

Indigenous Health

AUSTRALIAN DEMOCRATS ACTION PLAN INDIGENOUS HEALTH HEALTH AND AGEING

At a time of record national prosperity, the health of Indigenous Australians remains unacceptably poor. Small improvements have been made over the last decade but there is still a 17 year gap in life expectancy, death rates for Indigenous infants' remain about three times higher than those of other Australian infants and the incidence of debilitating chronic diseases is much higher and continues to climb.

Urgent action needs to be taken but must be informed by past mistakes and successes. The solutions are complex but there is much that is known, including the fact that services must be culturally appropriate. A human rights-based approach is crucial, as outlined by the Social Justice Commissioner in 2005. The Democrats Action Plan adopts this and the AMA/Access Economics call for \$460m/year extra spending and the **Close the Gap** proposals for allocating that money.

"I have constantly repeated that the health status of Aboriginal and Torres Strait Islander peoples is a national shame. Indigenous health equality will not happen without deliberate targeted steps"

**Tom Calma, Aboriginal and Torres Strait Islander, Social Justice Commissioner
HREOC**

Our Action Plan

- Greatly improved quality and availability of **primary health care services** commensurate with the level of need
- **More health practitioners** working within Aboriginal settings and accelerated training of the Indigenous health workforce
- Greater access to the PBS and MBS through a national **quality use of medicines** scheme for non-remote areas and a **specialist access programme** aiming for 1.2 times that spent on non Indigenous people
- More programs that reduce and **prevent high prevalence conditions** and specific diseases in Indigenous communities such as rheumatic heart disease
- Significant increases in funding for **adequate housing**, sanitation, nutrition and health promotion
- Better pre-service training and support for nurses in remote Aboriginal communities and a minimum of 2 nurses in each clinic, preferably one male and one female.
- Improved availability in Outback Stores and the Remote Indigenous Stores and Takeaways of **affordable, nutritious food**
- Breakfast and lunch provided at very low cost in all schools

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- A **national health plan for Aboriginal mothers and babies** and programs with a prevention focus such as outreach antenatal services, home visiting programs and community-based childcare and playgroups.
- Support for Indigenous community initiatives to tackle **family violence and substance abuse**, including sexual assault services, outreach centres, safe houses, and resources for legal aid and substance use services
- Expanded sexual health and relationships education and awareness programs
- Increase **oral health** promotion activity and targeted oral health services
- Provide comprehensive health services for the prison population
- Practical, culturally-specific strategies to accommodate and transport for Indigenous patients
- An expanded *Aboriginal and Torres Strait Islander Flexible Services program* for aged care and for carers
- Prioritise **Indigenous control and participation** in the planning, management and delivery of health programs and services
- Training for government agencies in more effective engagement with Indigenous organisations and communities
- An Aboriginal and Torres Strait Islander representative body elected by Aboriginal and Torres Strait Islander people to oversee health services

The Issues

Building blocks of good health

The likelihood of serious ill health and short life escalates in direct relation to social and economic disadvantage such as few assets, low income, little education, insecure or dissatisfying employment, poor housing and parenting under difficult conditions. Also, people who feel excluded from mainstream society are likely to have poorer health.

Shortfalls in primary health care

The Federal Government through programmes under its direct control spends less per capita on Indigenous people's health than on the rest of the population

Local Indigenous community control of health care delivery is cost-effective, efficient and effective health, and should be the primary underpinning of any approach to improving Indigenous health. The Democrats do not support any further removal of Indigenous-control from service delivery in this area.

Regional health partnerships between Governments and Aboriginal organisations and communities, and Commonwealth/State funds pooling are crucial to addressing the Indigenous health crisis.



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Indigenous Health

Not enough health practitioners

There is currently a shortfall of more than 400 doctors, more than 600 nurses and associated shortfalls in Aboriginal health workers and allied health professionals in Indigenous health. Long term health workforce planning needs to be properly funded, including HECS relief, recruitment and training of doctors and Indigenous health workers from rural areas and Indigenous health taught in the mainstream tertiary health curricula.

More scholarships and places must be provided for Indigenous health students in courses that are culturally appropriate and offer mentoring and studies assistance.

Mental health

Long term, culturally appropriate programs, especially family violence and substance abuse programs are urgently needed to deal with intergenerational trauma, stress and grief. They must be developed with Indigenous theoretical and philosophical worldviews, led by Indigenous people and supported in policy and law.

Sexual health

The HIV-AIDS infection rates among Indigenous people are relatively low and similar to the non-Indigenous population. However, the median age of diagnosis is younger and the proportion of women with the virus is much higher as is the rate of heterosexual transmission. The AIDS crisis in PNG makes the Torres Strait Islands and Northern Cape York communities especially vulnerable. Improved funding of culturally appropriate and gender specific education programs is vital.

Women's Health

Indigenous women fulfil a complexity of caring roles, have children at an earlier age and Indigenous families tend to be larger than Australian families overall. Specific neo-natal programs to ensure the stronger health of both mothers and children must be supported. Culturally appropriate sexual assault services and refuges, controlled by Indigenous women and long overdue funding for family violence prevention and legal assistance are needed. Indigenous women represent half of all women in custody and this has detrimental effects on individual women's mental and physical health and on families and children. The Democrats call for national leadership on health services for Indigenous female prisoners, in line with Royal Commission into Aboriginal Deaths in Custody recommendations.