

**National Press Club Address**

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CHECK AGAINST DELIVERY

As a Goorang Goorang man from Bunderberg QLD I would like to commence by formally *acknowledging the traditional owners and custodians of land upon which we meet today and pay my respects to elders both past and present.*

It is a great honor to have been invited to speak at the National Press Club.

I would like to thank all those in attendance today, in particular those who have travelled from near and far to attend.

Can I share with you an experience I had recently when visiting an Aboriginal Community Controlled Health Service in Ipswich, Queensland.

This service, the Kambu Medical Service, started out over 30 years ago in the home of a local Aboriginal person

It has since grown into a comprehensive Aboriginal medical and specialist service Centre, run by Aboriginal people, which employs more than 35 staff and runs a range of programs which support the health of the surrounding community.

Late last year, as I sat in the waiting room of Kambu Medical Service with elders, mums with their young babies and others waiting to see a doctor, an under 16s Aboriginal Rugby League team lobbed through the door.

There were about fifteen young boys, pushing each other, laughing - generally acting like teenage men do.

They were all there for a health check up.

They were greeted by Kambu Aboriginal medical staff, many of whom they knew.

There was great sense of community in that room as they were ushered in to see the health service staff – Aboriginal Health Workers, nurses and doctors.

Now we know that young men, both Aboriginal or non-Aboriginal, are notoriously hard to convince to look after their own health.

And yet these young men felt a sense of place at Kambu.

They felt welcome and they felt safe.

Their experience of visiting a medical center was a positive one and I could see that these young men would have no apprehension about coming back as they grow into adults and had families of their own.

And right there we see why Aboriginal Community Controlled Health Services are so important if we are going to make the inroads needed in improving the health of Aboriginal and Torres Strait Islander people.

I visit many services like Kambu - there are over 150 Aboriginal Community Controlled Health Services around Australia who provide critical health services to nearly 300 Communities - servicing over half of Australia's Aboriginal and Torres Strait Islander population.

These are services that are run by Aboriginal people for Aboriginal people.

They are governed by community boards that are elected by their members

They are in remote places like Carnarvon and Halls Creek; they are in regional locations like Mildura and Albury; and they are in every capital city.

Not only offering GP services, but our members offer a wide and diverse range of health care services in areas like diabetic, cardiac, eye health, pediatric, and nutrition specialist services.

Though many would agree that this in itself is what many of us would call Comprehensive Primary Health Care services, but very importantly what they all have in common are the following critical elements: they provide a sense of community and belonging, an environment that is safe, culturally sensitive and appropriate for Aboriginal and Torres Strait Islander people.

They combine clinical know-how with culturally enriched local knowledge and wisdom.

Aboriginal people visit these services because we feel welcome, understood and respected which we certainly don't always experience in mainstream health services.

And that's why the Aboriginal Community Controlled Health movement, which was started more than 40 years ago is still achieving life changing results for Aboriginal people.

In fact the very first Aboriginal Medical Service was established in Redfern in 1971 by community leaders and activists in response to ongoing discrimination against Aboriginal people within the mainstream health system.

Tired of seeing poor health and premature deaths of Aboriginal people, these pioneers of Aboriginal Community Control started with humble beginnings, a few hours a day, a few days a week, and , just like Kambu, grew into a comprehensive primary health care service we see today.

The Redfern model has been replicated in other cities and towns.

It hasn't always been a smooth road, but we are now at a point where we have over forty years of experience behind us - more than forty years perfecting the model – and I am pleased to say that there is a growing body of evidence to show that our model works.

A report released last year by the Australian Institute of Health and Welfare demonstrated that Aboriginal Community Controlled Health services are making some of the biggest gains in closing the appalling health gap between Aboriginal and non-Aboriginal Australians.

Our services are encouraging and working with our people to look after their own health, to seek regular check ups and, importantly, our kids are seeing that going to their local Aboriginal Community Controlled Health service for regular check ups are a part of life.

This is exactly how we are going to achieve the prize of seeing real improvements in the next generation of Aboriginal Peoples health.

Our services are not just achieving tangible results such as reducing child mortality by 66 per cent, and reducing overall Aboriginal and Torres Strait Islander mortality rates by 33 per cent but we are also easing the pressure on the mainstream health system.

The trend toward Aboriginal people seeking check ups at their local Aboriginal Community Controlled Health service means we are starting to diagnose earlier, make real inroads into reducing risk taking behavior's like smoking, and putting preventative health measures in place.

