



National Rural Health Conference
Albury NSW
2007

Making the health system equitable for Aboriginal Peoples

NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH
ORGANISATION

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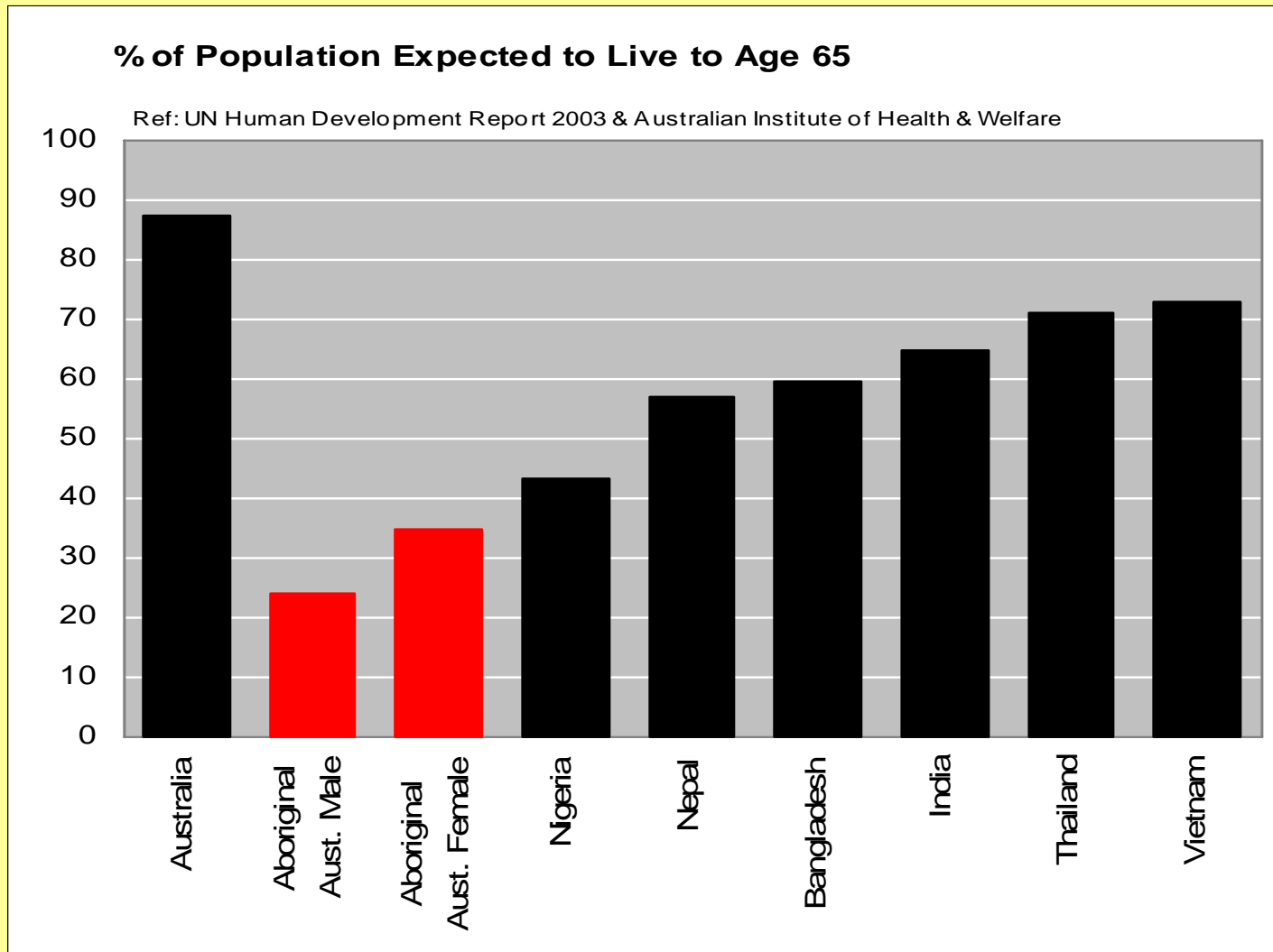


Equitable health system

- An equitable health system:
 - reduces unequal opportunities to be healthy
 - eliminates disparities in health
- Those unequal opportunities and disparities arise from social and economic disadvantage.
- Achieving health ‘equality’ requires an ‘equitable’ health system.

