5. Key Issues Raised in Community Consultations and Submissions

The Committee consulted many Aboriginal and Torres Strait Islander organisations and communities in remote, rural and urban Australia, and the Torres Strait.

While community consultations are accepted in Aboriginal and Torres Strait Islander affairs, the Committee gained the impression from many communities that they are consulted by a diverse range of government groups on various issues, often never seeing the results, and with little result. The Committee will seek to ensure that all organisations and communities consulted as part of this evaluation receive a copy of this report, and are informed of the outcome.

The Committee also received 23 written submissions from Aboriginal and Torres Strait Islander organisations, health service providers, professional organisations, and individuals.

A common complaint during the consultation was the lack of time available to contribute to it. However, the time constraints arose from the Government's requirement for the Committee to report within six months so that Cabinet could consider the evaluation's findings in the 1995–96 Budget context. This was compounded by the fact that ATSIC, the Council of Aboriginal Reconciliation and the Office of the Aboriginal and Torres Strait Islander Social Justice Commissioner, were conducting consultations on social justice issues during the same period.

5.1. Access to Housing and Essential Services

Access to adequate housing and essential services was seen as a major priority for virtually all communities consulted, especially in remote and rural regions.

Typical comments from community consultations were:

> *'There are now over 2,500 people living in 270 houses. Up to 20 people live in one house."* Yarrabah Community Council, near Cairns, Queensland.
>
> *"Thursday Island's drinking water is of concern and is also a problem on most islands. Poorly treated sewerage is pumped into the ocean and pollutes the food chain. Housing is overcrowded and lack of accommodation on the Islands are a major problem for many community families."* Torres Strait Communities, Queensland.
>
> *"Houses were built quickly and cheaply with half-sized pipes. The houses are now overcrowded."* Brewarrina Health Service, New South Wales.
>
> *"Ninety people are waiting for houses. Existing houses are poor quality, with poor plumbing and overcrowded."* Ngemba Aboriginal corporation, New South Wales.
>
> *"The community has only 12 houses for 180 people. Many people live in humpies."* Yagga Yagga Community, Western Australia.
>
> *"Inadequate housing, water and sewerage have worsened community health in recent years. Trachoma in school children had fallen from 30% in 1992 to 20% in*

1993 but has risen again to 68% in 1994. There is also a scabies epidemic and hookworm." Community Nurse, Oombulgari Community, Western Australia.

"The community has only 47 houses for 652 people – an average of 14.8 people per house. The community recently received 11 extra houses but most of those were needed to replace existing housing – the net effect was an extra 12 bedrooms." Bidyandanga Community Council, Western Australia.

"There are 160 houses for 1600 people." Woorabinda, Queensland.

"The overcrowding contributes to domestic violence." Port Kennedy, Torres Strait, Queensland.

"We have 29 houses for 350 people. No new houses have been built for years and overcrowding is a major problem. We have received no funding from State and local government authorities but ATSIC has provided funding for housing maintenance and garbage collection facilities. Water and sewerage facilities are adequate in Mowanjum but not in outstations." Mowanjum Community Worker, Derby, Western Australia.

"Some communities 40 to 50 kilometres away have only a two inch water pipeline running to them." Ceduna-Koonniba Health Service, South Australia.

"The problems about health mean that we probably need better roads, communications, long term environmental health and personal health programs in communities controlled by people themselves." Ngallagunda Community via Derby, Western Australia.

"High priorities are drinking water and better funded and designed housing for staff." Community leaders, Kintore and Utopia.

"We want water tanks, like the white people get." Chairman, Yalata Council, South Australia.

"There is a need for some accommodation units for the elderly to be built." Urapuntja Health Service, Central Australia.

"The Torres Strait Aged Care Hostel has no money to complete the building, or operating expenses for staff." Torres Strait Regional Authority, Queensland.

"More account should be taken of the family sizes and directions of weather influences (involves appropriate positioning, use of verandahs, extra bathrooms)." Binall Billa Regional Council, Wagga Wagga, New South Wales.

"Everyone wants verandahs. Housing needs a deep verandah, on the west facing wall. The houses are so hot." Pintupi Homelands elders, Central Australia.

5.2. The Importance of Education, Training and Employment

Many communities and community organisations highlighted the importance of education, training and employment for community, health and well being and effective service provision.

Communities argued for greater community participation in planning and delivery of housing and essential services and community health service provision. Many

communities complained that service providers were not providing adequate opportunities for community participation and that education, training and employment of Aboriginal people in service provision was inadequate.

