

A Fair Society

Health Policy

1. Congress reaffirms the belief that access to quality healthcare is essential in ensuring that people are able to participate fully in all aspects of life; that older Australians are able to live in dignity and that the nation benefits from the contribution of all its citizens. Adequate funding and transparency in its expenditure are essential for quality healthcare.
2. Congress recognises that a fairer society is a healthier society and that our commitment to working towards full and decent work is also a commitment to decreasing health inequalities.
3. Congress notes that existing policy:
 - a) establishes the principle of universal access to comprehensive health services, including dental care;
 - b) supports Medicare as an efficient and equitable system of health delivery;
 - c) states that bulk billing for General practitioners services should be accessible to all in the community;
 - d) places a high priority on tackling the crisis in mental health;
 - e) recognises the range of services required to meet the care needs of older people;
 - f) endorses the provision of equitable and accessible health services to rural and remote regions, Aboriginal and Torres Strait Islander peoples, and people with cultural and language barriers; and
 - g) makes a commitment to seek equitable wages and fair working conditions for health care workers, including measures to redress staff shortages, increase the skills, and ensure working arrangements are safe, secure, equitable for workers and enable the delivery of high quality care.

4. Congress now resolves to pursue the following priority issues through community education, lobbying and campaigning with like-minded organisations which share our goals and in particular to lobby the Australian Social Inclusion Board to influence Government policy.

Aged Care

5. Congress believes that aged care in Australia is failing to provide the level of care needed for elderly Australians. The critical underfunding of the sector is resulting in an inability to guarantee adequate accommodation and nutritious meals for residents, or to attract and retain qualified staff. While the sector is predominantly Government funded, the public sector plays a minor role as provider, and the risks associated with monopoly private sector provision of aged care is growing.
6. Congress calls for:
 - a) increased public funding to levels identified by the Productivity Commission;
 - b) funding to ensure that staff working in the sector receive pay and conditions comparable to those paid in public hospitals;
 - c) improved accountability for expenditure of public funds and the provision of services within the sector;
 - d) a stronger public sector presence in the direct provision of aged care to establish standards, long term stability of the sector and universal access to quality care;
 - e) establishment of enforceable minimum standards of nutritional, medication and clinical care, including specific targets of nurse/carer to patient ratios.
7. Congress resolves to actively campaign with allies in the sector to ensure these issues are addressed as a priority.

Public Health

8. Congress believes that the public health system is in need of dramatic overhaul. A new integrated approach to funding and planning of public health services is needed to minimise jurisdictional inefficiencies, while an emphasis on local level, community based health care will assist in ensuring high quality, universally available healthcare.
9. Congress calls for:
 - a) increased public investment in health, including adjustments that take account of growing healthcare costs, to ensure that Australia's public health care system is safe, effective, accessible and sustainable;

- b) the establishment of a joint body within each state representing Commonwealth and State interests with shared responsibility for the single-stream allocation of resources and integration of all public health services;
- c) delivery and management of public health services at the local level including through community health centres which:
 - i) provide a range of co-located, integrated health services including general practitioners, dentists, family health services, secondary care, nursing, midwifery and non-medical services such as diagnostic and pharmacy services;
 - ii) are responsive to the changing health needs of people throughout their lives which range from early childhood development to adolescent mental health and chronic disease;
 - iii) reduce the burden on public and private hospitals through education, early intervention and preventative health care services;
 - iv) improve access to care by providing extended opening hours, bulk billing and services relevant to the specific health needs of the local community;
 - v) have the necessary skills and facilities for urgent medical care;
 - vi) co-operate effectively with local hospitals to ensure swift transfer of patients who require emergency care, specialist assessment or admission;
 - vii) establish arrangements with local home and community care providers and residential aged care facilities which ensure comprehensive care and avoid unnecessary hospitalisation;
 - viii) are funded through capital grants for infrastructure and recurrent grants for operational costs including adequate staffing levels.
- d) improvements to health outcomes for Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians that are comparable with OECD best practice on all key performance indicators such as life expectancy, infant mortality, tobacco and alcohol consumption, overweight and obesity, heart disease and stroke, suicide, AIDS incidence, mortality from cancer;

- e) both Federal and State Governments to recognise that funding for mental health services in comparison to overall health service funding remains unacceptably low and inequitable and to increase the proportion of funding allocated to mental health services to 12% of health expenditure as recommended by the Mental Health Council of Australia;
 - f) increased public funding of health services to ensure that opportunities are created to facilitate breast feeding, including in the workplace, and enable parents to take advantage of these opportunities. Congress affirms the importance of breast feeding as a determinant of child health and recognises that increased funding is required to ensure our public health system, inclusive of community support systems, are properly resourced to facilitate breast feeding wherever possible.
10. Congress resolves to lobby federal and state governments to work co-operatively to implement this reform agenda in order to significantly improve Australia's public health care system by 2013.

Aboriginal and Torres Strait Islander Peoples

11. Congress recognises that the health status of Aboriginal and Torres Strait Islander peoples is considerably poorer than any other social group in Australia. Contributing factors to the health inequality of Aboriginal and Torres Strait Islander peoples include racism; unequal access to primary health care and infrastructure; poor nutrition and unsanitary living conditions; lack of cultural safety and culturally appropriate health facilities; human rights and social justice issues and insufficient or poorly targeted funding to meet health care needs.
12. It is imperative that Aboriginal and Torres Strait Islander peoples have equal and affordable access to primary health care and health infrastructure. Adequate nutrition, education, and safe housing, are also integral to establishing healthy lifestyles and improved well being.
13. Congress calls for:
- a) meaningful consultation with Aboriginal and Torres Strait Islander communities to deliver appropriate and culturally acceptable services that are well funded and promote healthy living and improved health outcomes;
 - b) greater investment in detoxification and rehabilitation services for Aboriginal and Torres Strait Islander people that promote holistic healing and practice;

- c) increased funding for and further development of Aboriginal and Torres Strait Islander community controlled health services, care and aged care facilities that are locally delivered, supported and promoted within communities with predominantly new government resources for Closing the Gap;
 - d) the incorporation of culturally appropriate delivery of health care that recognises rights, beliefs and values of Aboriginal and Torres Strait Islander peoples;
 - e) the same rights for Aboriginal and Torres Strait Islander people to refuse or accept health treatment and care as is the case for other Australian citizens;
 - f) a focus on primary health care such as education and screening to address poor health outcomes for Aboriginal and Torres Strait Islander peoples through programs for early childhood development, maternal health, chronic illness, mental health, effects of abuse and violence, and disease;
 - g) the establishment of well supported links between local Aboriginal and Torres Strait Islander primary health care providers and other health sectors, such as hospitals and rehabilitation centres that support patients safe journey through the system of care;
 - h) the incorporation of content relevant to the history, health and culture of Aboriginal and Torres Strait Islander peoples, including social justice issues into all Vocational and Education Training programs and undergraduate curricula for health professionals;
 - i) improved incentives including funding and mentoring support for Aboriginal and Torres Strait Islander peoples to undertake careers in health professions and increased support for Indigenous Health workers through affiliate associations.
14. The ACTU and unions commit to lobby government to improve health and well being of Aboriginal and Torres Strait Islander peoples by implementing the above provisions of this policy.