

Nicola Roxon, Minister for Health and Ageing
Speech to the Healthy for Life conference
Adelaide, 23 April 2008

(20-30 minutes)

I'd like to begin by acknowledging the traditional owners – the Kaurna (pronounced *Gaurna*) people.

Other acknowledgments:

- Mr Major Sumner *[from Nunkuwarrin Yunti – a major Aboriginal community controlled service in Adelaide, who welcomed Delegates on Day 1 of conference]*
- Dr Kerry Arabena, Conference Chair
- Dr Mick Adams, Chair of NACCHO
- Professor Ian Anderson *[Keynote speaker from Day 1 of Conference]*
- Representatives from Healthy for Life services, researchers, health professionals, and other guests

Thank you for the invitation to speak at the inaugural Healthy for Life conference. I'm delighted to be here.

The concerns of this conference, and the aims of the Healthy for Life program, are directly tied to this Government's ambitions.

We have put tackling chronic diseases squarely at the centre of our health policy, and we are deeply committed to improving child and maternal health services; we know that closing the gap will be

impossible without doing so. In fact the reason I had to reschedule my speech at the conference was because I had to attend a meeting of the Prime Minister's Science, Engineering and Innovation Council in Canberra this morning where Indigenous child and maternal health was discussed.

So it's great to be here to hear about your discussions over the last few days on these and other issues, and to talk with you about how Healthy for Life fits into the Rudd Government's broader health and Indigenous reform agendas.

Hitting the ground running on Indigenous health

As you know, the Prime Minister has made the challenge of improving Indigenous health and closing the gap in Indigenous life expectancy one of our Government's top priorities.

And in the four short months we've been in office, we've already set out along the path towards achieving these goals.

One of the most important steps along that path was the Prime Minister's apology to the stolen generations earlier this year – a critical step towards healing the hurt and pain caused by the policies of successive past governments.

The apology was an important symbol; but it was more than just a symbol. It was the first step along the road that will allow us to close the gap with concrete, practical actions. Those actions will be directed towards concrete, measurable goals:

- Closing the life expectancy gap within a generation
- halving the gap in literacy and numeracy rates in ten years; and
- halving the gap between Indigenous and non-Indigenous child mortality rates in ten years.

At its first post-election meeting last December, COAG also signed up to each of these targets – making them truly national goals.

A few weeks ago, the Prime Minister, Indigenous Affairs Minister Jenny Macklin and I signed an historic Statement of Intent to work with the Indigenous health sector and mainstream health organisations towards achieving Indigenous health equality – and in particular to ensuring primary health care services for Indigenous peoples which are capable of bridging the gap in health standards by 2018.

And as a sign of our Government's determination to achieve what we have set out, the Prime Minister announced recently that we will present an annual report to Parliament during the first sitting of each year, outlining our progress against each of these targets.

Focusing on the early years

We know that turning things around in Indigenous health won't be an easy task. It will require commitment, determination and focus. More than anything, we are determined to do what works. In the first place, that means focusing our efforts on the areas where we know we can make the greatest gains early on.

That's why one of our major election commitments was a \$260 million package aimed at improving health and education outcomes in early childhood for Indigenous kids. The evidence in favour of investing early is now overwhelming – a child's early life is a critical point in human development, the golden moment at which some of the greatest gains can be made in establishing a child on a solid and successful life path.

It's a point the Prime Minister was making when he floated the idea of one-stop shop early childhood centres – combining health, education and other support services – before the 2020 Summit last week. And it's why we want to focus our efforts on the Indigenous children being born today.

Our \$260 million package includes:

- additional funding for child and maternal health services, which will complement the good work already being done through *Healthy for Life*
- Specific resources to tackle rheumatic fever in Indigenous communities
- funding to provide appropriate accommodation and support for Indigenous mothers who have to travel from remote areas to have their babies
- early development and parenting support and resources for early literacy and numeracy programs

We've been hard at work on this package since the election, and so I'm very pleased to announce today the **first five sites that will**

receive funding to provide additional child and maternal health services as a result of the Government's election commitment. They are:

- Yerin Aboriginal Health Service in Wyong, NSW
- Western Sydney Aboriginal Medical Service Co-op in Mt Druitt, Sydney
- Marwarnkarra Health Service Aboriginal Corporation in Roeburne, WA
- Darling Downs Shared Care Association in Toowoomba, QLD
- Danila Dilba Health Service, Darwin.