"Health workers should do more in the camps, and they should be paid for these duties. Money speaks all languages." Aboriginal elder, Aurukun Queensland.

"We would like to know more about health and kids and young people should know more about it." Ngallagenda Community, Gibb River, Western Australia.

"Young people need to be encouraged to contribute to the community." Djarindjin Community, Western Australia.

"There is a need for training for young people and their involvement under CDEP (Community Development Employment Program) *in community works projects."* Bidyadanga Community, Western Australia.

"Local people need to be employed within their own community and to have control of their own programs." Aboriginal Land Council, Collarenebri, New South Wales.

"Health promotion and education, particularly for young people, are the first priorities." Victorian Aboriginal Medical Services.

"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." Mutitjulu Community Health Service, Uluru, Central Australia.

"Locally produced materials for health education are essential for the provision of culturally relevant information." Wurli Wurlingang Health Service, Katherine.

Submissions also argued the need for employment and training of health workers.

"The health service would be greatly improved by the employment of additional Aboriginal health workers based at the hospital." Port Pirie District Aboriginal Community Centre.

"Training for Aboriginal health workers is limited and there needs to be more courses to allow specialisation and the capacity to train people in their community." Wurli Wurligang Health Service, Katherine, Northern Territory.

"Yanangu health workers are central to the operation of an appropriate and efficient service." The Pintubi Homelands Health Service, Central Australia.

"There is little in terms of career path and support for Aboriginal health workers." Danila Dilba Medical Service, Darwin, Northern Territory.

"A trainer from Batchelor College has been training Aboriginal health workers on location. This is the best way of training for us." Urapuntja Health Service, Northern Territory.

5.3. Access to Health Services

Some communities visited, especially in remote and rural regions, did not have adequate access to health services. Where State/Territory health services were

available to communities many felt that they were not sufficiently knowledgeable about, or sensitive to, Aboriginal culture. Many Aboriginal community controlled health services argued that State and Territory governments were not providing adequate services and that little progress had been made in making State and Territory funded health services appropriate to the need of the Aboriginal communities.

There was considerable emphasis in community consultations and in submissions for specific health programs targeted to community needs. Some relevant comments from consultations and submissions were:

"There are no Royal Flying Doctor Service visits and the nurse has to send to Wyndham for prescriptions. The community has been ignored by the Government in providing health services." Oombulguri Community, Western Australia.

"There are no clinic facilities and no Royal Flying Doctor Service visits." Yagga Yagga Community, Western Australia.

"There are five people who require trachoma operations within the next six months but there is a two year waiting period for this service." Aurukun Community Director of Nursing, Cape York, Queensland.

"If bulk billing was available throughout the Torres Strait through Medicare, the Torres Strait would have immediate access to four doctors to be stationed at Thursday Island." Doctor, Thursday Island, Queensland.

"More money needs to be directed towards preventive health services." Walgett Aboriginal Health Service.

"Programs have been developed to treat the symptoms of alcoholism but the underlying cause has been ignored. For example, there is a need for diabetes programs and mental health support groups." Meeanjin Treatment Association, Kangaroo Point, Queensland.

"The health of women in our community needs immediate focus." Aboriginal and Torres Strait Islander Corporation for Women, Brisbane.

"Aged care programs are needed in our communities." Pitjantjatjara and Utopia communities, Central Australia.

"Washing machines, clothes lines, beds, basic furniture, and community based courses in nutrition, hygiene, washing, cleaning and dog control are essential." Aboriginal health workers and nurses at Napranum, Aurukun and Pompuraaw, Queensland.

"There should be more than one health worker for 150 people – twice as many are needed." Cape York Health Workers, Queensland.

A number of communities stated that they wanted funding to establish community controlled Aboriginal health services. These communities included the Torres Strait (which proposed a joint initiative with the Queensland Government), Cape York and Fitzroy Crossing. Numerous Aboriginal community controlled health organisations requested additional funding and greater security of funding.

The Committee has referred these requests to the Joint Health Planning Committee which is responsible for making recommendations to Ministers on the allocation of additional Commonwealth health funding in 1994–95.

Cooperation between Commonwealth, State/Territory and Local Government and Aboriginal Organisations

There were widespread views expressed to the Committee about the lack of cooperation between service providers. In housing and essential service provision, many communities felt that they were being given the run around from one agency to another with nobody taking responsibility for basic service provision. Some communities felt that they had not been adequately consulted and that housing and services provided were inappropriate to community needs.

"The extent of cooperation is not adequate to support communities." Richmond Health Service, Lismore.

