

**AMA Aboriginal and Torres Strait
Islander Health Audit Report 2012:**
Progress to Date and Challenges that Remain



AMA



Introduction

The health inequalities that have been experienced by Aboriginal peoples and Torres Strait Islanders over many decades are a national shame, and redressing them should be a matter of the highest national priority.

The AMA has a long and consistent history of advocating for governments to adopt a more concerted focus on improving the health and life expectancy of Aboriginal peoples and Torres Strait Islanders. Many AMA doctors have been involved in delivering health care to Aboriginal peoples and Torres Strait Islanders, often in difficult circumstances. Some of these doctors have been recognised as champions for this cause.

The AMA has been guided in its policy and advocacy by the expertise of the AMA Taskforce on Indigenous Health, whose members and advisers include those working at the coalface of Aboriginal and Torres Strait Islander health, or who represent peak Aboriginal and Torres Strait Islander health and medical organisations. Each year the Taskforce produces a major Report Card on Aboriginal and Torres Strait Islander health that focuses on an outstanding problem and recommends a set of solutions that governments must embrace.

The consistent underlying message in all of these Report Cards is that the gap in health and life expectancy will never close until the factors that contribute to the poor health of Aboriginal peoples and Torres Strait Islanders are addressed, and until there is appropriate access to primary health care.

That primary care must:

1. be funded and targeted to be commensurate with need;
2. be care of a very high quality, and
3. be provided by a highly trained and well-resourced workforce.

Closing the gap also means:

4. tackling the risk factors and socio-economic determinants that contribute to poor health, and

5. planning and developing health care services in an evidence-based way, and in a way that engages Aboriginal peoples and Torres Strait Islanders in genuine partnership.

This Audit Report reflects on the progress that has been made by Australian governments in Aboriginal and Torres Strait Islander health, and the challenges that remain, as measured against the key recommendations the AMA has made in these five priority areas over the last 10 years. In the pages that follow, the AMA's recommendations are listed, and then alongside them, major related government measures, programs and initiatives that have been adopted. The respects in which government progress is being made are noted, as well as where challenges remain and more needs to be done.

In summary, the following overarching observations can be made:

- **The injection of funding into primary care for Aboriginal peoples and Torres Strait Islanders through the COAG National Partnership Agreements is welcome and significant. But, if the gap is to be properly closed, this level of funding must be maintained after the expiry of those agreements in 2013.**
- **Significant funding of primary care services will not have the best effect if there is not the appropriate workforce to provide those services. Much more needs to be done to develop a high quality workforce for Aboriginal and Torres Strait Islander health.**
- **Australian governments are now recognising the importance and potential of intersectoral collaboration, integration and continuity of care in improving health outcomes for Aboriginal peoples and Torres Strait Islanders. Greater emphasis must be given to building the capacity of Aboriginal community-controlled health services so they can maximise their high potential for best-practice primary care.**

- The rate at which Aboriginal people and Torres Strait Islanders are incarcerated is thoroughly disproportionate and unacceptable. A great deal more needs to be done to stop the cycle of offending, incarceration and ill-health, particularly in relation to youth.
- Punitive approaches to health improvement, and measures that demean and stigmatise (such as the signs proscribing alcohol and pornography) do not contribute to healing and inevitably fail. Australian governments should immediately abandon these approaches.
- Greater support should be provided to Aboriginal and Torres Strait Islander communities to build their capacity to develop meaningful and effective solutions to local health problems.
- There has been a poor track record on the part of governments in engaging Aboriginal peoples and Torres Strait Islanders in genuine partnership in the planning and implementation of national solutions to their

health problems. The AMA is encouraged to see that this is now beginning to change, particularly through the formation of the National Congress of Australia's First Peoples and the advisory roles given to the National Aboriginal and Torres Strait Islander Health Equality Council.

The AMA believes that there is every reason to expect that a healthy future for Aboriginal peoples and Torres Strait Islanders can be secured with the right support, the right partnerships, and the right opportunities for Aboriginal peoples and Torres Strait Islanders to empower themselves for better health. This expectation will only be met, however, if the momentum of the policy and program activity that is now taking place continues across its intended generational timespan. This means that governments of all political persuasions will need to commit, across their electoral cycles, to finish the job.



Dr Steve Hambleton
AMA President

The AMA's Report Cards on Aboriginal and Torres Strait Islander Health can be accessed at:
<http://ama.com.au/aboriginal-reportcards>



Provision of Primary Health Care Appropriate to Need

The health needs of Aboriginal peoples and Torres Strait Islanders are significantly greater than those of other Australians. The AMA believes that changing this requires primary health care that is funded at a level, and focused in a way, that is commensurate with this differential burden of poor health.

Over the last ten years, the AMA has seen significant changes in the character of government commitments to primary health care for Aboriginal peoples and Torres Strait Islanders. While the level of commitment prior to 2007 was consistent, it did not reflect the level of funding and the focus that is needed nationally to make substantial long-term improvements. This under-investment was also not guided by any overarching, expressly adopted, goal of redressing health inequalities.

The AMA believed that this needed to change. Early in 2007, in its Aboriginal and Torres Strait Islander Health Report Card – *Institutionalised Inequity* – the AMA called for the gap in health and life expectancy to be closed within a generation, and for governments to provide an additional \$460 million per annum for primary health care for Aboriginal peoples and Torres Strait Islanders.

In 2008, COAG made this commitment to close the gap in health and life expectancy. Broad goals to close the gap were set out, along with general program objectives that were to be achieved, mostly in primary health care. To support these commitments, Australian governments undertook to provide funding of \$1.6 billion over 4 years. The AMA continues to welcome this national commitment to health equality.

