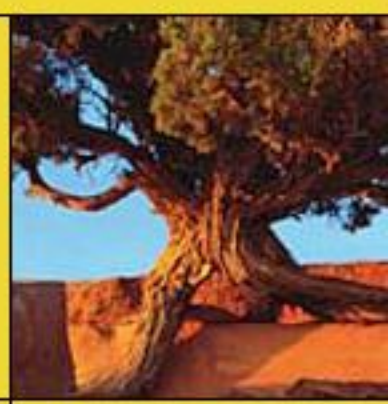
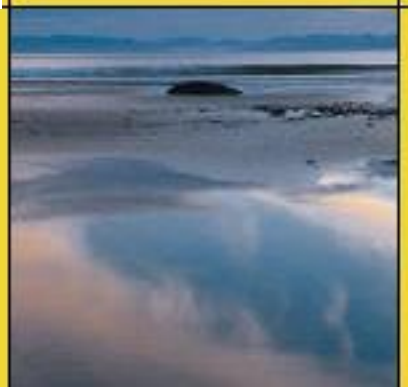
TOWARDS A NATIONAL PRIMARY HEALTH CARE STRATEGY: FULFILLING ABORIGINAL PEOPLES ASPIRATIONS TO CLOSE THE GAP



NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION

NACCHO



Dr Mick Adams, Chair, National Aboriginal Community Controlled Health Organisation (NACCHO),

March 2009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2004-05 Episodes of care

- The total estimated number of individual clients seen by *Aboriginal Health Services (AHS)* in Australia was **317,000** in 2004-05.
- In 2004-05, there were approximately **1.6 million** episodes of health care provided by AHSs of which 90% **were to** Aboriginal and Torres Strait Islander clients.


AMSANT
QAIHC
Queensland Aboriginal and Islander Health Council
AHCWA
Aboriginal Health Council of South Australia
'Our health, our choice, our way'
VACCHO
Tasmanian Aboriginal Corporation Inc
Image © 2005 MDA EarthSat
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United Nations Committee on Economic, Social and Cultural Rights (CESCR)

- For primary health care, clarified in 2000 that ICESCR obligations are such that: **"States should provide resources for Indigenous peoples to *design, deliver and control such services* so that they may enjoy the highest attainable standard of physical and mental health."**
- The International Covenant for Economic Social and Cultural Rights (ICESCR) entered into force in Australia in 1976.

Australian Policy

- The expansion of ACCHSs has been a prime policy objective since the 1989 National Aboriginal Health Strategy.
- Lacking in the ensuing twenty years has been a sufficient resourcing commitment by governments to expand ACCHSs provision.
- Whilst expansion has occurred,independent analyses have confirmed this has not been to the level necessary to close the gap in service access


Australian Government commitment

- “Improvements in primary health care are critical to improvements in the overall health system”. *The Hon Nicola Roxon MP.*
- Committed “to developing Australia’s first National Primary Health Care Strategy.”
- Consultation on a broad framework impacting on primary health care was sought (up to 27 February 2009). Further on is a synopsis of NACCHO’s submission.

Australian Medical Association

The 2007 AMA Report Card affirmed that:

- "All Australian Governments must commit to Aboriginal community controlled health services as the preferred option for providing appropriate and accessible comprehensive primary health care for Aboriginal and Torres Strait Islander peoples".

RACGP

RACGP Position Statement (2000):

- "The RACGP supports the drive towards self-determination of Aboriginal people and Torres Strait Islanders by acknowledging that Aboriginal community control in health is a key means of reducing health inequalities."

Australian General Practice Network

AGPN has committed to:

- "support work towards achieving the goal of each Aboriginal community having its own community based, locally-owned, culturally appropriate and adequately resourced primary health care service in which GPs have a role".

  [NACCHO-AGPN Memorandum of Understanding, 2007].

Aboriginal Community control

- "Community control is the local community having control of issues that directly affect their community".
- Implicit in this definition is the clear statement that Aboriginal people must determine and control the pace, shape, and manner of change and decision making at [all] levels (NAHS 1989a: xiv).

Culturally appropriate care

The primary health care delivered by Aboriginal *community-controlled* health services is *culturally appropriate* because they are:

- ‘An incorporated Aboriginal organisation,
- initiated by a local Aboriginal community,
- based in a local Aboriginal community,
- governed by an Aboriginal body which is elected by the local Aboriginal community,
- delivering a holistic and culturally appropriate health service to the community which controls it’. [NACCHO, 1995]

- Services that are not Aboriginal community-controlled, by definition, cannot deliver *culturally appropriate* primary health care.
- Such services can deliver healthcare that is *culturally secure.*

But...access to care is ... non-rem...

