

The Hon Nicola Roxon MP, Fulbright Symposium, “Healthy People, Prosperous Country”, Adelaide

10 July 2008

Thank you for the warm welcome to country.

I acknowledge the traditional custodians of this land and their ongoing contribution to the Australian nation.

Can I also acknowledge: Professor Michael Barber, Ms Pat Anderson, Mr Mick Gooda, Professor Fran Baum; Professor Sir Michael Marmot; Mr Warren McCann; Dr Carmen Lawrence; and Mr Dan Clune (Acting US Ambassador).

It is a pleasure and a privilege to be here to open such a distinguished gathering. As the Minister for Health, I am very pleased that this year’s symposium is focussing on a topic of great concern to me and to the Australian Government – Indigenous health.

So I want to take this opportunity to talk a bit about what the Government is doing in the Indigenous health area, and to launch a couple of very important new initiatives in this area.

But equally, the Government is keen to hear your views – as international experts in this field – about what works in improving the health of socially disadvantaged and marginalised peoples.

Sir Michael Marmot has said that there should be two central aims for health policy: improving overall health outcomes, and reducing health inequalities.

Sounds straightforward enough but it’s amazing how often these fundamentals get lost in broader debates about health system reform – rather than an outcomes focus.

I can tell you that the PM is a very outcomes-focused man – and I’m sure this will help us enormously as we tackle the needs of Indigenous communities. He and I are determined to make sure that these two goals – improving health outcomes, and reducing health inequalities – will drive the Rudd Government’s health agenda. Reducing inequality is after all a bread and butter issue for a Labor government.

And nowhere is this more important than in Indigenous health, where the inequalities are so stark and the challenges ahead of us so significant.

I will have more to say later in the speech about tackling these entrenched inequalities, about ensuring that this is not merely an aim but a central cog in the machinery of Government.

Looking at the program I am sure you will hear examples over the next few days from the UK and the US where there has been success, and also local examples

of where the necessary improvements in Indigenous health have been made. Of course our federal structure has presented some unique barriers to building on these successes. We intend to use the Council of Australian Governments to turn this around – and use the opportunity to pick up programs and projects that have worked – and give them the muscle and follow-through to deliver benefits more extensively. We are determined to use our direct role to help bring about needed investment and change.

And slowly - I can see, and hope you can too - some improvements are being made. In the first seven months of this new Rudd Government, we have taken some important early steps which I'm confident will lead to the gains we know we need to make.

The historic apology to the stolen generations which was made by the Australian Government as its first act in the new Parliament last February, was one important step.

In making the apology, the Prime Minister reiterated the Government's commitments to the following targets relating to Indigenous health and well-being:

- halving the mortality gap for children under 5, in 10 years;
- halving the gap in literacy and numeracy in 10 years; and
- closing the life expectancy gap within a generation.

In Indigenous health, we're making some important down-payments towards achieving these goals, focussing on areas where we know immediate investment can yield significant returns, but with an eye on the long term at the same time. Infant mortality is an area where there have been some recent improvements, but where there's still a lot of work to do.

In 1991 Indigenous infant mortality was around 23 deaths per 1,000.

In 2003 the rate was around 12 per 1,000 – a drop of 44 per cent.

But that is still around three times as high as for the general population; and Aboriginal and Torres Strait Islander women are almost three times more likely to die while pregnant, during labour or up to six weeks after giving birth than non-Indigenous women.

And so one of the areas where we're investing a lot of effort is in the early years. As well as improving infant mortality rates, the evidence for investing in the early years to improve life chances in the long term is now overwhelming – we know that early intervention programs for children and their families can have long-term benefits for physical and mental health, educational achievement and emotional functioning.

Before the election, Labor committed to providing \$112 million for improving child and maternal health services.

In addition, the states and territories will provide \$75 million for child and maternal health. In the seven months since the Rudd Government was elected, we have been working hard on rolling out these commitments to provide additional resources for the services provided to Indigenous mums and their babies in the crucial early months and years. I announced earlier in the year the

first five sites which will receive funding from this election commitment. Later in the year I'll be announcing at least another six sites which will receive additional resources in the 2008-09 financial year under this initiative.

