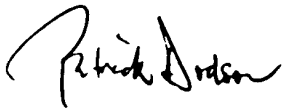
Healing Hands

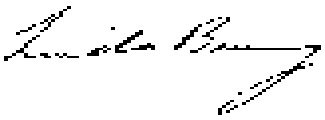
Indigenous Health Rights Action Kit

2nd Edition

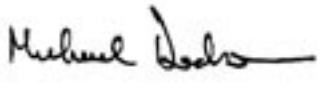
ANTaR
Australians for Native Title and Reconciliation
Sea of hands

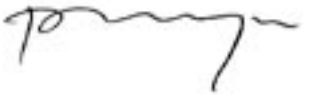
Forward








'We are pleased to introduce this Health Rights Action Kit which is part of ANTaR's Indigenous Health Rights Campaign. Development of the campaign is an important response to the health emergency facing Indigenous Australians.

At a time of record national prosperity the health and well-being of Indigenous Australians is slipping further behind that of other Australians.

Australia as a nation cannot accept this.

Urgent resolution of the Indigenous health crisis is essential, not just for the sake of individual men, women and children, but for the future of entire Indigenous communities across the nation.

Addressing the crisis in Indigenous health requires holistic approaches that address the broad context of Indigenous rights and socio-economic disadvantage. Narrow 'band aid' solutions have not worked. Resources must be provided on the basis of need, based on long-term planning and a move away from inadequate, short-term funding responses.

All governments must fully honour their commitments and be accountable for outcomes.

We urge all Australians to get behind this campaign. This kit will help you to find out the facts for yourself; to raise awareness amongst your friends and colleagues about the nature and extent of the Indigenous health crisis; and to direct your voice to the key decision-makers.

Thank you for your support.'

ANTaR's Indigenous Reference Group:

Patrick Dodson Chair, Lingiari Foundation

Prof. Larissa Behrendt Professor of Law, UTS Sydney

Sen. Aden Ridgeway Senator for NSW

Dr. Bill Jonas Indigenous Social Justice Commissioner, HREOC

Linda Burney MP NSW Legislative Assembly

Olga Havnen ACOSS Board of Governors, formerly Fred Hollows Foundation

Lester Irabinna Rigney Yunggorendi First Nations Centre, Flinders University

Prof. Marcia Langton Professor of Australian Indigenous Studies, Melbourne University

Prof. Mick Dodson AM Prof. of Indigenous Studies, ANU

Prof. Lowitja O'Donoghue AC CBE

Peter Yu former Executive Director, Kimberley Land Council

David Ross Director, Central Land Council

Contents

ANTaR
PO Box 1176
Rozelle NSW 2039
Tel: 02 9555 6138
Fax: 02 9555 6991
Email: antar@antar.org.au

2nd Edition, September 2004
First published May 2004

www.antar.org.au

WARNING: Aboriginal and Torres Strait Islander readers please note that this kit may contain images of deceased persons.

Introduction: Why this Campaign

ANTaR has developed an Indigenous Health Rights Campaign in response to Indigenous calls for urgent action to address the crisis in Indigenous health. The campaign is informed by the following understandings:

1. It is a health emergency

The Indigenous health crisis is literally a life and death issue affecting every aspect of Indigenous lives and communities. What is more, the situation for Indigenous Australians is getting worse, not better.

2. The crisis can be solved

This emergency can be met. Governments need to show political will and act on the strategies they have had before them for over ten years. A genuine partnership approach that allows Indigenous people and communities to take responsibility for solutions will solve the crisis.

3. Misconceptions must be addressed

There remains widespread misunderstanding in the broader community about the Indigenous health crisis, its causes and solutions. It is essential to address these misunderstandings to improve attitudes and respect for Indigenous peoples and to motivate governments to act on these issues.

4. Health is linked to other rights

It is more than a health issue. Health is a human right that is directly linked to other fundamental human rights: housing and employment, relationships to land, rights to self-determination and to the enjoyment and protection of cultures.

5. Health requires new government thinking

Fixing Indigenous health involves more than tweaking service delivery. A changed policy approach that allocates resources on the basis of need, and delivers Indigenous control of solutions is needed.

6. We spend too little, not too much, on Indigenous health

People think far more health dollars are spent on Indigenous people than anyone else. Yet Commonwealth health expenditure on Indigenous Australians is less than for other Australians despite Indigenous illness levels three times higher than the rest of the population.[1]

How will the campaign work?

The Healing Hands campaign aims to achieve improved outcomes in Indigenous health through:

- Community education and public awareness initiatives to inform Australians about the Indigenous health crisis.
- Building support networks of organizations and individuals working cooperatively on, or in support of, Indigenous health issues.
- Projects in partnership with key Indigenous and non-Indigenous organizations to develop targeted education initiatives.
- Advocacy initiatives developed in consultation with other stakeholders to secure commitment from all governments and political parties to act on the Indigenous health crisis as a matter of urgency.

What would an improved Indigenous health system look like?

Agreed strategies already exist which identify the essential elements of an improved Indigenous health system. These include:

- Primary health care delivered on the basis of need, through Aboriginal community-controlled health services and more accessible mainstream services.
- A significantly-increased health workforce, particularly of Indigenous background.
- Comrehensive early intervention and prevention programs.
- Significantly-improved educational and employment outcomes, and housing and infrastructure provision.

