



**Australian Government**

**Department of Health**

**FINANCE AND PUBLIC ADMINISTRATION  
REFERENCES COMMITTEE**

**INQUIRY INTO COMMONWEALTH FUNDING OF  
INDIGENOUS TASMANIANS**

**AUSTRALIAN GOVERNMENT  
DEPARTMENT OF HEALTH  
SUBMISSION**

**NOVEMBER 2016**

## **Introduction**

The Department of Health welcomes the opportunity to provide a submission to the Senate Inquiry into Commonwealth Funding of Indigenous Tasmanians. This submission focuses on the Department's broad investment in health services through a range of programs and organisations that benefit Aboriginal and Torres Strait Islander residents of Tasmania. The Department's approach to investment in health services for Aboriginal and Torres Strait Islander people residing in Tasmania does not support concerns expressed in the Senate Inquiry's Terms of Reference that Commonwealth funding over the last decade has been 'unfairly, unjustly or illegally allocated' to a small proportion of this population.

## **Universal Access to Primary Health Care Services**

1. Access to quality health services is critical for all Australians and the Department of Health does not exclude any person seeking primary health care or broader health services when they are in need.
2. One of the Department of Health's strategic priorities is better health and ageing outcomes and reduced inequality through enabling access for the most disadvantaged, including Aboriginal and Torres Strait Islander people, people in rural and remote areas and people experiencing socio-economic disadvantage.

## **Access to Health Services**

3. A person's identity is a deeply personal matter. The Department does not prescribe how individuals or organisations identify as Aboriginal and/or Torres Strait Islander.
4. In line with many other programs across the Commonwealth, the Department takes a broad approach to service eligibility that supports self-identification of Aboriginal and/or Torres Strait Islander identity as the basis for access to health services. This is the case whether services are targeted specifically to address the needs of Aboriginal and Torres Strait Islander Australians or within the broader health system.

## **Service Provision for Aboriginal and Torres Strait Islander people residing in Tasmania**

5. The Department does not engage with any organisation on the basis that they represent all Aboriginal and Torres Strait Islander people residing in Tasmania.
6. The Department funds a diverse range of organisations to deliver primary healthcare and broader health services to Aboriginal and Torres Strait Islander people residing in Tasmania. In 2016-17 (as at 31 October 2016), the Department directly funds six Aboriginal Community Controlled Health Organisations for primary health care and other programs. The Department also funds an additional three organisations to deliver a broad range of health services specifically for Aboriginal and Torres Strait Islander people residing in Tasmania, totalling nine directly funded organisations in 2016-17 to a value of nearly \$15 million (YTD).

7. Over the last 10 years, the Department has funded a range of organisations to deliver grants-based health services and programs to Aboriginal and Torres Strait Islander people residing in Tasmania to a value of nearly \$131 million. This represents a significant investment in areas including, but not limited, to:
  - Aged care;
  - Child and family health;
  - Eyes and ears surgical support;
  - Integrated team care;
  - Medical outreach;
  - Mental health, suicide prevention, alcohol and other drug services;
  - Optometry;
  - Pharmacy support;
  - Primary health care;
  - Service coordination; and
  - Smoking cessation.
8. Details of the Department's financial investment through grants relevant to the terms of the Inquiry are available at [Attachment A](#).
9. These grants are delivered in a wide range of geographic regions, some state-wide and others targeted to particular locations and communities across Tasmania.
10. Additionally, the Department contributes to the health of all Tasmanians through the contributions of the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS) which are both demand driven. Regarding the MBS, there are specific items that relate only to Indigenous Australians (e.g. MBS Item 715 – Medicare Health Assessment for Aboriginal and Torres Strait Islander people).
11. From 2006-07 to 2015-16, the Department expended an estimated \$121 million on MBS benefits accessed by Aboriginal and Torres Strait Islander people in Tasmania.<sup>1</sup>
12. Similarly, the Closing the Gap PBS Co-payment Measure improves access to PBS medicines for eligible Indigenous Australians who are living with, or at risk of, chronic disease. Closing the Gap prescriptions attract a lower or nil patient co-payment for PBS medicines.<sup>2</sup>
13. Aboriginal and Torres Strait Islander people residing in Tasmania also able to access the wide range of mainstream health programs including alcohol and other drug services.

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<sup>1</sup> Medicare data presented by Indigenous status have been adjusted for the under-identification in the Medicare Voluntary Indigenous Identifier (VII) database. All data are VII-adjusted based on VII as at June 2016. Geographic location is based on patient's Medicare enrolment address as at the last date of data processing for each financial year.

<sup>2</sup> Funding figures for the PBS and MBS are not included in the financial table as they are not grant funds.

## **Stakeholder engagement**

14. The Department's Health State Network provides a quality, centralised and streamlined grant administration function to Tasmanian organisations across the state in receipt of the Department's grant funding. It ensures the ethical, economical, effective and efficient use of Commonwealth resources to support the key priorities and outcomes of the Department. This includes appropriate reporting and accountability mechanisms.
15. The Department engages with many stakeholders about Aboriginal health in Tasmania including:
  - funded organisations;
  - the Primary Health Network in Tasmania, as the commissioner of many health services;
  - the Tasmanian Government; and
  - health experts in academia and elsewhere.
16. The Department meets regularly with the Tasmanian Aboriginal Corporation Inc. (TAC) as well as other leadership groups and service delivery organisations.
17. The Department's engagement with the TAC reflects its status as the Tasmanian peak body recognised by the National Aboriginal Community Controlled Health Organisation (NACCHO).
18. The Department also funds and consults with the Tasmanian Aboriginal Health Reference Group (TAHRG) which represents a number of Aboriginal Community Controlled Health Organisations funded to deliver primary health care and other health services to Aboriginal and Torres Strait Islander people residing in Tasmania.

INPUT TO SENATE INQUIRY ON COMMONWEALTH FUNDING OF INDIGENOUS TASMANIANS

	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17 (YTD)	TOTAL
Primary health care (including child & family health, ears & eyes, care coordination, Tackling Indigenous Smoking)	\$5,672,189	\$6,300,343	\$6,550,636	\$7,665,666	\$9,182,818	\$10,643,169	\$12,006,959	\$11,597,491	\$10,423,801	\$12,102,824	\$10,425,452	\$102,571,348
Medical outreach				\$76,222	\$423,914	\$1,196,839	\$1,324,318	\$897,576	\$1,017,396	\$1,132,467	\$1,188,325	\$7,257,057
Aged care	\$918,711	\$1,032,769	\$1,140,286	\$1,246,212	\$1,242,486	\$1,170,039	\$1,616,753	\$1,554,190	\$1,506,992	\$1,813,296	\$1,479,270	\$14,721,002
Mental health & suicide prevention	\$32,500	\$172,860	\$224,328	\$434,723	\$423,920	\$523,758	\$478,821	\$355,698			\$1,827,445	\$4,474,053
Pharmacy support	\$48,931	\$48,508	\$21,936	\$22,581	\$24,453	\$26,509	\$32,177	\$32,384	\$30,941	\$288,420		\$576,840
Workforce								\$227,724	\$344,646	\$572,370		\$1,144,740
TOTAL	\$6,672,331	\$7,554,480	\$7,937,186	\$9,445,404	\$11,297,591	\$13,560,314	\$15,459,027	\$14,665,062	\$13,323,776	\$15,909,377	\$14,920,492	\$130,745,041

\*\*Please note the following caveats on this information:

- limited time was available to produce this information;
- only funding provided via grants is included above;
- programs and sources of funding have varied over time due to internal departmental changes and machinery of government changes; and
- due to these caveats, this data should be treated as indicative.