



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



THE SENATE
MINISTERIAL STATEMENTS

Closing the Gap

SPEECH

Wednesday, 12 February 2014

BY AUTHORITY OF THE SENATE

SPEECH

Date Wednesday, 12 February 2014
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Questioner
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Source Senate
Proof No
Responder
Question No.

Senator NASH (New South Wales—Deputy Leader of The Nationals in the Senate and Assistant Minister for Health) (17:38): In his speech to the House of Representatives earlier today, the Prime Minister, the Hon. Tony Abbott MP, noted that significant improvements have been made towards meeting the target of halving the gap in mortality rates for Indigenous children under five within a decade. During the period between 1998 and 2012, the Indigenous child mortality rate declined by 32 per cent, outpacing the decline in non-Indigenous child mortality. These changes mean that we are currently on track to meet this target by 2018. Of course the reduction in the infant mortality rate will eventually provide the platform for addressing long-term health in Indigenous Australia, particularly in remote areas. To this end, we remain committed to health services from birth and before birth.

Maternal and child health is a key focus for investment. There is a substantial body of evidence that the experience of the child—in utero, at the time of birth, in infancy and in childhood—has the potential to impact on health throughout life. High quality antenatal care provides opportunities to address health risks and support healthy behaviours throughout pregnancy and into the early years of childhood. Improving the health, social and environmental factors of babies and young children is likely to have positive flow-on effects for the remainder of the life cycle. The government remains committed to improving maternal and child health through the New Directions: Mothers and Babies Services program. This program provides increased access to antenatal and postnatal care, practical advice and assistance with breastfeeding and nutrition, and health checks for children before starting school.

Despite the success in moving towards the child mortality target, there has been a negligible difference to the life expectancy gap within a generation. Over the last five years there has been a small reduction in the gap of 0.8 years for males and 0.1 years for females. It is clear that more needs to be done if this target is to be met by 2031. Senators will be aware that Indigenous Australians have higher rates of chronic disease, including diabetes, coronary heart disease and respiratory disease than other Australians. They have higher rates of high blood pressure and cancer, and they typically have earlier-age onset of these diseases. Chronic disease contributes to two-thirds of this health gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians. The majority of deaths between 2006 and 2010 were due to chronic diseases. The leading cause of death was circulatory disease with rates of the disease in Indigenous Australians at 1.7 times that of non-Indigenous Australians, contributing to 17 per cent of the burden of disease in Indigenous Australians.

Smoking levels are high among Indigenous adults, although evidence shows a small reduction in the most recent period. Levels of physical inactivity, obesity, diabetes and high blood pressure are much higher than for non-Indigenous Australians. Additionally, low socioeconomic status is associated both with greater risk of developing circulatory disease and with lower chance of receiving appropriate treatment. At the same time, we see worrying rates of diseases which are virtually unknown in contemporary non-Indigenous Australia, including the consequences of rheumatic fever and the returning scourge of tuberculosis.

The government remains committed to addressing chronic disease and to funding activities through the Aboriginal and Torres Strait Islander Chronic Disease Fund and Practice Incentive Payments in Indigenous health, as well as expenditure under both the Pharmaceutical Benefits Scheme and Medicare. These activities sit alongside efforts to reduce the factors that contribute to chronic disease, such as smoking, drug and alcohol abuse, and work to ensure access by Indigenous Australians to comprehensive and coordinated primary health and hospital care that is provided by a culturally competent health workforce within a broader health system.

I am pleased to note that we have had success in recent years in the area of smoking cessation. In 2008, 47 per cent of Indigenous Australians were current smokers, down from 51 per cent in 2002. This is the most recent data, but there is strong evidence that the rate continues to fall, and I would pay particular tribute to Aboriginal medical services in delivering these programs, and to so many of our other health services who are delivering care to Indigenous Australians.

The Aboriginal community controlled health organisations provide the valuable infrastructure platform for chronic illness care and maternal and child health programs in particular. The government funds over 170 Aboriginal community controlled health organisations across Australia. In some remote locations, the Indigenous-specific system is the only one available to the local population. The task ahead is to build on this strength by maintaining momentum for improvement in the best-performing organisations and programs across both the Indigenous-specific and mainstream systems, and encouraging other providers to achieve at the same levels. It is clear, however, that provision of high quality accessible health services alone is not sufficient to improve overall health outcomes. Between one-third and one-half of the health gap is driven by social determinants such as socioeconomic status, education, employment and income.

The coalition government, as you have heard from my colleagues today, is committed to getting kids into school and adults into work and to ensuring that the ordinary rule of law applies in communities. This cannot be achieved without a continuous focus on health. Healthy kids can take advantage of education, and healthy adults are better placed to take up employment opportunities. We also know that better schooling, better employment opportunities and safer communities create better health outcomes. This is an important two-way relationship.

This government remains fully committed to achieving health equality between Indigenous and non-Indigenous Australians within a generation, for these reasons. We cannot continue to see the disparities in Indigenous health outcomes such as life expectancy, age-standardised death rates and chronic disease. We want to work closely with the community controlled health sector in order to tackle long-term problems with long-term solutions.