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Transcript: AMA President, Dr Tony Bartone, ABC News, *Breakfast with Virginia Trioli*, Thursday, 22 November 2018

Subject: AMA’s Indigenous Report Card and Closing the Gap on Indigenous Health

VIRGINIA TRIOLI: It's ten years since the Commonwealth committed to closing the gap on Indigenous health. Doctors say it's time now for a fresh approach. The Australian Medical Association is launching its 2018 Indigenous Health Report - it's doing that in Brisbane today - and to tell us more the AMA's President Dr Tony Bartone joins us now from Brisbane. Dr Bartone, good morning and thanks for joining us. So, how big is the gap?

TONY BARTONE: The gap if anything is still widening. If we look when we compare burden of disease, for example, we know that there's a 2.3 per cent- 2.3 times burden of disease, and if we look at the expenditure compared to fund that burden, it's woefully inadequate. In fact, if anything, if we look at AIHW figures that gap is actually getting further apart and we need to look at the strategy; why is it unravelling, refresh it, implement it from the ground up. And in this report today we're putting out six specific recommendations to try and refocus, address the inequity in funding and assure that we get the community health leaders, the Aboriginal and Torres Strait Islander health leaders in the community leading the charge, leading the process of engaging with their communities to get those health inequities addressed, and get some outcomes that are measurable, and improve the outcomes for their population.

VIRGINIA TRIOLI: To be fair and reasonable to both the Opposition and the Government and, of course, they've both been either of course over the last 10 to 20 years, what you're outlining in your report card really does mirror exactly what they have wanted to and have tried to do as well to talk about equitable needs-based expenditure, properly and systematically costing funding and implementing the Closing the Gap strategy. I mean, you're not teaching them how to suck eggs, I mean you're of a mind with them, but this is incredibly tricky and it's defeated government after government.

TONY BARTONE: And part of the reason is because we need those leaders, those health leaders in those various communities to come together with the peak bodies, with the Aboriginal controlled community health organisations, and all the other people as stakeholders in this space to come together to work collaboratively and with common purpose. But we've got some really great examples here in southeast Brisbane, particularly, where those things are really shining a light on how it can achieve, how it can progressively improve outcomes. I went to a unit yesterday in the southeast of Brisbane where the pre-term birth rate has been slashed by 43 per cent in less than four years. That's a significant improvement in just a very short time with very little additional funding, the funding that had to be garnered by a combination of State, of hospital, and of community grants and, of course, the leadership of the local medical population.

VIRGINIA TRIOLI: Alright, if there's one, maybe two, but let's start with one, one key policy change that the AMA would like to see that you argue and can prove would have demonstrably better outcomes for the Indigenous health in this country, what would it be?

TONY BARTONE: Well, first of all we'd commit to an equitable funding strategy. At the moment, the Commonwealth is spending 53 per cent of the proposed amount of health funding required if we're going to look at a needs-based funding model. We know that the burden of disease is higher in this population. If we look at aged care, we know that older Australians require more of the health dollar. Well, this is another similar case, and no different, and there's a sort of a propensity to think that additional funding is special treatment, but it's really funding based on needs and that's the first message that we'd like to see in terms of addressing the funding formula. But then basically to try and not have to make it so difficult to get that funding. Sometimes they have to go through 80 different little buckets of money to get that funding together.

VIRGINIA TRIOLI: Alright, streamlining that system has been a complaint for many people, also on both sides of politics and in the bureaucracy for a long time. Tony Bartone, thanks for joining us. We'll see how your report card goes as, of course we head into an election early next year, and issues like this will be front and centre.

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