Commonwealth Grants Commission

Indigenous Funding Inquiry

Submission

From: Victorian Aboriginal Community Controlled Health Organisation (VACCHO)

Submission No: IFI/SUB/0011

Date Received: **10/04/2000**

Mr R J Searle
Secretary
Commonwealth Grants Commission
Cypress Court
5 Torrens Street
Canberra ACT 2612

5th April 2000

Dear Mr Searle,

RE: INDIGENOUS FUNDING INQUIRY

The Victorian Aboriginal Community Controlled Health Organisation is the peak body representing the 25 Victorian Aboriginal health services and cooperatives, which are our members.

Unfortunately we are not able at this stage to prepare a fully detailed submission to your inquiry. However we do wish to register an interest in being consulted when you visit Melbourne and many of our members would also like to meet with your team on your visits to rural and regional Victoria. A list of our member organisations is attached.

We feel that it is imperative that you spend some time in Victoria. Far too often Aboriginal people in south-eastern Australia, particularly those living in urban areas, are overlooked in policy development and government funding.

Addressing incorrect and misleading information and opinions

Part of the problem is the common misconception that the appalling Aboriginal health statistics relate only to people living in the Top End and more remote areas of Australia, however the situation is not much better for Victorian Aboriginal peoples. Recent research conducted by the Koori Health Unit of the Victorian Department of Human Services showed that life expectancy at birth for the five-year period 1992-1996 for Koori men in Victorian was 59.1 to 66.5 years (75.6 years for all men in Victoria) and 63.0 to 71.6 years for Koori women in Victorian (81.3 years for all women in Victoria). [source: Sarah Berg, Koori Health Unit 1998]

Another common misconception is the 'buckets of money' myth. An estimated 2.2% of money spent on health in Australia in 1995-96 was spent on health services for indigenous people. Even though Aboriginal and Torres Strait Islander peoples have much poorer health on all indicators (morbidity, injury, disease rates), only slightly more is spent on them. For each $1.00 spent on health services for a non-indigenous person there was $1.08 spent on health services for an indigenous person. Indigenous people use public hospitals and community health services more than non-indigenous people and use private hospitals, Medicare, the Pharmaceutical Benefits Scheme (PBS) and nursing homes less than non-indigenous people. For every $1.00 spent on Medicare and PBS for a non-indigenous person, only about 20 cents was spent on an indigenous person. [source: The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, Australian Bureau of Statistics, 1999]

A further misconception is that Aboriginal-specific services are not necessary and just serve to divide the Australian community. However the reality is that many Aboriginal people (including people living in urban areas and big regional towns) are reluctant to use mainstream services and will always seek out and support Aboriginal services as a preference. Because of their past negative experiences and lack of trust in mainstream services, the usual point of access of Aboriginal people to mainstream services is at the critical care end of the service spectrum – at casualty departments of hospitals. In fact, Aboriginal community controlled health services have proven to be the most effective form of primary health care delivery. This is backed up by international experience, which demonstrates the importance of indigenous programs being developed and delivered by indigenous health services for indigenous communities.

Priority funding issues for Aboriginal community controlled health services

Action to address the urgent health needs of Aboriginal communities should be a priority in health policy and programs, in response to the significantly worse health status of Aboriginal people compared to every other section of the population. However real commitment to improve Aboriginal health has never been reflected in sufficient investment of government resources to implement progressive Aboriginal health policy. The Aboriginal community controlled health services are chronically starved of funding and have inadequate infrastructure to support existing programs and new developments.

Currently many Aboriginal services are struggling, with crisis management and crisis intervention. In many respects the situation has worsened in recent years, as a result of the 1996 ATSIC cuts (which particularly hit the areas of administration and community development) and some aspects of current funding arrangements.

Recent VACCHO consultations have revealed a consistent pattern of members' problems with government funding arrangements. The holistic Aboriginal approach to health necessitates attention across areas of government departmental responsibilities. Yet there is a fragmented policy framework in Aboriginal health within and between state and federal governments: community health issues and organisational requirements fall through the cracks of governmental responsibility.

Despite progressive sounding policy, there is a serious lack of understanding and respect for the principles and practice of community control and self-determination. Aboriginal co-operatives and health services are still working to agendas that have been set by government or mainstream agencies. For example, communities may agree that a program area identified by OATSIH as a priority is important but there may be other more urgent issues facing the community at that time. Where the funding body is pushing a 'body part' program, they should also provide the necessary resources, including staff, to enable it to be implemented, not expect it to be done within existing (inadequate) resources.

Furthermore, many Victorian Aboriginal health services reported that their community resources are spread too thinly to enable them to participate to maximum effectiveness in developments such as policy and planning, consultations, research, partnership development and evaluation. Specifically, there is a need for more administration and infrastructure to support programs, increased demands on services, accountability and reporting requirements, and to service new partnership arrangements.

Many services are attempting to function with inadequate buildings and facilities such as consulting rooms, interview/counselling rooms, meeting rooms. There is a serious lack of Information Technology support. Far too often fractional/part-time positions are funded when full-time positions are required. The transport needs of rural, scattered and isolated Aboriginal families/communities are not sufficiently recognised in funding arrangements.

The vital role of Aboriginal Health Workers is not properly understood or funded by mainstream health professionals or government funding programs. Men's health, dental health and after hours services are other major areas of need that are not addressed under current funding arrangements.

We hope your inquiry will contribute to the development of properly resourced, culturally appropriate health services that meet the identified needs of local Aboriginal communities.

We look forward to meeting with your team in Melbourne and we will encourage our members to talk with you on your visits to rural and regional Victoria.

Yours sincerely,

Kelvin Onus

Acting Chief Executive Officer

c.c. Kathy Bell NACCHO

VACCHO MEMBERSHIP

Every local Aboriginal community-controlled organisation with a health function is entitled to take up their option on membership of VACCHO. Most members are multi-functional community cooperatives with health as a key part of their responsibility; some come from organisations that offer full health services.

Current membership is as follows (April 2000):

Organisation	Location
Ballarat & District Aboriginal Cooperative	Ballarat
Bunurong Medical Centre	Dandenong
Central Gippsland Aboriginal Health & Housing Co-op	Morwell
Corranderk Koori Cooperative	Healesville
Dhau Wurd-Wurrung Elderly Citizens Association	Portland
Dja Dja Wrung Aboriginal Cooperative	Bendigo
Enmaraleek Incorporated	Dallas
Gippsland & East Gippsland Aboriginal Cooperative	Bairnsdale
Goolum Goolum Aboriginal Cooperative	Horsham
Gunditjamara Aboriginal Cooperative	Warnambool
Kirrae Community Health Service	Purnim
Koori Diabetes Services	statewide service based in Northcote
Mildura Aboriginal Cooperative	Mildura
Moogi Aboriginal Council East Gippsland	Orbost
Mungabareena Aboriginal Corporation	Wodonga
Murray Valley Aboriginal Cooperative	Robinvale
Ngwala Willumbong	statewide service based in St Kilda
Njernda Aboriginal Cooperative	Echuca
Ramahyuck District Aboriginal Cooperative	Sale
Rumbalara Aboriginal Cooperative	Mooroopna/Shepparton
Swan Hill & District Aboriginal Cooperative	Swan Hill
Victorian Aboriginal Health Service	Fitzroy
Wathaurong Aboriginal Cooperative	North Geelong
Winda Mara Aboriginal Cooperative	Heywood
Lake Tyers Aboriginal Trust “Bung Yarnda”	Lake Tyers