Appendix C

The Committee's Consultation Program and Summary of Submissions from Organisations and Individuals

- **Communities Consulted**

New South Wales

Bourke Aboriginal Health Service, 16 September 1994
Brewarrina, 15 September 1994
Collarenebri (Walli Reserve), Aboriginal Land Council, 14 September 1994
Goodooga, 15 September 1994
Moree Regional Council, Mehi Crescent Community, 14 September 1994
Ngemba Aboriginal Corporation, 15 September 1994
NSW Aboriginal Affairs Officials, 13 September 1994
NSW Health Council, 29 September 1994
NSW Health Officials (meeting), 13 September 1994
NSW Housing, 13 September 1994
Walgett Aboriginal Health Service, 16 September 1994
Widjeri Housing, 16 September 1994

Victoria

Ballarat, Binjirru Regional Council, 20 September 1994
Dandenong Aboriginal Medical Service, 19 September 1994
Mildura Aboriginal Medical Service, 19 September 1994
Shepparton Aboriginal Medical Service, 20 September 1994
Victorian Aboriginal Affairs, 19 September 1994
Victorian State Health, 19 September 1994
Victorian State Housing, 19 September 1994
Wangaratta (Tumbukka)Regional Council Chairperson, 21 September 1994

Queensland

QueenslandAboriginal Rental Housing Program, 16 September 1994
Aurukun Community, 15-16 September
Cape York Health Workshop, 11-14 September 1994
Mt Isa Regional Council, Boulia, 15 September 1994
Napranum (Weipa South) Community, 14 September 1994

Palm Island, 14 September 1994
Pompuraaw (Edward River) Community, 14 September 1994
Queensland Aboriginal and Islander Health Forum (QAIHF), 13 September 1994
Woorabinda, 12 September 1994
Yarrabah Community, 16 September 1994

South Australia

South Australia Aboriginal Drug and Alcohol Council, 19 August 1994
Adelaide Health Services, 19 August 1994
Ceduna Koonibba Health Services, 15 August 1994
Department of State Aboriginal Affairs, 19 August 1994
Far Western Aboriginal People's Association, 15 August 1994
Health Commission of South Australia, 18 August 1994
Nganampa Staff and Nulla Wimila Kutja Regional Council, 30 August 1994
Port Lincoln Aboriginal Health Service, 5 September 1994
Port Pirie and District Aboriginal Community Centre, 17 August 1994
SA Aboriginal Health Council, 5 September 1994
SA Trachoma Program, 5 September 1994
Wakefield Street Health Services, Adelaide, 19 August 1994
Yalata Community, 16 August 1994
Yalata-Maralinga Health Services, 16 August 1994

Western Australia

Western Australia Aboriginal Housing Board, Kalgoorlie, 20 August 1994
Aboriginal Medical Services, 20 August 1994
Balgo and Halls Creek, 18 August 1994
Bidyadanga and Mowanjum (Derby),16 August 1994
Broome, Beagle Bay and Djarindjin/Lombadina, 15 August 1994
Fitzroy Crossing, 17 August 1994
Health Department of Western Australia, 20 August 1994
Northern Health Authority, 16 August 1994
Oombulguri, Kununurra, 19 August 1994
Swan Valley, Perth, 20 August 1994
Western Australia Aboriginal Medical Service (WAMS), Roebourne, WA, 7 Sept. 1994

Tasmania

Tasmanian Aboriginal Development Unit, Department of Premier and Cabinet, 22 September 1994
Cape Barren Island, 22 September 1994
Tasmanian Aboriginal Health Services, 23 September 1994
Tasmanian Department of Community and Health Services, 23 September 1994

Northern Territory

Danila Dilba Community Controlled Organisation, Darwin, 22 August 1994
Northern Territory Department of Health and Community Services, Darwin, 22 August 1994
Northern Territory Department of Lands and Housing, Office of Aboriginal Development, Darwin, 22 August 1994
Northern Territory Forum (meeting in Darwin), 23 August 1994
Wadeye Community, 26 August 1994
Wurli Wurlinjang, Katherine, 23 August 1994
Central Australia Kintore-Pintubi Homelands, 22 August, 1994
Utopia Outstations, Urapuntja Health Service, 23 August 1994
Central Australia Aboriginal Congress, 24 August 1994

Torres Strait

Torres Strait Mura Kosker Sorority 22 August , 1994
Thursday Island Bowling Club, 22 August 1994
Torres Strait Health Council, 23 August 1994
Torres Strait Regional Authority, 22 August 1994

- **Summary of submissions from organisations and individuals**

Aboriginal and Torres Strait Islander Corporation for Women, Brisbane Queensland

Women's health needs require immediate focus. There should also be a focus on community needs.