This will mean that these services can access the pool of more than half a million dollars to be provided (\$653,000) in extra funding in 2007-08 and make them eligible for ongoing funding from 2008-09.

This extra funding will enable these services to employ additional nurses, Aboriginal health workers and other health professionals to provide Indigenous mums and their babies with:

- Greater access to support during the antenatal period
- standard information about baby care and practical advice and assistance with parenting
- monitoring of the baby's developmental milestones.

Delivering additional health professionals will mean that more Indigenous children can be seen and treated – directly resulting in better health, and contributing to our commitment to close the 17-year life expectancy gap within a generation.

So we think this is a really important down-payment on our longer term objectives – rolling out additional funding to these services now.

I'm also pleased to announce that as part of this package, **we will be funding 30 additional Puggy Hunter scholarships** for students studying in child and maternal health over the next three years. These scholarships will be offered to Indigenous students across a range of disciplines including medicine, nursing (registered and enrolled), allied health, mental health, dental and oral health, Aboriginal Health Workers, and Health Management.

We will also be providing 40 Puggy Hunter Scholarships through the Health @ Home Plus program, making a total of 70 additional Puggy Hunter scholarships in child and maternal health.

I never met Puggy Hunter but you don't need to have met him to know he was a leader, a thinker and a determined advocate. Over the course of his lifetime, he made an enormous difference to Indigenous health.

Before he died he wrote in NACCHO's Annual Report that: *"Our kids have the right to grow up healthy and have the same chances in life as any other kids, and we can't afford to rest until we've made this dream into a reality."*

I hope that these announcements today can go a little way towards achieving that dream.

While on the topic of **Health @ Home Plus**, I should also mention that the Government recently approved the expansion of the nurse home visiting component of this program to include inner regional and urban areas - in recognition of the fact that the majority of the Indigenous children aged four and under live in urban areas. The program was previously only available in outer regional and remote areas.

This is what we mean when we say that policy must be based on facts. The results from this program in the US are incredibly impressive. And evidence-based interventions like this one will help us in our aim of halving the gap in mortality rates for Indigenous children under five within a decade.

Tackling chronic disease

While we've hit the ground running in a few really important areas where we know we can make a difference straight away, this Government is also determined to put in place the infrastructure that will make a difference long into the future.

For instance, the evidence makes clear the urgent need to tackle chronic disease in the Indigenous population – both by doing more in trying to prevent it, as well as doing better on early intervention, treatment and management.

Indigenous people suffer from debilitating chronic diseases at much higher rates than the non-Indigenous population. According

to the *Aboriginal and Torres Strait Islander Health Performance Framework 2006 Report*:

- registrations of end-stage kidney disease in the Indigenous population have more than tripled over the last decade;
- the hospitalisation rate for circulatory diseases is 80% higher in Indigenous than non-Indigenous Australians; and
- the hospitalisation rate for diabetes is six times higher in Indigenous than non-Indigenous Australians.

We also know that Indigenous people have much higher rates of the key risk factors for these chronic diseases. For example, as you all know, smoking rates in the Indigenous population are double those in the non-Indigenous population, and reportedly as high as 80 per cent in some Indigenous communities.

Tobacco smoking is the number one risk factor for chronic conditions and diseases like cardiovascular disease and cancer, which are the cause of so many premature deaths in Indigenous communities.

So to tackle the very high rates of smoking in Indigenous communities, **the Rudd Government will be investing close to \$15 million** in anti-smoking programs for Indigenous people over the next four years.

According to research presented at the CRC for Aboriginal Health's Parliamentary showcase last month, 17 per cent of the health gap between Indigenous and other Australians is directly due to smoking.

This is an area where the health gains will take time to manifest – in the general population, for instance, smoking rates have been going down over the last few decades but the cost of smoking-related illness is still going up. But we know that tackling smoking in the Indigenous population is absolutely critical to closing the gap in Indigenous life expectancy.

Another area which we know can make a difference in the long-term is improving access to and use of **primary health care** services.

Last month the Prime Minister announced two important initiatives in this area. First, a \$19 million package designed to strengthen the **Indigenous health workforce** and encourage more Indigenous people to take up careers as health professionals. We know that a strong Indigenous health workforce will be critical to improving Indigenous health services in the long term.

