

1) Why is there a gap in primary care services for Indigenous Australians (given that only 25% of Indigenous Australians live remotely)?

The report only includes health expenditure per person on four areas of health services for Indigenous and non-Indigenous Australians for which it was possible to estimate expenditure by remoteness area—that is, admitted patient services, OATSIH grants to Aboriginal Community Controlled Health Organisations (ACCHOs), the Medical Benefits Schedule and the Pharmaceutical Benefits Schedule.

In 2006–07, these areas of health expenditure together accounted for 57% (\$1,667 million) of health expenditure on Indigenous people, compared with 49% (\$45,350 million) for non-Indigenous Australians.

The report also states that: “Since the remaining areas of health expenditure excluded from the analyses in this report account for 43% of health expenditure on Aboriginal and Torres Strait Islander people, care should be exercised when interpreting and/or comparing these estimates with those published in *Expenditure on health for Aboriginal and Torres Strait Islander people 2006–07* and earlier reports.”

The *Expenditure on health for Aboriginal and Torres Strait Islander people 2006–07* report published in 2009, noted that: “In many of the areas where Aboriginal and Torres Strait Islander people live, hospital admission is a common means of delivering basic health services, and hospital emergency and outpatient departments are the most accessible source of affordable medical treatment, including GP-type care.

This is demonstrated by the expenditure per person, on non-admitted patient services which was 2.2 times higher for Indigenous Australians in 2006-07.

Factors that may also affect the use of primary health care by Aboriginal and Torres Strait Islander people include accessibility of primary health care services; transport availability and cost; cost of the service; and cultural appropriateness.

2) Why are Indigenous Australians suffering from preventable and deadly diseases at much higher rates than non Indigenous Australians?

Aboriginal and Torres Strait Islander people experience a burden of disease two-and-a-half times that of other Australians. A large part of the burden of disease is due to chronic diseases such as cardiovascular disease, diabetes, cancer, chronic respiratory disease and chronic kidney disease. This can be reduced by earlier identification of disease, and management of risk factors for disease and the disease itself.

The Australian Government's \$805.5 million Indigenous Chronic Disease Package aims to achieve this reduction by providing support to the health sector and better access to health care by Indigenous Australians.

3) How does the government propose to address these gaps in services?

In November 2008, the Council of Australian Governments committed up to \$1.6 billion over four years to close the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation.

Under this partnership, the Australian Government committed \$805.5 million to tackle chronic disease among Indigenous Australians.

The Indigenous Chronic Disease Package aims to reduce key risk factors for chronic disease in the Indigenous community such as smoking, improve chronic disease management and follow up, and increase the capacity of the primary care workforce to deliver effective care to Indigenous Australians with chronic diseases. The package provides:

- significant new funding for preventative health focusing on Aboriginal and Torres Strait Islander individuals, families and communities;
- support and funding for more coordinated and patient-focused primary health care for Aboriginal and Torres Strait Islander people in both Aboriginal Community Controlled Health Services and mainstream general practice; and
- an expanded Indigenous health workforce.

The package is:

- promoting and supporting good health initiatives through the involvement of local communities and delivery of healthy lifestyle programs;
- supporting accredited Indigenous health services and general practices by providing new funding for the delivery of better health care for Indigenous Australians;
- removing barriers so that patients can better access essential follow-up services such as allied health, specialist care and Pharmaceutical Benefits Scheme (PBS) medicines; and
- building the capacity of the primary health care system to care for patients by growing the number and skills of the Indigenous health workforce.

Key achievements in 2009-10 include:

A total of 294 new positions funded to build the Indigenous health workforce (83 Aboriginal and Torres Strait Islander Outreach Workers in AMSs and DoGPs; 41 Healthy Lifestyle Workers; 21 Tobacco Action Workers; 20 Tobacco Action Coordinators; 20 Practice Managers; 14 other health professionals and 95 Indigenous Health Project Officers) ; 30,897 Indigenous health checks provided, an increase of 24.5% on 2008-09; Commencement of the new PIP Indigenous Health Incentive; 148 MSOAP services delivered in rural and remote communities; and 38 additional general practitioner registrar training posts provided in Indigenous health services.

