

Aboriginal Medical Services Alliance Northern Territory (AMSANT)

**Submission to the
House of Representatives Standing Committee On
Aboriginal And Torres Strait Islander Affairs**

**Needs Of Urban Dwelling Aboriginal And Torres Strait Islander Peoples –
Commonwealth Parliamentary Inquiry**

AMSANT is the peak representative body for the Aboriginal community controlled health sector in the NT. Community controlled health services are a practical example of Aboriginal self determination, with Aboriginal people making decisions that are supported by government. The community controlled health services deliver comprehensive primary health care to Aboriginal people in urban and remote regions. These services are established under constitutions that foster Aboriginal leadership on health. They have Aboriginal boards of management that are elected as community representatives at annual general meetings, and employment policies that recruit Aboriginal people across the range of professional and administrative positions to develop and deliver health programs appropriate to the needs of the Aboriginal community.

AMSANT is a resource and advocacy body established to further the needs of these services. The AMSANT services have quarterly meetings and an Executive that meets weekly to direct a small secretariat staff. There is also an annual health summit where Aboriginal people from across the NT meet to discuss priority issues for Aboriginal health. Since its establishment in 1994, AMSANT has focused on getting adequate funding and government support for the Aboriginal model of community controlled health services. This strategy began with lobbying for the transfer of primary health care funding out of ATSIC and into OATSIH, within the Department Of Health and Aged Care.

The most significant progress in improving Aboriginal health care in the NT have been achieved through AMSANT's partnerships with ATSIC, OATSIH and THS under the NT Aboriginal Health Framework Agreement. The joint planning structures established under the Framework Agreement have enabled the development of a strategic and regional approach to the development of Aboriginal health services. Under the Primary Health Care Access Program, the four partners to the Framework Agreement

are pooling their resources and funding to support Aboriginal communities to develop health services according to locally identified needs and priorities.

The community controlled health services, as an expression of Aboriginal self-determination, are the driving force behind the achievements of the Framework Agreement. Through its representational structure, AMSANT is able to effectively represent the issues and priorities from a community perspective and to develop with government workable solutions. More importantly, after nearly thirty years of service development, AMSANT has the knowledge and experience to negotiate accountability procedures with both community and government representatives.

AMSANT recognize that in the last ten years, there has been significant shift in mainstream recognition of Aboriginal communities within urban settings and some understanding of the specific needs of this population. The RCIADC, the Reconciliation Movement, the establishment of ATSIC but probably most significantly, the Bringing Them Home report has contributed to the education of mainstream Australia about the history of Aboriginal dispossession, the experiences of the Stolen Generation and the consequences of entrenched poverty and marginalisation. There is greater effort in some areas of social policy to engage Aboriginal people in formal participation in the development and delivery of services to address disadvantage. However, there is no area where governments are doing enough and in spite of the myths about spending, there needs to be a major injection of funding into Aboriginal affairs. Instead, ideas about assimilation, reconciliation, and definitions of Aboriginal identity continue to be manipulated to suit a political analysis that undermines self-determination.

AMSANT has been working through the joint planning partnership to develop a funding, policy and planning framework for Aboriginal health that will meet the needs of both the urban and remote populations in the NT.

AMSANT wants make following points

- model of Aboriginal community controlled health services responds to the specific needs of Aboriginal population whether urban or remote
- Two thirds of the Aboriginal population of Australia live in urban and regional areas, in the NT the resident population in urban or rural towns (Darwin Katherine Tennant Creek and Alice Springs) is more like a third (18 000 of est 53 000 = 34%)
- town based services have grapple with specific complexities:
 1. Respond to needs of both
 - Stable resident population

- Highly mobile visiting population (who come to town to access a range of social services and entertainment)
 - People from remote communities forced to relocate to access essential services – for example renal dialysis
2. Government policy that urban Aboriginal communities should access mainstream services
 3. Urban and regional services being called upon to play a pivotal role in supporting communities to develop their own health services
 4. Town based services playing a hub center role in the delivery of visiting services in a region
 5. Difficulties in recruitment and retention following from lack of appropriately qualified staff, and lack of access to appropriate training and adult education facilities
 6. The role that the larger urban services have played in fostering strong independent leadership needed for effective negotiations with government
- The PHCAP funding formulae has a loading that acknowledges the greater costs of delivering services in remote areas, however the specific capacity building and service delivery role that urban services play also needs be resourced
 - Aboriginal comprehensive primary health care takes a holistic view of peoples health. This entails looking at the social and economic determinants of health and wellbeing. In the NT the education system is chronically unable to meet the needs and expectations of Aboriginal students. Inadequate housing, unemployment and imprisonment rates all contribute to the persisting poor health of Aboriginal people. Substance misuse continues to have a devastating impact on Aboriginal people, their families and communities.
 - There are still too many examples of government reluctance to commit to a negotiated relationship with Aboriginal communities to address Aboriginal disadvantage.
 - There needs to be a structured transformation in Aboriginal peoples relations with all levels of government, beginning with a treaty.