

## Aboriginal health on the road to nowhere with unfunded policies

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A recent report on indigenous health highlighted the much larger gap in life expectancy between indigenous Australians and indigenous people in countries most like us - New Zealand, the United States and Canada. But a second report, from the Northern Territory, noted that the gap since the mid-1960s had decreased for females, although it has increased for males over that period.

So, there have been some gains in indigenous health issues - just not nearly enough.

Why hasn't Aboriginal health improved? There are lots of reasons, but for health professionals, what stands out are glaring inadequacies and an almost amateur approach to health service provision.

The net effect is a two-tier system in which Aboriginal people generally receive a lesser level of most types of health services than the rest of the population - despite being about three times as sick.

The amateurism lies in the fact that Australia has become the home of the resource-free policy: we say what needs doing, but don't fund implementation. And money is important.

The most important areas of shortfall are services for prevention, early diagnosis and treatment, particularly the medical and pharmaceutical benefits schemes. Some credit is due to Tony Abbott for the steps he has taken, but these have not put services for Aboriginal people on an equal footing with the rest of the population.

There is no real mystery about what needs doing: more medical and other staff for services for early diagnosis and treatment, and adequately funded programs for key issues - chronic disease, mental health, mothers and babies, etc.

Prevention programs for basics such as smoking, alcohol and nutrition, and national indigenous training programs for doctors, nurses and other health professionals are important, as are affordable medications and better access to specialists.

Early childhood programs, housing and education are also central. And in all this, Aboriginal leadership and community control of health services are of critical importance in tackling access issues.

What would this cost? Most estimates are in the range of \$350 million to \$450 million a year. No one suggests this should happen overnight but it could be progressively increased over five years. But let's have an end to resource-free policies. It is realistic for Aboriginal health to improve in as short a time as five to 10 years, but incrementalism won't do it.

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