



Central Australian Aboriginal Congress

ABORIGINAL CORPORATION | ICN 7823

2016 CONGRESS ELECTION POLICY PLATFORM

Congress' election policy platform is focused on addressing the social determinants of health as a means of achieving long-term, sustainable gains in closing the gap in health outcomes between Aboriginal and non-Aboriginal people.

This requires improvements to be made within the health system as well as in early childhood, education, alcohol and other drugs, housing and employment at both a territory and federal level.

Health

- Strengthen Close the Gap (CTG) headline indicators by supporting the introduction of the following two (2) new CTG targets as recommended by the National Aboriginal Health Summit held in Darwin last year:
 - The proportion of Aboriginal children developmentally vulnerable on two or more domains in the Australian Early Development Census (AEDC) scores be reduced by 50% by 2020 and there be no gap between Aboriginal and non-Aboriginal children by 2031; and,
 - The incarceration rate for young Aboriginal and Torres Strait Islander people between the ages of 15 and 30 years be reduced by 50% by 2025.
- Commit to establishing a system for publicly reporting on equality in Australia.
- Support the establishment of a statutory "productivity commission" body for Aboriginal Affairs similar to the Independent Policy and Productivity Commission recommended as part of the Empowered Communities policy model. Such a body could hold governments to account for failing to invest in evidence based services and programs that are proven to make a real difference and instead investing in non-evidence based services and programs that are not working.
- Commit to fully funding the National Aboriginal and Torres Strait Islander Health Plan (NATSIHP) and an accountable implementation process reporting to Parliament annually on Close the Gap Day.
- Commit to restoring and increasing funding for the public hospital system according to need and reducing the need for more than \$7 billion worth of private health insurance subsidies.
- Implement a national glucose tax at a minimum of 20% or higher, and allocate funds to subsidise fresh fruit and vegetables so that produce is reduced to affordable prices, particularly in rural and remote Australia.
- Quarantine 5% of the NH&MRC budget for the Lowitja Institute to fund a dedicated national institute for Aboriginal health research.
- Commit to collaborative, needs-based planning between governments, Aboriginal organisations and other stakeholders within sectors, in respect of policy development and funding.
- Support Aboriginal community controlled organisations as providing the best pathways to closing the gap. Currently, this is not happening consistently and as such, gains made due to collaborative, needs-based planning are under threat as more and more private providers enter into an increasingly fragmented service system.
- If there needs to be an Approach to Market in the allocation of funds ensure that this is done through direct tenders to Aboriginal community controlled health services where they exists and planning has demonstrated need. Select tenders may be appropriate where there are a number of Aboriginal organisations that can provide a service but competitive tenders are not an appropriate way to allocate resources as they lead to private providers and a fragmented system.

- Remove the freeze on Medicare rebates and return them to indexation with the CPI to ensure primary health care is well funded and to enable savings to be made through restricting the use of item numbers being used by specialists outside of evidence based guidelines.
- Ensure that Aboriginal community controlled health services are funded according to need and based on service ability to provide agreed core primary health care services including integrated AOD and mental health services, aged and disability services, family support services and essential early childhood programs

Early childhood and Education

It is now clear that supporting the healthy development of children from pre-birth to three (3) years is key to closing the gap in health, education and employment outcomes between Aboriginal and non-Aboriginal people, equipping children with the necessary capacity and capability to realise their full potential later in life. This requires governments to:

- Commit to investing in a suit of core services in early childhood, providing universal access to school for all disadvantaged children in NT, including;
 - Nurse home visitation (pre birth to age 2);
 - Abecedarian Day Care Early childhood (ages 6 months-3); and,
 - Two years of preschool (ages 3-4).
- Accept the application of the Gonski needs based funding formula for the education system in the Northern Territory and throughout Australia.
- Ensure that higher education is accessible and affordable.
- Support investment in adequate and appropriate staffing and associated infrastructure.

Alcohol and Other Drug Use

- Support the introduction of a minimum unit price for alcohol at the price of full-strength beer products, as a simple amendment to the Northern Territory Liquor Act or introduce a volumetric tax on alcohol at a federal level that achieves a minimum price at the same level
- Introduce photo licencing or some other form of electronic identification at the point of sale for take-away alcohol purchases across the NT including Darwin, and link this to a system for denying people access to take-away alcohol if they have committed an alcohol related crime such as domestic violence or drink driving.

- Continue to support and reform Alcohol Mandatory Treatment (AMT) and ensure proper independent evaluations.
- Commit to integrating AOD and community mental health funding into one primary health care funds pool and allocating to new services according to needs based planning.
- Implement recommendations from last year's House of Representatives Standing Committee on Indigenous Affairs report on alcohol abuse in Aboriginal communities.
- Implement the recommendations from the NT government's inquiry into FASD
- Ensure that all AOD treatment services whether residential or community based provide access to three (3) streams of care; medical (including pharmacotherapy), psychological, and social and cultural support in the treatment of alcohol and other addictions including methamphetamine and 'Ice' use.

Housing

- Improve access to housing including timeliness of access, with the aim to reduce wait times to a more acceptable eight (8) weeks.
- Commit to shifting towards a more diverse housing sector model supporting capable community based housing providers.
- Commit to a strategy to ensure ongoing maintenance and upkeep to reduce the number of unliveable houses and vacancy rates, and to protect the health and safety of residents.
- Improve the design of housing so that it better meets the needs of Aboriginal people
- Ensure that environmental health is addressed through working health hardware, dust free surroundings, quality water etc and access to environmental health officers
- Ensure free AOD supported accommodation options are available especially for families at risk of child protection interventions due to AOD problems. Treatment can be provided at supported accommodation facilities.

