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SPEECH TO AIDA CONFERENCE
"VISION INTO ACTION"
PERTH
THURSDAY 27 SEPTEMBER 2018
AMA PRESIDENT DR TONY BARTONE

***Check Against Delivery

Making Indigenous health an election issue

I acknowledge the Wadjuk Noongar people – the traditional owners and custodians of the land, and pay respects to their elders, past and present.

My thanks to the Australian Indigenous Doctors' Association for the invitation to speak here today. It is a great privilege.

Aboriginal and Torres Strait Islander people face adversity in many aspects of their lives.

There is arguably no greater indicator of disadvantage than the appalling state of Indigenous health.

Aboriginal and Torres Strait Islander people are needlessly sicker, and are dying much younger than their non-Indigenous peers.

What is even more disturbing is that many of these health problems and deaths stem from preventable causes.

There are many groups and organisations dedicated fulltime to changing things – AIDA, NACCHO, Lowitja, Aurora, the Medical Colleges, the universities, AMSA (our medical students), the nurses and midwives, and other foundations and agencies. Too many to mention.

And there are many individuals who campaign long and loud and hard – people like our MC today, Dr Jeff McMullen.

The AMA places improving Indigenous Health always as a major priority in our advocacy.

I see our role more as a catalyst for political action.

We have significant influence within Federal politics in Canberra across the whole spectrum of health.

We have policy, much of it contained in our annual Report Cards.

And we respond to policy or funding announcements – or lack of them – at Budget time.

Tragically, we have seen more cuts than top-ups. Funding is going backwards.

The core of AMA policy is the same as everybody at this Conference – proper funding for proven targeted programs and services that are delivered in a community-controlled way.

The AMA will work closely with all stakeholders to ensure all our policies get the attention and responses they deserve.

But, as we all know, the battle to gain meaningful and lasting improvements has been long and hard, and it continues.

The statistics speak for themselves:

- A life expectancy gap of around ten years remains between Aboriginal and Torres Strait Islander people and other Australians.
- The death rate for Aboriginal and Torres Strait Islander children is still more than double the rate for non-Indigenous children.
- Preventable admissions and deaths are three times higher in ATSI people.
- Medicare expenditure is about half the needs-based requirements, and PBS expenditure is about one third the needs-based requirements.

On top of this, we have the Closing the Gap targets to map progress – or measure failure.

The latest data indicate that only three of the seven Closing the Gap targets are on track to be met.

The target to halve the gap in child mortality by 2018 is on track.

The target to have 95 per cent of all Indigenous four-year-olds enrolled in early childhood education by 2025 is on track.

The target to **close the gap in school attendance by 2018** is not on track.

The target to halve the gap in reading and numeracy by 2018 is not on track.

The target to halve the gap in Year 12 attainment by 2020 is on track.

The target to halve the gap in employment by 2018 is not on track.

The target to **close the gap in life expectancy by 2031** is not on track.

Three out of seven is not good.

This is a potent political message to get the attention of the major parties and the broader Australian community – the voters.

And we now have a significant opportunity to advocate strongly for Government action to do better - a Federal Election is drawing closer.

The coming months are the perfect time to campaign and advocate to improve the health of Aboriginal and Torres Strait Islander people and communities.

Everybody knows that health policy changes votes.

The Coalition almost lost Government in 2016 because of health policy.

It is not surprising that we are currently seeing a much higher profile for health issues.

We currently have a focus on aged care. The Government has announced a Royal Commission.

This week the Government announced more funding for meningococcal vaccine.

There is an ongoing review of the Medicare Benefits Schedule.

The Health Minister relishes making regular 'good news' announcements of new drugs and treatments under the Pharmaceutical Benefits Scheme – the PBS.

Changes to private health insurance will be announced soon.

And there will be a bidding war on public hospital funding, just like we saw this week on MRI machines.

All these things cost money – lots of money.

There will be more significant funding announcements across the health portfolio in the next six to nine months.

We must ensure that Indigenous health gets its fair share.

The AMA has repeatedly said that it is not credible that Australia, one of the world's wealthiest countries, cannot address the health and social justice issues that affect three per cent of its citizens.

We will continue to work with all governments and all political parties to improve health and life outcomes for Aboriginal and Torres Strait Islander people.

More importantly, we will work tirelessly with you to achieve our shared goals.

Together we can indeed turn vision into action.

27 September 2018

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