MENZIES CENTRE FOR HEALTH POLICY

INDIGENOUS HEALTH: Closing the gap in metropolitan communities

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RUDD GOVERNMENT PLEDGE TO ‘CLOSE THE GAP’

- To close the gap in life expectancy between Indigenous and other Australians within a generation, by 2030.
- Ensure that the Indigenous population has the same access to health services as the rest of the population by 2018.
- To halve the rate of infant and early childhood mortality by 2018.
- To provide all Indigenous four-year-olds in remote communities with access to a quality preschool program within 5 years.
- To halve the gap in literacy and numeracy achievement by 2018.
- To at least halve the gap in attainment at Year 12 schooling (or equivalent level) by 2020.
- To halve the gap in employment outcomes for Indigenous people by 2018.

NEW SPENDING ON INDIGENOUS HEALTH

New and redirected funding for Indigenous measures since 2007 election = **$1.2 billion/5 years**

$335 million / 5 years for health, nutrition, alcohol, drugs

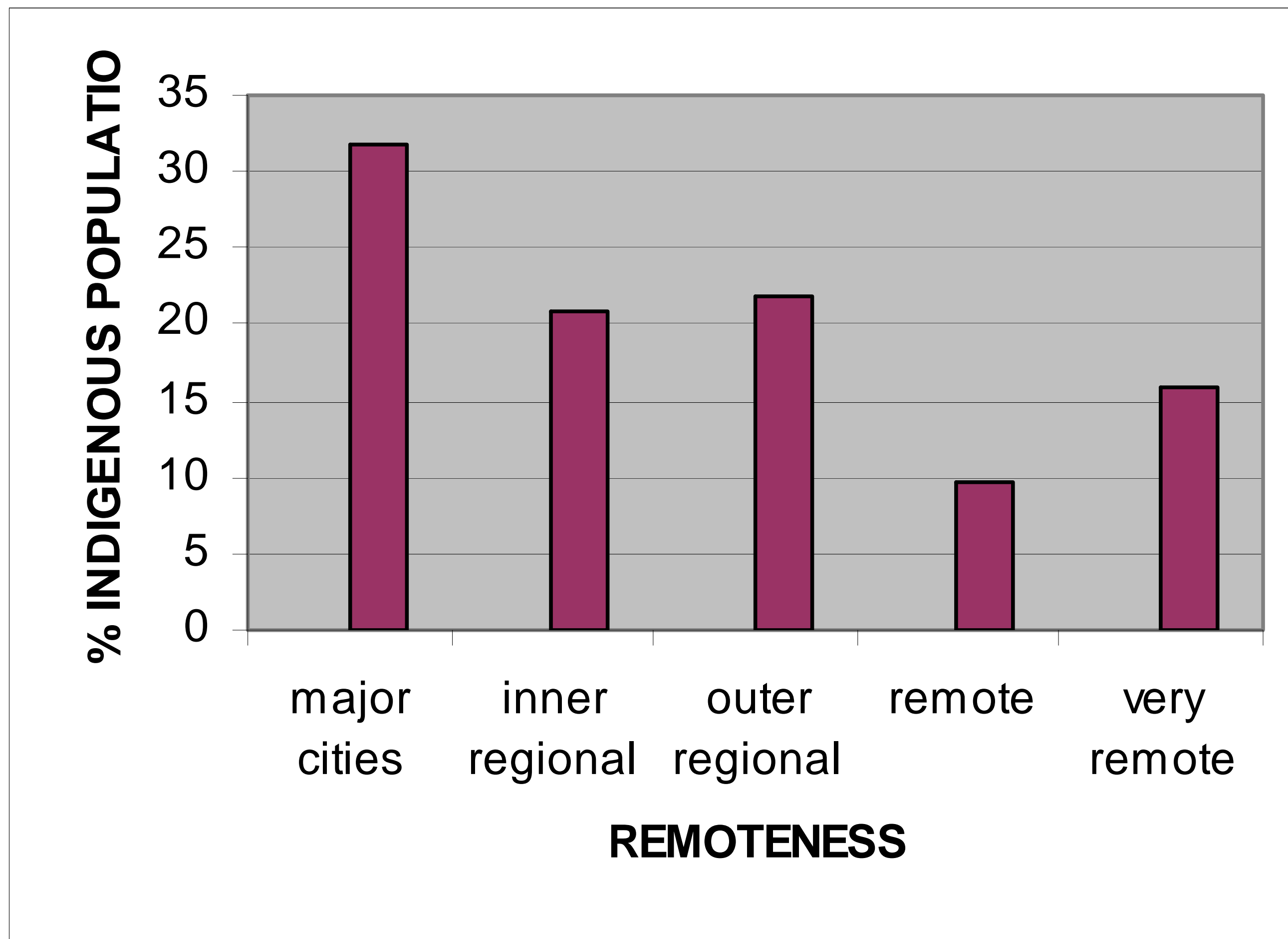
$151.5 million for NTER programs

$183.5 million for national programs

What is needed?

