



VACCHO

Responding to the long-term health needs of Morwell's Aboriginal community

1. Good afternoon, firstly I would like to acknowledge the traditional owners of the land on which we're meeting, the Gunnai Kurnai people and acknowledge their Elders past and present and Community in attendance.
2. My name is Jimi Peters. I am a Yorta Yorta man from the Shepparton area. I have been employed by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) for more than 15 years. I am manager of the Public Health Research Unit.
3. VACCHO is the peak body for Aboriginal health in Victoria. We represent 100% of Aboriginal Community Controlled Health Organisations (ACCHOs) in Victoria, and our role is to build the capacity of our Membership and to advocate for issues on their behalf. We greatly appreciate the opportunity to address the Hazelwood Mine Fire Inquiry and discuss with the Board Members issues which impact on the long term health needs of Morwell's Aboriginal community. VACCHO's vision is that Aboriginal people will have a high quality of health and wellbeing, enabling individuals and communities to reach their full potential in life. This will be achieved through the philosophy of community control.
4. Self determination and cultural expression are human rights. Lack of control over life circumstances is acknowledged as a contributor to the health gap between Aboriginal and Non-Aboriginal Australians¹. Since the release of the *National Aboriginal Health Strategy*² since 1989, Commonwealth, state and territory governments have recognised the centrality of the Aboriginal definition of health and the importance of self-determination and community involvement in all aspects of health and well-being for Aboriginal and Torres Strait Islander peoples.
5. Aboriginal Community Controlled Health Organisations (ACCHOs) are the embodiment of self determination. Each ACCHO has been initiated by a local Aboriginal community and based in that local Aboriginal community. ACCHO boards of management are drawn directly from the communities they serve, and are democratically elected. Board members have the challenging role of balancing cultural and community expectations with their legal and fiscal obligations."³
6. The ACCHO sector has 40 years of experience in providing culturally appropriate, innovative and holistic primary health care which is both determined by, and implemented according to the needs of, local Aboriginal and Torres Strait Islander people.
7. In addition to service provision ACCHOs also perform multiple roles which foster the capabilities of Aboriginal community members. These include⁴:
 - Providing a gathering place;
 - Promotion of Aboriginal culture and self-determination;
 - Giving voice to their communities on issues beyond their service provision role;
 - As significant providers of employment for Aboriginal people.

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8. Victorian ACCHOs are scattered across the state, in both major metropolitan and regional sites, and in smaller communities. They face the additional challenges that come with providing key health and welfare services to small, dispersed communities, since Victoria's Aboriginal population forms a much lower percentage of the total population than in other jurisdictions. Here in the LaTrobe Valley for example, the Aboriginal Estimated Resident Population (2013) for LaTrobe Valley is 1348 people which represents only 1.8% of the wider population of this region.⁵ The diversity of these services is a testament to the diversity of the communities they serve.
9. Aboriginal Australians experience significantly higher rates of chronic disease than the non-Aboriginal population. For example Aboriginal Australians are 3.3 times more likely than non-Aboriginal Australians to have diabetes, and 3.7 times more likely to have chronic kidney disease.
10. Chronic disease is a major contributor to the gap in life expectancy that exists between Aboriginal and non-Aboriginal Australians. *During the period 2008-2012, the predominant causes for Aboriginal mortality included*⁶:
- **Cardiovascular and other vascular diseases 26%**
 - **Cancer 20%**
 - **Endocrine disease (diabetes) 9%**
 - **Respiratory disease 8%**
11. In 2010-2012 life expectancy for Aboriginal males was 69.1 years compared with 79.1 years for non-Aboriginal males – a 10.6 year gap. For Aboriginal females, life expectancy was 73.7 years compared with 83.1 years for non-Aboriginal females (9.5 year gap). Clearly, the life expectancy gap is still significant, but has begun to close.⁷
12. Available evidence indicates that ACCHOs have been key contributors to closing the health gap for Aboriginal Peoples⁸ and that there is strong evidence of the link between access to appropriate primary health care and improved health outcomes for Aboriginal and Torres Strait Islander people.⁹
13. Services provided by ACCHOs to their communities are also acknowledged to be cost effective, The Department of Health and Human Services (DHHS) has acknowledged that: "No other organisational sector provides the same breadth of activities from such a small base for such a small and dispersed population."¹⁰
14. Nonetheless a gap remains between the acknowledged importance of self determination and the ways in which health policy, programs and services are prioritised and resourced by Government. In *A Contributing Life*, the 2012 National Report Card on Mental Health and Suicide Prevention, the NHMRC argues:
- "Supporting self-determination and working in partnership should be part of any overall response. A shift away from top- down policies and programs to those led by communities is vital".
- In other words, the imposition of structures which do not have community control at their heart, has been shown to fail.
15. *The Statement of Intent to Close the Gap in Indigenous Health Outcomes* commits Victoria to ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.
16. Premier Andrews, in his address to the Closing the Gap Parliamentary Event stated:
- "Aboriginal health outcomes are best when Aboriginal Victorians control them. And that's the direction we have to lead. At the moment, our definition of leadership is giving Aboriginal Victorians a seat at our table. But real leadership is about making it their table, too."
- (Premier Daniel Andrews, 19/3/15).
17. Victorian ACCHOs are a vehicle for self determination and an effective means of ensuring Aboriginal health outcomes are controlled by Aboriginal Victorians. ACCHOs' effectiveness is based on an intimate understanding of their communities and the unique sociocultural environment of their specific community. This is evident in the Central Gippsland Aboriginal Health Service's rapid and effective crisis response to the immediate health needs of its community as a result of the Hazelwood mine fire. You have already heard accounts of the relocation of childcare services and health checks for vulnerable Elders.
18. Given the significant burden of disease already affecting Aboriginal Victorians, VACCHO is concerned for the ongoing health of the Aboriginal community members who were affected by the Hazelwood Mine fire, and the impact on their health and quality of life.

