
Social Justice Report 2005

THE INDIGENOUS HEALTH CHALLENGE:

A national commitment to health equality



I am recommending that the governments of Australia commit to achieving equality of health status and life expectation between Aboriginal and Torres Strait Islander and non-Indigenous people within 25 years.

Tom Calma, Social Justice Commissioner, 2005

Improving the health status of Aboriginal and Torres Strait Islander peoples is a long-standing challenge for governments in Australia. While there have been some improvements since the 1970's, overall progress has been slow and inconsistent. The inequality gap between Aboriginal and Torres Strait Islander peoples and other Australians remains wide and has not been significantly reduced.

Both chronic and communicable diseases are recorded at much higher rates in Aboriginal and Torres Strait Islander communities than in non-Indigenous communities. Chronic conditions include heart disease, diabetes and cancers. The causes of chronic conditions are believed to include: poor foetal and child health; poor diet throughout the lifecycle; smoking and alcohol misuse; a lack of access to primary health care (which is important in the detection and early prevention of chronic conditions); and social stress. Communicable diseases, such as trachoma and tuberculosis, are linked to overcrowding and poor sanitation in living conditions.

Underlying these headline health inequality indicators, Aboriginal and Torres Strait Islander peoples do not have an equal opportunity to be as healthy as non-Indigenous Australians. They do not enjoy equal access to primary health care and health infrastructure, which includes: safe drinking water, supplies of healthy food, effective sewerage systems, rubbish collection services and healthy housing. Without effectively addressing these underlying causes of health inequality, disease or condition-focused programs are not likely to result in sustainable changes.

Governments to date have made commitments to try and address Indigenous health inequality but always without a specified time frame and without effectively addressing the underlying inequality of opportunity in relation to health. Further, while funding for Aboriginal and Torres Strait Islander health has significantly increased in the past decade, this is from very low baselines and the increases that have occurred have been incremental funding increases that have not been enough to match need. Although there have been a number of well-intentioned strategies and frameworks in Australia there are few improvements to the health of Indigenous Australians.

In fact, despite some successes the overall data remains bleak and shows only slow improvements in some areas of health status, with no progress on others over the past decade.

However, significant work has been completed over the past three years to reinvigorate the commitments of governments to address Aboriginal and Torres Strait Islander health inequality through the *National Strategic Framework for Aboriginal and Torres Strait Islander Health* and related initiatives such as the Primary Health Care Access Program.

This *National Strategic Framework* sets the foundation for future work in the area of Indigenous health inequality. The need to address Indigenous health from a holistic perspective is identified as an essential commitment governments should make. Such an approach means that governments commit to working in a holistic manner at a program and policy level, to take a whole-of-government approach and most importantly, to do this in partnership with Aboriginal and Torres Strait Islander peoples.

Human rights based approach

The *Social Justice Report 2005* proposes a human rights based campaign to address the health inequality of Indigenous Australians. It builds on the direction of the *National Strategic Framework* but adds a number of elements that align it with the requirements of the right to health. Crucially, it asks governments to commit to addressing the health inequality and inequality of opportunity to be healthy **within a set timeframe**. Governments must also commit to increased funding – to levels that matches the needs of Aboriginal and Torres Strait Islander communities. The human rights based approach advocates that Aboriginal and Torres Strait Islander peoples have a right to health.

The campaign the Social Justice Commissioner's Office is proposing also acknowledges that Aboriginal and Torres Strait Islander peoples do not have an equal opportunity to be as healthy as non-Indigenous Australians. An address to these things is the essential foundation to the campaign for health equality .

The right to health has four essential elements that apply to the delivery of health care facilities and programs to Aboriginal and Torres Strait Islander communities:

Availability – proper primary health care facilities and programs have to be available in sufficient numbers across Australia;

Accessibility – these health facilities and programs must be within safe physical reach for all sections of the population, especially disadvantaged groups such as Indigenous Australians;

Acceptability - these facilities and programs must respect medical ethics as well as the culture of individuals; and

Quality – As well as being culturally appropriate, health facilities and programs must be of a good quality.

The health challenge

It is a realistic aim for governments to commit to ensuring an equitable distribution of primary health care and equitable standards of health infrastructure (such as water, sanitation, food and housing) in a time period of no more than **10 years**.

Further, based on the securing of equality of opportunity in relation to health, it is realistic for governments to commit to the goal of achieving equality of health status and life expectation within the next generation (**approximately 25 years**).

The main emphasis in rolling out the human rights based approach is for governments to build on existing structures such as the *National Strategic Framework* and to incorporate a number of monitoring mechanisms to make sure that governments are accountable. It is recommended that the goals and aims of the framework be incorporated into the operation of the new arrangements for Indigenous affairs, and in particular the Indigenous Coordination Centres, which contain staff from a broad range of government departments.

This means that the whole-of-government structures that have been developed through the new arrangements for Indigenous affairs will be utilised and further built upon.

The *Social Justice Report 2005* proposes that the Australian Health Minister's Conference agree to a *National Commitment to achieve Aboriginal and Torres Strait Islander Health Equality* and that bi-partisan support for this commitment be sought in federal Parliament, and in all states and territory parliaments.

This would mean that all governments commit to a program of action to address this inequality and aim to achieve equality of opportunity in the provision of health care and health infrastructure in 10 years.

Governments should also commit to continue to work to achieve improved access to mainstream services as well as continued support for community controlled health services with the full participation of Aboriginal and Torres Strait Islander peoples.

The national commitment by governments should acknowledge that achieving such equality for Aboriginal and Torres Strait Islander peoples will contribute significantly to the reconciliation process.