



The Hon. Greg Hunt MP

Minister for Health

TRANSCRIPT

1 August 2018

DOORSTOP ALICE SPRINGS

E&OE...

Topics: \$23.2 million for new Indigenous-focused health and medical research projects; strengthening Labor's 2012 My Health Record legislation

GREG HUNT:

It's a real honour to be here at Purple House with Ken Wyatt, Indigenous Health Minister, but of course the first Indigenous Minister in the history of the Commonwealth of Australia. To be here with Jacinta Price, local councillor, an amazing advocate for Indigenous health and now candidate for Lingiari. And then Sarah and her team, all of the members of Purple House. Purple House is about saving lives and protecting lives.

It's about closing the gap so as in Indigenous Australians have a better shot at better kidney health. As the Chief Medical Officer was just explaining, dialysis means that the machines do the work of the kidneys where the kidneys have been damaged, and that means that people can help expel the toxins, can have a healthier life and deal with some of the challenges and they can be on dialysis and manage their lives for literally two decades or more in some cases, as Brendan was setting out.

Today, I am delighted to announce that the Australian Government will under the National Health and Medical Research Council. These projects will cover things such as lung function, reducing smoking during pregnancy, improving the health of blood and Ken will talk to you in particular about point-of-care testing in dialysis.

It's about ensuring that whilst we clearly have not closed the gap yet, which is why we asked together – the Council of Australian Governments – to come to Alice Springs and to focus on Indigenous Australia. Whilst we haven't closed that gap, we are making progress, important steps, but a whole lot more to go. This funding builds on what we've done in supporting Purple House and builds on what we've done in supporting additional remote dialysis. I'll ask Ken to talk about those, but today is a critically important day for investment in Indigenous health, research and training and improved outcomes. Each one of these projects, each one of these 28 projects has the potential to save lives and improve lives. Ken?

KEN WYATT:

It's great to be here. I was in Darwin and I heard an elder from Tiwi Island talk about living life and enjoying it fully, until he had to go to Darwin, and he said when he went to a Royal Darwin Hospital he thought he was going for a prescription and tablets that would allow him to go home.

He said he never realised he would be married to a machine and never return to country. And what's great is Purple House now provides that opportunity for elders and senior people within the community and younger ones who experience renal failure to go back to the point of where they grew up. Point-of-care testing makes it easier now to identify where we have renal problems and start to address the needs of individuals.

The \$23 million that the Australian Government, the Turnbull Government have provided to Purple House means that the purple bus will reach further out into remote and isolated communities, but more importantly an increase in the number of dialysis point of access that enables both the use of chairs and other support programs that are important.

Over a period of time we've seen senior Aboriginal people make a decision to disengage from dialysis in regional hospitals, go back to country and die on country. This now changes that. This gives an incredible opportunity for people to spend time with their family, for culture and law to be passed on through those who have that task.

But more importantly, to keep families together and I think that the combination of the work that the Turnbull Government, and in particular Minister Hunt in his strong commitment to looking at the research that is required to close those gaps, has made an incredible difference. And it's great having you here as well because you have also been an advocate and I'd like to invite you to make a couple of comments as well.

GREG HUNT:

Jacinta, the amazing Jacinta.

KEN WYATT:

Jacinta.

JACINTA PRICE:

Thank you. This is a wonderful announcement, being here today at the Purple House. I have family of my own who regularly have to sit and go through dialysis. Just recently, I had a 33-year-old niece who had to begin dialysis as well. My mother is a former transplant patient over 30 years ago and so these issues are really close to home for me and it is wonderful to know that our government is doing all it can in order to be able to address these issues and I'm just really happy to hear this today and be part of the announcement with Minister Hunt and Minister Wyatt as well.

GREG HUNT:

Okay. We're happy to take any questions.

JOURNALIST:

Well, if I may kick it off. Minister Hunt, we've heard a lot of concerns about privacy issues regarding My Health. What benefits though are there in digitising health records?

GREG HUNT:

Well, enormous benefits, and I have to say that the Northern Territory is one of the nation's leaders on that front and I've been discussing this with the Northern Territory Minister, who's been a great advocate and it crosses party lines.

But when you have a mobile population and they may not have their own records as most people don't, they don't carry their records with them, if they're a mobile population, or if the medical community is moving, then what this does is it marries up your history and your chronic conditions and your medicines across the different points of care.

So this gives every Australian the capacity to have their health care system with them, if they want it. And in Indigenous Australia, and in particular in the Northern Territory, we see that this area is leading the nation in terms of engagement with the population on digital health. So for Indigenous Australia it's going to be a real game-changer.

JOURNALIST:

Are you confident, Minister, that the changes you've made address the privacy concerns?

GREG HUNT:

Yes, these are changes which come directly from the advice, request and sensible proposals put forward by the AMA and the College of GPs and really we're doing two things, one, we are lifting Labor's 2012 legislation to the same level as the practise of the last six years, which is an ironclad legislative guarantee that no health records will be released without a court order.

Secondly, once somebody seeks to have their record deleted, it will now be cancelled and fully deleted forever from the record so. If you seek to have it cancelled, if you seek to opt-out after a record's been created, it's gone forever, rather than the 130 years which was put in under Labor's legislation.

JOURNALIST:

Labor says the opt-out period should be put on hold. Will you do that?

GREG HUNT:

That's not the advice of the medical authorities who are very clear that they want this done this year, so we've extended by a month and we've worked with the medical authorities. I understand that Labor at the moment is being, shall we say, a little bit curious because only a few weeks ago they were welcoming this as a long-overdue step and when the legislation went through, unanimously, through the Parliament they praised this as an important and vital step forward.

