

Despite DIY rhetoric, federal Aboriginal health grant goes to non-Indigenous WA service

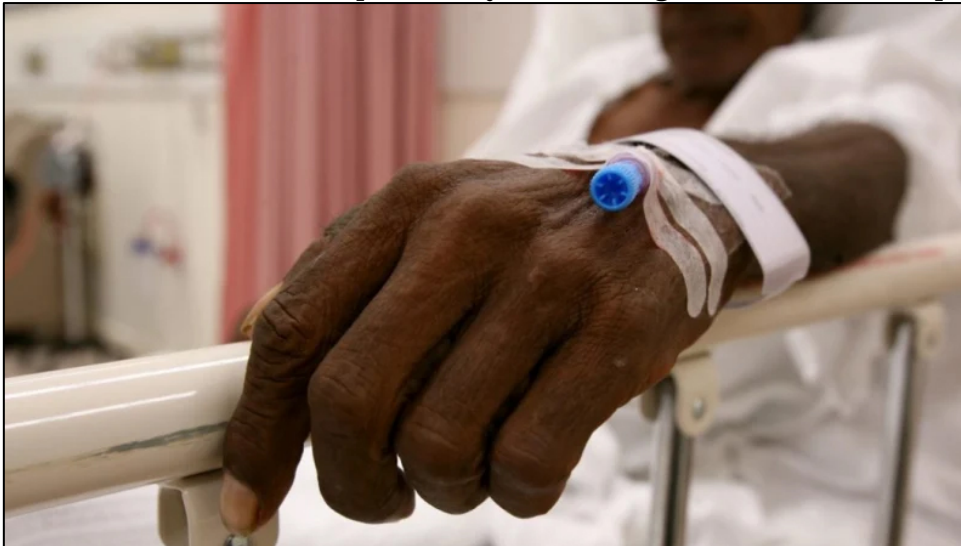
Earlier this month, the WA Coroner investigating Aboriginal suicides said not enough services were being designed and run by Indigenous people, and for Indigenous people.

By Emma Young
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The federal Liberal government has shocked the Indigenous community by awarding almost \$1.7 million from a funding program aimed at Aboriginal health services to a non-Indigenous organisation that employs a former WA Liberal minister.

Privately owned Redimed has former WA Liberal health minister Kim Hames on its staff as a GP.

Self-described in advertising materials as a “provider of specialised medical and injury management services”, it has not previously listed Indigenous health as a specialty.



Primary healthcare is the first line of defence, and can help keep people out of the hospital system.

But it says its pilot program will create Indigenous jobs and address unmet healthcare demand in one of Perth’s priority areas for *Closing the Gap*.

Friday’s Senate estimates revealed there had been no tender process, closed or otherwise; the company had made an unsolicited bid for the two-year grant, approved by Indigenous Health Minister Ken Wyatt.

A fortnight ago, when the 11th annual Closing the Gap report revealed that only two of seven targets were on track – neither concerning life expectancy – Prime Minister Scott Morrison had said the system was “set up to fail” through a lack of true partnership with Indigenous people, and promised an equal role for Indigenous leaders in redesigning the Closing the Gap process.

But the Indigenous community has “major concerns” about this federal funding decision, said a public statement from Vicki O’Donnell, chair of the Aboriginal Health Council of WA, the peak body for the state’s 23 Aboriginal community-controlled health services.

Ms O’Donnell queried how Redimed would add value to the two Aboriginal-controlled services already operating in Midland that had built connections with local Aboriginal people.

“How was the need for this additional service determined when there are already existing services in the area including Mooditj Koort, Derbarl Yerrigan and other not-for profit services?” she said.

She questioned how Redimed's capacity to deliver the contract was determined, in terms of clinical accreditation and experience in delivering primary health care to Aboriginal people.

She also asked why, if additional funding was available, the government would not increase the support for the two Aboriginal-controlled services in Midland to expand.

Ms O’Donnell said Aboriginal-controlled services were more accessible, performed better in key areas, and were the most cost-effective vehicles for delivering primary health care to Indigenous communities.

“The decision to award such significant funding to a non-Indigenous organisation goes completely against the sentiments made in Prime Minister’s recent statement at the launch of the Closing the Gap Report,” she said.

The \$800 million federal funding stream is “primarily aimed at and spent on Aboriginal-controlled organisations”, according to the Health Department.

About 85 per cent of its funding for front-line medical care goes to Aboriginal-controlled organisations, and another 10 per cent goes to state government services.

Only 5 per cent goes elsewhere, including now to Redimed for the pilot program of health assessments and follow-up home visits for Indigenous people in Rockingham, Joondalup and the eastern suburbs.

Moorditj Koort Aboriginal Health and Wellness Centre, Indigenous-owned and run in Perth since being founded in 2010, told the *National Indigenous Times* that it was

unethical for non-Indigenous organisations to receive funds for Indigenous health services.