These elements have been included in an Indigenous Health Rights Statement which individuals and groups can sign to show their support for the campaign (see below).

What can I do?

A:

Sign the Indigenous Health Rights Statement (use the specially formatted version at the back of this booklet) and send it to ANTaR. You can also send a message of support for the Statement to the Prime Minister.

B:

Go to page 12 of this kit to find out what else you can do to be part of the campaign.

Indigenous Health Rights Statement

"The health of Indigenous Australians is the worst in the developed world. Indigenous infants die at nearly three times the rate of other Australian infants; their lives will, on average, be twenty years shorter: and they are much more likely to suffer chronic disease.

In a wealthy country like Australia such gross inequality and neglect is shameful and abhorrent. It is also preventable. In similar countries, such as Canada, New Zealand and the United States, the health of Indigenous people has been rapidly improved by determined and concerted government action.

The necessary first step in resolving the present crisis in Australia is to recognise that it is not inevitable.

Australia must acknowledge that the crisis began with colonization and dispossession and became endemic when social and economic disadvantage became entrenched. The crisis will not end until these conditions are changed.

If the health of Indigenous Australians is to be improved all Australian governments must resolve to provide:

- primary health care on the basis of need, through Aboriginal community controlled health services and better access to mainstream services
- a significant increase in the health workforce, particularly of Indigenous background
- comprehensive early intervention and prevention programs
- significant improvements in educational and employment outcomes, and housing and infrastructure provision.

Health refers not only to the physical well-being of individuals, but also to the social, emotional, spiritual and cultural well-being of the communities in which they live. It is a commonplace of medical knowledge that poor health is related to social disadvantage; to stress, social exclusion, unemployment and discrimination. Drug use, alcohol dependence and domestic violence are familiar and inevitable parts of the same cycle.

It follows that measures to improve the health of Indigenous Australians must include the application of principles of self-determination on which durable and resourceful communities absolutely depend. Governments must adopt an enabling role in relation to Indigenous governance.

Australia must recognise that the health of Indigenous organisations and communities and the health of Indigenous people are inseparable. It is equally true that improvements in health depend on overturning the destructive legacies of dispossession, including those that relate to land and culture; and the attainment of a secure and valued place for Indigenous peoples in the life of the nation."

The Indigenous Health Rights Statement was drafted in early 2004 in consultation with ANTaR's Indigenous Reference Group and Indigenous and non-Indigenous health organisations and individuals working in the field. It provides a summary of the current health crisis and priority areas for action to which all Australians can add their support. You can sign the statement at the back of this book.

The Indigenous Health Crisis: A Summary

How big is the problem?

"If you were an Indigenous citizen of this country, how acceptable would this be?"

Dr Kerryn Phelps AMA President in 2003

The health of Indigenous Australians is the worst in the developed world, with life expectancies 20 years less than other Australians. Alarmingly, the crisis is getting worse rather than better. In similar countries, such as New Zealand, the US and Canada, the health of Indigenous peoples has been rapidly improved by determined government action over the last 25 years. Why not in Australia?

Despite its severity, the Indigenous health crisis is both solveable and preventable.

The right to health

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

World Health Organisation Constitution 1946.[2]

Health is a human right that is directly linked to other fundamental human rights: housing, education, employment, Indigenous rights to self-determination, enjoyment and protection of their cultures and relationships to land.

This link between health and rights was acknowledged in the National Strategic Framework for Aboriginal and Torres Strait Islander Health, endorsed in July 2003 by all Australian governments, which has as its goal:

"To ensure that Aboriginal and Torres Strait Islander peoples enjoy a healthy life equal to that of the general population that is enriched by a strong living culture, dignity and justice."

Why is Indigenous health so bad?

The answer is a compound of social and economic disadvantage - poverty, poor nutrition, poor housing, low education levels and high unemployment – along with social marginalisation, prejudice and racism.[3]

These negative social conditions and the poor health typically associated with them have been compounded by the long term failure of governments to fulfil their responsibilities to provide adequate services and infrastructure for Indigenous communities and to address the socio-economic disadvantage of Indigenous people.

In tackling health and disadvantage, a significant difference between Australia and countries such as Canada, New Zealand and the US, is the existence of treaties which have resulted in more direct federal government responsibility. This has enabled better coordinated health services, and improved access to resources and infrastructure.[4]

How do we address the problems?

We already know where to start. Many inquiries and reports have produced the same recommendations. All that is wanting is the political will to implement these recommendations.

A National Aboriginal Health Strategy (NAHS) was developed in 1989. The principal finding of the 1994 Review of the NAHS was that 'the NAHS was never effectively implemented'. (See 'Key Recommendations' on opposite page.)

Responsibility lies primarily with Commonwealth, state and territory governments that have control over policy implementation, funding provision and Indigenous participation.[5]

Initiatives such as the Commonwealth Government's Primary Health Care Access Program (PHCAP) are steps in the right direction, however, available funding is way below what is required to meet current needs (see opposite page).