The table below outlines key recommendations the AMA has made over the last 10 years about the importance of a needs-based approach to primary health care for Aboriginal peoples and Torres Strait Islanders. Major government measures addressing this are also listed. The AMA makes the following observations about the governments' responses to this imperative over the last decade:

- There has been a welcome consistent focus over the last decade on services to improve child and maternal health, and this focus has strengthened under the COAG Closing the Gap agreements. Appropriate primary care at the beginning of life is a sound investment in good health later in life. Another especially critical point of health need in the life-course is adolescence and the teenage years, and this stage also warrants increased focus.
- The \$1.6 billion COAG funding injection for 2009-2013 is significant, long overdue, and is more reflective of the need in Aboriginal and Torres Strait Islander health than funding levels in previous years.
- The generational focus on health equality that COAG has adopted is the correct one, and this means the robust funding commitments must be sustained by Australian governments after the current National Partnership Agreement on Indigenous Health Outcomes expires in 2013.
- The Commonwealth is right to focus on tackling chronic disease, as part of its COAG national partnership responsibilities, given the potential to lower the mortality rate and differential burden of disease experienced by Aboriginal peoples and Torres Strait Islanders.
- Increased efforts to improve the access of Aboriginal peoples and Torres Strait Islanders to mainstream health benefits such as the MBS and PBS is welcome. But there is still a way to go, and a need to strengthen the awareness of mainstream medical practices about the importance of Aboriginal and Torres Strait Islander identification.
- Funding and support for culturally appropriate services for the mental health and social and emotional wellbeing of Aboriginal peoples and Torres Strait Islanders is growing, but the rate of this growth needs to be intensified.

Provision of Primary Health Care Appropriate to Need

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none"> • Government should fund primary care for Aboriginal peoples and Torres Strait Islanders at a level commensurate with their health needs. [AMA 2002] • Government should commit to close the gap in life expectancy between Aboriginal peoples and Torres Strait Islanders and other Australians within a generation. [AMA 2007] • An additional \$460 million per annum should be allocated for primary health care for Aboriginal people and Torres Strait Islanders, particularly to support community-controlled primary care. [AMA 2007] • All Australian governments must commit to ensuring that all Aboriginal peoples and Torres Strait Islanders have geographical, financial and cultural access to comprehensive primary health care services by 2012. [AMA 2007] 	<ul style="list-style-type: none"> • COAG agrees to a partnership between all levels of government to work with Aboriginal and Torres Strait Islander communities to close the gap on Indigenous disadvantage, and commits \$1.6 billion to improved health outcomes [COAG 2008] • Prime Minister Rudd signs the Indigenous Health Equality <i>Summit Statement of Intent</i> to work with Aboriginal peoples and Torres Strait Islanders to achieve equality in health status and life expectancy by 2030 [early 2008] • The <i>Expanding Health Service Delivery</i> measure provides \$182.1 million over four years for improved primary health care delivery in remote communities in the Northern Territory [DoHA 2008-09] • Initiation of the <i>National Rheumatic Fever Strategy</i> [DoHA 2008-09] • Major funding allocated for improvements in access to eye and ear health care across Australia (<i>Integrated Hearing Health Program</i>), including expansion of the visiting optometrists scheme, increased trachoma services, and hearing health promotion activities [DoHA 2008-09] • Two renal dialysis hostels funded in Queensland and the Northern Territory [<i>A Better Future for Indigenous Australians</i> FaHCSIA 2007-08] • 40 new renal dialysis chairs to be funded over five years together with 15 new or expanded Indigenous health clinics [<i>Health and Hospitals Fund Regional Priority Round 2011-12</i>] • <i>Healthy Transition to Adulthood</i> initiative developed to enhance youth outreach networks for early diagnosis and treatment [COAG <i>National Partnership Agreement on Closing the Gap</i>, 2008-09] • <i>PIP Indigenous Health Incentive</i> developed to support accredited general practices and Aboriginal Medical Services to provide better management of chronic disease for Aboriginal peoples and Torres Strait Islanders [COAG <i>Chronic Diseases Package</i> 2009-2010]

Provision of Primary Health Care Appropriate to Need

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none"> • Measures should be taken to redress the significant under-utilisation of the MBS and PBS by Indigenous Australians. [AMA 2002] • The MBS and PBS safety net should be reduced to zero for Indigenous Australians. [AMA 2007] 	<ul style="list-style-type: none"> • Indigenous Access Liaison Officers increased across Australia to promote Aboriginal and Torres Strait Islander Medicare enrolment [DoHA 2004-05] • Funding of <i>QUMAX</i> (Quality Use of Medicines Maximised for Use by Aboriginal peoples and Torres Strait Islanders) under the 4th Pharmacy Agreement [DoHA 2008] • Introduction of a new MBS item for comprehensive health assessments of Aboriginal and Torres Strait Islander children up to 14 years of age [DoHA 2008-09] • <i>Primary Health Care Services that Can Deliver</i> initiative developed to increase uptake of the MBS through 130, 000 additional adult health checks provided over four years [COAG National Partnership Agreement on Closing the Gap, 2008-09] • Initiation of the Closing the Gap (CTG) PBS Co-payment measure to enable Aboriginal peoples and Torres Strait Islanders to access PBS medicines at a lower cost [DoHA 2010]
<ul style="list-style-type: none"> • A range of measures is needed to reduce pre-term and low birth-weight babies, including ones to address smoking during pregnancy, genito-urinary infections, nutrition and alcohol use. [AMA 2005] • A regime of home visiting and outreach services for new mothers, and through early childhood should be established. [AMA 2005] • A national network of Aboriginal community-controlled services should be established specifically for Indigenous mothers and children to provide ante-natal and post-natal care and support along with parenting and life-skills education. [AMA 2005, 2008] 	<ul style="list-style-type: none"> • Initiation of <i>Healthy for Life</i> program, providing regular ante-natal and health care for Aboriginal and Torres Strait Islander babies and children [DoHA 2005-06] • Development of <i>New Directions – Equal Start in Life for Indigenous Children</i> to provide child and maternal services including child health checks and monitoring of developmental milestones [DoHA 2008-09]. By 2011, 76 such services were established across Australia. • Implementation of the <i>Australian Nurse Family Partnership Program</i> of nurse-led home visiting for mothers and babies [DoHA 2008] • Development of <i>COAG National Partnership Agreement for Indigenous Early Childhood Development</i> (\$564 million) focusing on: <ul style="list-style-type: none"> - development of 35 Children and Family Centres which integrate early childhood services, and - development of services to increase access to first trimester ante-natal visits for mothers under 20 [COAG 2008-09] • Continued funding for intensive playgroups in the Northern Territory to develop children’s social, emotional, physical and cognitive abilities [<i>Stronger Futures in the Northern Territory</i> 2012]

