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SPEECH TO AIDA CONFERENCE 2019 DARWIN CONVENTION CENTRE THURSDAY 3 OCTOBER 2019 AMA PRESIDENT DR TONY BARTONE

***Check against delivery

Harnessing innovation in health care

I would like to begin by acknowledging the traditional owners and custodians of the land on which we meet today, and I pay my respects to their elders, past and present.

Thank you to the Australian Indigenous Doctors' Association (AIDA) for inviting me to speak at your annual conference. This is my third year attending, and I feel very privileged to be here.

The theme for this year's Conference is 'Disruptive Innovations in Health Care'.

As a General Practitioner who has been practising medicine for over 30 years, I well and truly understand that innovative health care is needed to achieve improved outcomes for patients.

Indeed, innovation will be crucial as we deal with a health system that is so under strain.

This is especially true for Indigenous health, given the much higher burden of disease and mortality rates among Aboriginal and Torres Strait Islander people, and the need for care to be delivered in a manner that is culturally safe.

We all know that Indigenous health statistics paint a bleak picture.

And we all know that Aboriginal and Torres Strait Islander people have poorer health than other Australians.

Medical science is constantly evolving and we have, only in recent times, recognised the innovations and practices of Indigenous people here and overseas.

There are some parallels and similarities in the way Australia and Canada – both former British colonies – are trying to improve health care for First Nations peoples.

In both countries, we are trying to address a legacy of harm from the imposition of policies that resulted in poor health today.

Sadly, investments in Indigenous health are often inadequate, and they are implemented *without* proper engagement with, and direction by, Aboriginal and Torres Strait Islander people.

We all know that this approach does not work.

However, I know that there are many innovative health services that are delivering high quality health care for their communities, driven by local leadership.

There are models of health care that are delivering proved health outcomes for Aboriginal and Torres Strait Islander people, and these should be supported in terms of funding and workforce.

I was fortunate to visit one such model last year and see first-hand just one example of quality health services and witness the important work that they do.

There are others all underpinned by community oversight and direction. This sense of community leadership is a key feature.

I am sure you will hear of many more positive and innovative healthcare models throughout this Conference.

The problem with such models is that they are not being sufficiently resourced and funded to continue and further their development.

The basic principles of successful Indigenous healthcare models should be better promoted as exemplars and replicated across the country.

This will support Aboriginal and Torres Strait Islander people to translate their knowledge into innovative practices that will help solve intractable health problems in their communities.

Governments at all levels must ensure that policy frameworks move towards harmonisation with norms recognising the autonomy of Aboriginal and Torres Strait Islander people.

Governments must ensure that these frameworks are bolstered with adequate funding and workforce strategies to enable Indigenous communities to succeed in their pursuit of the right to health and wellbeing.

With the right support, Aboriginal and Torres Strait Islander people stand to address health inequities by transforming services under their purview, as well as health services provided to Indigenous people by the mainstream.

As President of the AMA, I will continue to ensure that Aboriginal and Torres Strait Islander health is a key priority.

I am very proud to lead an organisation that champions Aboriginal and Torres Strait health care.

This is demonstrated through:

- the AMA's Taskforce on Indigenous Health, which I am honoured to Chair;
- having AIDA represented on the AMA's Federal Council;
- producing an annual Report Card on Indigenous Health;
- supporting more Aboriginal and Torres Strait Islander people to become doctors through our Indigenous Medical Scholarship initiative;
- participation in the Close the Gap Steering Committee; and
- participation in the END Rheumatic Heart Disease Coalition, among many other things.

The AMA also supports the Uluru Statement from the Heart, and is encouraging the Australian Parliament to make this a national priority.

I firmly believe that giving Aboriginal and Torres Strait Islander people a say in the decisions that affect their lives will allow for healing through recognition of past and current injustices.

The AMA believes respecting the decisions and directions of Aboriginal and Torres Strait Islander people should underpin all Government endeavours to close the health and life expectancy gap.

The AMA is pleased to see the agreement between the Council of Australian Governments and a Coalition of Peak Aboriginal and Torres Strait Islander organisations – an historic partnership to oversee the refresh of the Closing the Gap strategy.

But this is not enough.

We must use this collective wisdom and advocacy to ensure that Closing the Gap is not just words, but a meaningful and deliverable target.

This is certainly an innovative approach to improving health and life outcomes for Indigenous Australians.

Since the beginning of the Closing the Gap strategy, progress has been mixed, limited, and, overall, disappointing.

This must change. It has to change.

It is simply unacceptable that year in, year out, we see the same gaps and the same shortfalls in funding and resources.

I hope that the partnership between COAG and the Coalition of Peaks will result in some real, meaningful change. It must.

Governments cannot keep promising to improve health and other services and not deliver on their commitments.

The AMA welcomed the stated intent of the Minister for Indigenous Australians, Ken Wyatt, to hold a referendum on Constitutional recognition for Indigenous peoples.

And I was disappointed by his recent announcement that an Indigenous voice to Parliament enshrined in the Constitution would not be included as part of this process.

Ken Wyatt has achieved a tremendous amount in his time as Minister, and I hope that Constitutional recognition is part of his legacy.

Let me conclude by saying that it is our responsibility as doctors to ensure that Aboriginal and Torres Strait Islander people can enjoy the same level of good health as their non-Indigenous peers – that they are able to live their lives to the fullest.

The AMA recognises that Indigenous doctors are critical to making real change in Indigenous health, as they have the unique ability to align their clinical and cultural expertise to improve access to services and provide culturally safe care.

The Indigenous medical workforce is steadily growing, but we need more Indigenous doctors. And dentists, nurses, social workers, and all other allied health specialists.

The AMA remains committed to working in partnership with Aboriginal and Torres Strait Islander people to advocate for better Government investment and cohesive, coordinated strategies to improve health outcomes.

Thank you, and I wish you the very best for your Conference.

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