I also announced earlier in the year the commencement of the Nurse Family Partnership – an intensive nurse home visiting program based on the work of Professor David Olds in the USA – at Wuchopperen Health Service in Cairns and Congress in Alice Springs. I've also recently approved the first urban site for the roll-out of this program, the Victorian Aboriginal Health Service in Melbourne. We hope it will become an exemplar of how providing intensive support in the early years leads to important benefits later in life – and provide rigorous data to add to our strong research base in this area.

There is a range of other things we're hard at work on in the health arena. For example:

- additional support for drug and alcohol services;
- additional resources to strengthen primary care in the Northern Territory, improve workforce supply, and boost Indigenous health infrastructure;
- we've committed nearly \$15 million to tackling high rates of smoking in Indigenous communities;
- providing additional resources for members of the stolen generations to be reunited with their families; and
- we're working on a \$19 million plan to strengthen the Indigenous health workforce.

And just last week, COAG agreed in principle to a new National Partnership between the Commonwealth and the states and territories to improve support for Indigenous kids and their parents. Again recognising the importance of investing in the early years, this National Partnership will consist of joint funding of around \$547.2 million over six years to address the needs of Indigenous children in their early years. This funding will be used to provide significant additional resources to improve antenatal care for Indigenous mums-to-be, teenage reproductive and sexual health services, child and maternal health services and integrated child and family services.

To reach our high level targets we will need to take our combined efforts like these and drive them to a whole new level. As the Prime Minister said, most old approaches are not working - we need a new beginning.

As well as the COAG goals, in March the Australian Government signed up to the Indigenous Health Equality Summit's Statement of Intent.

This statement commits us to working with the Indigenous health sector and mainstream health organisations towards Indigenous health equality; and to developing a comprehensive, long-term plan of action to achieve equality of health status and life expectancy by 2030.

These partnerships are an important part of a new way of doing things – and we rely on you, as much as you rely on us, to ensure that real benefits flow to the community from these actions.

What needs to be done

I mentioned earlier that Sir Michael Marmot said that there should be two central aims for health policy: improving overall health outcomes, and reducing health inequalities.

What we also know from his work, and yours, is that improvements in health outcomes and inequalities require more than just improvements to the delivery of health services. Other factors – like housing, employment and education - are critically important as well.

We know that a person's social and economic position in society, their early life experiences, their exposure to stress, their educational attainment, their employment status, their exclusion from participation in society, and transport - all exert a powerful influence on their health throughout life.

It is simply not possible to tackle health in a vacuum.

Indigenous children in Australia continue to experience significantly poorer education outcomes than their non-Indigenous counterparts. Indigenous people experience much higher rates of unemployment, and especially long term unemployment, than do non-Indigenous people.

40 per cent of Indigenous people remain in the lowest quintile of incomes. There are some indications that exposure to violence, child abuse and neglect and contact with the criminal justice system (including imprisonment) are getting worse not better. And all the available evidence shows us that disadvantage in terms of income, education and employment will have a negative impact in health.

So when this Government committed to closing the 17-year-gap in life expectancy within a generation, it did much more than commit to improving health services. We also know we need to increase the Indigenous health workforce, as well as tackle issues including housing, education and employment.

This is one reason why this Government will resist the urge to address issues through siloed portfolios – to place problems in particular buckets, compartmentalising issues while failing to acknowledge their connections. Life does not take place in strictly defined Government portfolios – nor can government afford to approach it in that manner.

And so, in addition to improving Indigenous health outcomes, the Prime Minister has committed to halving the gap in employment outcomes; ensuring access to early childhood education for all remote Indigenous children in five years; and halving the gap in Indigenous Year 12 retention by 2020.

We are also determined not simply to isolate this work within the Commonwealth, but, as I've mentioned, to work with the states and territories in order to achieve the goals we've set ourselves. The Council of Australian Governments willingly signed up to the Prime Minister's targets for reducing Indigenous disadvantage – the first time there has been a truly national consensus on what exactly we should be aiming to achieve to improve Indigenous outcomes.

COAG has set up a Working Group on Indigenous Reform to progress these goals with the states and territories.

The Working Group has adopted an integrated approach, tackling all social

determinants of health concurrently – with an agreed series of specific actions across health, education, employment, and housing.

Work in all of these areas, in partnership with the Indigenous community, will be central to delivering better health outcomes.

