

**COMMONWEALTH GRANTS COMMISSION**

**INDIGENOUS FUNDING INQUIRY**

**FINAL SUBMISSION**

**From: Australian Medical Association (AMA)**

**Submission No.: IFI/SUB/0085**

**Date Received: 16/02/01**

**AUSTRALIAN MEDICAL ASSOCIATION (AMA)**  
**THE COMMONWEALTH GRANTS COMMISSION**  
**DRAFT REPORT OF THE INDIGENOUS FUNDING INQUIRY**

**SUBMISSION**

The Australian Medical Association (AMA) congratulates the Commonwealth Grants Commission for its draft report.

The AMA supports the key perceptions of the report in relation to the status of Indigenous health; the need to improve housing, education and the environment, if health is to improve, and the importance of Aboriginal and Torres Strait Islander involvement in decision making concerning service delivery.

The AMA particularly welcomes the statements that:

- *“total per capita expenditure on health for Indigenous people is only marginally more than for the total population, and is much lower than expected given their health status and location”*; and
- *“there is no evidence ...that any State, region or location has resources excessive to that needed to address Indigenous health need”*.

The report acknowledges the estimate by Dr John Deeble of the need for an increase in funding of \$245 million pa. This conservative figure has been suggested by Deeble as the amount required simply to overcome the current inequity in health funding. The increase of \$245 million pa needs to be phased in over five years to facilitate effective takeup.

Rather than focussing on redistribution, the AMA considers it essential that the final report recommends this significant increase of funding as a matter of social equity and as a part of practical reconciliation. This is necessary if the cycle of ill health is to be broken.

The AMA supports the report’s finding relating to the crucial importance of addressing poor access to primary health care.

In the view of the AMA, it is essential that the new funding is directed to health services focusing on prevention and early treatment. It is necessary to provide an infrastructure of appropriate primary health care that is accessible to all Indigenous Australians irrespective of where they reside. Those essential services must be accessible, culturally appropriate and provide quality health care. This should be done, not on the basis of comparative need between different regions, but on the basis of provision of core services to all communities.

The AMA considers that the issues highlighted to the review ie lack of access to primary health care; the importance of community control; the fragmented and short term nature of many funding arrangements and the inadequacy of funding levels are accurate.

The way in which the services are provided is important and must involve Indigenous people themselves. There is a need for greater provision of community controlled health services as well as greater access to culturally appropriate mainstream services.

The AMA would like to emphasise the importance of increasing significantly the numbers of Aboriginal and Torres Strait Islander health professionals involved in health service delivery. There is a need for a national training program for Aboriginal and Torres Strait Islander health personnel. The AMA looks forward to the publication of the report on the review of Aboriginal Health Worker training.

In terms of the two funding models discussed in the appendices to the report, the AMA wishes to stress the importance of an infrastructure of appropriate primary health care and other basic public health amenities, such as clean water, sanitation and appropriate housing, to be made available as a minimum to every community.

Further targeting on a needs basis may then follow more usefully. With increased funding available, and an appropriate infrastructure in place, it should be possible to address current inequities which have arisen as a result of the plethora of funding programs and methods of assessment.