

## **Presentation by Dr Mick Adams, Chairperson, National Aboriginal Community Controlled Health Organisation (NACCHO)**

NACCHO - provides a representative voice for over 140 Aboriginal communities in health related issues. Its members provide high quality, holistic, and culturally appropriate primary health care managed by local Aboriginal communities. Around 70% of staff in the ACCHS sector is Aboriginal and Torres Strait Islander people.

Life expectancy of Indigenous Australians is about 17 years less than non-indigenous Australians. This life expectancy-race differential is substantially greater in Australia compared to first nations' race differentials in the USA, Canada and New Zealand.

In medicine, prevention is any activity which reduces the burden of mortality or morbidity from disease. This takes place at primordial, primary, secondary and tertiary prevention levels. The current Australian norm is that if the cost of a Quality Adjusted Life Year (QALY) is less than \$40,000 a drug will be listed on the PBS and some costing more than this per QALY will also be funded. Considering the cheapness of a number of prevention interventions compared to putting a new drug on the PBS, the low level of spending in this area, \$1,265,000 compared to \$10,935,000 on PBS in 2003-04, is unacceptable.

There is unfortunately no analysis of the cost of a QALY for prevention activities with Aboriginal or Torres Strait Islander populations but it is reasonable to assume that culturally tailored interventions will be as cost effective as those for the population as a whole and probably more cost effective because of the high burden of disease in this population. Cardiovascular disease accounts for almost one third of the Aboriginal and Torres Strait Islander life expectancy gap. As such programs to target reductions in cardiovascular disease risk should be a priority. These are: smoking, high blood pressure and diabetes.

There are a number of mainstream prevention activities that do not effectively reach Aboriginal and Torres Strait Islander populations. Earmarked funding needs to be provided for all such programs in particular the smoking cessation, cervical screening and breast screening and immunisation programs. Australia's health and wellbeing

Some primary and much secondary and tertiary prevention ideally occurs in primary care. There are many more examples of effective prevention programmes being run by our member services (examples given are the Mums and Bubs clinic at the Townsville Aboriginal and Islander Health Service and the Heart Cardiac Rehabilitation Program at Wuchopperen Health Service in Cairns). However each has been dependant on convincing a funder (state, federal and occasionally private) to provide earmarked funding. The provision of such direct funding for preventive programmes, rather than expecting prevention to be undertaken under MBS item number claiming, has made it possible for our services to develop these innovative and effective programs. This way of funding prevention programs could be a model for the mainstream. However I would caution those who think this is working well. It is not. This kind of program funding has created a nightmare of reporting and all are funded short term and often as "research projects" which despite having a proven impact are defunded after the initial research is complete. Wendy Hoy's work which dramatically reduced the progression of those with chronic renal failure to dialysis and death on the Tiwi Islanders is an example of this.

Katherine West Health Board is an example of a single funding stream to provide integrated primary health care including prevention service. This is NACCHO's preference. With properly funded primary health care we can undertake a lot of primary, secondary and tertiary prevention

NACCHO is calling upon the government to invest an additional \$460 million a year, in to Aboriginal primary health care, to address the shortfall in expenditure. This amounts to a commitment of \$1.84 billion in new money over the four years of the budget.

The investment is in three areas:

- Capital Investment: \$550 million
- Recurrent funding: \$772 million
- Enhance the capacity and support services to increase MBS and PBS uptake: \$512 million.