

# **SPEECH – WA PARLIAMENT HOUSE 8<sup>TH</sup> APRIL 2008**

Kaya Traditional Owners of Nyoongar Boodja, Kaya all people here today who have one thing in common – to give their support to Closing the Gap in Aboriginal life expectancy.

Today our simple dream is about healthy Aboriginal families living in decent houses with proper education, with proper jobs and to practice our ceremonies to bring harmony in living.

Our Aboriginal community controlled health sector in WA welcomes the Prime Minister's and Australian Government's initiatives that include:

- the Apology
- the Pledge for equal access to health care by 2018
- improved life-expectancy and
- to present a status report on closing the gap at the opening of Parliament each year.

**We welcome the fact that outcomes and accountabilities will be in the open.**

I will outline 3 focus areas for you to consider in Closing the Gap in Life expectancy for Aboriginal Peoples.

1. The importance of specialized Primary health care delivery to Aboriginal peoples.
2. The capacity of AMSs to deliver comprehensive PHC means additional funding.
3. Conclusion: The need for governments to commit to include our Sector in the serious planning and development of a comprehensive response to the plight of our Peoples.

## ***1) THE IMPORTANCE OF SPECIALISED PRIMARY HEALTH CARE DELIVERY TO ABORIGINAL PEOPLES.***

Do you still wonder why we have low self-esteem, increasingly bad health, addictions, and worsening mental health?

### **What are we dealing with?**

Under the heading of outcomes and accountabilities has arisen the new catch-cry of self-management by individuals for their own health ....Making a go of it today as individuals whether you are Aboriginal or not is becoming impossible for disadvantaged people.

Self management ....think about it

- parents need to self-manage their over-weight children in our suburban schools,
- preach self-management to the non-Aboriginal drug takers, drug peddlers, and drunks fresh from the mines or board rooms.
- live for a month in a five room house with 12 other people with limited sanitation and drink dirty water.
- wake up in the morning with no job to go to,

- wake up the children to go to a school with not enough desks and fly-in fly-out teachers (if the plane arrives)
- go for help to the nurses station where there is no nurse,
- get out of hospital or prison and go back home to where there is no doctor for hundreds of kilometres,
- pay nearly \$3 a litre for petrol if you had a car (there are no buses), and
- if you have a job – worry about paying the rent when rents have increased over the last 18 months by 300% and are no longer 30% of your weekly wage but 300% of your weekly wage and

For a child at school ..... learning in my second or third language, my ears are blocked, my skin is itchy, my eyes and nose are running, it's 40 degrees in the room and I may have been abused ... and you wonder why I have difficulty concentrating on my lessons.

Come and spend a month in our shoes – participate in the poverty. You will be welcomed by us to gain first hand knowledge about our experiences at the local AMS!

### **Here are Highlights of "Close the Gap" Data.**

The statistics about the status of Aboriginal health nationally and in Western Australia are well known. I refer to the Department of Health WA report called:

*The Status of Primary Care and Aboriginal Health from a State and Regional Perspective in Western Australia : Health Reform Implementation Taskforce*

The above report highlights the significantly poor health status experienced by the Aboriginal population in Western Australia and the primary health care services available to the Aboriginal population in Western Australia.

To help you to understand the seriousness of the Aboriginal health situation in WA I must quote 7 significant findings that must ring alarm bells for the governments responsible for Aboriginal health and for the duty of care.

- 1) Western Australia has the second highest Aboriginal mortality rates in Australia with the highest rates in the Goldfields, Great Southern, Midwest and North Metropolitan. In all regions the death rate is between 5 and 8 times the State's mainstream rate. **This is just obscene – please help us stop the deaths.**
- 2) The WA Aboriginal population has the second highest infant mortality rates. The highest infant mortality rates for the Aboriginal population occurred in the Kimberley, Pilbara, and the Midwest. The highest rates of infant hospitalisations in the Aboriginal population occurred in the Pilbara, Goldfields, Kimberley and the Great Southern. In Western Australia, 14% of babies born to Aboriginal mothers during 2003 were regarded as having low birth-weight in comparison to 5.9% in non-Aboriginal mothers. **Please help us to keep our babies alive.**
- 3) Only 3.11% of Aboriginal females, aged 0-54 in Western Australia completed a health check in 2005 and 2.16% of Aboriginal males, aged 0-54 in Western Australia completed a health check in 2005. **We need a concerted effort.**

- 4) Of concern is that 71.4% of the expenditure on health for Aboriginals was for acute-care hospitals. **Use the NACCHO funding model to Close the Gap.**
- 5) The highest occasions of service due to mental health in the Aboriginal population occurred in North and South Metropolitan areas. **Replace adequate levels of mental health funding to Derbarl Yerrigan Health Services.**
- 6) The Aboriginal population face major health disadvantages and risk factors for example tobacco and alcohol consumption, drug use, obesity, nutrition, physical activity, immunisation and breast feeding.

It should be noted that the report says that many Aboriginal primary care services are still struggling to respond to immediate demand involving acute illnesses, and do not always have the capacity to deliver the comprehensive early intervention and chronic disease management services that are required. The NACCHO Close the Gap Funding model would address this.

