



NACCHO

National Aboriginal Community Controlled Health Organisation

Media Release

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CIS report doesn't Close the Accountability Gap

Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO) Mr Justin Mohamed says that despite the wild accusations through out the Centre for Independent Studies' report: *Closing the Accountability Gap: The First Step Towards Better Indigenous Health* that its conclusion supports Aboriginal Community Controlled Health services.

The report (p 22) concludes that:

Rather than the government deciding what health programs to fund, communities (or regional areas) in conjunction with health professions should be responsible for determining health needs.

Mr Mohamed said "Communities setting health priorities is exactly what Aboriginal Community Controlled Health Services are all about".

"However the report's slur that Aboriginal Community Controlled Health Services are unaccountable is wrong.

"In addition to reporting to their community boards of management and their membership, our services report at least twice a year to funding bodies such as the Federal Health Department and State and Territory governments and are externally audited on finances and governance, by financial auditing practices.

"The burden of 42 funding sources the report refers to for one service is an issue affecting a number of our member services and is something that NACCHO is continually raising with Government by calling for new ways to streamline reporting and funding.*

"Despite Aboriginal peoples making up almost three percent of the population, with three times the burden of disease only 0.8% of global federal health expenditure goes to the Federal Health Department's Office of Aboriginal and Torres Strait Islander Health and of that Aboriginal Community Controlled Health Services receive an even smaller proportion" Mr Mohamed said.

"The funding boost for Aboriginal health has only peaked in the last year with only a limited amount of this new funding reaching Aboriginal Community Controlled Health Services or having time to affect measurable health outcomes.

"The small funding increases seen from 1997 to 2007 have resulted in substantial increases in episodes of care delivered by Aboriginal Community Controlled Health Services and increases to the Aboriginal workforce throughout Australia.

"NACCHO has repeatedly called for Governments to be more accountable for the unilateral funding decisions they make affecting Aboriginal people.

"However, much of the new COAG money is being diverted to mainstream services, and, it is time these bodies receiving money targeted for Aboriginal health are held to the same level of accountability as the Aboriginal Community Controlled Health Sector.

"The Australian General Practice Network, their Divisions of GPs and mainstream, for profit, general practices are being targeted for the COAG 'Close the Gap' measures when these services have a very sparse track record in helping Aboriginal peoples.

"The gaps in health we are working to overcome is the result of two centuries of mismanagement and unaccountability by this nation towards Aboriginal people" Mr Mohamed said.

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*See the CRAH *Overburden Report* http://www.craah.org.au/publications/downloads/overburden%20report_FINAL.pdf