Provision of Primary Health Care Appropriate to Need

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none"> • Culturally appropriate services addressing mental health and social and emotional wellbeing should be established in urban, regional and remote locations. These services should: <ul style="list-style-type: none"> - focus on the psycho-social stressors for Indigenous males, self-harming behaviour, and family violence, - be attuned to the social and emotional wellbeing of children, and - be tied in to referral pathways for drug and alcohol use, and trauma and grief counseling. [AMA 2008, 2009] 	<ul style="list-style-type: none"> • Establishment of Social Health Teams for Aboriginal Community-controlled Health Services to provide specialist support services in social and emotional wellbeing, mental health and drug and alcohol counselling [DoHA 2004-05] • COAG <i>Mental Health Package</i> provides training for Aboriginal and Torres Strait Islander workers to recognise early signs of mental illness and drug and alcohol problems, and to identify appropriate referral pathways for treatment and care [DoHA 2006] • Expansion of social and emotional wellbeing services as part of the <i>Link Up and Bring Them Home</i> initiative, connected with the Stolen Generations [DoHA 2008-09] • Establishment of the <i>Aboriginal and Torres Strait Islander Healing Foundation</i> to provide practical and innovative healing services, with a particular focus on Stolen Generation members and their families [FaHCSIA 2009] • Increased access to allied psychological services for Aboriginal peoples and Torres Strait Islanders through expansion of the ATAPS scheme [<i>National Mental Health Reform 2011-12</i>] • Expansion of specialist mental health services for Aboriginal people and Torres Strait islanders living in remote areas [<i>National Mental Health Reform 2011-12</i>] • Establishment of the <i>Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group</i> to guide the development of a suicide prevention strategy [DoHA 2011] • Continued funding for the <i>Youth in Communities Program</i> in the remote Northern Territory communities to prevent suicide, self-harm, and alcohol and substance abuse among Aboriginal and Torres Strait Islander youth [<i>Stronger Futures in the Northern Territory 2012</i>] • Funding provided for counselling and education for children, families and communities experiencing trauma from child abuse and neglect [<i>Stronger Futures in the Northern Territory 2012</i>]



Strong Workforce for Aboriginal and Torres Strait Islander Health

The primary health care that Aboriginal peoples and Torres Strait Islanders need cannot be provided without an appropriate health and medical workforce. Such a workforce consists of:

- practitioners and health workers in sufficient numbers to provide care in all the locations it is needed – urban as well as rural and remote;
- practitioners and health workers who are well-trained and educationally supported;
- practitioners and health workers who can provide culturally appropriate or culturally sensitive care;
- practitioners and health workers who are appropriately rewarded, and
- as many Aboriginal people and Torres Strait Islanders as possible to provide care to their people.

There have been too few, and continue to be too few, practitioners and health workers of this nature. As the table of AMA recommendations and government measures below reflects, efforts over the last 10 years to significantly boost the workforce for Aboriginal and Torres Strait Islander health have been relatively modest, piecemeal and slow-paced. This is beginning to change, however, mostly in connection with COAG Closing the Gap initiatives, and the implementation of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-2015*. The AMA believes that some of the directions now being taken to tackle this problem are promising. For example:

- focused recruitment campaigns can motivate students and others at early stages in their career choices to work in Aboriginal and Torres Strait Islander health;
- building Aboriginal and Torres Strait Islander health into the core curriculum in medical courses provides the new medical workforce with a foundational understanding and skill-set;
- increasing the number of GP Registrar training posts in Indigenous health services opens up more opportunities for new practitioners to have early career exposure in this area of health, and

- development of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-2015* holds the promise of an integrated and cohesive approach to workforce development.

But there is a clear need for more robust measures, and for more immediate action. For example:

- **Career pathways in Aboriginal and Torres Strait Islander health need to be fully supported and secured right throughout the career, including, for example, through a guarantee of post-graduate places for Indigenous medical graduates, and a guarantee of sufficient financial support for students to complete their studies.**
- **More robust and realistic measures are needed to encourage and support health and medical practitioners to work in regional and remote locations, including the provision of necessary infrastructure, such as accommodation.**
- **The funding models for Aboriginal community-controlled health services should be reviewed to maximise their capacity to provide competitive salaries to attract medical practitioners and other health professionals for the long term.**
- **More best-practice training opportunities must be provided in the field to capitalise on the interest of many health and medical practitioners to work in Aboriginal and Torres Strait Islander health. Aboriginal community-controlled health services should be resourced to provide mentoring for medical trainees. Teaching Health Centres of Excellence in Aboriginal and Torres Strait Islander health should be established across Australia as hubs for practical training and research.**
- **A concerted effort should be made to implement the key elements of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-2015* as soon as possible. Otherwise, the AMA believes there will not be the workforce capacity needed to close the gap, no matter what funding and resources are poured into primary care services.**

Strong Workforce for Aboriginal and Torres Strait Islander Health

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none"> • Community-Controlled Aboriginal Medical Services should be funded at a level that enables them to offer salaries and conditions for doctors wishing to work in those Services that are comparable to those of State salaried doctors. [AMA 2009] • The mainstream health and medical workforce should be engaged more fully to provide primary care to Aboriginal peoples and Torres Strait Islanders. [AMA 2008, 2010-11] • Stronger support should be provided for Aboriginal Health Workers, including a commitment that some training takes place in local communities to encourage local recruitment. [AMA 2010-11.] 	<ul style="list-style-type: none"> • Initiation of the Aboriginal and Torres Strait Islander Health Worker Project, undertaken by Health Workforce Australia, to explore how this workforce can be strengthened [Health Workforce Australia 2010] • Development of the <i>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-15</i> [AHMAC 2011] • Funding for 250 extra primary care staff, including Aboriginal Health Workers, to support 80 clinics across the Northern Territory [<i>Stronger Futures in the Northern Territory 2012</i>] • Funding for 450 short-term placements to allow specialists to provide services in remote locations [<i>Stronger Futures in the Northern Territory 2012</i>]