Australian Council of the Royal Flying Doctor Service of Australia, Sydney NSW

The Council notes that up to 40% of their patients are Aboriginal people. Branches of the service were surveyed and they supported the views expressed in the NAHS Discussion Paper, which explored ways of improving primary and environmental health.

Australian Medical Association, ACT

The submission notes that the NAHS Working Party recommended adequate training resources and accreditation standards for Aboriginal Health Workers. They recommend appropriate training, proper award conditions and salaries and secure employment for Aboriginal Health Workers.

The Association supports the NAHS Working Party recommendation that the primary level Aboriginal health services being delivered by State governments should be transferred to existing or proposed Aboriginal community controlled services.

The Association's submission also states "that the various recommendations of the Royal Commission into Aboriginal Deaths in Custody Report which enhance Aboriginal self-determination should be implemented".

The Australian Medical Association noted that the NAHS Working Party had recommended five year budget cycles and annual block granting of Aboriginal communities. The AMA believes these recommendations should be implemented.

Australian Nursing Federation ACT

The Federation said that they would support best practice and standardisation for all primary care providers, including Aboriginal Health Services. Providing staff in the field was the priority, not support services.

Use of appropriate technology and maintenance of infrastructure requires the transfer of skills to members of the community.

The Federation states that there is a general feeling of frustration at the paradox of more autonomy (control of funds by ATSIC) seeming to lead to more bureaucratic structures (Council of Aboriginal Health and tripartite forums). In addition to this, there were the arrangements at the three levels of government.

The Federation state that the interim set of goals and targets are appropriate enough in the long term, but that some shorter term goals should be set and achieved to demonstrate feasibility and encourage optimism.

Binaal Billa Regional Council, Wagga, NSW

The Binaal Billa Regional Council in Wagga, New South Wales, wants performance indicators to include Aboriginalisation of staff, as well as immunisation and screening.

The Council states that Aboriginal controlled Regional Health Services are the most appropriate means of reaching the most disadvantaged communities and ensuring employment of Aboriginal health professionals and workers.

There should be a fairer spread of community controlled services. There should be a greater priority placed on communities with small Aboriginal populations.

Central Australian Aboriginal Congress, Alice Springs NT

The Central Australian Aboriginal Congress said that there should be post graduate support for health workers in agency settings.

The NAHS should reassert the division of responsibilities between primary health care, delivered by community controlled groups, and secondary care delivered by government services.

There should be a continuing government commitment to community control and to primary health care being provided by Aboriginal Medical Services.

There should be direct funding or block funding of services.

Transport is a high priority and Regional Health Planning is essential.

The responsibility for Aboriginal health should be transferred from ATSIC to the Commonwealth Department of Human Services and Health; a regional health planning approach is essential to effect this transfer.

There should be increased Aboriginal participation in decision making.

Environmental health and essential services, including water, sewerage, power, and shelter are necessary to achieve better health outcomes.

Kimberley Remote Area Health sisters (I Ellis and C Smith)

Funding needs to concentrate on providing staff in the field.

There should be standardisation and monitoring of all services and quality assurance guidelines for Aboriginal Medical Services.

There should be increased funding, and a coordinated response from Governments. A remote Area Health Division should be established in Western Australia.

Professor H Lander, University of Adelaide

Dr Harry Lander, Professor of Medicine at the University of Adelaide, suggests that the best overseas trained medical graduates should be allowed to work in remote areas, and be registered to practice after a satisfactory appointment. Fiji, Papua New Guinea and Micronesia have primary health care training that is appropriate for the needs of outback Australia.

Ms R Maier, Melbourne ,Victoria

Ms Ruth Maier, a nutrition consultant, believes that nutrition education should be taught in all schools at all levels. Aboriginal women should be given nutrition and health education. A knowledge of Aboriginal foods is necessary for non Aboriginal teachers.

Bread, beer and wine should be nutritionally fortified in the Northern territory.