The status of Aboriginal peoples health

Percentage of population expected to live to age 65



HREOC

- The Social Justice Commissioner called for Australian Governments to commit to achieving equality of health status and life expectation for Aboriginal peoples within 25 years (Social Justice Report, 2005).
- This presentation outlines some of the steps we as a sector believes needs to be taken to meet that goal, **‘to make the health system equitable’**.

We start by considering the Australian Government's position:

In addressing the underlying disadvantage for Indigenous Australians:

- “The Australian Government is committed to addressing the underlying disadvantage confronting many Indigenous people, and spent a record \$3.3 billion on Indigenous-specific programs in 2006–2007, with a focus on the key areas of housing, health, education and employment, and targeting resources to those Indigenous people in greatest need, particularly those in remote areas. These programs are in addition to other social benefits such as *universal health coverage* and income support, *which are available to all Australians*, and Indigenous programs and services funded by State and Territory governments.” (Draft 4th report to the ICESCR, Feb 2007)

NSFATSIH (2003-13)

- “Allocate financial resources to Aboriginal health commensurate with need.....
....[but].... Make resources available sequentially in a progressive and deliberate way in-line with building service capacity, employment and training programs...” (page 28)

The truth:

- Of the \$3.3 billion for Indigenous programs (announced May 2006), only \$500 million was new funding.
- Less than 15% of this was directed to the health care sector in some form. Eg An amount of \$39.5 million was allocated (to 2010-11) for 'brokerage' to urban and regional primary health care services.
- None of the funding was allocated to Aboriginal-specific primary health care services.

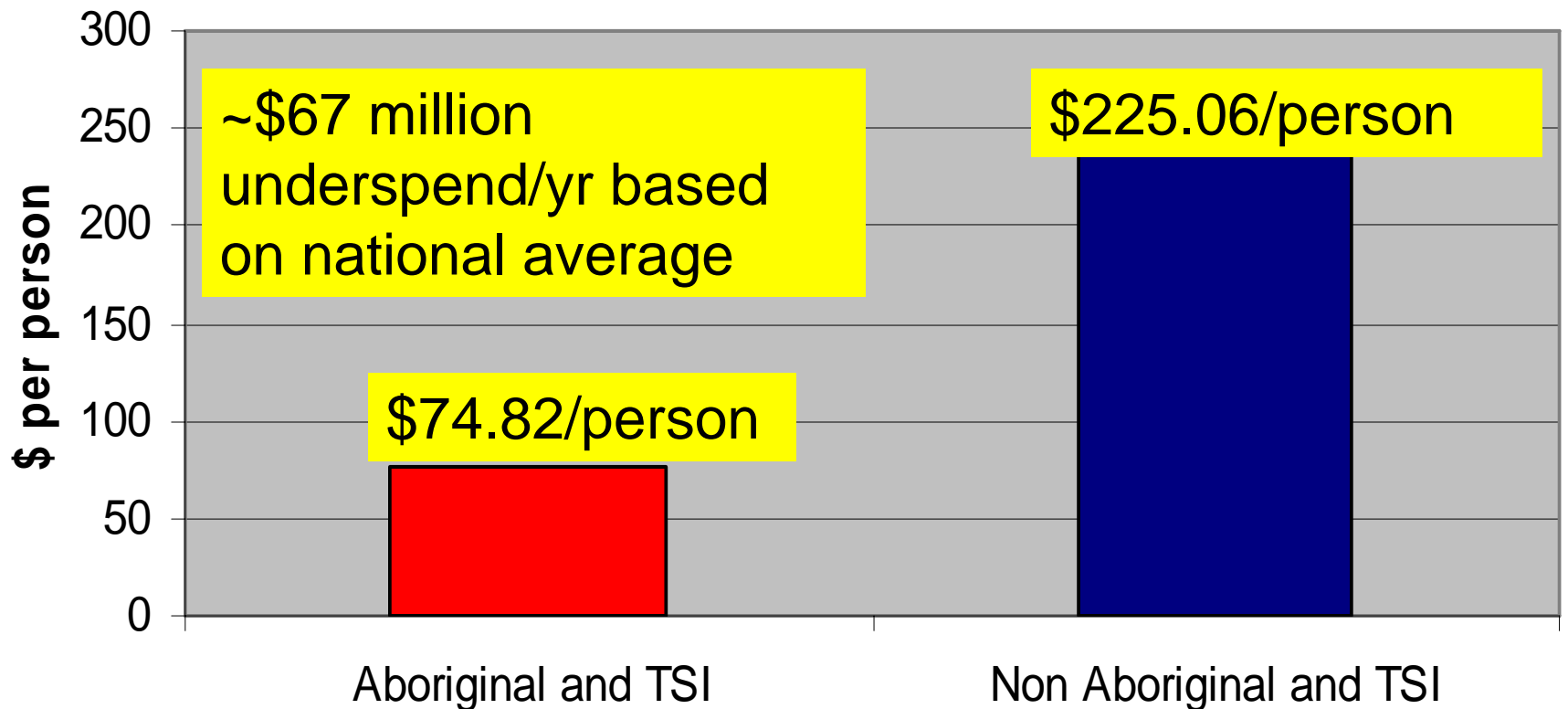
Sufficient expenditure to bridge the health standards gap?