How do ... kn...

- Sel... eport...
- Expend...
- Rat... chron...
- Medici...
- Indicato...
- Referra... procedu...

Higher rates of potentially preventable acute and chronic conditions.

Indigenous people in non-remote areas were ...se in remote areas to ...d needed to go to a ...rofessional or dentist,

Less than half the rate of medicines utilisation and less access to Australia's universal primary health scheme than other Australians. Eg

Lower rates of immunisation, and antenatal care access by Aboriginal peoples; higher STI rates; and lower rates of early detection/early treatment) [Health Performance Frame...

Exp... (20... **Aborigi...** ...; yet burden of ... ...times higher. (Same a... ...01-02 period).

This includes spending for hosp... emergency dept attendances & transport (otherwise ratio is ... equivalent).

Rates of hospital procedures dependant on primary care referrals **are considerably lower for Aboriginal peoples** (AIHW National Hospital Morbidity Database)

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Can we close the gap? YES WE CAN!

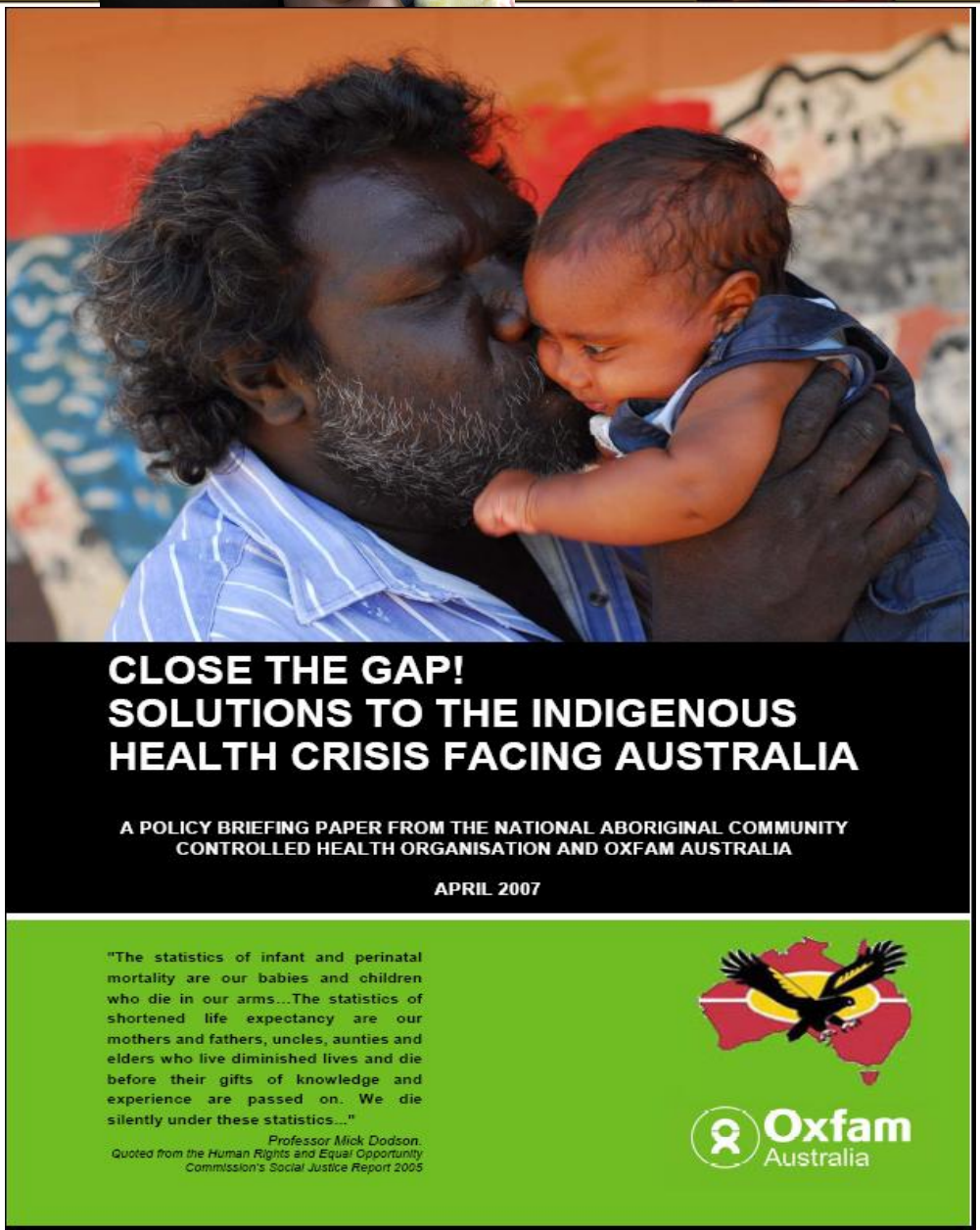
The funding is in the system;

* OATSIH

& COAG & = $1BIL/YR

* Reallocation of Private Health Rebate

* STATES/TERR??




