



Committee Secretary
House of Representatives Standing Committee on
Aboriginal and Torres Strait Islander Affairs
PO Box 6021
Parliament House
CANNBERRA ACT 2600
AUSTRALIA

Dear Sir/Madam,

My name is David Carter and I am writing to the Committee inquiring into and reporting on the contribution of sport to Indigenous wellbeing and mentoring, with a particular focus on:

- sporting bodies increasing opportunities for Indigenous participation, including opportunities for Indigenous women;
- non-government organisation's utilising sport as a vehicle to improve outcomes for Indigenous people, and
- the contribution of Indigenous sporting programs, as supplied by:
 - the sporting code
 - the private and NGO sectors, and
 - federal government assistance to Closing the Gap targets.

I am employed at the Ballarat and District Aboriginal Cooperative (BADAC) as the Active Lifestyle Program Manager. In this role I am responsible for the Strategic Planning and development, Operational Management, Human Resource Management and the Administration Management of the Active Lifestyle Program.

The Active Lifestyle Program is designed to increase the physical and mental health of the Aboriginal and Torres Strait Islander people through participation in physical activity to help combat chronic disease.

The Active Lifestyle Program has 4 staff including a manager and 3 qualified fitness instructors. One of these instructors started in the program as an Aboriginal Trainee and has since gained his qualifications as a qualified fitness instructor.

The program currently operates a completely operational gymnasium, and several sport and recreational programs.

I felt I needed to write to the Committee to voice my concerns about the very low levels of government funding being applied to preventative health activities for Aboriginal and Torres Strait Islander people. Currently BADAC self-fund the Active lifestyles Program, this program was developed in 2007 and was initiated in a response to the high levels of chronic disease in the community and the low access levels to mainstream health preventative services such as a gymnasium and other physical exercise activity.

Without recurrent long-term funding it will become increasingly difficult to maintain current service levels let alone grow services to address the increasing levels of chronic disease in the local Aboriginal community.



According to the 2011 ABS Census the Ballarat statistical division is home to nearly 1,200 Aboriginal and Torres Strait Islander people. In 2011 BADAC received \$61,179 from the Department of Health and Ageing through the Local Community Campaign Grant program to fund a project in preventative health this equating to \$1,176 per person. This investment was greatly received by the local community to be used to develop locally relevant preventative health resources including brochures, DVDs, posters and a youth activity to develop a 'brand' for the BADAC gymnasium facility.

During the same period BADAC also submitted to the Department of Health and Ageing (DoHA) - Chronic Disease Prevention and Service Improvement Flexible Fund pool for a proposed project to support the development of a health promotion program specifically targeting Indigenous people. This project was in response to the DoHA request for activity proposals to support existing Federal Government health policies and agendas.

In line with the Governments strategic direction in health prevention and intervention the project had particularly focus on the key priority area of closing the gap in life expectancy between Aboriginal and non-Aboriginal peoples within a generation. The driver for the project was to increase the human resources capacity of the BADAC Active Lifestyles Program to create greater opportunity for installing activity that focused purely on health prevention.

The expected outcomes of the proposed project supported delivery of outputs as per National Partnership to Close the Gap (NPCTG) priority areas identified in Table 1 NPCTG priority areas.

Table 1. NPCTG priority areas

NPCTG Priority Area	Performance benchmarks
<i>Smoking</i>	Number and key results of culturally secure community education/ health promotion/ social marketing activities to promote quitting and smoke-free environments.
<i>Fixing the gaps and improving the patient journey</i>	Number of culturally secure health education products and services to give Indigenous people skills and understanding of preventative health behaviours, and self-management of some chronic health conditions.

It was with great disappointment that the project was not funded by Department.

As well, the opportunity for this project to be funded from other sources is limited with BADAC seeking to fill the required resources gap to ensure that the health preventative project is still installed into the local Indigenous community.

Health prevention activities that are delivered by the Active Lifestyle Program are providing local Aboriginal and Torres Straight Island people with a staffed and operational gym in which to participate in physical activity provided by trained and qualified individuals, and sport and recreation programs for those that rather exercise delivered in a sporting concept rather than a gym based setting.

Physical Activity is proven health prevention and greatly assists in the general management of chronic disease such as diabetes, hypertension, asthma and mental. These chronic conditions have been identifies as the main four chronic health conditions within the local Indigenous community.

As more Indigenous people participate in health preventative activity this will decrease the strain placed on hospital resources and Government medical funding.



Daily in our program we see the benefits of physical activity and healthy diet on the physical and mental well-being of our community.

We are pleased to inform that the facility in 2010/11 provided services to (Need to input STATS) Aboriginal and Torres Strait Islander people. We refer internally via the BADAC Medical Clinic; Koori Family Services; Koori Children Services and Vocation programs to connect our clients internally across all our programs. We view this as an excellent service model that provides connected pathways for clients to transition smoothly into preventative health activities. Our experience with this model has shown that the benefits include a complete holistic health service provided to the individuals that allows access to all of these programs, therefore ensuring that we are looking after the individual's health on all levels, physical, mental, social, family and financial.

In conclusion research demonstrates that introducing the health promotion principles to Indigenous communities in culturally appropriate ways can have very effective and long-lasting benefits.

This agency hopes that in providing this brief submission on some of our practices we can encourage the public and private sectors to increase their support for preventive health activities in Indigenous communities as a way of addressing the health, social and economic inequalities.

Our agencies mandate is to ensure that the First Peoples of this country, custodians of the oldest continuing culture in the world, Indigenous Australians, have strong futures for generations to come.

Sincerely,

David Carter
Active Lifestyle Program Manager
Ballarat and District Aboriginal Co-op

Karen Heap
Chief Executive Officer
Ballarat and District Aboriginal Co-op