Overall

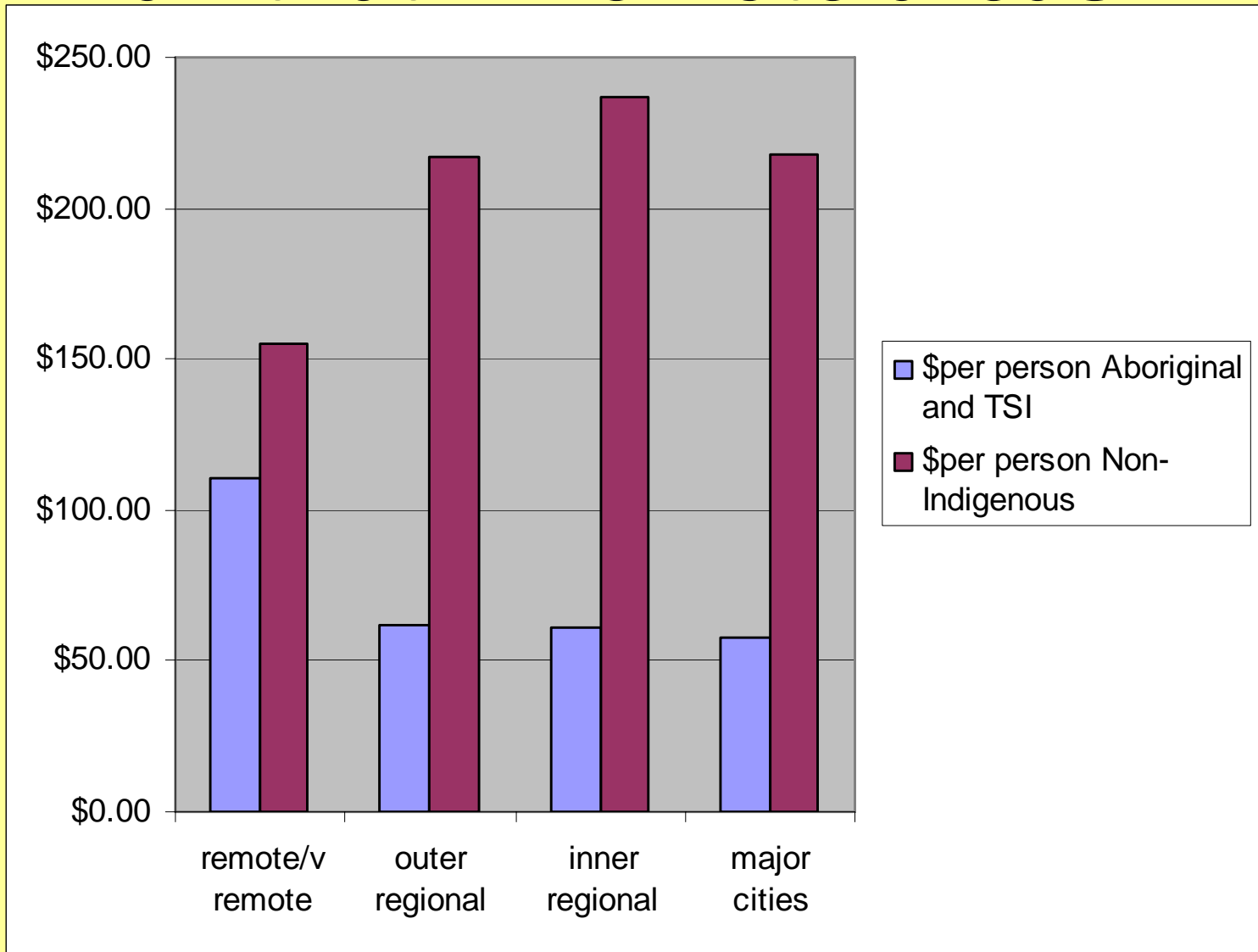
- Global health spending only 18% higher per person (2001-02). (should be 2-3 times higher)
- Half of that spending is on hospital care eg dialysis.
- Spending for Aboriginal population makes up only 2.8% of national health budget (for 2.4% of the population with three times disease burden).
- Non-hospital spending:
 - MBS 34% of that for other Australians (per person) (including S100)
 - PBS 30%
 - Dental 24%

