Aboriginal health strategy: A case for greater imagination and priorities

Shane Houston and Gavin Mooney

Social and Public Health Economics Research Group, Curtin University, Western Australia

The National Aboriginal and Torres Strait Islander Consultation Draft[1] is a lengthy document and is, like the road to hell, paved with good intentions. Some of the ideas are certainly worthy – in fact a good number of the very many ideas are worthy. One of the great difficulties from our perspective with the document is that there are just so many. This is not a strategy, it is a listing of goodies.

There is a need for priority setting, for examining what has prevented some of the key policy initiatives proposed here and, indeed, from the original 1989 National Aboriginal Health Strategy[2] from being implemented and what can be done in future to break down barriers to progress.

It was inevitable that the current draft would be compared with the 1989 National Aboriginal Health Strategy, and so it should, for there are valuable lessons to be learnt from that document and its history. Unlike that original work, however, the current draft fails, we believe, to hit the mark or engage the passion or intellect.

It is telling that the authors of the draft do not appear to have worked out its audience and target group. It has adopted a scattergun approach covering all manner of issues, trying to be everything for everyone. The draft fails to build on the able work contained in the various regional and State/Territory Aboriginal health plans developed over the recent past – in many places it simply duplicates it. It ends up a disjointed array of local, State, national and Commonwealth considerations. Consequently, the document lacks the necessary level of cohesion for a national strategy. As a first cut, the document needs careful revision to distil a more coherent and realistic national strategy. The notion of 'national' becomes synonymous with covering everything in the country rather than a strategic, focused approach. There is little in the current draft that focuses on Commonwealth agencies and the considerable opportunity for gain that reform to these relationships offers.

The language of the headings is promising with, beyond Part One 'Background' and Part Two 'Setting the Agenda for the Future', a lengthy section of more than 50 pages on 'Implementation'. This has nine sections that are called 'Key Result Areas' which are introduced by the statement that "in order to achieve the Goal and the Aims (of the strategy) immediate action is required on key priorities".

Within these, 'Key Result Area One' identifies "the actions that need to be taken at a strategic level within the health system to enhance service delivery to Aboriginal and Torres Strait Islander

patients and communities". Within this one 'Key Result Area' there are nine action areas and, depending how one counts them, about 40 proposals for actions.

Overall there are nearly 190 proposals for action.

Despite all of this and more than 100 pages, plus another 50 in appendices, there is little new here and certainly little that excites or catches the imagination. We cannot find either a strategic framework or appearance of strategic thinking as to how progress will be made.

Taking one area of particular interest to these two authors, Key Research Area Seven looks at research. There is no overview, no strategy; simply a listing of some good ideas. Implementation? Can we not have an Aboriginal and Torres Strait Islander Health Research Strategy or Council? Could some thought not be given to a *national* training strategy to build research capacity among Aboriginal and Torres Strait Islander people? Can there not be some strategy for encouraging partnerships between Aboriginal communities and academic and other researchers?

Key Result Area Six is about developing partnerships with other (non-health) sectors. We would agree with the virtue of doing this, but the document is almost totally silent on such a crucial area. One family of 12 members on the books of the Coalition for Aboriginal Agencies in Perth had contact with 40 agencies involving more than 220 meetings in one year. Experiences such as this demonstrates the importance of getting the non health sector contributions better planned and delivered; the Commonwealth is not immune from such calls. The report is right to point to the need for addressing the issues raised by such families. There needs to be a strategy for dealing with these issues. The report fails to grapple with this.

On resources and finance (Key Result Area Eight) the report comes closer to what might be termed a strategy. It is right to stress the need to gain commitments from governments and to "increased levels of funding over the next 10 years". To suggest, however, that this be based simply on "identified needs, capacity to deliver the service and the real costs of service delivery" leaves a yawning gap in the strategy. What does this phrase *mean*? What are the dollar consequences of the various possible meanings? How can governments commit to such a strategy without having *any* sense of what it might cost?

We have attempted below to set out very briefly a skeleton of a strategy which might form a basis for a final report. It is in no sense intended to be comprehensive; it is strategic.

There is an increasing recognition politically and in the Australian community of the disadvantage of Aboriginal and Torres Strait Islander peoples, particularly with respect to their health status. This recognition needs to be enhanced and yet greater informed action engendered. The starting point of our strategy is therefore to build a program over the next year, funded by *all* levels of government, to get across to the Australian people and the health system the nature of Aboriginal health need and the extent to which the system will have to shift its priorities and practice to serve Aboriginal need. All levels of government will be asked to commit 1 cent in every $100 of its spending to this campaign in addition to the resources currently provided to service delivery.

A policy, evaluation and research program for Aboriginal and Torres Strait Islander health will be set up, funded to the tune of $2 million per year in the first year. This would rise to $10 million per year after four years to research into, monitor and evaluate various policies, programs and partnerships for the enhancement of Aboriginal and Torres Strait Islander Health. One of the earlier tasks of this strategy would be to investigate (within a 12-month time frame) what levels of funding are needed to make serious inroads into Aboriginal health problems and what mechanisms (both public sector and private) are available to raise this funding. It would also examine the question of where responsibility for improving Aboriginal and Torres Strait Islander health should lie.

Thereafter, *as a maximum*, in the first year there should be four high priority issues addressed, to be determined in the light of comments received on this draft report. As examples to indicate the sorts of things we have in mind, our favoured four would be (in no special order):

1. Providing greater training for Aboriginal and Torres Strait Islander peoples in health management and planning; financial planning; and leadership and negotiation skills.
2. Providing greater training for health care professionals in cultural security issues for mainstream services.
3. Immediate increase in funding of and for Aboriginal controlled health services to the tune of 50% (with emphasis on management, staffing and information).
4. Immediate funding of $100 million for developing management, economic, social and human infrastructure within Aboriginal communities, including within this an evaluation component of $1,000,000 to determine what works in community development and what does not.

References

1. National Aboriginal and Torres Strait Islander Health Council. National Aboriginal and Torres Strait Islander Health Strategy, Consultation Draft. NATSIHC Canberra, 2000.
2. National Aboriginal Health Strategy Working Party, A National Aboriginal Health Strategy, Canberra, 1989.

Correspondence to:
Gavin Mooney, Social and Public Health Economics Research Group, Curtin University, Bentley 6102, Western Australia.
Fax: (08) 9266 2608; e-mail: g.mooney@curtin.edu.au