It's time to act!

The latest incarnation of the NAHS, the National Strategic Framework for Aboriginal and Torres Strait Islander Health - A Framework for Action by Governments, says that:

"... whilst some significant successes have been realised, the ad hoc approaches of the past have resulted in many unsustainable programs, uncoordinated activity, gaps, duplication and inefficient use of resources."

It is not good enough to revise strategy every few years. It is well past time to act.

What works?

The Indigenous health crisis can be solved and we already have a good understanding of what works.

Indigenous Australians experience many barriers to accessing mainstream health services. Aboriginal community-controlled health services have therefore proved to be a critical element, having delivered 1.34 million episodes of primary health care in 2001-2.[6] Development and strengthening of the sector is needed to further improve outcomes.

For example, the recent Coordinated Care Trial[7] involving the pooling of Northern Territory and Commonwealth health funding to the Aboriginal-controlled Katherine West Health Board, has been a clear success.[8] The Board, which directly manages Indigenous health services for the entire region, has delivered significant improvements in health care.

The Aboriginal-controlled Maari Ma Health Service in Broken Hill is another success story, providing health services for both Indigenous and non-Indigenous communities across the entire western NSW region.[9]

Such new approaches complement existing Aboriginal controlled health services, such as the Nganampa Health Council, which has provided comprehensive primary health care services to the Anangu Pitjantjajara lands for over 20 years.

These success stories demonstrate the importance of Aboriginal control based on principles of self-determination and effective community governance.[10] They also demonstrate the importance of governments adopting a cooperative approach based on meaningful negotiation with and participation of Indigenous communities.

"Nganampa Health Council is one of the leading community controlled health services in Australia and this is due to the quality of the staff, the strong management systems in place, and the high level of Anangu employment and participation in the organisation."

John W. Singer, Director

Further information on successes in Indigenous health can be found on page 11.

Indigenous health services are not the whole of the solution. Effort is also required to ensure better, and more culturally-appropriate access to mainstream medical services.

There are other essential elements to solving the health crisis. Foremost is adequate and sustained funding based on need. Indigenous health problems require more than band-aids. Inadequate, short-term funding cannot produce lasting improvements.

A skilled and appropriate workforce is also essential.[11] Recent research for the AMA estimated that a 50% increase in doctors and allied health professionals working on Indigenous health is required.[12]

How much will it cost?

Access Economics was commissioned by the AMA to estimate workforce and funding needs in Indigenous health. They estimated a funding shortfall of $425.5 million a year, inlcuding $400 million in primary health care services.[13]

Australia spends over $60 billion annually on health.[14] The additional funding required to achieve equitable health outcomes for Indigenous people amounts to less than 1% of this total expenditure.

Yet in the 2004-05 Federal Budget, only $10 million a year was povided in additional funding for primary health care - 40 times less than Access Economics' estimation of need!

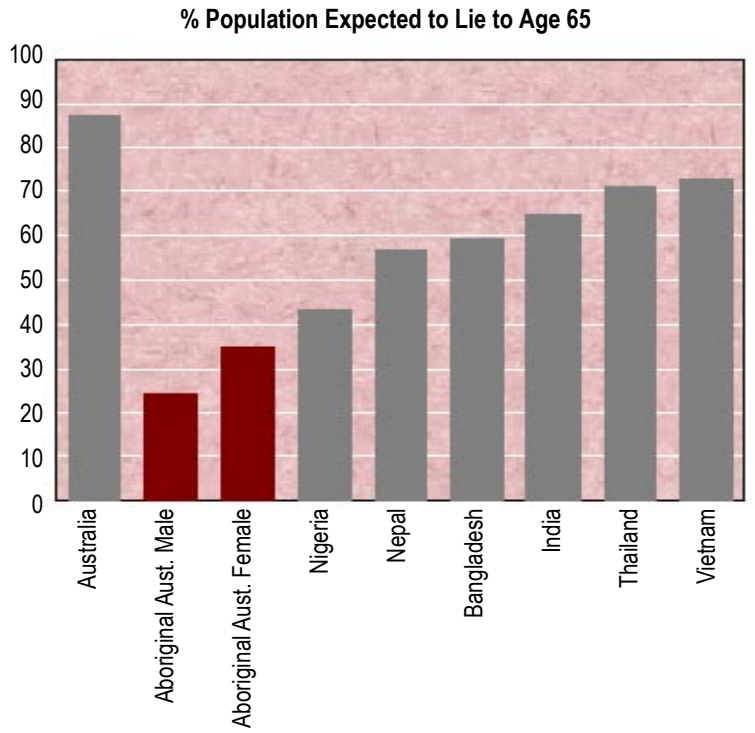
Key Recommendations: National Aboriginal Health Strategy Review

1. That the Commonwealth reaffirm its commitment to the principles underlying the NAHS including:
   - acceptance of Aboriginal people's holistic view of health
   - recognition of the importance of local Aboriginal community control and participation and
   - intersectoral collaboration.
2. That the achievement of equity, by which is meant equal access to equal care appropriate to need in comparison with non-Aboriginal Australia, remains a major goal.
3. That there be a partnership in pursuit of this goal between the Commonwealth, State and Territory governments, ATSIC and NACCHO at the national, State/Territory and regional levels.
4. That a human rights based approach to funding be adopted with major increases for all aspects of Aboriginal health ... As much as $2 billion would be needed in funding just to meet the backlog in housing and essential services in remote and rural communities...
5. That the Commonwealth declare its resolve to achieve Indigenous health gains.