“Our Aboriginal Community-Controlled Health Organisations have the right to self-determination and self-management under the UN Declaration on the Rights of Indigenous Peoples,” he said.

“Unless government begins to enable our Aboriginal Organisations to provide community-driven strength-based approaches to our people, it will not close the gap.”

After questions from WA Senator Rachel Siewert in a Senate estimates hearing, the Health Department’s Caroline Edwards said while the “key focus” of the funding program was supporting Aboriginal-controlled organisations, the department was also “looking at alternative methods of primary care and alternative delivery methods to cater for different types of circumstances.”

“This particular grant is one of those instances of having a go at a different form of delivery to see how it works in a particular area,” she said.

Redimed won the grant on condition it consult and collaborate with Indigenous organisations. It says Koya Aboriginal Corporation in Midland will lead delivery of the project and will face independent evaluation at the end of the two years.

“We did state that the pilot was not to duplicate any already funded service and was to serve only clients who weren’t already visiting other funded services,” the Health D

A Redimed spokesman said Dr Hames was part of the initial funding application advisory team but was not involved with the team of 14 that developed the pilot program and submitted the final funding application.

Asked about Redimed’s Indigenous healthcare qualifications, he said the pilot would be delivered by a newly created entity, Aboriginal Medical Care 360, in close partnership with Perth’s Koya Aboriginal Corporation and the Pindi Pindi Centre of Research Excellence in Aboriginal Wellbeing.

Koya founding chairman and stolen generation survivor Allan Kickett, and Pindi Pindi patron Professor Fiona Stanley, both supported Redimed’s research and Mr Kickett would be in a leadership role on its delivery.

“Medical Practitioners care for people from all cultures and Redimed is already caring for Aboriginal patients,” he said.

“Statistics show that a high percentage of Aboriginal people are unable to attend Aboriginal Health centres for a variety of reasons, including not having access to or being able to afford transport to and from appointments.

“To address this, AMC360 will deliver health care in people’s homes or in local community settings where patients have family and friends close by.”

He said these home services, delivered by Aboriginal clinicians, were a key point of difference to existing services.

He said the Greater City of Swan region was a federal priority area for Closing the Gap and up to 20 new Indigenous jobs would be created through the project.

Indigenous Health Minister Ken Wyatt said it was normal for this funding program to receive unsolicited bids.

“It aims to fill a gap in services in two areas of Perth where there has been significant growth in Aboriginal and Torres Strait Islander populations,” he said.

“Under the Indigenous Australians’ Health Program, unsolicited funding applications can be assessed against IAHP Guidelines. The key consideration is their capacity to help in Closing the Gap in health equality.

"Where is the condemnation of the \$35 million just granted by the Government to the Telethon Kids Institute to lead development of a Rheumatic Heart Disease vaccine, a project aiming to save hundreds of young Aboriginal and Torres Strait Islander lives and eliminate the devastating impact of RHD on Indigenous communities?

"Telethon Kids Institute is not an Aboriginal organisation but, equally, it collaborates closely with and employs many Aboriginal people in its vital work towards Closing the Gap.

"Selective criticism of the funding of Redimed, which is partnering with Koya Aboriginal Corporation in its work, begs the question of how serious people are about supporting a broad range of innovative measures to improve overall Aboriginal and Torres Strait Islander health. As I have said before, the key consideration is services' capacity to help in Closing the Gap in health equality."

Department of Health data shows that only 49 per cent of Aboriginal and Torres Strait Islander Australians receive their health care from Aboriginal medical services and Aboriginal community controlled health services.

Conditions on funding to Redimed stipulate that the program is not to be in Midland but must be targeted in Joondalup and Rockingham, where there has been a 17 per cent rise in Aboriginal populations.

State Coroner Ros Fogliani's recent report into a string of Indigenous children's suicides in the Kimberley resulted in 42 recommendations for this state.

Many of these, as well as the overall conclusion to the report, used the recommendations to push for better service design and delivery by Aboriginal people themselves.

She recommended the principles of self-determination and empowerment be given emphasis in programs relating to Aboriginal people in WA; that Aboriginal people and organisations be involved in setting and formulating policy and to share service delivery responsibilities.

“The considerable services already being provided to the region are not enough. They are still being provided from the perspective of mainstream services, that are adapted in an endeavour to fit into a culturally relevant paradigm,” she wrote.

“It may be time to consider whether the services themselves need to be co-designed in a completely different way, that recognises at a foundational level, the need for a more collective and inclusive approach.”

The Closing the Gap report revealed that while targets for increased participation in early childhood education and higher rates of year 12 attainment among Indigenous students were on track, the other five targets were not.

There had been little progress towards closing the gap in life expectancy, halving the gap in child mortality rates, halving the gap in employment and in reading and numeracy and closing the gap in school attendance.