Expenditure on medications for Aboriginal and TSI population remains one third that for non-Indigenous (2001-02)

PBS Expenditure per person



In urban areas, PBS spending is half that in remote areas



Funding shortfalls

- Global health spending differences should be *at least* 200% of percapita (not just 18%)
- Shortfall \$400 million pa for primary health care services

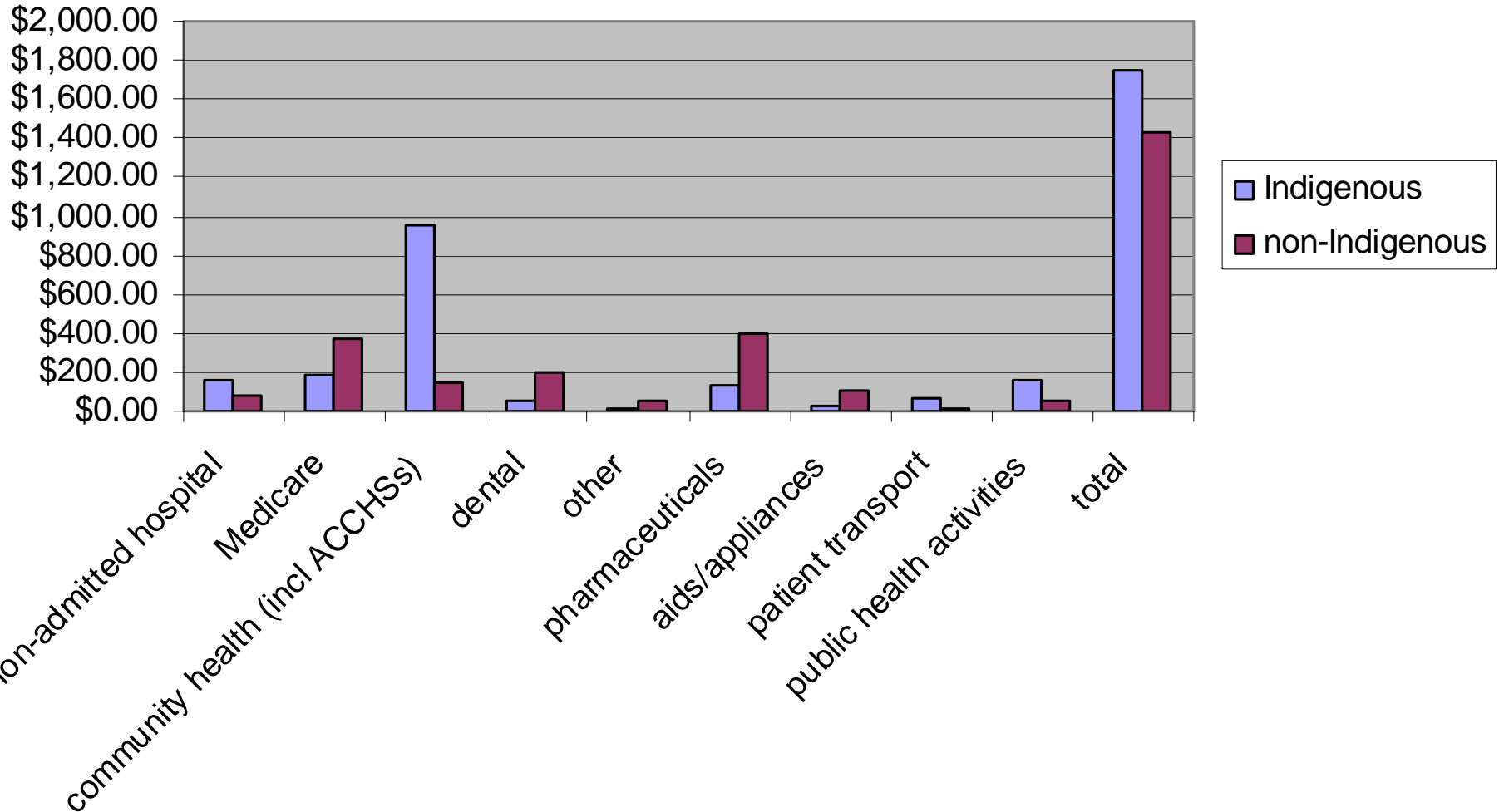
The Additional Primary Care costs

	2004/5
Medicare + other medical	\$130m/year
PBS	\$85m/year
Dental and other health professions	\$115m/year
Medical consumables, non-PBS medicines and appliances	\$65m/year
Total on Integrated PHC (Including prevention)	\$400m/year
Training (additional to Total on PHC)	\$36.5m/year (\$167m over 6 years)

Current spending on Aboriginal health services

- The Australian Government is in agreement over the importance of ACCHSs and funds over 130 ACCHSs.
- Their funding **does not offset** the under spending in 'primary health care'.
- Eg primary health care spending from federal and state sources **is only 1.2 times higher** for Aboriginal peoples (2001-2), when it should be at least 2 times higher. (table next page)

Primary health care funding per capita- all sources 2002-02



...current spending on Aboriginal health services

- Only **\$306 per capita** was expended through Aboriginal health services by OATSIH (2001-02).
- Analysts commissioned by the Australian Government reported that funding for 'Indigenous-specific primary health care services' should be of the order of **\$1244 per capita**.
- Thus, the current level of support for ACCHSs is insufficient to ensure Aboriginal peoples reach the highest attainable standard of health.

Accountability for PHC spending?

- ACCHSs are the most accountable of any primary health care provider.
- Who are the other services that consume the PHC expenditure outlined earlier? How are they audited for services to Aboriginal peoples?
 - Non-admitted hospital primary care?
 - Community health other than ACCHSs?
 - General practice?
 - Aids/appliance providers?
 - Public health providers?
 - Divisions of GP?
 - Practice Incentive Program?

Equality for Health- Plan

- If we are to advocate for health equality within a generation and to enhance the health systems responsiveness, an 'Equality for Health' Plan* is needed.
- That Plan must consider a time-line of 25 years.
- The Plan needs to be cognisant of the current NSFATSIH (2003-2013) and other high-level policies signed off by COAG -all State/Terr and federal governments.