Strong Workforce for Aboriginal and Torres Strait Islander Health

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none"> • Additional training places are needed for Indigenous doctors, nurses, health workers, including reserving existing training places for Aboriginal people and Torres Strait Islanders. [AMA 2003, 2004] • Governments must commit to a target of 2.4 per cent of all health professionals being from Aboriginal and Torres Strait Islander backgrounds by 2012. [AMA 2007] • Guaranteed post-graduate places should be provided for each Aboriginal and Torres Strait Islander medical graduate. [AMA 2009] • \$16.5m should be provided per annum over six years for Indigenous-specific medical training to deliver 430 medical practitioners to work in Aboriginal health settings. [AMA 2009] • \$440m should be provided per annum over 5 years for infrastructure improvements to allow Aboriginal Medical Services to offer mentoring for Indigenous and non-Indigenous medical trainees, and training for Indigenous men to become Aboriginal Health Workers. [AMA 2009] • Community-controlled Aboriginal Medical Services should be funded at a level that enables them to offer salaries and conditions for doctors wishing to work in those Services that are comparable to those of State salaried doctors. [AMA 2009] • The mainstream health and medical workforce should be engaged more fully to provide primary care to Aboriginal peoples and Torres Strait Islanders. [AMA 2008, 2010-11] • Stronger support should be provided for Aboriginal Health Workers, including a commitment that some training takes place in local communities to encourage local recruitment. [AMA 2010-11] • A network of Teaching Health Centres of Excellence should be established across Australia to act as practical training and research hubs in Aboriginal and Torres Strait Islander health. [AMA 2010-2011] 	<ul style="list-style-type: none"> • Committee of Deans of Australian Medical Schools begins development of Indigenous health curricula, to support recruitment and retention of Aboriginal and Torres Strait Islander students [DoHA 2003-04] • A <i>National Indigenous Health Workforce Training Plan</i> developed to encourage Aboriginal people and Torres Strait Islanders to adopt careers in health [DoHA 2008-09] • Establishment of the Remote Area Health Corp, as part of the Northern Territory Emergency Response, to recruit doctors, nurses and health professionals to work in the NT [DoHA/FaHCSIA 2008-09] • Increases in the number of Rotary and Puggy Hunter Memorial Scheme scholarships for Aboriginal and Torres Strait Islander students in health-related courses [DoHA 2009] • Establishment of additional GP Registrar Training Posts in Indigenous health services [COAG <i>Chronic Diseases Package</i> 2009-2010] • A workforce of Indigenous Outreach Workers to be trained to assist Aboriginal peoples and Torres Strait Islanders to make contact with health services [COAG <i>Chronic Diseases Package</i> 2009-2010] • Establishment of a national recruitment campaign for Aboriginal peoples and Torres Strait Islanders to work in Indigenous health [COAG <i>Chronic Diseases Package</i> 2009-2010] • Initiation of the Aboriginal and Torres Strait Islander Health Worker Project, undertaken by Health Workforce Australia, to explore how this workforce can be strengthened [Health Workforce Australia 2010] • Development of the <i>National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011-15</i> [AHMAC 2011] • Funding for 250 extra primary care staff, including Aboriginal Health Workers, to support 80 clinics across the Northern Territory [Stronger Futures in the Northern Territory 2012] • Funding for 450 short-term placements to allow specialists to provide services in remote locations [Stronger Futures in the Northern Territory 2012]

High Quality Health Services for Aboriginal Peoples and Torres Strait Islanders

The AMA has consistently argued over the last decade that primary health care of a high quality is essential to achieving sustained improvements in the health of Aboriginal peoples and Torres Strait Islanders. The AMA considers this to involve the culturally appropriate or sensitive provision of a core set of services in a regime of comprehensive care that addresses the whole of the person and the social and environmental factors that influence health.

The AMA believes that Aboriginal community-controlled health services reflect the key elements of best-practice primary care to a high degree and, with increased resourcing, could reflect best-practice even more. Mainstream primary care services, such as private general practices and community health clinics, also have a strong potential to improve the quality of the primary care they can provide to Aboriginal peoples and Torres Strait Islanders.

The challenge for Australia's health system is to focus on what can be achieved through collaboration and integration between health services and sectors, to ensure continuity of high quality care for Aboriginal peoples and Torres Strait Islanders through the sharing of cultural understanding, resources, expertise, geographical availability and opportunities to provide care.

As the table across the page indicates, this challenge is being engaged with by government in certain respects:

- **There is ongoing recognition of the important role of the Aboriginal community-controlled sector in successfully providing primary care services, and recurrent government funding to support those services.**
- **There is an increasing focus, particularly through the COAG *Indigenous Chronic Diseases Package* and the *Primary Health Care Services that Can Deliver* initiative, on the potential of mainstream primary care providers to play a role in closing the gap, and government incentives and support provided to that effect.**
- **Australian governments are recognising the importance of intersectoral collaboration, integration and continuity of care, as reflected in the COAG *Making Indigenous Health Everyone's Business* initiative, and the *Fixing the Gaps and Improving the Patient Journey* initiative.**

These COAG initiatives are in their early days, and their objectives of mainstream capacity-building, intersectoral coordination and continuity of high quality care have yet to reach full effect.

While the directions that Australian governments are currently taking are justified, there is a very significant gap that the AMA believes must be addressed as a priority in any effort to ensure high quality primary care for Aboriginal peoples and Torres Strait Islanders:

- **Priority must be given to building the capacity of Aboriginal community-controlled health services, so they can maximise their high potential for best-practice primary care for Aboriginal peoples and Torres Strait Islanders.**

Some Aboriginal community-controlled health services, such as those associated with the Katherine West Health Board, operate under a successful 'hub and spoke' model of coordination and collaboration. The pooled funding arrangements that facilitate this should be made more broadly available.

