

## **Aboriginal health restored to its proper priority**

**Online Opinion - <http://www.onlineopinion.com.au/>  
16 September 2010**

**Jacqueline Phillips, National Director  
Australians for Native Title and Reconciliation**

The Prime Minister's announcement of her new Ministry last Saturday provoked an anxious response from the Aboriginal and Torres Strait Islander health sector. Without explanation, the Indigenous Health Ministry had dropped off the list.

The sector was left wondering whether this signaled a downgrade in the priority accorded to Aboriginal health under the new Gillard Government.

A number of organisations, including ANTaR, publicly expressed their concerns about this change and the shift it seemed to signal.

The Health Minister, Nicola Roxon, has ultimate responsibility for all aspects of the health portfolio. Importantly, she is also a member of Cabinet. However, the appointment of an Indigenous Health Minister under the Rudd Government sent a clear and positive signal that achieving Aboriginal health equality was a key priority for the Government.

Practically, it also facilitated much better access to a responsible Minister, opened dialogue between Government and the sector and ensured that the Close the Gap health rights agenda maintained momentum.

Nicola Roxon's announcement on *Lateline* on Monday night that the Government had reconsidered its decision, with Warren Snowdon to continue as the dedicated Indigenous Health Minister, was therefore welcome news.

It is difficult to know what to make of this episode.

The initial omission of the Indigenous health portfolio could have been a clumsy oversight, a deliberate policy to mainstream Indigenous health or a tactical decision to elevate the portfolio within the general health portfolio by cutting out the middleman.

Without further explanation from Government, it is impossible to know which.

However, the reversal of the decision should be seen as a positive sign that the Gillard Government is listening to stakeholders and willing to admit mistakes.

Warren Snowdon is well regarded within the Aboriginal and Torres Strait Islander health sector and has built constructive, respectful relationships during his time as Minister.

The challenge now is for the two ministers with responsibility for Indigenous health to work collaboratively to ensure that the Aboriginal health issues are not sidelined from the mainstream health reform agenda. At the same time, they need to recognise the specific

needs and aspirations of Aboriginal and Torres Strait Islander peoples and organisations.

The former Prime Minister Kevin Rudd acknowledged the responsibility that Governments bear for the appalling state of Indigenous health. He described Indigenous health disadvantage as a 'product of failed policy', the result of 'decades of underinvestment, buck-passing, confused responsibilities within a Federal system, and piecemeal and poorly targeted investments.'

If the new Gillard Government is to break away from this legacy of failure, it is vital that Warren Snowdon and Nicola Roxon coordinate their efforts with other ministers in key Indigenous portfolios, including Indigenous Affairs Minister Jenny Macklin and the new Indigenous Employment and Economic Development Minister, Mark Arbib.

Without affordable and accessible housing, adequate income support, effective and flexible employment and training schemes and better education for Aboriginal and Torres Strait Islander peoples, we will not be able to significantly improve Aboriginal health outcomes. Health services are essential, but not enough.

There is, remarkably, broad bipartisan consensus on an Indigenous health policy framework, with the leaders of Government and the Opposition having both signed the Close the Gap statement of intent in 2008.

The statement commits them to achieving Indigenous health equality by 2030. Under this broad target, the Government has committed to a range of more specific targets, including halving the gap in infant mortality rates within a decade.

In its first term, the Labor Government delivered historic additional investment in Indigenous health, with \$1.6 billion over 4 years dedicated to tackling chronic disease. However, even with this additional investment, Indigenous specific health funding still represents less than 2% of total health spending. The high burden of disease suggests funding for Indigenous health should be closer to 5%. Of the additional \$7.3 billion investment in the National Health and Hospital Reform Agenda, none of the funds are specifically designated for Indigenous health.

The campaign for sustained and increased funding for Aboriginal and Torres Strait Islander health will continue. The immediate challenge is to ensure that the additional funding that has been allocated to Aboriginal health ends up where it's most needed, including by building the capacity of the Aboriginal community-controlled health sector.

Aboriginal and mainstream health organisations, human rights and reconciliation groups and government representatives met in June to discuss the next steps in the process to Close the Gap. The emerging consensus was that a partnership with Indigenous people is critical. Within this partnership, a national plan needs to be developed, including a strategy to strengthen the Indigenous health sector.

It is difficult to generate media or public excitement around a plan. Yet this is critical to ensuring the new funds end up where they're needed – including in health services which local communities feel comfortable accessing and which respond to health issues in their broader social context.