*or other name!

We need to consider:

- What's different about an 'Equality for Health' Plan from the existing NSFATSIH?
- If we are proposing new indicators, what's different about them from the COAG Indicators of Disadvantage and the Health Performance Framework?
- Understanding the differences will inform the approach taken with Ministers, Departments and stakeholders.

Suggested approaches:

- Could be similar to the international MDGs: Millenium Development Goals – but for Aboriginal peoples.
- Consistent with HREOCs call (Social Justice report).
- A specific/ancillary set of policy objectives that are implementable/are gaps- but with the overarching goal of health equality.

Overarching goal

- To achieving equality of health status and life expectation within 25 years (Social Justice report, 2005)
- Using “the maximum of its (Australia’s) available resources” for the realization of Aboriginal peoples right to health (ICESCR).

Like the MDGs, but use “right to health” indicators

Health targets	“Right to health” indicators
Goal 1: Increase core funding for culturally appropriate primary health care to bridge the gap in health standards	
Target 1 Needs-based resource allocation formula for culturally appropriate primary health care services	
Target 2 An additional \$400 million per annum for the first 5 years.	Per capita resourcing to ACCHSs and other culturally appropriate AHSs (to an established target)
Target 3 Equality of access to PHC services according to need.	Proportionate expenditure on culturally appropriate PHC within the global health budget of \$38.4 billion (2005-06) to pre-established target
Target 4 PHC services delivering services according to established regional plans to a level of need	

Goal 2: Implement infant and child mortality policy framework

Target 5 A growth and nutrition strategy to control malnutrition

Target 6

Prevalence of underweight children under five years of age
Proportion of population below minimum level of dietary energy consumption

Goal 3: Increase access to medicines

Target 7 PBS per capita expenditure to be at least 2 times higher than for non-Indigenous Australians

Target 8 Policy proposals and campaigns to increase access to medicines and increase demand for medicines

Goal 4: Targeted population health strategies

Target 9 A national rheumatic fever control strategy

National rheumatic fever register
Reduced incidence of acute rheumatic fever, etc