High Quality Health Services for Aboriginal Peoples and Torres Strait Islanders

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none"> • Health services for Aboriginal peoples and Torres Strait Islanders should be designed, developed, and controlled by the communities they serve, in collaboration with mainstream services. [AMA 2007] • Health services for Aboriginal peoples and Torres Strait Islanders should be increasingly provided by Aboriginal peoples and Torres Strait Islanders. [AMA 2007] • Priority must be given to building the capacity of Aboriginal community-controlled primary care services, so they can maximise their high potential for best-practice. [AMA 2010-11] • A core set of primary care services should be available to Aboriginal peoples and Torres Strait Islanders that: <ul style="list-style-type: none"> - are appropriate to the broad phases of life - from early years to adulthood and older age, and - address the whole person and the social and environmental factors that influence their health. [AMA 2010-11] • It should be part of the accreditation process for private and government health and medical services that they have: <ul style="list-style-type: none"> - a policy on recruitment and retention of Aboriginal and Torres Strait Islander workers; - a Charter on appropriate services for Aboriginal peoples and Torres Strait Islanders; - a system to provide interpretation and cultural support for patients where necessary, and - cultural awareness training for all staff. [AMA 2007] 	<ul style="list-style-type: none"> • Ongoing government funding provided for the Aboriginal community-controlled health service sector [OATSIH] • Funding of \$400 million in 2011-12 to support primary health care services delivered by Aboriginal and Torres Strait Islander health organisations [DoHA 2011-12] • Funding to establish standards for Aboriginal community-controlled health services to achieve accreditation [DoHA 2007, 2008-09] • Development of the COAG <i>Primary Health Care Services that Can Deliver</i> initiative to improve cultural security in services and cultural competence of the primary care workforce [COAG <i>National Partnership Agreement on Closing the Gap</i>, 2008-09] • Funding for centre-based early childhood services for Aboriginal people and Torres Strait Islanders to meet new National Quality Standards relating to physical environment and children's health and wellbeing [FaHCSIA 2010-11].

High Quality Health Services for Aboriginal Peoples and Torres Strait Islanders

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none"> • Private general practices and community health centres must be further empowered to provide accessible and high quality primary care to Aboriginal peoples and Torres Strait Islanders. This should involve: <ul style="list-style-type: none"> - development of resources and advice for all Australian medical practices on Aboriginal and Torres Strait Islander health issues, and culturally sensitive practices; - support to routinely record Aboriginal status; - incentives to allow routine bulk-billing of Aboriginal peoples and Torres Strait Islanders; - incentives to train and employ Aboriginal Health Workers, and - development of Registrar training in core competencies in Aboriginal and Torres Strait Islander health. [AMA 2009, 2010-11] • Collaboration and integration should be supported between private general practices or community health centres and Aboriginal community-controlled services, to share cultural advice and clinical expertise. [AMA 2010-11] • Improvements should be made in cultural safety and awareness in hospital services. [AMA 2009] 	<ul style="list-style-type: none"> • Development of resources for general practices and other health contexts for improved identification of Aboriginal and Torres Strait Islander status [COAG <i>Indigenous Chronic Diseases Package</i> 2009-2010] • Development of Indigenous-specific primary health care clinical guidelines to address the prevention and management of chronic diseases experienced by Aboriginal peoples and Torres Strait Islanders [COAG <i>Indigenous Chronic Diseases Package</i> 2009-2010] • Development of the COAG <i>Making Indigenous Health Everyone's Business</i> initiative to improve multi-agency, multi-programme and inter-sectoral collaboration and coordination [COAG <i>National Partnership Agreement on Closing the Gap</i>, 2008-09]



High Quality Health Services for Aboriginal Peoples and Torres Strait Islanders

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none">• Governments must ensure continuity between primary care and acute care for Aboriginal peoples and Torres Strait Islanders. [AMA 2010-11]• Governments must ensure systematic access to specialist services. [AMA 2010-11]	<ul style="list-style-type: none">• Development of the COAG <i>Primary Health Care Services that Can Deliver</i> initiative to improve coordination through the care continuum [COAG <i>National Partnership Agreement on Closing the Gap</i>, 2008-09]• Development of the COAG <i>Fixing the Gaps and Improving the Patient Journey</i> initiative to improve engagement between Aboriginal and Torres Strait Islander patients, referred care providers and primary care providers (both public and private), and to improve long-term stability in primary care provider [COAG <i>National Partnership Agreement on Closing the Gap</i>, 2008-09]• Expansion of the <i>Medical Specialist Outreach Assistance Program</i> (MSOAP) to include Indigenous chronic disease multidisciplinary teams to manage chronic conditions in rural and remote Aboriginal and Torres Strait Islander communities [COAG <i>Chronic Diseases Package</i> 2009-2010]• Development of the <i>Urban Specialist Outreach Assistance Program</i> (USOAP) to provide specialist medical services to Aboriginal peoples and Torres Strait Islanders in urban settings [COAG <i>Chronic Diseases Package</i> 2009-2010]

Health Risk Factors and Social Determinants

Closing the gap is not just a matter of treating the diseases and health conditions that lead to premature death. It is also, importantly, a matter of tackling the behaviours and the social, economic and environmental factors that lead to ill health. The history of government activity over the last decade in seriously tackling these risk factors and social determinants has been disappointing. However, a number of recent Indigenous-specific National Partnership Agreements through COAG show promise in making a significant difference. These include:

- the National Partnership Agreement on Closing the Gap in Indigenous health Outcomes;
- the National Partnership on Remote Indigenous Housing;
- the Closing the Gap National Partnership Agreement on Indigenous Early Childhood Development;
- the National Partnership Agreement on Early Childhood Education;
- the National Partnership Agreement on Indigenous Economic Participation;
- the National Partnership Agreement on Remote Service Delivery;
- the Closing the Gap in the Northern Territory National Partnership Agreement, and
- the Preventative Health National Partnership Agreement.

The AMA holds strong hope that the varied programs and measures implemented through these agreements will change the conditions and misguided behaviours that are holding back the potential of Aboriginal peoples and Torres Strait Islanders to enjoy the best health.

With this said, the AMA considers that significant gaps remain in government approaches to addressing health risk factors and social determinants.

- **The AMA firmly believes there is a need for sustainable intergenerational solutions to the health problems facing Aboriginal and Torres**

Strait Islander communities. These communities have the potential to develop long-term responses to local health problems, if given the right support. Support for health-related capacity building in local communities should be a centre-piece in the government responses to health risk factors and social determinants of poor health. There have been examples of this over the last decade, but initiatives have been piecemeal and unpredictable, and all too often short term. The AMA believes that \$10 million per annum should be allocated over 10 years to provide grants to local community groups and NGOs to work with communities to build health-related capacity to address local health issues and problems.