Indigenous Health Statistics Summary*

*Unless otherwise stated, data comes from AMA Report Card 2003, Discussion Paper 2004 and Ring & Brown 2002.[15]

Life Expectancy[16]



Australians in general enjoy the second highest life-expectancy among OECD countries.[17]

The gap between Indigenous and non-Indigenous Australians is 20 years. This gap increased over the period 1997-2001.[18]

In the USA and New Zealand, the life expectancy gap between Indigenous and non-Indigenous is 5–7 years.

About 45% of deaths among Indigenous males, and 34% of deaths among Indigenous females, occur before age 45, compared with 10% and 6% for non-Indigenous males and females respectively.[19]

Most Indigenous males (76%) and Indigenous females (65%) die before age 65.[20] The reverse is true for other Australians: most males and females (73% and 84%) live beyond age 65.[21]

Median Age of Death

For Indigenous Australians the median age of death is 53 years, with no improvement since 1990.

For other Australians this is 77 years, which is a rise of 3 years since 1990.

The median age of death for Indigenous people in NZ is 59, Canada 65, US 63: all improved over the last 25 years.

Infant Mortality

Indigenous infant mortality rates are 2.5 times that of other Australian infants.

7% of Indigenous deaths are of infants less than one year old, whereas less than 1% of non-Indigenous infants die before age 1.[22]

Infant mortality rates for Indigenous Australians are almost twice as high as those of the NZ and US Indigenous populations.

Death from Preventable Conditions

Diabetes: 8 times higher
Respiratory conditions: 4 times higher
Circulatory conditions: 3 times higher
Rheumatic Heart Disease: 20 times higher[23]

Chronic Disease [24]

Heart: 3 times higher
Respiratory: 9-11 times higher
Kidney: 9 times higher

Low Birthweight

Indigenous babies are twice as likely to have low birth weight with little improvement since 1991.

Ear Infections and Hearing Loss

Only 7% of children in remote communities have normal healthy ears (no infections or hearing loss).[25]

Hospitalisation

Indigenous Australians are twice as likely to be hospitalised than other Australians.

Health Workforce

Estimated at least 50% increase in doctors and allied health professionals required.

Health Funding

An additional $400 million a year is needed for primary health care services; plus an additional $52.5 million per year for additional health professional training.

The 2004/05 Commonwealth budget offered an increase of only $10 million per annum.[26]

Social Determinants of Health

Global, long-term research by the UN World Health Organisation shows that living circumstances and quality of life are the fundamentals of health and life expectancy for all people, regardless of their culture or location. These fundamentals are known as the "social determinants of health".[27]

The likelihood of serious ill health and short life escalates in direct relation to social and economic disadvantage. Disadvantages include 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.

Health throughout life is founded in infancy and childhood. Social and economic poverty, especially inadequate nutrition impedes physical and mental development, which is associated with chronic adult health problems, poor education, unemployment or low-status jobs.

Alcohol, drug and tobacco misuse are destructive to health, but are also closely related to social and economic disadvantage. Economic and social disadvantages cause increased dependence on alcohol, drugs and tobacco which exacerbates the factors that led to their initial misuse. Poor housing, low income, single parenthood, unemployment and homelessness are all associated with high rates of smoking, a major cause of ill health.

All Australians, not just the Indigenous, are affected by these social determinants. Most of these factors are not amenable to individual choice: they are not "their own fault". We need to change the founding causes of poor health for all Australians, especially in Indigenous communities, where health problems are extreme.

The following statistics relating to key indicators of Indigenous social and economic disadvantage show the breadth and extent of action required to stem the current crisis in Indigenous health.

Incarceration

While 2.4% of the population[28], Indigenous people account for 19% of adult prisoners and 41% of juveniles in detention.[29]

Unemployment

Indigenous unemployment is likely to increase from 39% to 47% by 2006.[30]

Unemployment of all Australians has steadily decreased since 1994[31], currently at 6%, the lowest since the 1960s.[32]

53% of Indigenous people in rural areas earn their income through CDEP ('work for the dole').[33]

Income

The median income for Indigenous people is 40% lower than for the total population.[34]

Home Ownership

Only about 30% of Indigenous Australians own their own homes, compared with 70% for the mainstream population.[35]

Infrastructure

21 communities lack water, 80 lack electricity and 91 lack sewerage.

Education

Fewer than 36% of Indigenous children finish high school compared with 73% of the overall Australian population.[36]

Johanna Ashley enjoying breakfast at pre-school in Wulgarr. Photo courtesy Colleen Orr and the Fred Hollows Foundation.

Monitoring 'Practical' Reconciliation Evidence from the Reconciliation Decade, 1991-2001

Summary: Discussion Paper 254 (2003), J.C. Altman and B.H. Hunter, Centre for Aboriginal Economic Policy Research, Australian National University.