Target 10 A national chronic disease strategy, etc

Goal 5: Increased responsiveness from mainstream health sector

Target 11	Realign bilateral agreements to reduce the inequitable distribution of health facilities, goods and services	Report on strategies to reduce inequities in access to hospital procedures, population health programs (eg breast, cervical screening), cardiac rehabilitation, immunisation, hearing services (to established targets)
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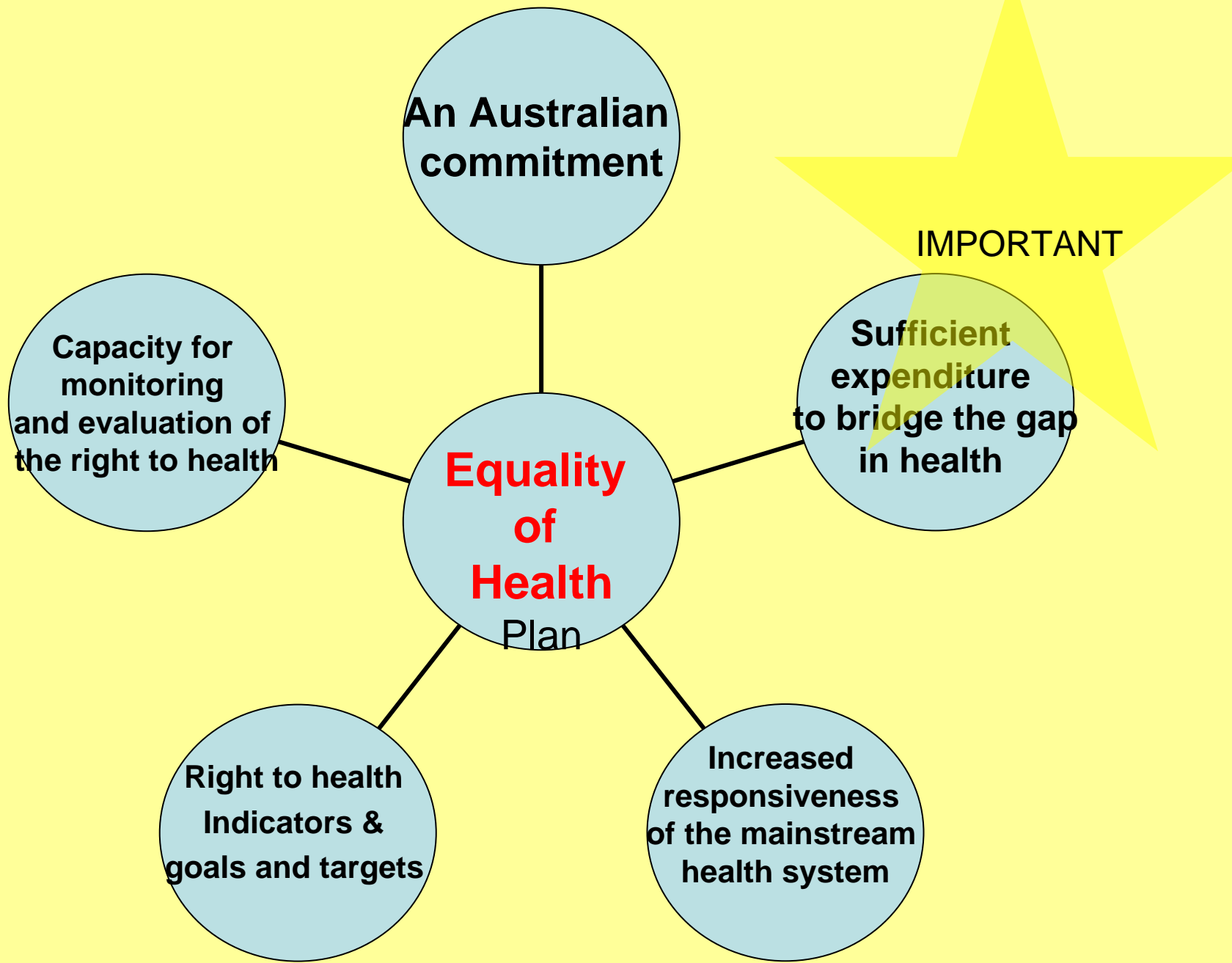
Goal 6: Implement the Health Workforce National Strategic Framework