Second, as a sign of our commitment to working in partnership with you to achieve Indigenous health equality and to help drive the effort towards closing the life expectancy gap, the Prime Minister announced that the Government will establish a new National **Indigenous Health Equality Council** when the current Aboriginal and Torres Strait Islander Health Council's terms of reference expire in June this year.

The Council will bring together representatives from the Indigenous community-controlled health sector, peak Indigenous

health organisations, and other experts. Its role will be to assist in the development and monitoring of progress towards a set of health-related goals and targets to support the Government's commitments on life expectancy and child mortality – not unlike the Health Equalities Commission idea that came out of the 2020 Summit on the weekend.

To support greater investment in primary health care, the Government is providing additional funding of \$28.5 million over 4 years under the **Family Centred Primary Health Care Initiative** – an initiative funded by the previous Government in last year's Budget which this Government is committed to continuing.

I'm very pleased to be able to announce today the first six sites that will receive funding under this initiative to enhance existing primary health care service delivery in these areas:

- Country Health here in South Australia;
- Walgett Aboriginal Medical Service Co-operative in NSW;
- The Royal Flying Doctor Service with North & West Queensland Primary Health Care and Queensland Health;
- Victoria-Ramahyuck and District Aboriginal Corporation;
- Carnarvon Medical Service Aboriginal Corporation, Western Australia; and
- Dubbo Region/Western NSW.

Next steps

I hope that gives you a sense of where our priorities are in Indigenous health – and hopefully a sense of how your work as part of Healthy for Life aligns with these.

The goals of Healthy for Life in child and maternal health, for example – including improving antenatal attendance in the first trimester, increasing birth weights of Indigenous babies, and reducing risk factors such as smoking – are goals we share. We hope our additional investments in child and maternal health funding will help support those goals.

We know that there have been some important improvements in many Healthy for Life services in these areas, and this Government looks forward to continuing to work with you to build on these.

But of course there's still a lot of work to do. So I want to spend the last few minutes of my address talking about where we go from here.

As I said earlier we need to do more in **primary health care** – for example, in developing strategies to increase uptake of adult health checks, to improve early detection and intervention for people with chronic disease. This will be a focus for the Healthy for Life program over the next period.

Another area which is critically important but often overlooked is that of **men's health**. The health and wellbeing of Indigenous men is crucial to the health of Aboriginal and Torres Strait families and

communities. But for too many Indigenous men, the fact is that their health and wellbeing is not what it needs to be. Indigenous men have an average life expectancy of just 59 years.

The Government is committed to the development of a National Men's Health Strategy, and it will have a special focus on the health and wellbeing of Indigenous men. It is just one of the reasons why I am so pleased that Dr Mick Adams is the Chair of NACCHO, because of the experience and wisdom he brings to these issues – we'll certainly be seeking his advice on these issues in the months and years ahead.

I'm also very pleased that men's health will be one of the focuses of the Healthy for Life program over the next 12 months.

Finally, I would also like to make the point that this Government sees Indigenous issues as a fundamental part of our broader reform agenda – not as issues that should be dealt with in isolation.

As I mentioned earlier – a much greater effort is needed on prevention. So the Government's Preventative Health Taskforce that I announced recently will be asked to pay special attention to the interventions that are needed to prevent chronic disease in Indigenous communities.

Similarly, the National Health and Hospitals Reform Commission – tasked with helping us develop a long-term health reform plan –

has improving Indigenous outcomes as one of its terms of reference.

We know that getting Commonwealth/State relations right is crucial to improving Indigenous service delivery – which is why Indigenous issues now feature so prominently on the COAG agenda.

And I note that closing the gap on Indigenous health outcomes was one of the major themes of the 2020 Summit on the weekend – there's now no question about the community consensus on the importance of this issue. It's a message that this Government heeds loud and clear.

Conclusion

Having set hard targets for the future, we now need to band together and make sure we're taking concrete steps in the right direction in order to achieve them.

Halving child mortality rates and literacy and numeracy gaps within ten years, and closing the 17 year life expectancy gap within a generation will be no mean feats. But we're absolutely determined to roll up our sleeves, get to work, and in partnership with all of you, make the difference that Indigenous families are depending on us to make.