



# Future-proofing the healthcare system

Australia's First Peoples, the Aboriginal and Torres Strait Islander peoples, are one of the country's fastest growing populations (nearing three per cent) and provide a continuous link to upwards of 60,000 years of culture on this continent. Yet Australia's Aboriginal and Torres Strait Islander peoples continue to suffer greater incidence of ill health and barriers to accessing

appropriate and effective care.

The continuing project of colonisation has shaped the policies, structures, governance, and practices of health systems and public institutions, including hospitals, to respond poorly to the needs and rights of Indigenous people.<sup>1</sup>

## Australia not on track to close life expectancy gap by 2031

The gap remains close to **10** years for both men and women

For example: Indigenous cancer death rates increased by **23%** between 1998 and 2016,

non-Indigenous cancer death rates declined **14%** in that time.<sup>2</sup>

“As per the Uluru Statement From the Heart, the “dimensions of our crisis tell plainly the structural nature of our problem. This is the torment of our powerlessness”. Economic participation and productivity are worthwhile outcomes. However we should recognise that structural barriers and systemic racism impact not only mental health but the entire life course of Aboriginal and Torres Strait Islander people.”

—Associate Professor Luke Burchill, Chair of the RACP Aboriginal and Torres Strait Islander Health Committee, Cardiologist and Adult Congenital Heart Disease Specialist, University of Melbourne

To address these inequities and improve access to care, concerted, sustained action and appropriate long-term legislated funding are urgently required.

The RACP calls on the incoming government to address inequitable access to specialists by:



1. Legislating for guaranteed long-term funding to progress the National Aboriginal and Torres Strait Islander Health Plan Implementation Plan commensurate with burden of disease.



4. Developing systems and mechanisms to drive regional collaboration in identifying and planning specialist healthcare service provision for Aboriginal and Torres Strait Islander peoples involving the Local Health Networks and Primary Health Networks.



2. Committing to secure long-term funding for the Rural Health Outreach Fund and Medical Outreach Indigenous Chronic Disease Program commensurate with burden of disease.



5. Establishing an Aboriginal Health Authority to oversee health service delivery, professional training and policy and accreditation processes that impact on Aboriginal and Torres Strait Islander health.



3. Building and supporting the capacity of Aboriginal and Torres Strait Islander health leaders by committing secure long-term funding to the Indigenous National Health Leadership Forum.



6. Scaling up immediate community led responses and investing in addressing the long-term suicide drivers of poverty, intergenerational trauma and lack of self-determination.

<sup>1</sup> Matheson Anna, Bourke Chris, Verhoeven Alison, Khan M Imran, Nkunda Denis, Dahar Zaib et al. Lowering hospital walls to achieve health equity BMJ 2018;

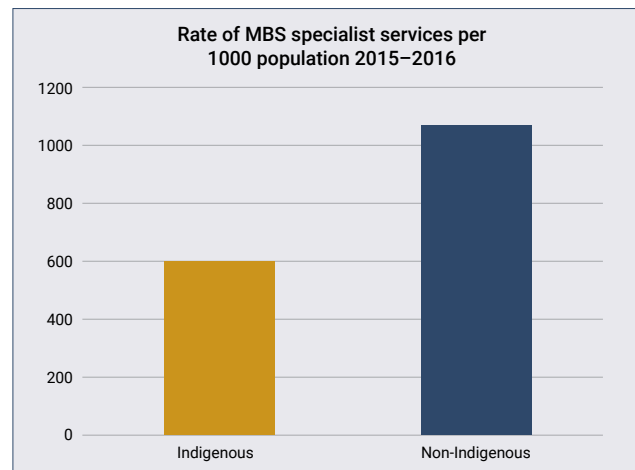
<sup>2</sup> Australian Government. (2018). Closing the Gap Report. <https://closingthegap.pmc.gov.au/>

# Towards health equity for Aboriginal and Torres Strait Islander peoples

## Sustained and targeted funding

Limited access to specialist care for many Indigenous Australians is an issue of concern for the RACP. It is imperative that there is secure funding for the *National Aboriginal and Torres Strait Islander Health Plan 2013–2023 Implementation Plan*.

The RACP strongly supports existing programs that improve access to specialist care, including the Rural Health Outreach Fund and Medical Outreach Indigenous Chronic Disease Program. The RACP recommends secure long term funding for all of these programs commensurate with the burden of disease.



“ To make real, long-term gains in Indigenous health, the health system needs to recognise the highly skilled leadership of Aboriginal and Torres Strait Islander people who are best placed to mobilise action and build the platform for change. The RACP’s focus is on improving access to medical specialists for Indigenous people, and we have great examples of where this is being done innovatively and effectively. ”

– Professor Noel Hayman, Associate Professor of Medicine, The University of Queensland; RACP Fellow

## Self-determination, equity and accountability in service delivery

Aboriginal and Torres Strait Islander health leadership and authentic community engagement are crucial to achieving improved health outcomes. The Aboriginal Community Controlled Health sector is of vital importance in delivering effective, culturally safe care to Australia’s First Peoples; as such, service development and provision should be led by Aboriginal and Torres Strait Islander health organisations wherever possible. The sector must have long-term, legislated, sufficient and secure funding to both retain and grow their capacity.

Aboriginal and Torres Strait Islander youth suicide is a serious health issue affecting all Aboriginal and Torres Strait Islander communities. The RACP, along with peak Aboriginal and Torres Strait Islander bodies, are calling for the government to prioritise a response to Aboriginal and Torres Strait Islander youth suicide.

The RACP calls on the incoming government to ensure that the health care system is resourced to deliver culturally appropriate and safe health care that Aboriginal and Torres Strait Islander peoples have a right to expect and receive. We ask for greater transparency and accountability provisions for all service providers, including the establishment of an Aboriginal Health Authority to oversee health service delivery to Aboriginal and Torres Strait Islander peoples.

*Facts and statistics in this document are sourced from the RACP Aboriginal and Torres Strait Islander Health Position Statement and other sources as cited.*