- The rate at which Aboriginal peoples and Torres Strait Islanders are incarcerated is thoroughly disproportionate and unacceptable. Imprisonment compounds health problems and sustains the behaviours that often lead to imprisonment in the first place. A great deal more needs to be done to stop this cycle of offending, incarceration and ill-health, particularly in relation to youth.
- The additional health funding and focus brought by the Northern Territory Emergency Intervention (*Stronger Futures in the Northern Territory*) has been welcomed. However, some of the measures that have been employed are anathema to health improvement, and are devoid of any evidence base. The AMA believes that good health is a right held in equal entitlement by all Australians. Programs and measures that push aside the rights and dignity of Aboriginal peoples and Torres Strait Islanders, purportedly in the name of health, do not contribute to healing. For example, warning signs outside Aboriginal communities proscribing the possession of alcohol and pornography, and imposing serious penalties, serve only to stigmatise and perpetuate false perceptions. Punitive approaches to health improvement, and measures that demean and stigmatise, inevitably fail. The AMA calls on the Australian Government to immediately abandon these.



Health Risk Factors and Social Determinants

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none"> • Stronger efforts should be made to improve educational achievement among Aboriginal peoples and Torres Strait Islanders. [AMA 2005, 2009] 	<ul style="list-style-type: none"> • Expansion of best-practice programs in literacy and numeracy for Aboriginal and Torres Strait Islander children and professional support for teachers developing Individual Learning Plans [DEEWR 2008-09] • Support for implementation of the <i>Closing the Gap Indigenous Education Action Plan 2010-2014</i> identifying national, systemic and local level action in six priority domains to improve outcomes in Aboriginal and Torres Strait Islander education [COAG 2011] • Increased funding for targeted assistance to Aboriginal and Torres Strait Islander school students through the <i>Indigenous Education (Targeted Assistance) Act 2011</i>. [DEEWR 2011] • Funding to continue the <i>Home Interaction Program for Parents and Youngsters</i> in 50 locations in Australia to enable Aboriginal and Torres Strait Islander parents to prepare their children for schooling [DEEWR 2012] • Development of the <i>Building Schooling Outcomes</i> initiative to improve educational outcomes in the Northern Territory [<i>Stronger Futures in the Northern Territory</i> 2012] • Development of the <i>Building a Quality School Workforce</i> initiative to improve the number and quality of school teaching staff in the Northern Territory [<i>Stronger Futures in the Northern Territory</i> 2012] • Expansion of the <i>School Enrolment and Attendance Measure</i> to improve school attendance of Aboriginal and Torres Strait Islander children in the Northern Territory [<i>Stronger Futures in the Northern Territory</i> 2012]
<ul style="list-style-type: none"> • By 2013, more than 90per cent of Aboriginal and Torres Strait Islander families should have access to a standard healthy food basket at a cost of less than 25per cent of their available income. [AMA/Close the Gap Steering Committee 2008] 	<ul style="list-style-type: none"> • Funding for the NT School Nutrition measure to provide breakfast and lunch to school-aged children in remote Northern Territory communities [DEEWR 2008-09 <i>Closing the Gap in the Northern Territory</i>] • Pilot trials commenced of the <i>Closing the Gap National Remote Indigenous Food Security Strategy</i> to support five priorities for remote communities to: <ul style="list-style-type: none"> - develop national standards for stores and take-away services; - ensure quality improvement for stores and take-away services; - ensure appropriate governance and accountability for stores and take-away services; - implement a national 'healthy eating action plan', and - develop an appropriately trained and resourced workforce to support food-security. [COAG 2010]

Health Risk Factors and Social Determinants

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none"> A national audit should be conducted of environmental infrastructure and conditions in Aboriginal and Torres Strait Islander communities, including housing, clean water, sanitation, etc.. Based on the audit, programs should be developed over five years to improve critical health-related environmental conditions. [AMA 2008] By 2015, Aboriginal and Torres Strait Islander communities with a population of more than 1000 should have a fluoridated water supply, and communities with a population between 500 and 1000 should have a fluoridated water supply by 2020. [AMA/Close the Gap Steering Committee 2008] 	<ul style="list-style-type: none"> Continuation of the <i>Healthy Indigenous Housing</i> initiative to support improved tenancy management, and community assessment and repair of community houses [FaHCSIA 2005] Development of the <i>National Partnership Agreement on Remote Indigenous Housing</i> to provide, over 10 years, construction of up to 4200 new houses, significant upgrades and repairs on 4800 existing houses, and upgrades to housing related infrastructure in remote Indigenous communities [COAG 2008] Establishment of the <i>Alice Springs Transformation Plan</i> to improve conditions in the Alice Springs Town Camps [<i>Closing the Gap in the Northern Territory</i> 2009] Funding for Homelands and Outstations in the Northern Territory to support the delivery of municipal and essential services [<i>Stronger Futures in the Northern Territory</i> 2012. Established in 2007] Continuation of the <i>Municipal and Essential Services Program</i> to supplement State and local government delivery of essential services to remote Aboriginal and Torres Strait Islander communities across Australia [<i>Stronger Futures in the Northern Territory</i> 2012]
<ul style="list-style-type: none"> COAG should develop a culturally appropriate national health promotion strategy to address the risk factors for preventable disease among Aboriginal peoples and Torres Strait Islanders. [AMA 2009] 	<ul style="list-style-type: none"> Establishment of regional coordinators, campaigns and support workers for smoking reduction [COAG <i>Chronic Diseases Package 2009-2010</i>] Development of community events, local campaigns, and training of Healthy Lifestyle Workers to support healthier diets and exercise and reduced smoking [COAG <i>Chronic Diseases Package 2009-2010</i>] Appointment of Mr Tom Calma as the National Coordinator for Tackling Indigenous Smoking [COAG <i>Chronic Diseases Package 2010</i>]
<ul style="list-style-type: none"> Governments and local Aboriginal and Torres Strait Islander communities should explore best-practice measures to reduce the availability and demand for alcohol in communities where abuse is a problem. [AMA 2009] 	<ul style="list-style-type: none"> Funding of the NT <i>Alcohol Diversionary Activities</i> measure which supports a range of diversionary activities for youth to address alcohol and substance abuse in Northern Territory remote communities [FaHCSIA 2008-09 <i>Closing the Gap in the Northern Territory</i>] Development of the <i>Breaking the Cycle</i> initiative to support new community based solutions to fighting alcohol and substance abuse [FaHCSIA 2011] Funding of \$67.4 million provided for drug and alcohol services in regional and remote areas under the <i>Aboriginal and Torres Strait Islander Substance Use Initiative</i> [FaHCSIA 2011] Funding of the <i>Tackling Alcohol Abuse</i> initiative to support Aboriginal and Torres Strait Islander communities in the Northern Territory to develop local plans for addressing alcohol abuse [<i>Stronger Futures in the Northern Territory</i> 2012]