Target 12	Increased number of Aboriginal Health Workers employed within culturally appropriate PHC services, etc	
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Goal 7: Monitoring and Evaluation of the *Health Equality Plan*

Target 13	A national Aboriginal Health and Well Being Monitoring System using primary health care indicators	
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- **NACCHO encourages a uniform approach to the ‘Equality for Health- Plan for Action’.**
- **That way we can be one voice.**



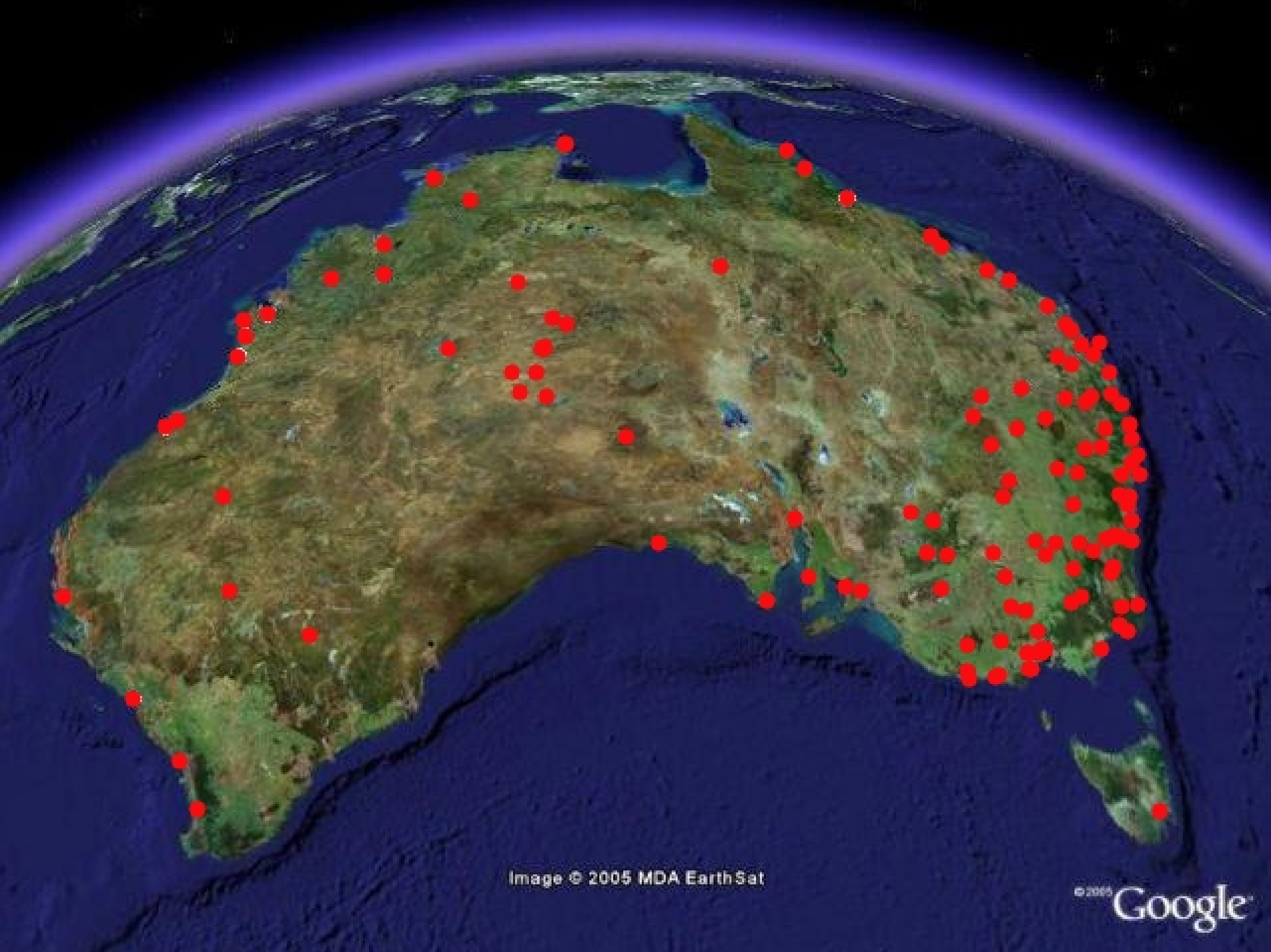


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NACCHO is a living embodiment of the aspirations of Aboriginal communities and their struggle for self-determination.

Thank you!

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