19. VACCHO believes that each Aboriginal community (Endnotes)

needs its own community based, locally owned, culturally safe primary health care facility, appropriately resourced to monitor and address the short, medium and long term impacts of events such as the Hazelwood Mine fire. Our organisation now has the capacity to offer support to the Central Gippsland Aboriginal Health Service and other Aboriginal health services in the region, in this monitoring process if the Aboriginal community members and services are in agreement. VACCHO has implemented a data and health information strategy for the collection of de-identified health service data from participating Member services who have signed the data exchange agreement.

Recommendations:

1. VACCHO strongly recommends that appropriate, ongoing resources be provided to enable the health needs of Morwell's Aboriginal community to be met by their own, community controlled health organisation.
2. VACCHO strongly recommends investment in and resourcing of longitudinal health monitoring (and appropriate resourcing) of Aboriginal people living in the LaTrobe Valley for any acute and chronic health conditions that may arise as a consequence of exposure to the Hazelwood Mine fire atmospheric infiltrates.
3. VACCHO strongly supports the recommendation put forward by the Central Gippsland Aboriginal Health Service for the monitoring of the health of local Aboriginal community members and strengthening their capacity for effective and rapid response to emerging health issues, in the event of future crises.

On behalf of VACCHO, I would like to Thank you for your time this afternoon.

1. Calma (2005) 2005 Social Justice Report, Human Rights and Equal Opportunity Commission
2. *A National Aboriginal Health Strategy* (1989), Australian Government Department of Health and Ageing, Canberra. Permanent URL: <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-NAHS1998>
3. Effective Change Pty Ltd (April 2007)*Positioning Aboriginal Services for the future Project report* OATSIH DHS and AAV p17
4. Effective Change Pty Ltd (April 2007)*Positioning Aboriginal Services for the future Project report* OATSIH DHS and AAV p14
5. Public Health Information Development Unit (2013) Social Health Atlas of Australia, University of Adelaide http://www.adelaide.edu.au/phidu/data-archive/sha-aust/2008-2014/phidu_data_sources_notes_2013.pdf
6. *Mortality and Life Expectancy of Indigenous Australians 2008-2012 – AIHW 2014*
7. *Mortality and Life Expectancy of Indigenous Australians 2008-2012 – AIHW 2014*
8. Australian Institute of Health and Welfare 2015. *Healthy Futures—Aboriginal Community Controlled Health Services: Report Card*. Cat. no. IHW 150. Canberra: AIHW. P4
9. Osborne et al, (2013) *What works? A review of actions addressing the social and economic determinants of Indigenous Health*, Issue Paper No. 8, AIHW Closing the Gap Clearing House, p. 49. Griew et al (2008) *The link between primary health care and health outcomes for Aboriginal and Torres Strait Islander Australians*.
10. Department of Human Services (2006) "Improving the way we work with Aboriginal Community- Controlled Organisations: How the Department of Human Services can assist in improving service delivery outcomes for Aboriginal Victorians Community summary report"