"In conclusion we note that while practical reconciliation forms the rhetorical basis for Indigenous policy development since 1996, there is no evidence that the Howard governments have delivered better outcomes for Indigenous Australians than their predecessors."

About the research

Altman and Hunter used information from censuses conducted by the Australian Bureau of Statistics in 1991,1996 and 2001 to assess the well being of Aboriginal people in absolute terms, and relative to non-Indigenous Australians. They examined data on employment, education, income, housing and health.

The period the research covers is roughly equivalent to the decade of Reconciliation, and the second 5-year period coincides closely with a change of policy following the election of the first Howard government. In the earlier part of the decade the Keating government's policies focussed on both indigenous rights (the 'symbolic agenda') and practical improvements in socio-economic conditions of Aboriginal people. In the period since 1996 the emphasis has been entirely on 'practical' reconciliation.

The research shows that in terms of absolute improvement in well-being of Indigenous Australians, there is little to distinguish the two periods of the decade. However, when outcomes for Indigenous Australians are compared with those for other Australians there is a significant difference. The earlier 1991-1996 period saw Indigenous people closing the gap relative to other Australians. This gap increased during 1996-2001 under 'practical' reconciliation policies.

Reconciliation Scorecard

Using data from three censuses, the researchers chose a range of indicators for each of five socio-economic areas; employment, income, housing, education and health. Altman and Hunter then created a Reconciliation Scorecard (below) enabling comparison of the Keating and Howard Governments with respect to Reconciliation.

Practical Reconciliation is Failing

Practical reconciliation gives emphasis to Indigenous Australians having the same life chances as other Australians. Prime Minister Howard has claimed that practical reconciliation is closing the gaps, but in fact Indigenous Australians have not shared in the benefits of national economic growth from 1996-2001 as much as other Australians.

Of greatest concern is that over the whole decade 1991-2001 there has been a relative decline in the education and health status of Aboriginal Australians compared to other Australians.

Altman and Hunter discuss some of the reasons that practical reconciliation policies may not be working, among them: Indigenous disadvantage is complex and grounded in a history of alienation, hence the 'symbolic' issues have intensely 'practical' expression; it fails to recognise rights of first peoples as first peoples; and it neglects the large number of Indigenous youth entering the workforce, as well as the importance of educating girls to improve health outcomes for children and reduce family size.

Reconciliation Scorecard

1996-2001 Howard Government		1991-1996 Keating Government
Decrease in unemployment; Little relative change.	**Employment**	Mostly small absolute changes in both directions across indicators. Relative labour force status declined on 4/5 indicators
Median income for individuals increased, but by far less than for other Australians. Median family income increased relative to others.	**Income**	Median income of Indigenous adults and families declined; relative income for individuals worsened; improved for families.
Home ownership increased in absolute and relative terms, albeit marginally.	**Housing**	Indigenous home owners/purchasers increased, household size reduced. Positive relative gains.
Whilst there were some absolute improvements, on most important indicators, the relative situation worsened.	**Education**	Indicators all positive both absolutely and relatively.
Little change in Indigenous health – and relative life expectancy worsened compared to other Australians.	**Health**	Some absolute improvement, but relative to other Australians life expectancy and aged population worsened.
5/10 for absolute change –2/10 for relative change: Relative well-being improved for 4/10 but declined for 6/10 indicators: a negative score.	**Results**	3/10 for absolute change 3/10 for relative change

Some Success Stories in Indigenous Health

Katherine West Health Board, NT

The Katherine West Health Board Aboriginal Corporation (KWHB) was established to implement the Katherine West Coordinated Care Trial, covering the communities west of Katherine to the NT/WA border.

Prior to the Trial, all health services in the region were delivered by the Northern Territory Government. The Trial involved the NT and Federal Governments 'pooling' funds which were put under the control of an elected Board of Aboriginal community representatives from throughout the region.

The NT Government contributed funds it would otherwise have spent on health services in the region, while the Commonwealth contributed funds based on a 'cashout' of the entitlements of the residents of the region to the Medical Benefits Scheme and Pharmaceutical Benefits Scheme (based on average Australian utilisation rates).[37]

In this way, KWHB did not just complement the role of Governments in the region, it actually took over the role of Governments. Over the period of the Trial, the level of Health Services have increased dramatically:

- Residential GP services were provided for the first time ever.
- Staff numbers in clinics were increased.
- A mobile service was established to service the needs of pastoralists.
- The number of Aboriginal health workers trained and employed increased markedly.
- Community based health communities were set up.
- The level of public health services provided, particularly environmental, health and nutrition, increased many fold over pre-Trial levels.

Source: http://www.kwhb.com.au

Nganampa Health Council, SA

Nganampa Health Council is an Anangu community controlled health organisation which has provided comprehensive primary health care services to the Anangu Pitjantjatjara (A.P.) Lands, situated in the far north-west of South Australia, for the past 20 years. There are six major clinics and three health worker stations.

In addition to high quality 24 hour a day primary clinical care, the organisation delivers a range of public health and targeted program activity, including a developing aged and disability care program. Health worker training and support is a key activity.

