

Health Care

Developments since Congress 2009

Since Congress 2009, a number of key legislative developments have occurred to improve health outcomes for Australians.

In 2011, the Commonwealth Government, along with state and territory governments, signed the National Health Reform Agreement. This provides a consistent national framework for public health policy, including \$16.4 billion to upgrade hospital facilities by 2019-2020. There was also \$1.5 billion allocated in the May 2011 budget for the *National Mental Health Reform* package, which will provide funding over 10 years for a range of national initiatives, including mental health skills training for GPs, early intervention for young people, and encouraging participation, including jobs, for people with mental illness.

In 2012, the Australian Government in conjunction with the Northern Territory Government announced the *Stronger Futures* package, a 10-year investment in health, education and housing for Aboriginal people in the Northern Territory. This includes \$719 million in funding for primary health care and dental services. This follows on from the Council of Australian Government's (COAG) 2008 commitment to close the gap on Indigenous mortality within a generation, and to halve infant mortality rates within a decade.

In recent months, the Commonwealth Government has announced the National Disability Insurance Scheme (NDIS), which will provide insurance to fund long-term care and support for Australians who suffer from a significant, debilitating injury. The NDIS will be rolled out from mid-2014 and is expected to be fully implemented by 2018-2019.

The Commonwealth Government has also recently unveiled the *Living Longer. Living Better* aged-care reform package, which delivers \$3.7 billion over five years to provide more options for in-home care, improve the quality of residential care, and strengthen the aged care workforce.

Key issues

Aged care is a significant issue because Australia's population is ageing rapidly. By June 2010, 13.5% of the population was aged 65 years or over, which is an increase of 1.3% over 10 years.¹ At current rates, the proportion of Australians aged 65 years

¹ ABS 3201.0 *Population by aged and sex, Australian States and Territories, June 2010*

and over is expected to be between 21- 23% of our population within 30 years.² As our population and workforce ages, it is vital to ensure good quality health care for older members of society so that all Australians can continue to participate in social and economic activities as they grow older.

One of the major priorities for public health is ensuring a consistent approach across states and territories to ensure that service gaps are readily filled. According to the ABS 2009 Patient Experience Survey, 5.4% of Australians had been unable to access health services, usually due to wait times, or lack of services in their area. Moreover, people living in disadvantaged areas are less likely to access health services, according to data from the ABS 2007-08 National Health Survey (NHS). Although cost is a contributing factor, there is also an uneven spread of health services in low socio-economic areas. For example, dental practitioners are almost twice as likely to be based in less disadvantaged areas.

Lack of access to health services is an even greater problem among Indigenous communities, with 26% of Indigenous Australians facing difficulties in accessing health services due to wait times, cost, or an absence of services in their area. Of the various health services, Indigenous Australians faced the most difficulty in accessing dental services. In 2011, Indigenous Australians comprised 2.6% of the Australian population. In 2009, the median age at death of Aboriginal and Torres Strait Islander males was 52.5 years and 61.3 years for females. This represents a gap of 25.5 years for males and 22.6 years for females when compared to mortality rates for the non-Indigenous population. Indigenous Australians are also 2.5 times more likely than non-Indigenous Australians to be in ill health.³ Access to health services in remote and regional Indigenous communities remains poor, and external factors such as lack of access to housing, education and work all have a negative impact on health outcomes for Indigenous Australians.

Agenda 2012-2015

This policy outlines unions are committed over the next three years, to improve access to high-quality health care regardless of people's ability to pay. Health care is a public good that should be universally accessible to all Australians, and therefore this policy opposes privatisation of health care services which can drive the prioritisation of profits over need. In particular, the policy highlights the need to expand the public health sector to include a wider range of bulk billing options, including public access to dental care. The Commonwealth must continue to work closely with state and territory governments in order to address service gaps and provide a more consistent, national approach to health care, while also ensuring the health system is flexible enough to meet the needs of local communities.

This policy provides that unions will work to strengthen the health industry workforce by ensuring that health care workers receive decent wages, training and development opportunities, and provide incentives to fill the gaps in the public health workforce. It also recognises that staff numbers have a measurable impact on the quality of health care.

² ABS 4102.0 *Australian Social Trends*, March 2011

³ ABS. 4704.0 - The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples, Oct 2010

Indigenous health outcomes must also be improved over the next three years through better access to health services and an increased focus on preventative health measures. This policy calls for a concerted effort to be made to fund health care and services in the most disadvantaged areas, including rural and regional areas, if we are to close the gap on Indigenous mortality within a generation.