All Aboriginal communities should have access to a swimming pool.

Meeanjin Treatment Association

The Association, located in Kangaroo Point, Queensland suggests that training programs be community based.

Substance abuse programs should demonstrate community awareness, community-based training and should establish their own culturally sensitive treatment centres. Residential treatment within a purpose designed facility with highly trained, multi-skilled staff is required for effective sustainable program outcomes.

They also emphasised the importance of environmental health, drug and alcohol programs. They noted that their requests to document the extent and prevalence of alcoholism and drug addiction have not been funded.

Mr R Menere, Southern Cross University, Lismore

Rod Menere pointed out that quality of staff, planning and interaction influence service provision.

He notes that Government and non-Government services have focused on the 'popular issues of disease orientated activities.' There had been less focus on 'unpopular issues' such as relationships between tradition and health, recruitment of good non-Aboriginal staff, and quality assurance.

Mercy Balgo Health Service, via Halls Creek

The Mercy Balgo Health Service in Western Australia advised that it operates on a contracted basis and provides Primary Health Care to 1,000 people in four major communities.

They believed that mainstream services should be better adapted culturally. For instance Aboriginal health workers should have access to local training courses. Community participation should be taken seriously and resourced in innovative ways. Funding should be on a planned, rather than submission basis, according to recognised health priorities.

Miwatj Health Aboriginal corporation, Nhulunbuy, Northern Territory

New houses should be not constructed without adequate toilet and washing facilities. The priority should be the provision of facilities to existing dwellings, and to groups where services are lacking, such as homeland groups.

A World Health Organisation (WHO) office should be established in Northern Australia which has relevant data, standards and focus for tropical and desert third world health.

The Corporation states that Yolngu people wish to receive education about the germ theory of disease, which 'pointedly remains a theory.'

It believes that independent medical services should bulkbill, and that community practice be tailored on a per capita basis (specially taking account of urban, rural and remote Aboriginal patients); that also encompasses family visitors and cross-cultural health advocacy.

Resources should be allocated on a statistical basis, eg. the Standard Mortality Ratio is highest in Arnhem Land (370) and lowest in the ACT (57).

Mutitjulu Community Health Service, Uluru, Central Australia

The Service wrote that while the majority of NAHS funding was allocated for capital expenditure, funding for general health care, education, training and infrastructure maintenance was inadequate. Additional Aboriginal Health Workers, employment of Aboriginal Environmental Health Workers, visiting outstation medical services and a drug and alcohol program were high priorities, but received no funding.

They state 'There seems to remain a misconception that infrastructure development alone will significantly improve Aboriginal health; when in fact ***poorly maintained infrastructure and no concurrent education program will actually worsen it.'***

They also emphasised the importance of environmental health, drug and alcohol programs.

They state that there should be less spent on infrastructure and more on primary health care at the local level. The allocation of medical funds should be decided by Aboriginal Medical Services, not Regional Councillors who do not have health expertise. They protest that the following requests have been repeatedly rejected: expanding the number of Aboriginal Health Workers; employing Aboriginal Environmental Health Workers in an environmental health program; medical visits to outstations, and a drug and alcohol program.

There should be a bias in favour of primary health care at the local level. Moreover 'Far from being a fair democratic process, Regional Council decision making appears very susceptible to pressure from strong personalities of individual Councillors. Recent changes to the ATSIC Regional Council boundaries in Central Australia have made Regional Council processes more unworkable.' The ATSIC Act itself entrenches a complicated bureaucratic process.

Funding should be increased, directed through more appropriate mechanisms, and more weighted in favour of recurrent, rather than capital expenditure.

National Rural Health Alliance ACT

The Alliance recognises indigenous controlled health services as essential, because mainstream services have failed to provide culturally appropriate services.

Remote Area Nurses and Aboriginal Health Workers must be provided with adequate preparation in primary health care practice.

Rural Health Training Units, mental health, domestic violence, transport, information and health promotion, in other areas must be adequately resourced.

They state that the NAHS has failed to provide directions and priorities for how the task is to be achieved. There has been an absence of well-thought out criteria for the national distribution of funds. ***The key criterion must be programs which lead to improved health outcomes.***

Ngallagunda Gibb River via Derby Western Australia

Health is primarily a personal issue before it becomes a community one.