Nganampa has achieved major gains in areas such as child health, immunisation, growth monitoring, antenatal care, sexually transmitted disease control and treatment of chronic diseases.

The health service has a sustained national reputation for best practice clinical services, leading edge collaborative program research and development and for the collection of outcome data as a basis for ongoing evaluation. It has remained the leading employer of Anangu people on the A.P. Lands.

Source: http://www.nganampahealth.com.au/

The Role of Partnerships: Jawoyn - Fred Hollows Foundation Nutrition Program

The Fred Hollows Foundation responded to a request from the Jawoyn community of the Northern Territory to tackle a major underlying cause of poor health – the lack of nutritious food. The result is a multi-faceted nutrition project that empowers local people to gain long-term improvements in nutrition by working in genuine partnership with the community. Aspects of the project include:

- Appointing a community-based nutritionist (a first in the Northern Territory).
- Supporting a Women's Centre initiative to provide breakfasts and lunch for school children.
- Supporting the Sunrise Health Service by brokering partnerships with corporate and philanthropic foundations to secure funding for specific, urgently-needed health programs.
- Securing an experienced manager seconded from Woolworths to mentor, train and advise community store management committees, local managers and staff.
- Providing a culturally-appropriate financial literacy program.
- Supporting a literacy program providing resources for pre-school programs.

Source: http://www.hollows.org/content/TextOnly.aspx?s=146 (Briefing Paper No 8: Nutrition and Health).

L to R: Wuduluk Store Manager, Caroline Wurrben and staff member Eunice Martin and Woolworths staff mamber Carrissa Meyers, participating in the 'Basic Certificate in Retail Training' at Woolworths in Katherine.

NACCHO: National Aboriginal Community Controlled Health Organisation

The Katherine West Health Board and Nganampa Health Council are members of the National Aboriginal Community Controlled Health Organisation (NACCHO) - the national peak Aboriginal health body representing 128 Aboriginal Community Controlled Health Services throughout Australia.

Of these 128 organisations, 62 are in Urban or Semi-urban areas, 11 in the 'Moderately Accessible'/Rural areas, and 51 in either Remote or Very Remote.

These services provided approximately 1.34 million episodes of comprehensive primary health care in 2000-01 and employs 2,500 full-time equivalent staff, 70% of which are Aboriginal or Torres Strait Islander.

NACCHO also engages in policy advocacy and research on Indigenous health and recently won an award from the National Institute of Clinical Studies for research and a clinical trial to improve the management of chronic ear infections affecting the Aboriginal population.[38]

Source: http://www.naccho.org.au/

Further Information

The examples mentioned are only a few of many success stories in Indigenous health. Further examples can be found in:

The Good News, AMA 2004. Available at: www.ama.com.au/web.nsf/doc/WEEN-63Q937

Better Health Care: Studies in the Successful Delivery of Primary Health Care Services to Aboriginal and Torres Strait Islander Australians, Commonwealth of Australia 2001. Available at www.naccho.org.au.

What can you do to help?

Sign

The Indigenous Health Rights Statement on the last page of this book.

- post or fax it to ANTaR
- copy and distribute it to your friends and networks.

Complete

The letter to the Prime Minister on the last page of this kit and send it along with your signed Indigenous Health Rights Statement to ANTaR. We will forward it to the Prime Minister.

Find out more

About the issues and ways you can help by visiting our Indigenous Health Rights website at www.antar.org.au. Further information can also be found by following the links on the next page.

Join

Your local reconciliation group

- to find out about local issues and
- to help develop local initiatives.

To find the reconciliation group closest to you call ANTaR on 02 9555 6138.

Encourage

Your church, school, university, or other community organisation to take up the issue and develop initiatives in support of the campaign.

Contact

Your state and federal politicians and urge them to make the Indigenous health crisis a priority. A comprehensive National Strategic Framework for Aboriginal and Torres Strait Islander Health was endorsed by all Australian Governments in July 2003.

- Find this document at: www.health.gov.au/oatsih/pubs/healthstrategy.htm.
- These same Governments need to be urged to implement their strategy.

Write

- to state and federal politicians – your local members, health ministers and shadow ministers, the prime minister and your state premier, plus state and federal opposition leaders. Find out who they are, and their postal and email addresses by calling ANTaR on 02 9555 6138.
- to newspapers: the major daily and weekly papers plus your local papers.

Visit

Your local GP with a copy of this Action Kit and multiple copies of the Indigenous Health Rights Statement.

Further information

Visit ANTaR's website www.antar.org.au for further information and updates on the campaign.