Key achievements to date in 2010-11 include:

PBS Co-payment initiative commenced, which provides assistance to Indigenous patients to reduce or eliminate co-payments when purchasing PBS medicines;
Additional 42 ATSI Outreach Workers funded in DoGPs;
Rollout of MSOAP expansion in all states; and
First 8 Sentinel Sites established.

4) Can the department guarantee that the new Commonwealth funding arrangements for Indigenous health will not result in a lower level of local services for

Indigenous Australians?

New funding arrangements under the Indigenous Chronic Disease Package provides substantial additional funding to the Aboriginal Community Controlled Health and mainstream health sectors to improve services provided to Aboriginal and Torres Strait Islander people.

Activities under the Package have already contributed to a greater focus on providing Indigenous health checks with nearly 31,000 provided in 2009-10, an increase of 24.5% on 2008-09.

The Package will deliver a comprehensive approach to chronic disease management that seeks to increase access to quality services for Aboriginal and Torres Strait Islander Australians, including greater uptake of health checks and the provision of follow-up care through the Medicare Benefits Schedule (MBS) health financing system.

Following a health assessment, Aboriginal and Torres Strait Islander patients are now eligible to receive up to ten follow-up services by a practice nurse or register Aboriginal health worker under the Medicare benefits Schedule, up from the previous limit of five. . In 2009-10, 8,480 services were provided by Aboriginal Health Workers, an increase of 108.1% on 2008-09, and practice nurses provided 104,982 services, an increase of 42.2% on 2008-09.

The Indigenous Chronic Disease Package is an important contribution to the Australian Government's wider response to closing the gap in Indigenous disadvantage. It will help improve the basic health and wellbeing of all Aboriginal and Torres Strait Islander people, and play an important role in building stronger, healthier communities.

5) Federal AMA President Andrew Pesce is calling for an increase in the number of local indigenous health care workers and greater numbers of Indigenous community health care clinics such as Inala in Brisbane. Will the government provide these services?

Funding a new workforce, providing additional training and professional development opportunities, and expanding key Indigenous health services have been the first steps under the Indigenous Chronic Disease Package in building the capacity of primary care services to ensure Aboriginal and Torres Strait Islander people have access to quality health care.

Under the Indigenous Chronic Disease Package, 294 new positions have been added to the Indigenous health workforce. The new workforce introduced nationally in 2009-10 includes 95 full-time equivalent (FTE) Indigenous Health Project Officers in Divisions of General Practice, the Australian General Practice Network, the National Aboriginal Community Controlled Health Organisation (NACCHO) and their state and territory affiliates. Project Officers are working to increase the focus on Indigenous health at the local level and help mainstream primary care providers deliver culturally sensitive services to Aboriginal and Torres Strait Islander people.

A total of 83 FTE Aboriginal and Torres Strait Islander Outreach Workers have been funded in Divisions of General Practice and Indigenous health services. These positions will help

connect Aboriginal and Torres Strait Islander people to services and build their knowledge and confidence in using the health care system.

Indigenous health services were also funded to employ an additional 20 practice managers and 14 health professionals to develop their capacity to meet the expected increase in demand for services.

An additional 38 general practitioner registrar training posts were established in Indigenous health services and all positions have been filled.

The Package will also provide an additional 41 Healthy lifestyle Workers, 21 Tobacco Action Workers, 20 Tobacco Action Coordinators.

The Nursing Scholarship and Clinical Placement Programs are also being expanded under the Package, with fifty professional development nursing scholarships provided to nurses currently working in an Aboriginal Medical Service. Fifty nurse clinical placements will be provided for undergraduate nurses working in Aboriginal Medical Services. Fifty nursing scholarship and fifty nurse clinical placements will be offered each year over the next four years.

In addition:

- Aboriginal Community Controlled Health Organisations (ACCHOs) are independently owned incorporated Aboriginal organisations. They are initiated by a local Aboriginal community, and governed by an Aboriginal body elected by the local Aboriginal community. They deliver holistic and culturally appropriate health services.
- The Government currently funds 183 ACCHOS nationally to provide services.
- State and Territory Governments also provide an important role in funding Indigenous health. The Inala Health Service is funded by the Queensland Government.