Flinders University

Primary Health Care Symposium

The future of primary health care in Australia: opportunities and constraints

Welcoming Address

by

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Good afternoon, ladies and gentlemen, brothers and sisters, friends

Let me begin by acknowledging the traditional owners of the land upon which we are meeting today, and to thank them for their kind welcome to country.

Thank you for the opportunity to open this Primary Health Care Symposium on the future of primary health care in Australia.

I look forward to taking part in some exciting and stimulating discussions over the next two days.

In opening this symposium, I would like to talk about the development of primary health care in this country, and particularly the role played by the Aboriginal community controlled health services over the last four decades.

I would like to briefly reflect on this history, and then ask: what has changed since the 1970s in Aboriginal primary health care?

Last, I want to advocate for the need for us all to respond to the challenges that the future will bring with imagination and adaptability.

Let me start with the definition of 'primary health care', which for many years generated much discussion and disagreement in Australia and around the world.

The 1978 World Health Organization's *Declaration of Alma Ata* advanced a comprehensive view of primary health care.

This saw its role not just in terms of treatment of illness, but also as including health promotion and illness prevention, promotion of community and individual self-reliance, and action to address what we now call the social determinants of health.

While controversial in the past, today in Australia, there is broad agreement (at least in principle) that this comprehensive definition of primary health care is the most useful, especially when it comes to improving the health of Australia's First Peoples.

What is not often acknowledged, though, is the role of the Aboriginal community controlled health services in pioneering and promoting this comprehensive approach.

These non-Government services, under local community control, have played an increasingly important role in addressing Aboriginal health for over forty years.

The first such service was established by the community in Redfern in July 1971 to address the continuing ill health they experienced, and the need for culturally appropriate and accessible health services.

The second Aboriginal Medical Service was, of course, Central Australian Aboriginal Congress, established here in Alice Springs in 1973.

So let me ask: "what has changed for Aboriginal primary health care since those days"?

Well, for one thing as I've just alluded to, these health services have played an important role in promoting a comprehensive approach to primary health care in Australia.

In my view this was because Redfern and Congress, and the many other AMSs that followed them, grew out of the political struggles for Aboriginal rights of the 1960s and 1970s.

So they were informed, from the start ,by a far-reaching analysis about how to address the health needs of our communities.

Under the label of what were then called the "underlying causes of ill health", land rights, access to quality education, freedom from discrimination and racism, and self-determination were all explicitly linked to achieving better health for our peoples.

For us, the idea that poor health was linked to these broad social, political and economic issues grew out of our lived experience.

We could see in our own communities and our own families the effects of poor housing, unemployment, racism, and the day-to-day stress of worrying about where the money was going to come from for the rent or for the kid's clothes.

So a comprehensive approach made sense to us on an intuitive, experiential level.

For many years, it felt like we were in the wilderness when it came to our approach to primary health care.

It took a lot of work over many years for us to have this model accepted.

Later, of course, these principles were reflected in statements such as that at Alma Ata.

And later still, the theory of the 'social determinants of health' started to provide some of the hard evidence that we lacked at the beginning.

So today, we have reached the position where this comprehensive approach is broadly accepted – in principle at least.

Of course, having the model supported in practice is still a struggle – it is still difficult for the health system to adapt itself to the implications of a comprehensive approach – short-term, program driven funding, for example, continually undermines attempts at long-term comprehensive approaches.

But, despite this, I think the health system as a whole in Australia is a long way forward from where it was when the Aboriginal health services began advocating for a comprehensive approach in the 1970s..

So, what else has changed?

Obviously, the amount of resourcing for Aboriginal primary health care is considerably improved.

There are many reasons for this, but a key process (in my opinion) was the early 1990s campaign for improved primary health care funding, led by the Aboriginal health sector and supported by a broad coalition of health representative organisations, researchers and thinkers.

This campaign was strongly supported by research that showed how well-resourced, quality primary health care under community control was a key strategy for improving the health of Aboriginal communities.

This seems self-evident now.

But again, at the time, it required significant lobbying and advocacy, and yes, conflict which severely tested some relationships.