General and statistical information

Australian Indigenous HealthInfoNet
www.healthinfonet.ecu.edu.au/

Human Rights & Equal Opportunity Commission
http://www.hreoc.gov.au/social_justice/statistics/index.html

Australian Institute of Health and Welfare
http://www.aihw.gov.au/expenditure/indigenous.html

Medical and other

National Aboriginal Community Controlled Health Organisation (NACCHO)
http://www.naccho.org.au

Australian Indigenous Doctors Association (AIDA)
http://www.aida.org.au

Australian Medical Association (AMA)
http://www.ama.com.au/web.nsf/topic/policy-publichealth?opendocument&cat=Aboriginal%20Health

Fred Hollows Foundation
http://www.hollows.org.au

Medical Journal of Australia
http://www.mja.com.au/Topics/Aboriginal%20health.html

Aboriginal & Torres Strait Islander Commission (ATSIC)
http://www.atsic.gov.au/issues/disadvantage/health/Default.asp

Centre for Aboriginal Economic Policy Research
www.anu.edu.au/caepr/discussion2.php

Government

Office for Aboriginal & Torres Strait Islander Health
http://www.health.gov.au/oatsih/cont.htm

Endnotes

1. Three times as many deaths as expected for all causes of death: ABS Cat.4704.0, *Health & Welfare of Aboriginal & Torres Strait Islander Peoples 2003*, p. 192
2. The World Health Organisation constitution, adopted with Australian support, laid the foundation for the codification of the right to health in numerous UN treaties to which Australia is a party. Other UN instruments relevant to Indigenous health rights include the Universal Declaration of Human Rights (1948); the International Covenant on Economic, Social and Cultural Rights (1966); the International Covenant on the Elimination of All Forms of Racial Discrimination (1965); the Convention on the Elimination of All Forms of Discrimination against Women (1979); and the Convention on the Rights of the Child (1989). Further information: Report of the UN Special Rapporteur on the Right to Health, Paul Hunt, E/CN.4/2003/58.
3. See 'Social Determinants of Health' section for further discussion about the effects of disadvantage on health.
4. Ian T Ring and David Firman, 1998, Reducing indigenous mortality in Australia: lessons from other countries, *Medical Journal of Australia* 1998; 169: 528-533. http://www.mja.com.au/public/issues/ov16/ring/ring.html

   Moran, M. 2000, Housing and health in indigenous communities in the USA, Canada and Australia: the significance of economic empowerment. In *Aboriginal and Torres Strait Islander Health Bulletin*, Issue 7, May 2000: ISSN 1329-3362. http://www.healthinfonet.ecu.edu.au/html/html_bulletin/bull_7/bulletin_brief_communications.htm
5. Contrary to common belief, ATSIC (Aboriginal & Torres Strait Islander Commission) did not have responsibility over, or receive funding for, Indigenous health.
6. www.naccho.org.au. See also page 11 for further examples of successful Indigenous primary health care programs.
7. The Coordinated Care Trials were an initiative of the Council of Australian Governments (COAG) to achieve greater coordination in the delivery of health care services. The focus of the Indigenous CCTs was on reforming local health care systems through community based organisations managing a pool of funds provided by Commonwealth, State and Territory governments. The results have been encouraging. See http://www.mja.com.au/public/issues/177_09_041102/est10526_fm.html.
8. *Better Health Care: Studies in the Successful Delivery of Primary Health Care Services to Aboriginal and Torres Strait Islander Australians*, Commonwealth of Australia 2001, pp 82 - 83.
9. Senator Aden Ridgeway, Adjournment Speech, Indigenous Health & Maari Ma, 11 February 2004
10. The Harvard Project on American Indian Economic Development (http://www.ksg.harvard.edu/hpaied/) has found that the most significant factors in successful social and economic development on American Indian reservations include:

    - Indigenous control of decision-making (effective sovereignty);
    - good governing institutions with strategic direction and effective leadership;
    - culturally appropriate institutions of self-government.
11. Ring, Ian T & Ngaire Brown, "Indigenous health: chronically inadequate responses to damning statistics". *Medical Journal of Australia* 2002 177 (11): 629-631.
12. AMA Discussion Paper 2004, *Healing Hands - Aboriginal & Torres Strait Isalnder Workforce Requirements*, AMA, Canberra.
13. Ibid. Access Economics used a new methodology to determine current shortfalls, however, their results are broadly comparable to previous estimates by Professor John Deeble in *Expenditures on Aboriginal and Torres Strait Islander Health*, AMA 2003. www.ama.com.au/web.nsf/doc/WEEN-5N626Y
14. 2001-2 data: Australian Institute of Health & Welfare (AIHW). Includes Federal and State spending.
15. AMA, *Public Report Card 2003 - Aboriginal and Torres Strait Islander Health - Time for Action*; AMA Discussion Paper 2004, *Healing Hands - Aboriginal & Torres Strait Islander Workforce Requirements*, Canberra; Ring & Brown 2002, Indigenous Health: chronically inadequate responses to damning statistics, *Medical Journal of Australia* 2002;177:629-631.
16. ANTaR 2003 (data from *UN Human Development Report 2003* & Australian Institute of Health & Welfare).
17. Peachey, L G, *Medical Journal of Australia* 2003 178 (10): 503-504
18. Australian Bureau of Statistics, 2001, (Cat no 4715.0)
19. *UN Human Development Report 2003*.
20. Australian Institute of Health & Welfare 2003.
21. *UN Human Development Report 2003*.
22. ABS, Cat 4704, 2003.
23. Australian Institute of Health & Welfare 2004: *Rheumatic Heart Disease: all but forgotten in Australia except amongst Aboriginal & Torres Strait Islander Peoples*. Canberra.
24. Fred Hollows Foundation Fact Sheet: *The Health Emergency 2004*.
25. Ibid.
26. Media Release-Sen. The Hon. Amanda Vanstone, Minister for Immigration and Multicultural and Indigenous Affairs, *Budget 2004 Indigenous Affairs*.
27. Richard Wilkinson and Michael Marmot, *Social Determinants of Health: the Solid Facts*, World Health Organisation Regional Office for Europe, 1998.
28. 458,500 in 2001. ABS 4713.0, *Population characteristics: Aboriginal & Torres Strait Islander Australians 2001*, Commonwealth of Australia, Canberra, 2003. p.15.
29. Eades, Sandra J, 'Reconciliation, social equity and Indigenous health: a call for symbolic and material change'. *Medical Journal of Australia* 2000; 172: 468-9.
30. Ibid.
31. www.abs.gov.au, Australian Social Trends 2003, Work: National summary tables.
32. *The Australian*, Saturday 7 Feb. 2004, p.3.
33. Ibid
34. Australian Indigenous HealthInfoNet (1998). Australian Indigenous HealthInfoNet overviews: selected social indicators. [20 Jan 2004].
35. Commonwealth Grants Commission, *Report on Indigenous Funding 2001*, p. 146-7.
36. Australian Bureau of Statistics, *Australian Social Trends 2002*, Education – Participation in Education: Education of Aboriginal & Torres Strait Islander peoples. www.abs.gov.au.
37. PBS spending for Indigenous Australians is on average only one third of that spent on non-Indigenous Australians. NACCHO, Pharmacy Guild of Australia & AMA, 2004, *Summary - Improving Access to PBS Medications for Aboriginal & Torres Strait Islanders*.
38. Chronic suppurative otitis media (CSOM) affects Aboriginal children at 10 times the rate the World Health Organisation uses to define a 'massive public health problem'. Between 30-80% of school age children suffer significant hearing loss, affecting their educational outcomes at school.