This is a broad, deep challenge, and requires a broad, deep vision to overcome it.

Earlier, I mentioned our commitment to:

halving the mortality gap for children under 5 in a decade;
halving the gap in literacy and numeracy in 10 years; and
closing the life expectancy gap within a generation.

The Prime Minister has committed to reporting to Parliament each year on our progress against these first three targets. This is not only because it is vital to measure our progress – although it is – it is also because in this way, we affirm in the national imagination that this is a task that faces each of us, and a responsibility that is shared among us.

That responsibility is one that must be borne by both Indigenous and non-Indigenous Australia.

There has been much said about the need for both Indigenous and non-Indigenous Australians to deliver the change that is needed in Indigenous living standards. Government must play a role; white Australians must play a role; so must Indigenous Australians. And that is true of all the areas I have mentioned this morning.

Rarely, however, has this point been made in reference to health.

One of the areas that the Rudd Government is focused on more generally is prevention. We strongly believe that prevention must play a more central role in our health system – keeping people well and out of hospital, rather than simply fixing them when they are sick. This is particularly critical in the task of tackling the Indigenous life expectancy gap, given that chronic diseases like heart disease, cancer and diabetes – many of them preventable – are the biggest contributors to the life expectancy gap between Indigenous and non-Indigenous Australians.

We believe there is a strong role for Government to play in refocusing our health system towards prevention, and our initiatives are designed with this in mind.

But prevention, in many ways, is also up to the individual. Many of the risk factors associated with chronic diseases are behavioural – it is ultimately up to individuals to modify their behaviour to reduce their exposure to illness.

We will invest money in tackling smoking – but quitting is ultimately a choice made by a person. We will provide support for drug and alcohol services – but giving these things up, or learning to handle alcohol responsibly, is a challenge that must, in the final analysis, be met by the person in question.

These are difficult, cultural changes that must be made. They exist everywhere, but nowhere are they as prevalent as in the Indigenous community.

Governments need to play their part in helping to create the conditions in which Indigenous Australians will be able to make these lifestyle changes –

encouraging people to quit smoking, improving access to health services. And we intend to do this.

I simply make the point that Indigenous Australians need to play their part too. There are of course many examples of where successful Indigenous health organizations are doing this already. I mentioned earlier Wuchopperen in Cairns – one of the great success stories of the Aboriginal community controlled health sector. One of the well known examples of Wuchopperen's good work is the Healthy Heart Cardiac Rehabilitation Program which was set up a few years ago. Through an Indigenous Cardio Rehab coordinator funded by the Health Service and an Outreach service provided by Cairns Base Hospital, Wuchopperen has dramatically lifted Indigenous patient participation in cardiac rehabilitation and treatment programs. It was this sort of work, combined with strong leadership and management, for which Wuchopperen was awarded an Indigenous Governance Award by Reconciliation Australia in 2006.

These are the kinds of projects which we need to support and help to thrive. And this Government looks forward to continuing to work in partnership with the Indigenous health sector and the broader health sector to achieve these goals. Today, I am delighted to announce one of the next steps we are taking towards helping deliver these changes in partnership with the Indigenous community – the formation of the National Indigenous Health Equality Council.

On 20 March 2008, when he signed the Statement of Intent, the Prime Minister announced the establishment of a new National Indigenous Health Equality Council to advise on the development and monitoring of targets relating to life expectancy.

This group will provide advice to Government that is based around delivering solid outcomes. It will not simply advise on how to improve Indigenous health – it will focus on how to close that terrible 17-year life expectancy gap within a generation, with specific targets and timeframes established.

In recognition of the experience they bring, their knowledge of their community and the role they will play in helping bring about cultural change, the majority of the Council are Indigenous people with experience in this field. In acknowledgment of the fact that this must be a community-wide effort, harnessing all the resources at our disposal, there are also several non-Indigenous members, selected for their knowledge and expertise.

And so it is with great pleasure that I am able to announce the membership of the Council today.

Professor Ian Anderson will Chair the Council. Ian will be well known to all of you as a leading researcher in Indigenous health with wide ranging experience of the health sector.

Dr Mick Adams, Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO) and expert in Indigenous men's health, will be the Deputy Chair.