This in turn is slowly reducing the pressure and costs at the chronic end of the scale, reducing the need for hospitalisation and acute care.

We all know that a dollar spent in prevention can save two or three down the track by avoiding emergency or hospital-based care.

But it's not just in health, as significant as that is, where our member organisations are making a difference.

The report NACCHO is releasing today, the "*Economic Value of Aboriginal Community Control Health Organisations*", by health economist Katrina Alford, reveals the impact of our services is much broader and has a multiplier effect through the communities they operate in, and beyond.

I would like to thank Katrina for her work and also the Aboriginal Community Controlled Services who participated as case studies sites for this paper - Winnunga here in Canberra, Rumbalara in regional Victoria & Mulungu in far north Queensland

At a basic level, people who are ill can't participate in the labour force - individuals with poor health can't always consistently attend education or training and children who are sick cannot participate in schools at the levels that are needed.

Improving the health of Aboriginal people increases participation rates of Aboriginal people in society, increases productivity and provides our people with greater opportunities for social and financial independence.

The flow on effects to the labor force and educational participation in society has a direct result on reducing welfare dependency and criminal justice rates.

So at that very basic level, the contribution of Aboriginal Community Control Health Organisations to improve the lives of Aboriginal people is significant from both a social and economic point of view.

But even more than that, our member Organisations are a large-scale employer of Aboriginal people themselves and in fact the main source of employment in many communities.

It is estimated that well over 5,500 people are currently employed by Aboriginal Community Control Health Organisations across Australia and approximately 3,500 of those are Aboriginal or Torres Strait Islanders.

These jobs are predominantly skilled occupations and provide wages and salaries that are much higher than the average Aboriginal Australian income and considerably more than many of our people who are on Centrelink benefits.

So a single investment in Aboriginal Community Control Health Organisations deals with all three of the main challenges in Aboriginal communities:

- High unemployment
- Low education levels
- And poor health

Indeed, I am living proof of the opportunities Aboriginal Community Controlled Health Organisations provides for a young Aboriginal person.

I started out in my early 20s in junior role at the Rumbalara Aboriginal Co-operative – an Aboriginal Medical Service in Victoria.

There I was fortunate enough to be mentored by inspiring, incredible and visionary Aboriginal people - who taught me the importance of Aboriginal health in Aboriginal hands.

Over the next two decades I worked my way up from a youth worker to health services manager, CEO and ultimately Chairperson.

I learned on the job, while raising my educational levels and earning my stripes along the way. I doubt whether I would have achieved so much if I hadn't been privileged to learn and develop in such a nurturing and culturally sensitive environment.

Sadly however, although we are slowly seeing some improvements, many of the Aboriginal and Torres Strait Islander health workforce suffer institutionalized racism in the mainstream system and many have their career paths stunted.

Yet, in an Aboriginal Community Controlled Health environment, the Aboriginal and Torres Strait Islander health workforce employees in the main flourish.

It is not unusual to find that many who work in our sector have a very strong dedication to their Communities and a passion for improving the lives of their families, communities and people.

Another study published just last year focusing on a service in North Queensland, demonstrated that the training and experience people had gained while working in the Aboriginal Community Controlled Health environment had actually resulted in growing a broader diverse workforce.

Many had moved on from the primary health care environment to establish careers and their own businesses, advocating and providing social support services for Aboriginal people in other areas such as housing, employment and training.

And so we see the multiplier effect I referred to earlier. Our member organisations provide a real channel for skilled and secure employment and economic growth in communities.

The training, the experience and the supportive environment provide employees with a range of skills that ensures not just financial independence but has a ripple effect long after and far broader than the day they commenced employment within one of our member organisations.

Increasing employment of Aboriginal people has benefits not just to the person employed but also to their family, community and broader society which is why the Prime Minister has made Aboriginal employment and education some of his top priority areas.

And of course, increasing Aboriginal employment and education also has advantages for the bottom line of government budget.

Earlier this year Deloitte Access Economics estimated the scale of strengthening in government budgets, that would flow directly from increasing Aboriginal employment and productivity and raising life expectancy over a twenty-year period identified an \$11.9 billion net increase in government revenue over 20 years – this mainly from tax payments and \$4.7 billion saved in government expenditure on social security and health.