AMA/Access Economics, 2004	$400 million / year for primary care
NACCHO, 2007	$350-$500 million / year
Close the Gap, 2008	$460 million / year

WHERE INDIGENOUS PEOPLE LIVE



INDIGENOUS HEALTH AND RISK FACTORS IN REMOTE AND URBAN AREAS

REMOTE AREAS

- Children more likely to be shorter, lighter, have lower BMI, be anaemic, have more infections.
- Higher self-reported rates of heart disease and kidney disease in adults.

URBAN AREAS

- Children more likely to have asthma, emotional and behavioural difficulties, potential markers of adult chronic diseases.
- Higher self-reported rates of arthritis, back problems, asthma and eyesight problems in adults.

NO DIFFERENCE

- Self-reported rates of diabetes, smoking, excessive alcohol use.
- Risk of mothers smoking or drinking in pregnancy.

SPENDING ON INDIGENOUS HEALTH 2004-05
AIHW data, 2008

	Non-Indig	Indig	Ratio
Total health spending	$79 bill	$2.3 bill	
Expenditure / person	$4019	$4718	1.17
Comm Govt direct spending/person	$1428	$1238	0.87
- PBS copays	$1288	$1199	0.92
S & T Govts spending/person	$1361	$3148	2.31
Non Govt arrangements (incl PHI)	$1230	$332	0.27

EXPENDITURE PER PERSON ON HEALTH
all funding sources

2004-05 data from AIHW (2008)

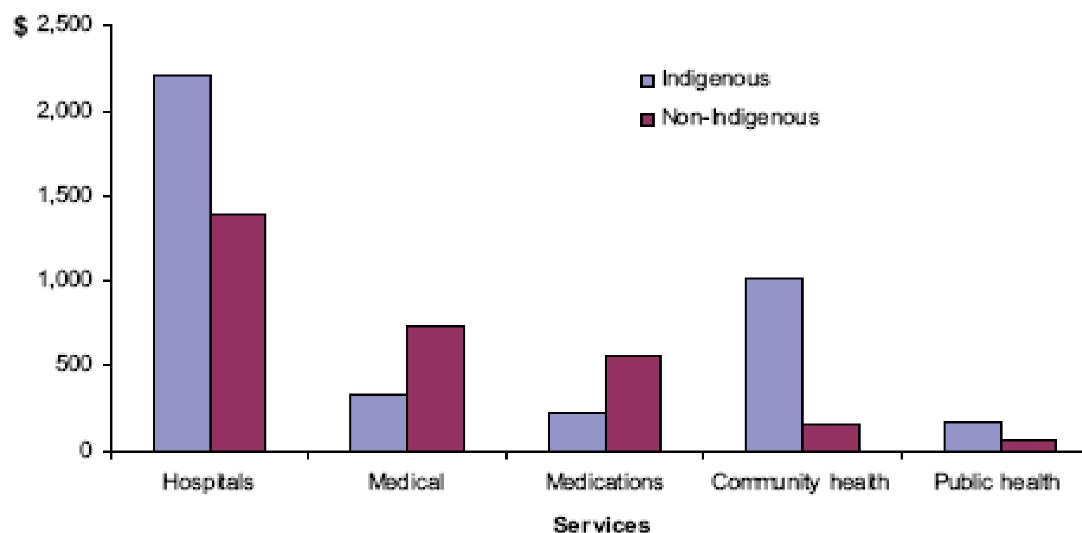


Figure 2.1: Expenditures per person on selected health services for Indigenous and non-Indigenous people, by service type, 2004–05 ($)

MAINSTREAM SERVICES DO NOT EFFECTIVELY MEET INDIGENOUS NEEDS

- It is clear from all available evidence that mainstream services do not meet the needs of Indigenous people to the same extent as they meet the needs of non-Indigenous people;
- Indigenous Australians in all regions access mainstream services at a very much lower rate than non-Indigenous people;
- The mainstream programs provided by the Commonwealth do not adequately meet the needs of Indigenous people because of barriers to access; and
- Commonwealth Indigenous-specific programs are intended to provide targeted assistance to Indigenous people to supplement the delivery of services through mainstream programs … The failure of mainstream programs to effectively address the needs of Indigenous people means that Indigenous specific programs are expected to do more than they were designed for …

Commonwealth Grants Commission Report 2001.