To close the gap:

- NACCHO believes that a new PHC Strategy must affirm the critical role and impact that accessible and *culturally appropriate* primary health care can make to close the gap in Aboriginal health standards.
- The key recommendation in NACCHOs submission is that: "**ACCHSs are the preferred service model in the delivery of comprehensive primary health care to Aboriginal peoples across Australia.**"

PHC reform is the key to Closing the Gap

• Hospitals are important but the gains to be achieved in hospital reform are not as significant and NACCHO is not in support of mixing Hospital and PHC reforms until the PHC reforms are well established. What are these PHC reforms?

- ACCHSs funded to deliver comprehensive PHC across Australia to an indentified population of about 3000 up to 20 000 people in an Aboriginal Health Service Delivery Area (AHSDA);
- Needs based weighted population funding to each ACCHS in each AHSDA to ensure that the core functions of PHC are delivered to all Aboriginal people throughout the nation;
- NACCHO should be resourced to build an Aboriginal Health Board in each AHSDA which will become an ACCHS;
- A National Quality Improvement Framework be established;
- A National Aboriginal Health Authority pooling all PHC funds and directly funding ACCHSs in AHSDA.


Primary Health Care

The primary health care developed by our services is *comprehensive* because it is encompasses:

the provision of medical care, public health and community development: this includes clinical services treating diseases and its management of chronic illness, environmental health, pharmaceuticals, counselling, preventive medicine, health education and promotion, rehabilitative services, antenatal and postnatal care, maternal and child care, programs and necessary …aspects of health care arising from social, emotional and physical factors

Social Determinants of Health?

- NACCHO supports the establishment of an Independent Aboriginal Health Development Commission that would hold monitor and evaluate the efficacy of all government departments, Stakeholders and other providers;
- The AHDC should be a statutory body with powers similar to the Productivity Commission. It needs to have the power of inquiry and to have the teeth to ensure transparency and accountability against agreed performance measures;
- The Commission is needed in addition to the call for a national Health Equity Commission as mentioned yesterday.


A PHC Strategy to close the gap:

- *NACCHO submission*: Over 50 recommendations.
  - Public access: www.naccho.org.au (including Departmental website)
  - Encompassing all 10 potential ‘elements’ of a national primary health care strategy.
  - Too detailed for this presentation, but summarised under 6 headings…


Summary

- Plan of Action
- Funding base
- Aboriginal governance
- Core functions of PHC to Aboriginal peoples through ACCHSs
- Workforce support program
- Quality assurance and performance management program


Plan of action

- A long-term plan of action for the ex
in partnership between the Departm
NACCHO & Affiliates [initially throug
Plan] (Element 1);
- Plan meets specified targets and is
identified at the National Indigenous
(Element 5).
- Plan is in place to allow for the expa
communities where there is an inde
are augmented through capital works and
provide comprehensive primary health car
standard, and to meet the level of need. (Element 10)
- The NT Aboriginal Health Forum 'Pathways to Community Control' strategy is supported nationally as a systematic framework for working towards a primary health care system for Aboriginal peoples that maximises local community control.
    - *Northern Territory Aboriginal Health Forum. Pathways to Community Control. A Framework to further promote Aboriginal community control in the provision of comprehensive primary health care services. April 2008*.

Note: Making private general practices and other mainstream health care providers *culturally secure* for Aboriginal and Torres Strait Islander peoples is possible by supporting the adoption of cultural safety training programs which have been endorsed by the Aboriginal community-controlled health sector

Note: Medicare alone is incapable of providing core funding for the delivery of comprehensive, culturally appropriate primary health care to Aboriginal peoples, and neither will the introduction as Indigenous financial rogram. Labeling these Aboriginal expenditures in the absence of a robust accountability system to ensure there is no leakage to the non-Aboriginal population.

