

'Aboriginal Health is Everybody's Business

Building Better Services for Indigenous People in the ACT'

Chief Minister's Speech for the

Opening of a Workshop

28 November 2006

- Ms Judy Harris, Chair Winnunga Nimmityjah Aboriginal Health Service
- Ms Julie Tongs, Chief Executive Winnunga Nimmityjah Aboriginal Health Service
- Mr Gary Highland, National Director of Australians for Native Title and Reconciliation
- Ms Merri Andrew, Coordinator of ANTaR ACT
- Ms Kerry Arabena, Visiting Research Fellow in Social Health, Australian Institute of Aboriginal and Torres Strait Islander Studies

I acknowledge the traditional owners of the land we are meeting on, the Ngunnawal people. I respect their continuing culture and the contribution they make to the life of this area.

Welcome everyone to what I am sure will be a day of inspiration and ideas.

The theme that will run through all of today's proceedings is, at one level, a statement of the obvious. Aboriginal health *is* and *must be* "everyone's business" because inequality and disadvantage are, by their nature, phenomena for which whole societies must take responsibility, and which whole societies must seek to remedy.

But the theme resonates at another level too. Aboriginal health is "everyone's business" because improving outcomes depends on individuals and organizations working far outside the traditional healthcare model.

Too often, governments and practitioners are still intellectually and financially captive to the notion that improving health care means employing more doctors, finding more nurses, boosting immunisation rates, opening more clinics, distributing more antibiotics, increasing the number of hospital beds, funding more research into miracle cures.

And it does of course mean these things. But it means much more. Increasingly, we are coming to understand that it *also* means addressing some of the social determinants of health outcomes which can't be

measured as easily as a high temperature, factors that can't be cultured from a swab or remedied with a course of penicillin.

I'm talking about education, employment, income. I'm talking about the gift of being a part of a functional community, the priceless advantage of being part of a strong and resilient family.

I'm talking about land rights. Self-determination. Empowerment.

A doctor cannot write a prescription for a job that pays a living wage.

There is no miracle drug that will ease the pain of members of the stolen generations.

The finest surgeon in the country can do little to persuade an Aboriginal teenager of the importance of finishing school.

Aboriginal health is 'everyone's business' because without everyone *making* it their business, we will forever be reacting, patching, catching up. We will forever be plugging with our fingers the leaks in a dike that cannot withstand a relentless pressure of our own making.

I believe the good will exists to make a difference. While we might argue about process or apportion blame differently, I doubt you would find very many Australians subscribing to the view that it is right or appropriate for Aboriginal men and women to die roughly 20 years earlier than others of their generation, or for their babies to die at higher rates, or for skin, eye and ear diseases to run rife.

What you *might* find, however, working to diminish our natural good will, is a sense of weary fatalism, a kind of unconscious desensitisation to injustice that comes over us when we have read and agreed with the 40th urgent Jack Waterford editorial, or heard how the latest injection of funding has failed to have the desired impact, or seen another white politician say that this time, this year, this budget, things will really be different.

Even HREOC's own Aboriginal and Torres Strait Islander Social Justice Commissioner, Tom Calma, believes it will take another quarter of a century for equality in health outcomes to materialise – if we commit to that deadline today. The question is, how do we summon enthusiasm for something so remote, and how do we maintain it?

It is hard for any of us to plan or prioritise in relation to such distant goals. Yet we must. For politicians, it means thinking not just beyond this election cycle, but beyond one's own political lifetime, beyond the complexion of one's own government. This must be a bipartisan effort.

For public servants it means somehow entrenching things so that an unswerving focus is kept on Aboriginal health through successive political regimes, and through successive ideological shifts, for a quarter of a century. I don't want to be thought to be advocating civil service along the lines of an episode of *Yes, Minister*, but if ever there was a time for enduring corporate nerve, this is it.

Success will also mean imploding the bureaucratic silo structures that keep all of us from seeing that the symptoms identified by the doctor out in Gungahlin, or Tuggeranong or at Winnunga Nimmityjah, have their roots sunk deep in the social experience of the patient – at school, at home, in the workplace.

All of which is much more easily said than done, of course.

Here in the ACT the Chief Executives of the main government agencies are exploring mechanisms for sharing information and teasing out the connections, the contradictions and the synergies between their own policies and programs and the policies of other departments. We don't need agencies moving along parallel tracks. We want convergence. We want a common destination, and I want this to be driven from the top, by Chief Executives committed to taking a whole-of-government approach.

I have high hopes that the elected Indigenous body we will see emerge in the ACT within the next 12 months will be able to play a role in focusing our energies and keeping us accountable. If this truly is to be 'everyone's business' it needs to be business carried out in partnership with the Indigenous community, but not the kind of quasi-paternalistic partnership that is so often code for blaming the victim.

It is all too easy, when we are feeling frustrated by our lack of progress, to imagine that the particular challenges that confront Indigenous Australians are somehow a *product of* Indigenous culture, rather than a product of the *breakdown* of Indigenous culture.

We saw this tendency played out most recently in relation to customary law, with attempts to draw causal links between abuse in remote communities and the long-standing principle that courts are entitled to consider customary law as a mitigating factor in criminal sentencing.

We have seen it plenty of times before too, most shamefully perhaps in the blaming of ATSIC for the manifold failures of service delivery in a host of areas.

Here in the ACT, our challenges when it comes to Aboriginal health are not, thankfully, identical in kind or scale to those experienced in some other parts of the country, but they are nevertheless very real, and they are everyone's business.

Some truly world-class work is done here in the national capital by Winnunga Nimmityjah, and it is significant, in terms of today's theme, that Winnunga's work is rooted in a holistic philosophy that sees health outcomes as inextricably connected with social conditions.

That's why, in addition to offering traditional primary medical, psychological, dental, midwifery and drug and alcohol services, Winnunga offers its clients nutritional advice, money management advice, stress management courses, parenting classes, an art group, male mentoring opportunities, home safety advice, even tai chi and bingo.

And it is why Winnunga is working so hard to forge strong links right across the spread of ACT Government agencies.

I believe we can do more, and do it better. And I think today is an opportunity to come up with ideas for doing more and doing better.

The ACT Government recently released its *ACT Aboriginal & Torres Strait Islander Health and Family Wellbeing Plan*, developed in partnership with Winnunga and the Australian Government.

I believe that one of the greatest challenges we confront if we are to extract maximum benefit from this way forward is to ensure that this plan, like Aboriginal health, becomes 'everyone's business', and that it becomes 'core business'.