



Position Statement: Health Reform and the Aboriginal Community Controlled Health Sector

The Public Health Association of Australia (PHAA) notes:

1. The critical importance of health reform for Aboriginal and Torres Strait Islander health and health care, and the essential role of the Aboriginal Community Controlled Primary Health Care Sector which is recognised as the most appropriate service model in Aboriginal and Torres Strait communities throughout Australia.
2. That the National Health and Hospital Reform Commission (NHHRC) report strongly endorsed the Aboriginal community controlled comprehensive primary health care model and recommended that this model be implemented more broadly throughout the health system.
3. There is evidence that Aboriginal Community Controlled Health Services (ACCHS) are currently overburdened with funding complexities and reporting requirements which need to be streamlined through the reform process. PHAA acknowledges the need to have a specific policy and administrative focus on ACCHS within the national health reform process. This has led to proposals from some parts of the Aboriginal community controlled health sector to have separate Aboriginal Primary Health Care Organisations (PHCOs) that co-exist alongside mainstream PHCOs.
4. That the Australian government is yet to act on many of the recommendations of the NHHRC, which included significant change in the funding and accountability arrangements for Aboriginal health and health care.
5. That achieving an effective split between purchaser/funder and provider is an important component of primary health care reform throughout the health system and especially in Aboriginal health.
6. The proposal to “inscope” a broad range of primary health care services in the PHC funding stream including mental health, alcohol and other drugs, allied health, maternal and child health and other key funding streams that up until now have been largely in vertical funding silos.

The PHAA believes:

7. That a far greater effort is needed in the governance and function arrangements of Medicare Locals to address concerns in relation to the impact on the administration and operation of the Aboriginal Community Controlled Health Sector. This will be best addressed by the creation of dedicated Aboriginal PHCO’s or Medicare Locals.
8. Information to date has indicated there has NOT been appropriate emphasis on ensuring Medicare Locals comprehensively encompass primary health care across the board, including for Aboriginal and Torres Strait Islander peoples. Due to these factors, there is a risk that the ACCHS that have been highly successful in providing high level, holistic care for Aboriginal and Torres Strait Islander peoples will be undermined by the transition to Medicare Locals as currently proposed.

The PHAA recommends:

9. That the Aboriginal community controlled comprehensive primary healthcare service model and related measures be implemented more broadly throughout the health system as part of the health reform process.
10. The Australian Government enter into discussions with the Aboriginal Community Controlled Health Sector to:
 - a) Determine the best arrangements for the appropriate distribution of Aboriginal health care funds, allowing jurisdictional, regional and local flexibility. We urge the government and the sector to take the NHHRC recommendations as a starting point in this negotiation process about the development of workable proposals for institutional strengthening and infrastructure development. This should include consideration of the development of separate and dedicated Aboriginal Primary Health Care Organisations as funding organisations at the jurisdictional level.
 - b) Ensure that models developed via the health care reform process, including the establishment of Medicare Locals, achieve an effective split between purchaser/funder and provider.
 - c) Include the Aboriginal Community Controlled Health Sector and public health groups such as PHAA in the negotiations about what Australian, State and Territory government funds are to be “inscoped” as part of any new single primary health care funds pool at the Australian Government level.
11. The Australian Government takes further steps to ensure:
 - a) Medicare Locals are comprehensive enough in both their functions and governance to –
 - i) ensure an appropriate emphasis across the full spectrum of primary health care from promoting healthy communities and populations through to medical treatment; and
 - ii) ensure such services are developed and delivered in an equitable way, giving appropriate consideration to using a weighted, needs based, per capita funding model.
 - b) ACCHSs will not be disadvantaged regarding their funding, functions and work because of the transition to Medicare Locals.

ADOPTED 2011

Adopted in February 2011 as part of the 2010/2011 policy development and review process.

References:

1. Public Health Association of Australia (September 2010) *Public Health Association of Australia 40th Annual Conference Resolutions*, PHAA, Canberra.
[http://www.phaa.net.au/documents/101008%20FINAL%202010%20conf%20resolutions%2040th%20Annual%20\(2\).pdf](http://www.phaa.net.au/documents/101008%20FINAL%202010%20conf%20resolutions%2040th%20Annual%20(2).pdf)
2. Public Health Association of Australia (November 2010) *Submission from the Public Health Association of Australia on governance and functions of Medicare Locals*, PHAA, Canberra.
http://www.phaa.net.au/documents/PHAA_Medicare_Locals_Gov_and_Functions.pdf