Ngallagunda want the Health Sister to keep visiting, preferably for longer periods of time, they also want Community Health to train four people in the community. Roads, communication and training are important.

Pintupi Homelands Health Service, Central Australia

The service said that there should be post graduate support for health workers in agency settings.

Transport is a high priority. They stressed the importance of Aboriginal Health Services, adequate funding and logistical support for them, appropriate staff housing and replacement vehicles.

The movement of Yanagu people to Papunya had an impact of almost genocidal proportions. Since returning to Kintore, their health has improved. Key principles have been: 'holistic' health; community control; adequate funding; and Yanangu Health workers. Other priorities are the retention of capable professionals; as well as washing, cleaning, dog control, facilities for family washing and cleaning are essential for improving critical health conditions.

Their immediate needs were staff housing, replacement of health service vehicles on a two-yearly basis, and improved drinking water.

Their general needs were adequate funding for the Homelands Health Service and enhanced roles for health workers.

Public Health Association of Australia ACT

Total per capita expenditure on Aboriginal health is probably substantially less than that spent on other Australians, which is particularly inequitable because of excess Aboriginal morbidity. Administrative arrangements are extraordinarily complex. Multiple submissions and meaningless performance indicators are demanded for small amounts of money.

The Commonwealth has the responsibility to provide leadership in this area. Community-controlled health services should be funded by the Department of Human Services and Health, rather than ATSIC, and five year contracts should be negotiated with the services.

The Department of Human Services and Health should ensure that detailed accessible information on health and expenditure patterns should be published.

Ms M Roberts, Lismore Base Hospital NSW

Ms Margaret Roberts, the Aboriginal Liaison Officer at the Lismore Base Hospital, believes that resources should be allocated according to a needs basis as established by the collection of data.

She notes that there are different needs in urban, rural and remote areas. There is a lack of co-ordination with other services, and a lack of equity in funding. Community-controlled Aboriginal health services should enhance mainstream services.

Royal College of Nursing ACT

'Aboriginal health workers have the role of improving the understanding of the principles of Western health in Aboriginal communities. The understanding of providers of mainstream health services, of Aboriginal concepts, is equally as important if health services are to reflect such sensitivities.' They commend the James Cook University in Townsville for their academic access programs which assist Aboriginal and Torres Strait Islander students to enter their faculty of nursing.

There should be affirmative action to assist indigenous people take up opportunities in health care occupations.

They support the establishment of indicators to monitor, measure and evaluate changes to Aboriginal and Torres Strait Islander health status, and culturally specific studies for those providing health services.

They note that Max Kamien in 1993 reviewed 3,000 reports and papers on Aboriginal health and concluded 'the underlying causes of Aboriginal ill-health are inextricably linked to poverty, cultural, political and social alienation, poor education, lack of adequate housing and employment.

Torres Strait and Northern Peninsula Area Health Council Queensland

The Council state that their area has received NAHS CHIP funding, but request funding for the operation of the Community Health Centre which will be constructed by the State Government.

They welcomed the importance of community based initiatives, particularly as regards alcohol and drugs, family health promotion, quality lifestyles, women's health, communicable diseases, ageing, mental health and sexual diseases.

Torres Strait Regional Authority Queensland

NAHS funds are required to provide funds for environmental health projects, particularly houses, improved water supplies, sewerage systems and roads without dust.

The major impact of NAHS, to date, in the Torres Strait has been water supply on seven of the islands at a cost of $10.5 million. There is no certainty about the provision of funds for the remaining islands.

The Authority believes that NAHS funds for recurrent health and for infrastructure should be made available directly to the authority, rather than through ATSIC. They also wish to seek assurances that funding is secure.

Victorian Aboriginal Health Service Co-operative

Dr I Anderson and Ms Maggie Brady for the Victorian Aboriginal Health Service state that health outcome measures are usually inappropriate performance indicators for Aboriginal Health Services. They are really measures of the performance of the State, and should include resource allocation and access measures. The Victoria Aboriginal Health Services emphasised a need to improve their data collection, however, ATSIC should provide feedback on how the data is used.

Performance indicators require consensus from all key stakeholders. The feasibility of data collection should also be taken into account. There is also a role for narrative indicators. Indicators should supplement local mechanisms of evaluation which draw on peer evaluation mechanisms.