As a result, in the mid-1990s the Federal Government made policy changes which ultimately led to greatly increased funding for evidence-based primary health care, which in turn have become one of the key drivers of some positive changes in health service availability and health outcomes.

Of course, as we all know, there is a great deal more to do.

But this was an early and successful example, in my view, of an Aboriginal community-led campaign for what has now become known as 'evidence-based policy'.

The last change I want to pin point since the beginning of the Aboriginal primary health care movement is the extraordinary increase in the number of highly educated Aboriginal and Torres Strait Islander health professionals.

This really struck me last year when I was invited, as Chairperson of the Lowitja Institute, to talk at a conference about health research.

As I looked out at the audience of health researchers, doctors, policy-makers and managers, I saw something I would not have seen even twenty years ago: to put it bluntly, I saw a lot of black faces.

We only dreamed in the early days of the Aboriginal Medical Services of having our own, Aboriginal, doctors and researchers.

The very first Aboriginal university graduates – Charles Perkins and Margaret Valadian – only received their degrees in 1966, so there were literally only a handful of tertiary-qualified Aboriginal and Torres Strait Islander people in the country.

Today we have twenty-five thousand of Aboriginal and Torres Strait Islander university graduates around the country, and we take it for granted.

Now, the Aboriginal health workforce is more than a cadre, its more than a cohort, it's a whole generation.

Again, I think it is important to acknowledge the role of the community controlled health sector in advocating for and supporting the growth of an Aboriginal health workforce.

(I should also mention the part played by successive Cooperative Research Centres for Aboriginal Health, culminating in the Lowitja Institute (of which I am Chair) in training Aboriginal and Torres Strait Islander health researchers).

So, I have identified three key changes in Aboriginal primary health care since the establishment of the Aboriginal medical services in the 1970s.

These are:

- the greater acceptance of a comprehensive approach to primary health care as key to health improvement;
- the much greater resources available to the Aboriginal primary health care sector; and
- the creation of a generation of Aboriginal and Torres Strait Islander health professionals.

The Aboriginal health services have played a significant part in driving all these changes – with, I am glad to say, the support of many Aboriginal and non-Aboriginal people within and outside the sector, whose contribution is gratefully acknowledged.

So what about the future, and in particular the future of Aboriginal primary health care?

Of course, that is what we are here to discuss over the next two days.

I am looking forward to taking part in those discussions and hearing about the constraints and opportunities that this Symposium identifies.

But, whatever those future constraints and opportunities are, I would like to advocate for a thoughtful and imaginative response to the changing world we face.

Because the world is very different today to what we faced when Redfern Aboriginal Medical Service and Central Australian Aboriginal Congress were being established forty years ago.

The community controlled model has been a powerful force in the development of primary health care in Australia.

But to continue that role, we need to continue to think deeply about what we are trying to achieve and how the communities we are serving are changing too.

For example, Marcia Langton in her first Boyer Lecture a couple of weeks ago, raised a challenging vision of the future of Indigenous Australia.

This included the rise of an Aboriginal middle class, the effect of massive new income streams into remote Aboriginal Australia deriving from the resources boom, and the fact that by 2040, half of the population of northern Australia will be Aboriginal or Torres Strait Islander (while in the south, it will remain at about 2 or 3 per cent).

This is a new world, and meeting its challenges will require imagination and flexibility.

Fortunately, Australia's First Peoples know change, and we know how to adapt.

We are good at it.

We are the oldest living culture in the world and we have always adapted in order to survive.

Now we have a new generation of emerging Aboriginal leaders – men and women – who will redefine the movement for health and justice in a way that matches their own experience and knowledge and skills.

They will need to recognise which of the methods, arguments and models from the past no longer work, and create new ones.

I trust that this Symposium will be part of that process of imagination, creation and adaptation.

We need the help of first rate thinkers, Aboriginal and non-Aboriginal, who understand our history and support health for all in this nation and beyond.

So in opening the Symposium, I encourage you to contribute your knowledge and skills and experience: whether you are from the research world, from a health service, or from a First Nation here in Australia, or from overseas.

And in making your contributions over the next two days, I invite you to consider how the world is changing, and how primary health care can continue to take us forward on the journey to achieve health and equality in this country.

Thank you.