

Maari Ma Health Aboriginal  
Corporation –  
NBN Parliamentary Committee  
submission

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We acknowledge the traditional owners of the land where we meet - the Baarkintji people

## Maari Ma: an overview

- ◊ Aboriginal community-controlled regional health service
- ◊ Managing mainstream (NSW) health services across the region: Tibooburra, Wilcannia, Menindee, Ivanhoe, Wentworth, Dareton, Balranald
- ◊ Social and community programs in Wilcannia and links with Dareton
- ◊ Research and evaluation projects affecting Aboriginal people in our region
- ◊ Leading interagency child development and well-being work

## Aboriginal health in the far west of NSW

- o Hospitalisations with diabetes: Aboriginal men and women 4 x and 2.5 x the NSW rate
- o Peak numbers of Aboriginal people in hospital due to diabetes in their 40s; non-Aboriginal people in their 70s
- o Hospitalisations with CVD: Aboriginal men and women at 3 x NSW rate
- o Peak numbers of Aboriginal people in hospital with CVD in their 40s; non-Aboriginal people in their 60s

## TOR: Delivery of government services and programs:

- o 90% of MM's programs and services funded by the Cwth (DOHA and FAHCSIA)
- o Many funding programs targeting Aboriginal health and well-being
  - o Closing the Gap
  - o Healthy For Life
  - o Bringing Them Home
  - o Community Support Service

## Delivery of government services and programs (2):

- o Analysis:
  - o Small populations (<3000 Aboriginal people) spread across a vast area (200,000 sq.kms)
  - o Chicken or egg: Programs to address poor Aboriginal health in remote Australia require resources → Remote Australia often the poor cousin to metropolitan Australia regarding the infrastructure that is necessary to 'close the gap'
- o Example: Community Support Service = information + referrals + internet access for Aboriginal people regarding mainstream services
- o Example: Remote Service Delivery = improve access to government services (state and cwth)for Aboriginal people in remote Australia

## TOR: Achieving health outcomes

- o National Aboriginal Health Strategy 1989
  - o To improve the health of Aboriginal people
  - o To share resources, knowledge, skills, infrastructure, experience, culture as a means of enhancing services
  - o To provide an Aboriginal perspective to service management, planning, development and delivery
  - o To build commitment to participation by Aboriginal people in health service management, planning, development and delivery

## Maari Ma's approach

- o Whole of life course CDS
- o Improving the delivery of primary health care with focus on prevention of CD, early detection, and improved management
- o Delivery of services remotely: CD doctors accessing up to date electronic medical records in database 100s of miles away
- o Improving access for Aboriginal people to health services/removing barriers to care
- o Employment of Aboriginal clinicians
- o Innovative service delivery and links such as OVHS

## TOR: Educational resources and training

- o AHW trainee cohort: 10 young Aboriginal people achieved Cert IV in Aboriginal health through TAFE. Block study in BH; VC support weekly with teachers in Dubbo.
- o On-line learning, distance education means people do not have to leave their 'country' or region to study.
- o OVHS: medical specialists case conferencing with GPs, AHWs and nurses in the ongoing care of clients via VC monthly
- o CPD: breaking down professional isolation

## TOR: Regional economic growth

- o Availability of essential services is part of our ability to recruit a strong group of professionals to the region.
- o Example: To address poor Aboriginal health we need health professionals. We have advertised 4 x nationally for C&F Nurses and eventually had to go to NZ to recruit. Our last doctor was recruited from Wales.

## TOR: Business efficiencies

- o Significant reliance on technology in medical services, particularly remotely:
  - o Pathology, radiology
  - o Referrals
  - o Shared medical records for the most up to date treatment/test results/info
  - o Links between mainstream health and GPs and AMSs for improved primary health care eg. Discharge summaries, secure messaging of confidential info

## TOR: Research and development

- o ABCD project: successes in Aboriginal CD management
- o Kanyini: International project looking at polypill; prioritising clients with high CV risk
- o CSRP: significant community survey about to be launched with use of tablet computers and upload to database for analysis of information

## Summary

- o Government agenda of social inclusion – for everyone, not just for people who live in convenient locations
- o The Parliament must be either absolutely committed to overcoming Aboriginal disadvantage, such as the fast-tracked roll-out of NBN services to remote NSW, or it will make decisions that will continue to exacerbate the future of Australia's First People.