

Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website : <http://www.ama.com.au/>



**CLOSING THE GAP STRATEGY UNRAVELLING – TIME TO
 REBUILD, NOT REFRESH**

*AMA Indigenous Health Report Card 2018 – Rebuilding the Closing the Gap Health
 Strategy*

The Closing the Gap Strategy is unravelling, and must be rebuilt from the ground up to have any chance of closing the life expectancy gap between Indigenous and non-Indigenous Australians, AMA President, Dr Tony Bartone, said today.

Dr Bartone today launched the AMA Indigenous Health Report Card 2018, the AMA’s annual analysis of an area of Aboriginal and Torres Strait Islander health across the nation.

This year’s Report Card scrutinises the 10-year-old Closing the Gap Strategy, and recent efforts to “refresh” the Strategy.

“It’s been a decade since the Council of Australian Governments (COAG) launched the Closing the Gap Strategy, with a target of achieving life expectancy equality by 2031,” Dr Bartone said.

“But 10 years on, progress is limited, mixed, and disappointing. If anything, the gap is widening as Aboriginal and Torres Strait Islander health gains are outpaced by improvement in non-Indigenous health outcomes.

“The Strategy has all but unravelled, and efforts underway now to refresh the Strategy run the risk of simply perpetuating the current implementation failures.

“The Strategy needs to be rebuilt from the ground up, not simply refreshed without adequate funding and commitment from all governments to a national approach.”

The Report Card outlines six targets to rebuild the Strategy:

- committing to equitable, needs-based expenditure;
- systematically costing, funding, and implementing the Closing the Gap health and mental health plans;
- identifying and filling primary health care service gaps;
- addressing environmental health and housing;
- addressing the social determinants of health inequality; and
- placing Aboriginal health in Aboriginal hands.

“It is time to address the myth that it is some form of special treatment to provide additional health funding to address additional health needs in the Aboriginal and Torres Strait Islander population,” Dr Bartone said.

“Government spend proportionally more on the health of older Australians when compared to young Australians, simply because elderly people’s health needs are proportionally greater.

“The same principle should be applied when assessing what equitable Indigenous health spending is, relative to non-Indigenous health expenditure.

“The Australian Institute of Health and Welfare estimates that the Aboriginal and Torres Strait Islander burden of disease is 2.3 times greater than the non-Indigenous burden, meaning that the Indigenous population has 2.3 times the health needs of the non-Indigenous population.

“This means that for every \$1 spent on health care for a non-Indigenous person, \$2.30 should be spent on care for an Indigenous person.

“But this is not the case. For every \$1 spent by the Commonwealth on primary health care, including Medicare, for a non-Indigenous person, only 90 cents is spent on an Indigenous person – a 61 per cent shortfall.

“For the Pharmaceutical Benefits Scheme, the gap is even greater – 63 cents for every dollar, or a 73 per cent shortfall from the equitable spend.

“Spending less per capita on those with worse health, and particularly on their primary health care services, is dysfunctional national policy. It leads to us spending six times more on hospital care for Indigenous Australians than we do on prevention-oriented care from GPs and other doctors.

“We will not close the gap until we provide equitable levels of health funding. We need our political leaders and commentators to tackle the irresponsible equating of equitable expenditure with ‘special treatment’ that has hindered efforts to secure the level of funding needed to close the health and life expectancy gap.”

The AMA 2018 Indigenous Health Report Card is at <https://ama.com.au/article/2018-ama-report-card-indigenous-health-rebuilding-closing-gap-health-strategy-and-review>

22 November 2018

CONTACT: John Flannery 02 6270 5477 / 0419 494 761
 Maria Hawthorne 02 6270 5478 / 0427 209 753

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