



Our national shame continues

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Just a few weeks ago, the Government's rhetoric was all about commitments to health care reform and the \$7.3 billion provided in the 2010-11 Budget to achieve this. Now the Government and media are consumed by the issues of the moment, and health care stories are no longer news. Perhaps it is this ephemeral nature of politics and the inability of anyone – politician, media commentator, bureaucrat or voter – to consistently focus on an issue and drive it forward that lies at the heart of why some government commitments are never realised.

An early, key commitment of the Rudd Government was to "close the gap" on indigenous disadvantage, especially the disparities in health and access to health care. But the efforts to make a real difference in indigenous health are faltering under insufficient resources, a lack of long-term planning and commitment, an apparent unwillingness to be fully consultative with indigenous communities, and a focus that is almost exclusively on the Northern Territory and other remote areas. Only 26 per cent of the indigenous population live in remote or very remote areas; the 31 per cent of indigenous Australians who live in our biggest cities also have serious health burdens and limited access to culturally appropriate care.

There is nothing in the 2010-11 budget to advance this cause. Continued funding is provided for two current health programs, albeit at reduced levels over previous commitments. There is \$30.5 million over the next four years to reduce the community impacts of petrol sniffing by expanding the voluntary roll-out of Opal fuel. However it appears that the Government is expecting to do more with less in this important area. The 2006-07 budget had provided \$55.2 million over four years for this work, in addition to

\$12 million to support the roll-out of Opal fuel. Thus, at \$6 million, the 2010-11 funding for this initiative is only 37.5 per cent of that in 2009-10.

Funding of \$1.8 million in 2010-11 is to provide incentives and support payments for practice nurses and Aboriginal health workers in regional and rural areas to undertake training to help them recognise the signs of domestic violence and to make appropriate referrals to community resources. While this provision is not specifically targeted to indigenous communities, the rate of family violence victimisation for indigenous women may be as high as 40 times the rate for non-indigenous women. But why is this crucial work funded for only one additional year?

The budget papers also outline the national partnerships under which payments are made to the states and territories for activities in indigenous health. Most of these were set up in 2008. These national partnerships are for closing the gap in the Northern Territory, health projects that are part of the East Kimberley development package, satellite dialysis facilities in remote Northern Territory communities, sexual assault counselling in remote Northern Territory areas, and reducing rheumatic fever and associated heart problems for indigenous children.

Together the national partnerships will provide just \$29.3 million in 2010-11 for these isolated communities, and \$46.6 million over the forward estimates. The only funds that will help indigenous communities that are not in the Northern Territory or remote areas are provided through the national partnership on indigenous early childhood development. This will provide \$20.3 million to all the states and territories in 2010-11 and \$93 million over the forward estimates.

Clearly, addressing the health disparities between indigenous and non-indigenous Australians is a commitment the Government has made only in words, which are not matched with dollars and action.

The National Health and Hospitals Reform Commission called for an indigenous health investment strategy "that is proportionate to health need, the cost of service delivery, and the achievement of desired outcomes", but there was nothing in the \$7.3 billion committed to health care reform that was specifically targeted at indigenous health.

Regrettably, there is little information available to suggest that the money that has been spent to date as part of the Northern Territory Emergency Response has had any positive impact. Indeed, a recent health impact assessment conducted under the auspices of the Australian Indigenous Doctors Association found that any potential benefits to physical health are largely outweighed by negative impacts to psychological health, social health and wellbeing as well as cultural integrity.

Everyone has a calculation about how much money is needed to close the gap on health disparities in a generation. But it isn't just about money (although 1 per cent of \$7.3 billion could make a big difference). It's about making good on a promise that would treat indigenous Australians with the respect they deserve, giving them hope and dignity along with health and health care.

As we head into an election campaign we should demand nothing less of the Government.

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