Whilst the Office of Aboriginal Health works within government to manage the financial, physical and human resources necessary to improve the health care and health status of all Aboriginal people, our AMSs are at the coal-face.

## **2) THE CAPACITY OF AMS's TO DELIVER COMPREHENSIVE PHC MEANS ADDITIONAL FUNDING.**

### **Here is the contribution of AMS**

See here the **positive work** that the Aboriginal Community Controlled Health Services or AMSs undertake from community to state level.

We have 40 full-time equivalent doctors, we have over 50,000 registered Aboriginal clients and over 10,000 non-Aboriginal, we have over 200,000 clinic appointments a year and deliver over 400,000 occasions of service. We have 19 clinics, provide training for health workers, clinical experience for Nurses and Registrar training for doctors. We run our own computerized health records. We operate 3 dialysis centres. More and more clinics are achieving national accreditation through AGPAL from the Royal Australian College of General Practitioners.

A number of our clinics are "super clinics" and the new COAG initiative to develop super clinics must recognize our clinics as being in the same category. The others - and outstation posts - require urgent attention including to demolish and rebuild. Urgent attention is needed where a clinic is infested with snakes, rats and mice or has urgent upgrades needed to address safety issues within clinics.

**We must therefore recognize that AMSs are a specialised major delivery arm for Primary and Allied Health care in WA. We are an integral and important part of our State and our Nation's Aboriginal health infrastructure. But we are not valued for this.**

**We know that comprehensive Primary Health Care significantly reduces the need for hospitalization and prevents death.** Blind Freddy could see that AMSs must play a major role and be resourced to do so at the upstream primary health care end so that the down-stream impact on hospitals is significantly lowered. The report states that in WA 71.4% of the expenditure on health for Aboriginals was for acute-care hospitals. The major causes are heart disease, respiratory disease and diabetes – treatment can prevent death. Kidney Dialysis machines are becoming a fast growing need in all regions.

Be warned that if AMSs are forced to drop their doctor driven services tomorrow it is estimated that **the number of people potentially attending Hospital emergencies would rise by over 200% overnight.** It would not be surprising then for a spike to occur in the death rates when emergency departments cannot cope.

This statement is not a hypothetical:

The recent GP salary agreement within our State means that for our AMSs to compete with other employers for GP recruitment and retention we will need approximately an extra \$110,000 to pay each of our 40 GPs to retain or recruitment them. We need an urgent injection of \$4.56million on an annual recurrent basis to pay them.

The Department of Health and Ageing in Canberra has point blank refused so far provide the \$4.56million. This is chronically undermining the Rudd/Roxon signed Pledge to Close-the-Gap especially in WA; and will immediately put further pressure on State Funded facilities. Kununurra and Kalgoorlie AMSs are already faced with GPs leaving for greener pastures where their GPs can earn a quarter of a million dollars.

It is in the WA government's best interest to support AHCWA, on behalf of its members, in its call to Minister Roxon to change this regressive policy immediately **before contracts start running out from this month of April 2008 and the WA State Health system, overnight, becomes even more overloaded.**

## **CONCLUSIONS:**

### ***THE OVERWHELMING NEED FOR GOVERNMENTS TO COMMIT TO INCLUDE OUR SECTOR IN THE SERIOUS PLANNING AND DEVELOPMENT OF A COMPREHENSIVE RESPONSE TO THE PLIGHT OF ABORIGINAL PEOPLES***

- 1. Give the Aboriginal Health Council of WA an equal place** in the decision making processes for the delivery of primary health care – change the model of Service Delivery – invest in this network and reduce the burden on the hospitals. **Please help us gain the 4.56m we need for GP Salaries.**
- 2. Help us develop regionally-based solutions and evidenced-based approaches** as critical to combatting deaths and disease. We need a dramatic injection of resource allocations to respond to regional planning and development recommendations leading to improved outcomes that address the annual COAG Aboriginal health scorecard. It is not good enough to see the large number of deaths as normal for Aboriginal people anymore. It is ironic that there is a \$2 billion dollar surplus in the State Treasury but our planning work in the regions is being funded by OXFAM Australia.
- 3. Clearly the existing institutional arrangements and funding levels have failed to Close The Gap and in WA in fact the gap seems to be widening.** Change in thinking is urgently required. This means investing in new legislative remedies to bring about change.

The set of institutional arrangements that we know does work is in Alaska, Canada and New Zealand. Applying their lessons to Australia, using regional hub and spoke models based on Regional Aboriginal health councils backed with legislative force will give cohesive Aboriginal groups such as language groups opportunities to develop their own collective solutions to Closing the Gap in partnership with governments.

The regional Aboriginal health council should be able to contract health services from health service providers and quality control their delivery rather than relying on the goodwill of non-Aboriginal service providers. Goodwill never changed apartheid in South Africa – it was concerted action that did it.

**Please work with us to build-up our infrastructure for health care and professional training.**

**Stop people getting so sick** that they have to go to the most expensive forms of treatment in the hospitals. **The most cost-effective use of health care dollars is primary and allied health care delivered through the AMSs.**

"Each year we must as a government know and as a people and a country know what progress has been made in closing this gap. We should not in our country underestimate the size of this challenge." Roxon