an Aboriginal nurse/receptionist and has now grown into a multi faceted health and dental service providing services to Aboriginal people and their families in Sydney and beyond.

NACCHO, or the National Aboriginal and Islander Health Organisation as it was known then, was established in 1974 due to the explicit need for AMSs to unify as one to lobby and advocate for updated health policies and increased funding to meet the rapidly expanding demand for services provided by these organisations in their local Aboriginal communities.

The Aboriginal Community Controlled Health Sector expanded by established services assisting other Aboriginal communities in setting up their own services by sharing resources and the

philosophy was *'each one, teach one'*. The movement started through AMS Redfern raising funds to assist communities in establishing their own AMSs. The next to follow were in Port Augusta SA, Kempsey NSW, Broome WA and VAHS in Melbourne. This sharing tradition provided by past and present community members remains strong today and continues to guide the work we do.

During the seventies, NAIHO representatives, consistently called for a re-evaluation of departmental policies, and in 1979 the then Prime Minister Malcolm Fraser commissioned a Program Effectiveness Review from a range of Federal agencies. The document was suppressed by the Government of the day, but fortunately, a copy fell off the back of the truck and was released to the media. This ultimately led to a change in government attitudes on policy development.

In the 1980's the increasing sophistication of the type of services that AMSs offered, reflected a change in community needs and demands, whereby AMSs and NAIHO had increasing involvement in the development of a range of primary health care activities.

In 1989, the National Aboriginal Health Strategy was tabled. It represented the first comprehensive overview of the health status of Aboriginal Australians. It identified major challenges and proposed a range of strategies for improvement, advocating for a range of new organisational structures for policy development, monitoring, broad resource allocation and workforce education and training. It sought to address the vast disparity in health standards between Aboriginal people and the general Australian population.

This Strategy is considered to be the most important document from the point of view of the Aboriginal community when referring to health policy. The document *'got it right'* because of the extensive involvement of Aboriginal people throughout the consultation process.

Despite the innovative approach of this policy, its evaluation in 1994 concluded that it was not effectively implemented.

One of the major findings cited in the NAHS Evaluation Report was the lack of political support from Commonwealth and State/Territory Ministers, even though they were all signatories to it.

The NAHS budget of $232,000,000, over five years nationally, was administered by ATSIC. Of this amount around 75% represented funding earmarked for an Environmental Health Program.

At the same time of the roll out of funds, communities continued to establish new AMSs and existing AMSs remained under resourced. This meant that the remaining rounds of NAHS funding reduced the amount of funding available to implement the stated purposes of the NAHS. The NAHS budget did not grow with the increased community need.

The NAHS evaluation also highlighted that guiding principles crucial to successful implementation where not fully adhered to. The principles include the need to:

- accept and devise policy which reflects Aboriginal people's holistic view of health;
- recognise the importance of local Aboriginal community control and participation; and
- Work across sectors in partnership and collaboration.

These principles remain as crucial today as the day they were drafted. The effective implementation of this, or any other health policy demands that these principles be adhered to.

AMSs across the country operate as a matter of protocol by these principles. This means that local Aboriginal community is involved in its affairs in accordance with whatever protocols or procedures are determined by the Community and has its genesis in Aboriginal peoples' right to self determination.

Considering the major recommendations of the Evaluation that the Commonwealth reaffirm its commitment to the principles underlying the NAHS, it is evident that a contributing reason for its failure was largely due to government's lack of commitment.

Consequently, the Evaluation recommended that a human rights based approach to funding be adopted with all aspects of Aboriginal health to achieve a comparable standard with that of non-Aboriginal Australians.

Since the NAHS, numerous health reports, strategies, reviews, and agreements have been developed that are based and guided by the principles espoused in the strategy - for example - The State and

Territory Aboriginal and Torres Strait Islander Health Framework Agreements.

These framework agreements were set up after the transfer of the Aboriginal Health portfolio from ATSIC to the Commonwealth Department of Health. The first agreement was signed in South Australia in 1995 with other States and Territories following suite through the mid to late 1990's. They provide an agreed framework for policy and program direction, broad resource allocation, planning, monitoring and reporting between ATSIC, Commonwealth, State or Territory Health Departments and the respective NACCHO State or Territory affiliate.

Despite that this framework process is now well established, a range of government policies continue to be developed and implemented without going through these necessary processes. These forums provide a vehicle for community participation in decision making processes, when policy is developed outside of these mechanisms, at the end of the day it is the community who suffer and policy roll out and implementation doesn't work because the community's voice and expertise has not been heard.

It doesn't always happen, but it happens all too often, and the responsibility for educating a huge government bureaucracy on such processes, signed off by Health Ministers, seems to only be taken seriously by the NACCHO membership and a minority of government officials.