Health Risk Factors and Social Determinants

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none"> • There should be as much opportunity as possible for local solutions to be formulated for local problems. The Government should allocate \$10 million per annum over 10 years for grants to community groups and NGOs for health-related capacity building in Aboriginal and Torres Strait Islander communities. A focus should be on: <ul style="list-style-type: none"> - community-based preventive programs to address the health of men, particularly self-harming and violent behaviour, and - community-based mechanisms for early identification of young at-risk males, including options for intervention and further support. [AMA 2009] 	<ul style="list-style-type: none"> • Development of measures under the <i>Strengthening Indigenous Communities</i> initiative, including: <ul style="list-style-type: none"> - the <i>Indigenous Community Leadership</i> initiative to expand training and support to emerging leaders, including in local Aboriginal and Torres Strait Islander women’s organisations; - <i>Family and Community Networks</i> initiative to provide families with strategies, skills and support to address factors leading to family breakdowns, anti-social behaviour and conflicts occurring in their communities, and - <i>Family Income Management</i> initiative to train local facilitators to assist individuals and families manage debt and use financial services effectively [FaHCSIA 2006-07] • Launch of the <i>Indigenous Family Safety Program (including Strong Fathers, Strong families initiative)</i> [FaHCSIA 2010] • Establishment of the <i>Community Development Fund</i> (\$240 million over five years) to support community development activities and capacity-building [FaHCSIA 2012]
<ul style="list-style-type: none"> • More local community-based diversion programs should be established to allow young Aboriginal and Torres Strait Islander offenders to avoid incarceration, and to gain useful skills. [AMA 2009] • Culturally appropriate health and medical services should be available in all prisons and detention facilities with Aboriginal and Torres Strait Islander populations. [AMA 2009] • A national scheme of post-release support should be established for Aboriginal and Torres Strait Islander prisoners, to address substance use and the factors that contribute to re-offending. [AMA 2009] 	<ul style="list-style-type: none"> • Development of the COAG <i>Healthy Transition to Adulthood</i> initiative to expand diversionary activities within the juvenile justice system [COAG <i>National Partnership Agreement on Closing the Gap, 2008-09</i>] • Establishment of the <i>Improving Access to Justice</i> initiative for Aboriginal and Torres Strait Islander legal services to support early intervention and dispute resolution [FaHCSIA 2010-11] • Implementation of the <i>Intensive Family Support Services</i> initiative for practical parenting help where children are at risk of entering the child protection system [Stronger Futures in the Northern Territory 2012]

Health Risk Factors and Social Determinants

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none"> • More needs to be done to improve the access of Aboriginal peoples and Torres Strait Islanders to the benefits of the Australian economy, in terms of greater opportunities for employment, self-employment and successful business and entrepreneurial ventures. Governments have fiscal and regulatory levers at their disposal to facilitate business and entrepreneurial ventures. [AMA 2009] 	<ul style="list-style-type: none"> • Development of increased training and employment opportunities through a 20 per cent local Aboriginal and Torres Strait Islander employment target during the COAG new housing construction program in remote communities [COAG <i>National Partnership Agreement on Remote Indigenous Housing 2008</i>] • Launch of the <i>Indigenous Economic Development Strategy 2011-2018</i> which focuses on five priorities: <ul style="list-style-type: none"> - creating an environment that supports economic development among Aboriginal peoples and Torres Strait Islanders; - investing in education; - improving access to skill development and jobs; - supporting the growth of business and entrepreneurship, and - assisting individuals and communities to achieve financial security and independence. [DEEWR 2011] • Implementation of the <i>Indigenous Employment Program (IEP)</i> (\$658.6 million over 4 years) to develop sustainable business and economic opportunities in urban, regional and remote areas, to support employers in developing sustainable employment opportunities, and to assist individuals to take up training and employment opportunities [DEEWR 2011] • Development of the <i>Indigenous Youth Career Pathways Program</i> which will allow up to 6400 Aboriginal and Torres Strait Islander students to take up a school-based traineeship [DEEWR, 2011] • Trial of the <i>Indigenous Rangers Cadetship</i> program to give students the opportunity to develop the skills to become a ranger with nationally-recognised qualifications [DEEWR, 2011] • Pilot to commence culturally appropriate mentoring and pre-placement support for Aboriginal and Torres Strait Islander job seekers through Job Services Australia [DEEWR 2011] • Extension of the <i>Cape York Welfare Reform Trial</i> designed to rebuild social norms, and support Aboriginal peoples and Torres Strait Islanders to move into the real economy [FaHCSIA 2012] • Major funding of \$1.5 billion over five years for development of the <i>Remote Jobs and Community Program</i> to improve employment opportunities in partnership with local Aboriginal and Torres Strait Islander communities [DEEWR/FaHCSIA 2012]



Governance and Monitoring

The AMA has always held that the gap in health and life expectancy will only be closed through strategically targeted and fully resourced national measures that are planned and implemented in genuine partnership with Aboriginal peoples and Torres Strait Islanders and their representative organisations. Comprehensive data collection, monitoring and evaluation are central to this.

Unfortunately, government bureaucracies have often seen consultation with Aboriginal peoples and Torres Strait Islander organisations (usually as reporting decisions and outcomes) as sufficient, rather than engaging in ongoing partnership to jointly plan, develop and implement measures from the ground up. Governments in the past have also been reluctant to develop national plans in Aboriginal health that have measurable determinate targets, benchmarks and milestones.

This is now changing, primarily through the activity of the Close the Gap Coalition and with the formation of the National Aboriginal and Torres Strait Islander Health Equality Council (NATSIHEC).

The AMA welcomes the current drafting of a National Aboriginal and Torres Strait Islander Health Equality Plan, and encourages the Australian Government to accept the recommendations and advice of the NATSIHEC.