I have spoken at length now about the benefits of Aboriginal Community Control in health.

We know our services are contributing to improving the health of our people and closing that elusive health gap, but more than that, we are contributing to employment and education outcomes for the Aboriginal & Torres Strait Islander people and their communities.

But for all the benefits, unfortunately our member services face some big challenges and constraints on our ability to continue to deliver these significant outcomes.

The constraints can be referred to as the four Rs – Resources - Recognition - Respect - Relationships

Lets take Relationships first.

In more recent times governments at various levels have started to realise that giving Aboriginal people more say and control in their own health and well being pays dividends.

But these same governments haven't been able to let go enough and fully trust and respect that Aboriginal people do have the expertise, qualifications and the on the ground "know how" to deliver.

Instead we have experienced first hand a move to a model where mainstream or government organisations are given the drivers seat while Aboriginal organisations are too often in the back of the vehicle when partnerships or working relationships are formed.

With all the good intentions in the world these new partnerships more often than not leave many of our organisation feeling like we have been involved only so the Aboriginal & Torres Strait Islander "consultation" box can be ticked, rather than contribute as true and equal partners in the arrangement.

This leads to the next R, Recognition.

It has been a long and hard forty years to get to where we are today where the benefits of Aboriginal Community Control Health Organisations are finally starting to be recognised by decision makers.

The lack of recognition experienced by our sector for many years has meant considerable time and energy has been diverted into justifying our existence and fighting for each and every funding dollar.

But the mounting evidence that our member organisations are making the greatest inroads in meeting the close the gap targets simply cannot be ignored any longer.

I do believe the recognition of our life changing work and strategic health modeling is growing and our invaluable role in providing comprehensive primary health care to Aboriginal people is finally being acknowledged.

That said, we have not had any confirmation that our core funding, which is up for renewal at the end of this financial year, will be supported at the same levels and if funds will continue to rise in line with CPI in acknowledgement of the growing demand for Aboriginal Community Controlled Health Organisations or, in the worst case scenario, dare I say be cut.

It is unclear what our future will look like until the May federal budget is announced.

However I do believe it is entirely reasonable and able, that our core funding be increased in line with inflation, and in acknowledgement of the increasing demand for Aboriginal Community Controlled Health Organisations services.

Which brings us to the third R – Resources.

The ongoing challenge to source funding, the multiple layers of funding agreements and the complexity of funding arrangements are big constraints on our ability to deliver.

Health professionals are diverted from front line service provision to administer multiple funding arrangements and complete onerous reporting requirements.

An organisation that I spent many years with, the Rumbalara Aboriginal Co-operative in rural Victoria, deals with more than 90 funding agreements and compliance requirements.

This requires approximately 423 reports annually (this is only one example, as you can find similar experiences across many of our 150 member organisations).

That's an incredible number of reports for one medium-sized health service.

Imagine - how many more Aboriginal people could be treated if the time taken to produce those 423 reports was actually spent on child and maternal health programs, adult health checks or healthy lifestyle programs that have a prevention focus.

To some extent we are a victim of our own success. Demand for our services is growing – increasing at a rate of more than 6% a year.

It's not just Aboriginal and Torres Strait Islander clients we see – in addition many services cater for a growing number of non-Aboriginal people who are connected to our Communities.

While this may be easing pressure on mainstream health services, it is creating an unsustainable strain on Aboriginal Community Controlled Health services physical capacity, staffing and ability to keep delivering outcomes.

Funding is not keeping up with demand and we continual struggle with the ongoing uncertainty of future funding.

Governments spend approximately 5% of all health expenditure on Aboriginal people and three-quarters of this 5% goes to mainstream services.

Only one quarter of this is directed to Aboriginal and Torres Strait Islander focused health services. We cannot say for sure how much of this actually goes to our community controlled services. But what we do know is that this type of funding model is not keeping step with need on the ground and that the unacceptable health, education and employment deficits keep rolling along at a pace that we as Aboriginal people are sick and tired of experiencing.

The fact is that the primary health care sector that delivers the best results for Aboriginal Australians – the Aboriginal Community Controlled Sector - is the least well funded.

The final R of constraint is Respect.

This is around the Aboriginal health workforce being valued at the level they warrant as I touched on earlier.

The critical part of Aboriginal Community Controlled Health is that is not just Aboriginal people running services and making the health and administrative decisions on a day to day basis but that we provide a culturally safe environment, operated by a majority of Aboriginal & Torres Strait Islander workforce.