"The power supply, costing $800,000 was installed by a WA contractor selected by ATSIC. The technology is sophisticated. Any breakdown requires that contractor to come in and fix it." Cape Barren Island Community, Tasmania.

"ATSIC put up $160,000 for a water supply project, but the local shire council failed to contribute the necessary $20,000." Aboriginal Land Council, New South Wales.

Consultations and submissions also demonstrated that relationships between Aboriginal community controlled health services and State/Territory administered secondary services were often strained with apparent lack of cooperation and sometimes duplication in service delivery. Relevant comments were:

"The Western Australian Health Department has built a hospital but the community is not happy with the service provided. At present there are no community clinic facilities and clinics are held under the school verandah." Fitzroy Crossing Community.

"Mainstream services have failed to provide culturally appropriate services." National Rural Health Alliance, Australian Capital Territory.

"Mainstream services do not know how to become appropriate." Central Australian Aboriginal Congress, Alice Springs, Northern Territory.

"The work done by Aboriginal organisations has been extremely positive." Ceduna Koonibba community leaders, South Australia.

"Reassert the division of responsibilities between primary health care, delivered by community groups and secondary care delivered by government services." Central Australian Aboriginal Congress, Alice Springs.

ATSIC has had some successes and some failures. We know the people who work there and they know our problems" Moree, Mehi and Collarenebri elders, New South Wales.

"There are too many government departments, and Aboriginal people want more control in their own communities." Aboriginal policy adviser, Australian Medical Association.

There was criticism of the lack of implementation of NAHS:

"The NAHS has not been fully adopted. It has been undermined by ATSIC." East Perth Medical Service.

"The Council of Aboriginal Health may have been intentionally marginalised." National Rural Health Alliance.

"The State Tripartite Forum has been ineffective as an advisory body." Northern Territory State Tripartite Forum.

"Communities need a list of what fits under NAHS. It causes a lot of confusion." Chairperson, Yalata Regional Council.

Aboriginal Community Controlled Health Services Survey

The National Aboriginal Community Controlled Health Organisation (NACCHO) representatives on the Committee requested that the following list of recommendations arising from a survey of Aboriginal community controlled health services be included in this section. The NACCHO representatives advise the following points represent the views of their member organisations.

It is recommended that:

- The total funds allocated to improvements in Aboriginal health be commensurate with the stated goal of raising the standard of indigenous health to the standard of the general population and that the funds made available to Community Controlled Aboriginal Health Services be consistent with their appropriate role as the main agents of primary health care delivery.
- Aboriginal health funding needs to be identified and safeguarded from non-health sectors, with funds for housing and infrastructure identified separately, in a manner consistent with the approach in mainstream funding areas.
- A commitment be made to ensure the continued development and effectiveness of a national network of community controlled Aboriginal Health Services which includes:
  - the creation of new community controlled Aboriginal Health Services, and their continuing effectiveness; and
  - the upgrading of existing community controlled Health Services, and their continuing effectiveness.
- A commitment be made to ensure that organisations of this network, such as NACCHO and the state and regional representative bodies are supported to ensure that their effective participation in policy development, implementation, evaluation and organisational support.
- A working party, with a majority of representatives from community controlled Aboriginal Health Services, be established to explore funding options for Aboriginal Health Services in a culturally appropriate transparent process, including:

- the desirable relationship between ATSIC, Commonwealth Department of Human Services and Health, the States and NACCHO;
- the mechanisms for the dispersal of funds to the health services; and
- issues relating to:
    - the predictability of continuing funding;
    - implications of purchaser provider arrangements;
    - the impact of case mix on Aboriginal Health Services; and
    - the impact of Aboriginal health weightings and regional health funding formulae on Aboriginal health services.

- The professional, career development, collegiate, training and industrial needs of Aboriginal health workers requires immediate attention and development. In particular, specific career structure and education programs relevant to local needs requires widespread development and local accessibility;
- The diversity of local Aboriginal community health needs has to be recognised. A proper balance should be struck between local health needs and national and state priorities with special attention to:
    - increased community controlled Aboriginal Health Service coverage of remote or under-serviced communities;
    - the recruitment of doctors to rural and remote areas;
    - an increase in the number of dental services as well as more frequent provision of services to rural and remote communities; and
    - an increase in and expansion of aged care services.

    In addition, a greater emphasis is required on:
        - men's health problems;
        - substance abuse programs;
        - smoking;
        - youth programs;
        - domestic violence; and
        - mental health care programs.
- A NACCHO working party be established to address standards, monitoring and evaluation issues in Aboriginal Medical Services with a special focus on best practice models, staff training, development and exchanges and opportunities for the interchange of ideas.