Notes: there is enough funding in the current system to achieve an average of more than $3,000/person for Aboriginal Australians. (approx 480,000)

Fu

- A
  - func
    nee
  - pooling of all *Abo al-specific* primary health care funds (including those to State Governments, Divisions of General Practice and other private providers) [Element 10];
  - a resource allocation formula (agreed to by NACCHO &Affiliates) that reflects the actual cost of ACCHSs providing the agreed core services at particular locations.

Aboriginal governance

- Progressing a *national* primary health care Plan of action to close the gap and to promote pathways to community control will require a formalised partnership between the Department of Health and Ag leadership, particularly in the Framework Agreement.

- Funds pooling should be governe by an appropriate mechanism, requiring the involvement of, and endorsement by, the NACCHO Aboriginal leadership.

Note: ACCHSs should not be required to compete for Indigenous-specific funding with mainstream health services, as currently occurs.

Core functions of PH

- The Capacity Building Plan should su
  core functions for ACCHSs across
  & 10) as the basis for funding
- A systematic approach towards defining the core deliverables for Aboriginal primary health care services (ie what funding would buy with an acceptable per capita benchmark funding allocation) is needed.
- The Strategy should recommend the adoption of principles that prevent Departmental funds allocation (such as for preventive health care) through tenders and separate grants where it is deemed to comprise core primary health care activity.

If core activities are not defined to underpin funding, services will continue to have imposed on them, separate reporting for grants and programs in order to supplement their funding.

Workforce support program

- Adopt the objective of addressing the workforce shortfall within ACCHSs (an extra 250 doctors, 450 RNs, 1500 AHWs, and allied health workers) in order to ensure access by Aboriginal Peoples to primary health care.
- Mechanisms to address shortfall are outlined (eg parity with salaries through funding-base; incentives for working within ACCHSs; National centres of Training Excellence within ACCHSs; national Cultural Safety training through ATSIHRTONN RTOs, etc)
- AHWs need inclusion in a National Registration Scheme.

Quality Assurance and performance management

- An evidence-based, ethical and acceptable quality assurance and performance management program developed by ACCHSs and for ACCHSs (Elements 5 &6), and underpinned by a new National Information Agreement.
- NACCHO and Affiliates to develop and endorse a national set of quality assurance indicators for ACCHSs;
- Mechanisms to monitor Departmental activity (eg Indigenous Summit PIs);
- Mainstream services made accountable for those in receipt of Aboriginal funds (endorsed by ACCHS sector);
- Support for the establishment of ‘a national unit for collaborating in research and quality assurance’ as an expansion of the activities of NACCHO.

In closing,

A new PHC Strategy aims to improve access to primary health care for Aboriginal Peoples.

- The success of a primary health care system should be judged by how effectively, *those Aboriginal peoples who are the most needy,* are able to access quality care.
- ACCHSs more readily reach those who are ‘underserved’, and are ‘equity producing’.
- the expansion of services that are community controlled is a priority in efforts to close the gap in life expectancy for Aboriginal Peoples.

NACCHO

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Welcome

NACCHO Annual Reports

"NACCHO is a living embodiment of the aspirations of Aboriginal communities and their struggle for self-determination"
PUGGY HUNTER

What's new

14/05/08

Media Release
Naccho 2008 Budget Response

Dr Mick Adams, chair of NACCHO*, the peak body for Aboriginal medical services says "The Aboriginal health measures in the federal budget are welcomed but they will need to be ramped up dramatically to achieve the Prime Minister's promise to get Aboriginal medical services up to scratch by 2018"..... (click here for more)

CLICK HERE for What's new

Qumax

Qumax released **10/04/08**

The 'QUMAX Program' or Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander People Program has now commenced. It assists our services to prescribe medicines with effectiveness and improves medicines access for our Aboriginal clients in non-remote areas who are not accessing them under existing section 100 arrangements. This will be achieved through partnerships with QUM support pharmacists and community pharmacies until June 2010.

This program is funded by the Commonwealth Government Department of Health and Ageing as part of the FourthCommunity Pharmacy Agreement

Contact NACCHO QUMAX Program Manager, Vicki Sheedy (Ph 07 33660971 and 0400782571, email vsheedy1@bigpond.

CLICK HERE to enter the QUMAX section of

State Affiliates

QAIHC
AMSANT
VACCHO
Tasmanian Aboriginal CENTRE
AHCSA
ANCWA
Aboriginal Health & Medical Research Council of New South Wales
Winnunga Nimmityjah Aboriginal Health Service

Webmail

Click here to Login to Staff Webmail.

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