Increasing and providing support for the Aboriginal health workforce is key to achieving better health outcomes for Aboriginal people.

Fundamentally it is our mob looking after our mob that makes a real difference in changing lives.

So what is needed to ensure that the Aboriginal Community Controlled Health sector continues to deliver the health gains against the critical close the gaps targets - so that we can achieve a better quality of life for our people now and into the future?

At the minimum we need to ensure that funding to our services keeps pace with inflation, population growth and service demand.

We need a commitment to long term secure funding with reasonable checks and balances but without the onerous reporting our services are burdened with now.

We need to ensure Aboriginal Community Controlled Health services are quarantined (protected) from budget cuts across federal, state and territory jurisdictions.

But the task that seems to be continually side stepped or ignored is the need for comprehensive reform across Australia's health care funding system.

Poorly distributed government health care funding is draining budgets, jeopardising potential gains in Aboriginal health and contributing to the high Aboriginal unemployment, poverty, welfare dependence and community malfunctioning across Australia.

High barriers to our people accessing mainstream services and the demand for Aboriginal Controlled Health services is on the increase.

Given the flow on economic and social benefits of our model and services, it makes sense for governments to not just support existing services but to expand the Aboriginal Community Controlled Health model to deliver more services to more of our people in more geographical areas across the nation.

Expanding the Aboriginal Community Controlled sector has the potential to deliver strategic and accountable regional development better than any other mainstream sector.

In fact, investing in Aboriginal Community Controlled Health services to improve and developing their capacity must be recognised as a cost-effective multi-sector strategy that generates multiple benefits across sectors and communities - helping to meet targets in health, education, employment and social well-being.

The Coalition has now been in power for over six months.

To his credit Prime Minister Abbott has said he wants a new engagement with Aboriginal people and for this to be one of the hallmarks of his government.

I am encouraged by his admission that he doesn't have all the answers and thus his establishment of the Indigenous Advisory Council.

I look forward to seeing how that Council will consult with Aboriginal individuals and peak organisations more broadly so the Prime Minister can be sure a diversity of voices is taken into account when decisions are made that will impact on the lives of Aboriginal people.

We have seen the Prime Minister consolidate the 150 plus Aboriginal and Torres Islander programs into the Department of Prime Minister and Cabinet.

I hope this will help reduce the huge administration costs -seeing more of these resources finding their way out to the front line services in our Communities.

As part of the Prime Ministers commitment to Aboriginal Affairs,

I would like to see the Prime Minister lead the State and Territory governments to recommit to the now expired National Partnership Agreement or another bilateral agreement between the Commonwealth and states that will guarantee Closing the Gap in Aboriginal Health Outcomes has a coordinated and integrated approach to closing the health gap between Aboriginal and non-Aboriginal people of this Nation.

I do have concerns about the proposed changes to the Racial Discrimination Act as racism is quite prevalent throughout the health system, our workforce are often confronted with discrimination and stereo typing within mainstream health institutions and many patients also experience racism within the Australian health system.

Racism, does contribute to poor health outcomes for our people.

So as the Government proposes changes to the Act that currently provides protection and enhances wellbeing for many Australians, I would like to take this moment to remind the Prime Minister of the commitment he made to the Aboriginal and Torres Strait Islander people and carefully consider the broader implications of any changes that weaken protections against racist behavior in this country.

Aboriginal Community Controlled Health services makes economic sense because we encourage prevention and early detection and take the pressure off the substantially more costly secondary and tertiary health care; we provide real employment and training for Aboriginal people and promote regional development and sustainability.

Similar to many mainstream communities around Australia that promote and provide key services to their local communities, that are often government funded like libraries, swimming pools, arts and cultural institutions, schools and health care all providing jobs, aspirations and cohesion for their communities.

Aboriginal Community Controlled Health Organisations are a part of this important community fabric and it's why we have been able to rise above the challenges and achieve the unachievable for over forty years.

Becoming an integral part of the Australian Health System and a leader of what works in Aboriginal Communities.

It is more than a place where you go when you are sick,

Our services provide real employment, sustainable economy, improved educational standards

and in doing so build stronger Aboriginal individuals, families and Communities for now and just as importantly into the future.

This is "Aboriginal Communities in Control of our Health" and our future.

Thank you.