

“Put more life into Indigenous Health”

Greater investment in health services and infrastructure is essential in order to improve Indigenous health, the House of Representatives has been told. The call was made in a new report on Indigenous health released on 5 June 2000.

The *Health is Life* report by the House of Representatives Committee on Family and Community Affairs is the culmination of two and half years of broad community consultation involving 60 Indigenous communities and organisations. The Committee's inquiry, which was undertaken at the request of Health Minister, Dr Michael Wooldridge, received 96 submissions and held 19 public hearings throughout Australia.

Presenting the report to the House of Representatives, Committee Chairman, Barry Wakelin (Member for Grey, South Australia), said that there has to be leadership at a national, state, territory and community level to develop and implement the many strategies needed to overcome the serious issues in Indigenous health.

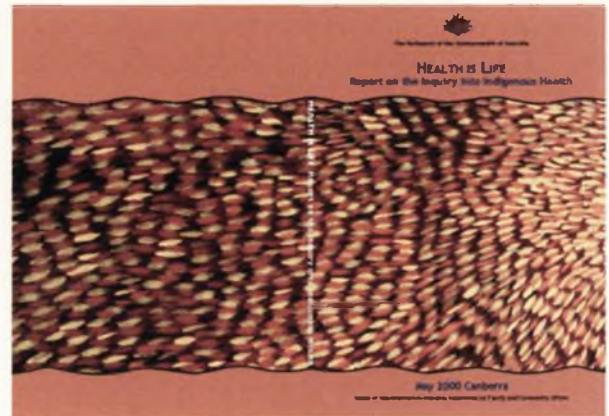
‘There has to be leadership at a national, state, territory and community level.’

“The Committee found that the planning and delivery of health and related services for Indigenous Australians is broadly characterised by a general lack of direction and poor coordination,” Mr Wakelin said.

“Services and programs are delivered by a mixture of Commonwealth, State, Territory and local government agencies. There is no clear delineation or agreement about which level of government is ultimately responsible for ensuring the continued improvement in the health of Australia's Indigenous population.”

Major recommendations made in the *Health is Life* report include:

- the need for the Commonwealth to take a stronger and more central leadership role in the planning, delivery and monitoring of Indigenous health services;
- the establishment of a National Council on Indigenous Health Affairs, to advise governments on actions needed to improve Indigenous health and to build public awareness of the issues;
- inclusion of the Minister for Aboriginal and Torres Strait Islander Affairs in Cabinet, to monitor and coordinate all Commonwealth programs which impact on Indigenous health and well-being;
- increased Commonwealth, State and Territory investment in Indigenous health services and infrastructure;



- a greater focus on service planning and delivery at the regional level, including the development of an approach which will involve the pooling of Commonwealth, State, Territory and community funds, and allow Indigenous communities to play a greater role in determining how these funds will be used;
- increased support for community controlled health services;
- improved housing and other infrastructure services, particularly the provision of drinkable water;
- a greater focus on maintenance of infrastructure in Indigenous communities;
- more programs to support specific health problems, such as the need for improved nutrition and measures to assess and treat hearing loss;
- improved education and training of health professionals; and
- improved research and data collection, including an enhanced role for the Australian Bureau of Statistics, and the allocation of at least five per cent of the National Health and Medical Research Budget for Indigenous health research.

‘Health relates to every aspect of their lives – physical, social and spiritual.’

Barry Wakelin stressed that the health of Indigenous Australians is unlikely to improve significantly until the fragmentation of services, cost shifting and lack of agreement about responsibility for Indigenous health are fully addressed.

“The Committee believes that for this to happen there must be a clear and specific agreement between the States and the Commonwealth,” Mr Wakelin said.

Continued from page 15



Members of the House of Representatives Family and Community Affairs Committee at the launch of the Health is Life report, Parliament House, Canberra.

Mr Wakelin said that the title of the report, *Health is Life*, reflects a fundamental difference between the way that Indigenous and non-Indigenous Australians consider health issues.

"For non-Indigenous Australians health is normally considered to relate to the general condition of the body and mind. For Indigenous Australians health is not the same concept. Some say that it encompasses much more and relates to every aspect of their lives – physical, social and spiritual."

"This profound difference in world view presents a significant challenge for all, but particularly governments and the health profession," Mr Wakelin commented.

The *Health is Life* report emphasises the importance of community involvement in the improvement of Indigenous health. Barry Wakelin explained that "support for strong bottom-up leadership in the Indigenous community, along with more effective administration and relevant education are the key to making the concept of community participation work".

Reflecting the bipartisan nature of the report, Committee Deputy Chair, Annette Ellis (Member for Canberra, Australian Capital Territory), said that appropriate spending is needed to improve Indigenous health."

"We need all governments – I emphasise 'all governments' – to adopt a short, medium and long-term view of the problem," Ms Ellis commented.

"While there are some areas of health that can be improved in the shorter term, many issues are longer term and intergenerational. Budget and planning considerations must take all of this into the equation. Consistency must be evident and, most importantly, trust must be given."

For a copy of, or more information on, the *Health is Life* report

Visit: www.aph.gov.au/house/committee/fca
Call: (02) 6277 4566
Email: fca.reps@aph.gov.au

You said it

"A way needs to be found of harnessing a national effort for a very complex range of issues in a very complex system of government. In the circumstances only the Commonwealth can provide the necessary leadership and coordination."

Professor Ian Ring

Member, Australian Medical Association
Expert Panel on Indigenous Health

"We also have a belief that health is achievable only when the people who suffer the greatest disadvantage have ownership and control of the process and programs that are directly related to it."

William Tilmouth

Chairman, Alice Springs Aboriginal and Torres Strait Islander Commission Regional Council

"We need a more proactive and community development approach where you establish relationships with the community, where you have presence with the community."

Claire Croumbie-Brown

Manager, Policy Unit, Aboriginal Health Branch
New South Wales Department of Health