In 2003 we see that our life expectancy remains 20 years less than for other Australians - its plain we still have a long way to go to gain comparable health status.

Despite the much higher burden of morbidity, we have inequitable access to mainstream health resources and expenditure. MBS expenditure on Aboriginal people is estimated at only 41 cents for every dollar spent on non-Aboriginal Australians; and PBS expenditure at 33 cents for every dollar spent on non-Aboriginal Australians.

A significant injection of new money into Aboriginal primary health care is required – current estimates indicate Aboriginal communities currently receive considerably less health resources *comparative to their need* than for other Australians. A

conservative estimate by health economist John Deeble indicates an additional $300 million annually is needed to achieve equity.

Another way to explain why important reports such as the NAHS and the RCIADIC recommendations have not been fully implemented is put simply:

- Every new government of the day decides to embark on new policies
- At times they seek our advice
- *NACCHO works with them, trying to build up a relationship in the hope of better health outcomes, experience has shown, the moment NACCHO Does not agree with the direction government are seeking NACCHO is cut out of the loop and, they seek advice from those who will agree with them.*
- They then adapt the feedback to suit their monetary and philosophical commitment
- It is then interpreted in different ways by public servants through the development of a range of frameworks, background papers, supporting strategies and/or action plans that work for mainstream services
- *So we work with them, build up relationships and many of these public servants move into other positions*

- Then there is a new government and they want to develop their own policies because they feel they have no ownership over the previous policies and so it starts all over again.

That doesn't mean to say that nothing gets on the ground, on the contrary we can make a little go a long way. But frankly, there continues to be a huge divide between matching resources to be proportionate to meet Aboriginal health and well being needs.

There is the appearance of a lot happening through the production of consultancies and reports, but the health of our people still remains a national disgrace.

This fact, is not in dispute, in 2000, The then Honorable Minister for Health, Dr Michael Wooldridge recognised that *'Our single most spectacular failure as a nation has been in the area of Aboriginal and Torres Strait Islander health'*

We are working within a political climate where our rights to sovereignty are dismissed and our right to self determination is given lip service, where human rights charters and international covenants are not respected, where it is too hard for the Prime Minister to say 'sorry', where many of the recommendations in the

Bringing them Home Report were not addressed or taken up by this government - *it leaves community groups jossling for the crumbs and gives the impression of fighting each other.* It is also a reflection of the desperation, hurting and need to heal*, it reflects the unmet needs of our communities.*

All is not lost.

We are very resilient and optimistic. We are very creative and a huge amount of work, great work, unrecognized work is being done on a day to day basis through our services.

There are a range of partnerships with mainstream agencies that do work, and work effectively, we encourage and need more organisations to work with us at all levels. This includes health, housing, education, justice, family and community services and so forth to work together in meeting the health and well being needs of our communities.

Aside from the political will to support concepts of self determination and community control, and an ongoing commitment from all governments to provide a significant increase in needs based resources in the primary health care setting, there

are things you and I can all do to improve the health outcomes for Aboriginal people. This includes:

- Respecting and working with the principles outlined in the National Aboriginal Health Strategy, which are:

    - accept and devise policy which reflects Aboriginal people's holistic view of health;
    - recognise the importance of local Aboriginal peoples right to self determination through Aboriginal community control and participation; and
    - Intersectoral collaboration by sectoral at all levels working in partnership and collaboration.

  Also

- Work within existing Aboriginal health framework agreement processes
- Support the work of our AMSs – if you don't already, compliment the work of our sector, don't work in competition – work together in collaboration
- Seek out the advice of NACCHO State and Territory affiliates on matters relating to State Aboriginal health issues.

In New South Wales contact the Aboriginal Health and Medical Research Council in Redfern, Sandra Bailey is the CEO and can be reached on 9698 1099.

- Come and talk to NACCHO about national policy issues, contact me on 02 6282 7513.

There are so many inter-related and complex health and well being issues affecting our communities as a consequence of colonisation, and we don't have time to do them justice here tonight. However, there are a range of past reports that can inform and guide the way ahead on a range of key health and well being issues and they include:

- The National Aboriginal Health Strategy
- The Royal Commission into Aboriginal Deaths in Custody
- The Ways Forward Report – National Consultancy on Aboriginal and Torres Strait Islander Mental Health
- The Bringing Them Home Report.

There will always be a constant challenge to educate government Ministers and bureaucrats on the reality of how our services have a

responsibility to respond to community need and are not there to implement government driven programs that don't meet our needs.

You can play a part in the reform process, by working with us at a local, state and or national level. The key is to listen and act on our collective wisdom and advice that our sector has developed over the past thirty years. We live and work in our communities, support us by respecting our right to self determination, our right to sovereignty – a treaty would be nice – and sorry, well sorry is too late.

Thank you!……………………Any questions?……….