JOURNALIST:

The Women's Legal Service in Queensland says you haven't done enough to address new concerns around My Health Record and that it may risk the safety of women fleeing abusing partners. Have you heard of those concerns and are you doing anything on that front?

GREG HUNT:

Yes, I've asked the head of the Digital Health Agency to talk with them and meet with them as a matter of priority. The advice I have is that there are very, very strong protections, but we're always working with different groups and these have been raised and so the head of the Digital Health Agency will meet with and talk with those groups and take their concerns very, very seriously.

JOURNALIST:

Minister, what else is the federal government doing to help ensure that Indigenous people can live a healthy life in remote communities?

GREG HUNT:

Well, there's a comprehensive program and I'll ask Ken to address this in more detail. But you have of course the health treatment, and these 28 new projects are each about improving health in different areas, whether, as I say, it's in relation to smoking rates for pregnant women, point of care for dialysis, whether it's improving outcomes in relation to lung function.

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

But we're also working through the education system on activity, on diet, and then of course there's economic development, because you cannot escape the social determinants of health, they are a reality. That's why Indigenous Australia has worse outcomes, because there are challenges that are unique to that community and we have to have a comprehensive program.

Now, Ken has, as much as any person in Australian history, helped drive that forward and he's being supported on the ground. I have to say, Jacinta was one of the motivating sources for the COAG meeting to be here in Alice Springs. Ken?

KEN WYATT:

Some of the priorities that we're working on are premised on rheumatic heart disease and the impact that that has from birth through to later adult life. The increasing number of people living with renal failure and certainly our research is showing that the onset might be as early as 19 years in males.

So there's work that we've centred our attention on, working very closely with the community-controlled health sector across the nation, because these are two very significant illnesses that prevail within Aboriginal communities - avoidable blindness, avoidable deafness. But we also want to look at some of those other underlying issues that impact on a child in their early years - crusted on scabies, we've just committed a substantial piece of work around to tackle that issue and look at solutions.

But the underlying social determinants are absolutely critical. But with the state and territory health ministers meeting here in Alice Springs, it means we will have a very serious discussion around the way in which the Commonwealth and state and territories work in partnership with Aboriginal people, not for us to deliver programs to them. Because often change will only come when families have the ownership, when communities are those who determine the priorities that are needed, that then are given the level of support and resourcing that is important in the way that we've done with Purple House.

On the ground approaches work far better than if we try and tackle them from capital cities, and so this whole focus means that we bring health and health thinking and design and planning much closer. Our roundtable this afternoon with the Indigenous leaders is a reflection of us seeking their advice to look at what are the directions that we need to seriously consider, given the geographic diversity of our nation.

JOURNALIST:

Minister Wyatt, do you think there's been enough done to explain, I guess, My Health? I mean, you're here at Purple House where many languages are spoken other than English. Are you confident that the message is getting out there to those regional communities where English is perhaps third or fourth languages?

KEN WYATT:

Look, I think our Aboriginal health workers who are employed by many organisations, including state and territory health systems, provide that front line interaction. Because I once made a comment to a group of Aboriginal health workers in New South Wales that power doesn't sit with the director or with the minister, the power of change and impact sits with the Aboriginal health workers who understand the families, understand the communities, that can speak language and understand the nuances of the relationships within a community. I think that's where our best opportunity lies.

JOURNALIST:

Minister Wyatt, I think everybody would agree the syphilis epidemic is very high, too high, in Indigenous populations. What's your plan to bring down those numbers?

Authorised by Greg Hunt MP, Liberal Party of Australia, Somerville, Victoria.

KEN WYATT:

Well when that was first raised with us there were two steps we took. One is the Chief Medical Officer undertook a piece of work with the Australian Health Ministers' Council because the predominance of that work in terms of surveillance, treatment, and the provision of treatment, really reside with state and territories. But also, Aboriginal community-controlled health organisations play a key role. James Ward has also developed community awareness materials that are pragmatic and practical and kids can relate to the messages in the materials that he has produced.

But also having the community-controlled health services now turn their attention to point of care testing, but more importantly around some of the messages of why it's important to practice safe sex. The other avenue we use which is a great one is through some of the big sporting events - Adrian Carson in Brisbane will be holding a rugby knock out carnival in Townsville. Now, at that they're anticipating somewhere between 10,000 and 16,000 people will turn up along with all of those playing, so it gives a great opportunity for the community-controlled health sector to get some of those messages into the community.

But our strategic approach is working with the jurisdictions and with the Aboriginal communities in making sure that we entrench a practice of identification of STIs, including HIV and blood-borne viruses where they may prevail, but then providing the level of treatment that is important in eradicating the challenge that we've had. We've seen this outbreak across the top end of Australia and certainly the level of commitment that we've had from states and territories has been tremendous.

JOURNALIST:

Is that going to be a similar approach for HLTV-1 virus?

KEN WYATT:

Yes, we've set aside through the AHMAC process \$8 million, which will be part of a process of a round of discussions involving Aboriginal community-controlled health services, key researchers, but also the jurisdictions in identifying the priorities. We have to ascertain the extent of the spread of the virus and not only consider that, but consider research that's been done overseas.

I've certainly read some of the research out of Japan in terms of transmission points, but we need to have a look at what is the challenge here in Australia. I know it was something that was identified in the Fitzroy Valley in the 80s and 90s and certainly I want to compliment my own department and Minister Hunt's department on the work that they've been doing with our state and territory colleagues and the community-controlled health sector.

GREG HUNT:

Thank you very much.

(ENDS)