Indigenous Health Rights Statement

"The health of Indigenous Australians is the worst in the developed world. Indigenous infants die at nearly three times the rate of other Australian infants; their lives will, on average, be twenty years shorter: and they are much more likely to suffer chronic disease.

In a wealthy country like Australia such gross inequality and neglect is shameful and abhorrent. It is also preventable. In similar countries, such as Canada, New Zealand and the United States, the health of Indigenous people has been rapidly improved by determined and concerted government action.

The necessary first step in resolving the present crisis in Australia is to recognise that it is not inevitable.

Australia must acknowledge that the crisis began with colonization and dispossession and became endemic when social and economic disadvantage became entrenched. The crisis will not end until these conditions are changed.

If the health of Indigenous Australians is to be improved all Australian governments must resolve to provide:

- primary health care on the basis of need, through Aboriginal community controlled health services and better access to mainstream services
- a significant increase in the health workforce, particularly of Indigenous background
- comprehensive early intervention and prevention programs
- significant improvements in educational and employment outcomes, and housing and infrastructure provision.

Health refers not only to the physical well-being of individuals, but also to the social, emotional, spiritual and cultural well-being of the communities in which they live. It is a commonplace of medical knowledge that poor health is related to social disadvantage; to stress, social exclusion, unemployment and discrimination. Drug use, alcohol dependence and domestic violence are familiar and inevitable parts of the same cycle.

It follows that measures to improve the health of Indigenous Australians must include the application of principles of self-determination on which durable and resourceful communities absolutely depend. Governments must adopt an enabling role in relation to Indigenous governance.

Australia must recognise that the health of Indigenous organisations and communities and the health of Indigenous people are inseparable. It is equally true that improvements in health depend on overturning the destructive legacies of dispossession, including those that relate to land and culture; and the attainment of a secure and valued place for Indigenous peoples in the life of the nation."

What You Can Do

- **Sign the Statement**
- Tear along the perforation on the left
- Fill in your details on the right.
- Fill in the message to the Prime Minister on the other side of this page.
- Fold and post the detached pre-addressed form to ANTaR.
- ANTaR will apply the strength of your support to campaign activities, including forwarding your message to the Prime Minister.

Voice support for the Indigenous Health Rights Campaign

I commit my support to the Indigenous Health Rights Campaign:

Signed: _____

Name: _____

Address: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____ State: _____

You can email ANTaR at antar@antar.org.au or telephone us on 02 9555 6138

☐ Please don't send me any further materials

Prime Minister of Australia

Parliament House

Canberra ACT 2600

Fold

Dear Prime Minister,

I support the Indigenous Health Rights Statement inside this envelope. I am very concerned that Indigenous Australians consistently experience Third World health outcomes, while other Australians enjoy the very best health standards globally. I want the Australian Government to fulfil its responsibilities to Indigenous Australians in relation to these matters.

Name: _____

Address: _____

Address: _____

Suburb: _____State:_____Postcode:_____

Signed: _____

Fold. This side outside.

ANTaR | Sea of hands

Australians for Native Title and Reconciliation

PO Box 1176 Rozelle NSW 2039
19A Quirk St Rozelle NSW 2039

No stamp required if posted in Australia

Your Stamp would be an Extra Support

ANTaR

Reply Paid 1176

Rozelle NSW 2039