I'm delighted that both Ian and Mick are here with us today.

Other members of the Council will include:

Paula Arnol, Chair of the Aboriginal Medical Services Alliance of the Northern Territory and CEO of Danila Dilba Health Service in Darwin
Sally Goold, current Chair and founder of the Congress of Aboriginal and Torres Strait Islander Nurses

Dr Tamara Mackean, President of the Australian Indigenous Doctors' Association

Dr Alex Brown, Head of the Centre for Indigenous Vascular Research at the Baker Heart Institute

Gregory Phillips, a medical anthropologist who has done a lot of important work on Indigenous health workforce and medical curriculum issues

Romlie Mokak, experienced Indigenous policy maker and current CEO of the Australian Indigenous Doctors' Association

Non-Indigenous experts on the Council will include:

Associate Professor Paul Torzillo, a respiratory physician with particular expertise in child health, and Medical Director of Nganampa Health Council in the APY Lands

Professor Kerin O'Dea, a leading expert on nutrition and diabetes

Dr Ian Cameron, currently the CEO of the NSW Rural Doctors Network, who has extensive experience in rural and remote health

I'm sure those of you here who know any of these people will agree it's a highly distinguished group of individuals – with a terrific mix of skills, experience and expertise. I'm confident that they will make a very important contribution to achieving the Government's goals on improving Indigenous health outcomes and to working with you all to do so. I also look forward to working with them.

One of the first tasks I'll be asking the National Indigenous Health Equality Council to consider is how we strengthen the Indigenous health workforce. We know that getting more Indigenous people into the health workforce is critical to improving Indigenous health outcomes, and it is an area which not enough attention has been paid to in the past.

To further encourage Indigenous people to see the doctor or a nurse, we need more Indigenous doctors and nurses. To improve the relations of trust between the Indigenous community and the medical profession, we must deliver more Indigenous health professionals.

A report prepared earlier this year for the National Aboriginal and Torres Strait Islander Health Council lays out some directions for delivering on those aims.

Today I would like to take this opportunity to launch the National Aboriginal and Torres Strait Islander Health Council – Pathways into the health workforce for Aboriginal and Torres Strait Islander people: A blueprint for action, known as the 'Pathways Paper'.

This paper has been developed by the Australian Indigenous Doctors' Association in consultation with other peak Indigenous groups and the Aboriginal Community Controlled Sector. It provides strategic advice on how to maximise

Indigenous participation in the health workforce by promoting pathways between school, vocational education and training, and higher education, as well as retaining and building the capacity of the existing Indigenous workforce through workplace support, education, training and career development.

This is a very important piece of work and I congratulate everyone involved in its production – in particular AIDA.

The Pathways Paper is consistent with the directions of the Government's \$19 million National Indigenous Workforce Training Plan which the Prime Minister and I announced on 20 March 2008.

This plan will include:

- support for the Australian Indigenous Doctors Association to expand its work of mentoring and networking young Indigenous doctors;
- support for the Congress of Aboriginal and Torres Strait Islander Indigenous Nurses to expand its network of mentoring Indigenous nurses;
- support for the Aboriginal community controlled health sector to encourage Indigenous people and students to join the Indigenous health workforce;
- additional training opportunities for Aboriginal Health Workers, and support for the establishment of a National Aboriginal Health Worker Association; and
- support for the Leaders in Indigenous Medical Education Network to ensure that Indigenous health is expanded into the curriculum in medical, allied health and nursing schools.

We'll be seeking the National Indigenous Health Equality Council's advice as we implement this training plan, and on the additional steps we need to take to boost the number of Indigenous people in the health workforce. Because we know that this may well hold the key to making a lasting difference long term.

Conclusions

Let me conclude by saying that there is a great deal of work ahead of us.

But this is work that cannot be brushed aside.

When some members of your community routinely die twenty years before the rest, closing that gap is not an abstract policy aim.

Closing that gap is what marks us out as a decent, humane, compassionate community, with a commitment to equality which we can be proud of.

We are determined to do what is necessary. We are investing in health; we are investing in education; in employment; and in housing.

We are doing what we can, across the board, in the hope that we are doing what we must.

Everyone must play their part in this great challenge, but the announcements I have made today are another small, but important, step along the road to equality.

Thank you.