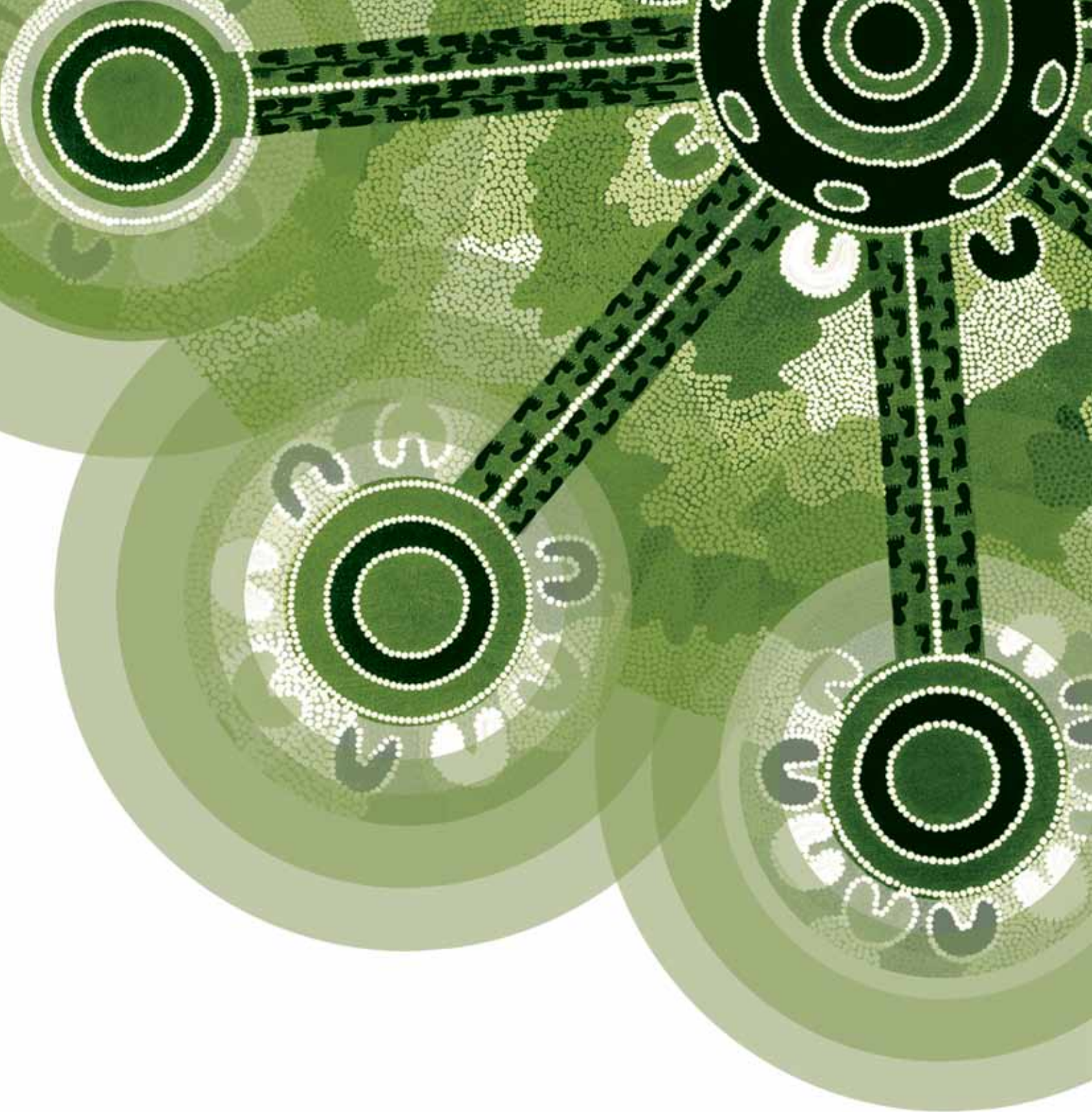
On many occasions, the AMA has noted the need for improved national data regarding Aboriginal and Torres Strait Islander health.

It is hoped that a truly national data collection and monitoring strategy will be a core element of a National Aboriginal and Torres Strait Islander Health Equality Plan.

Governance and Monitoring

AMA Recommendations	Major Related Government Measures
<ul style="list-style-type: none"> • Aboriginal peoples and Torres Strait Islanders must play a leading role in planning their primary health care. [AMA 2010-2011] • A long-term comprehensive national plan to close the gap must be developed in genuine partnership with Aboriginal peoples and Torres Strait Islanders. [AMA/ Close the Gap Steering Committee 2008-2011] 	<ul style="list-style-type: none"> • Formation of a range of high-level Aboriginal and Torres Strait Islander advisory groups to provide input into policies and programs across a number of health-related areas. • Establishment of the <i>National Aboriginal and Torres Strait Islander Health Equality Council</i> (NATSIHEC, formerly NIHEC) to give effect to the Indigenous Health Equality Summit Statement of Intent [DoHA 2008] • Establishment of the National Congress of Australia's First Peoples and the National Health Leadership Forum, composed of 11 Aboriginal and Torres Strait Islander health groups, as a representative voice to government on health issues affecting Aboriginal peoples and Torres Strait Islanders [2010] • Development of a National Aboriginal and Torres Strait Islander Health Plan (with input and advice sought from NATSIHEC) [DoHA 2012]
<ul style="list-style-type: none"> • The Federal Government should coordinate improvements in the collection and management of data relating to the health of Aboriginal peoples and Torres Strait Islanders. [AMA 2008] • Governments must ensure ongoing monitoring of service capacity needs in Aboriginal and Torres Strait Islander health. [AMA 2010-2011] 	<ul style="list-style-type: none"> • Release of the <i>Overcoming Indigenous Disadvantage</i> series of reports on key indicators of Indigenous disadvantage [DPMC 2003] • Support for national data agencies such as the ABS and AIHW to improve collection of data on Aboriginal and Torres Strait Islander health, estimations of mortality rates, Indigenous identification in datasets, and social and emotional wellbeing data. [DoHA 2008-09] • Establishment of the <i>Closing the Evidence Gap</i> initiative, to fund an extension of the 2008 National Aboriginal and Torres Strait Islander Social Survey, and the creation of a clearinghouse of best-practice in interventions to close the gap [FaHCSIA 2008-09] • Development of the <i>2008 Aboriginal and Torres Strait Islander Health Performance Framework Report</i>, to inform implementation of the National Strategic Framework for Aboriginal and Torres Strait Islander Health [DoHA 2008-09] • Prime Minister's annual statement to Australian Parliament on Government progress in closing the gap [2010] • Development of the <i>National Target Setting Instrument: Best-practice Guide</i> to assist in monitoring and achievement of health equality [NATSIHEC 2010]





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