

# Amnesty International Lecture

Allan Scott Auditorium, UniSA City West campus, Hawke Building

11 November 2015

“Can the inequality gaps be closed? An exploration of the challenges and solutions?”

**Professor Tom Calma AO**

National Coordinator Tackling Indigenous Smoking,

Co-Chair Reconciliation Australia

and

Chair, Ninti One Ltd





# North

Kundjey'mi

Gagudju

Amarak

Bukurnidja

Iwaidja

Konbudj

Ngombur

Tiwi

Mbukarla

Limilngan

DARWIN

Woolna

Larrakia

Wuningangk

Kungarakany

Wadyiginy

Tjerratj

Kuwema

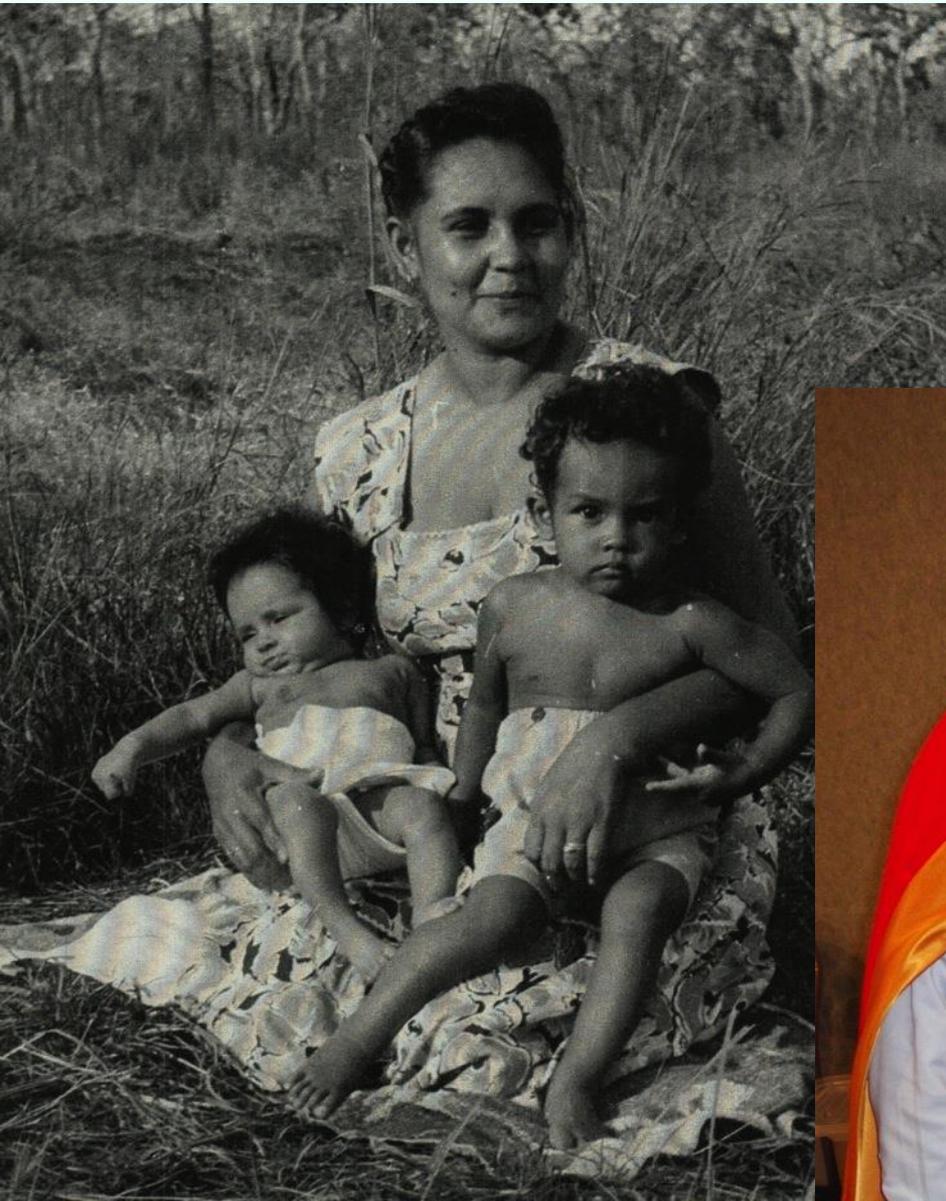
Malak

Warray



My Grandmother (3<sup>rd</sup> from left). Me on my aunty's lap.  
The early death of my peoples has been my incentive to make a difference.  
Only 3 in photograph are alive today with most passing in their 60s or earlier.

Who would have  
thought?



# “Can the inequality gaps be closed? An exploration of the challenges and solutions?”

Aboriginal and Torres Strait Islander Population

Some of the challenges

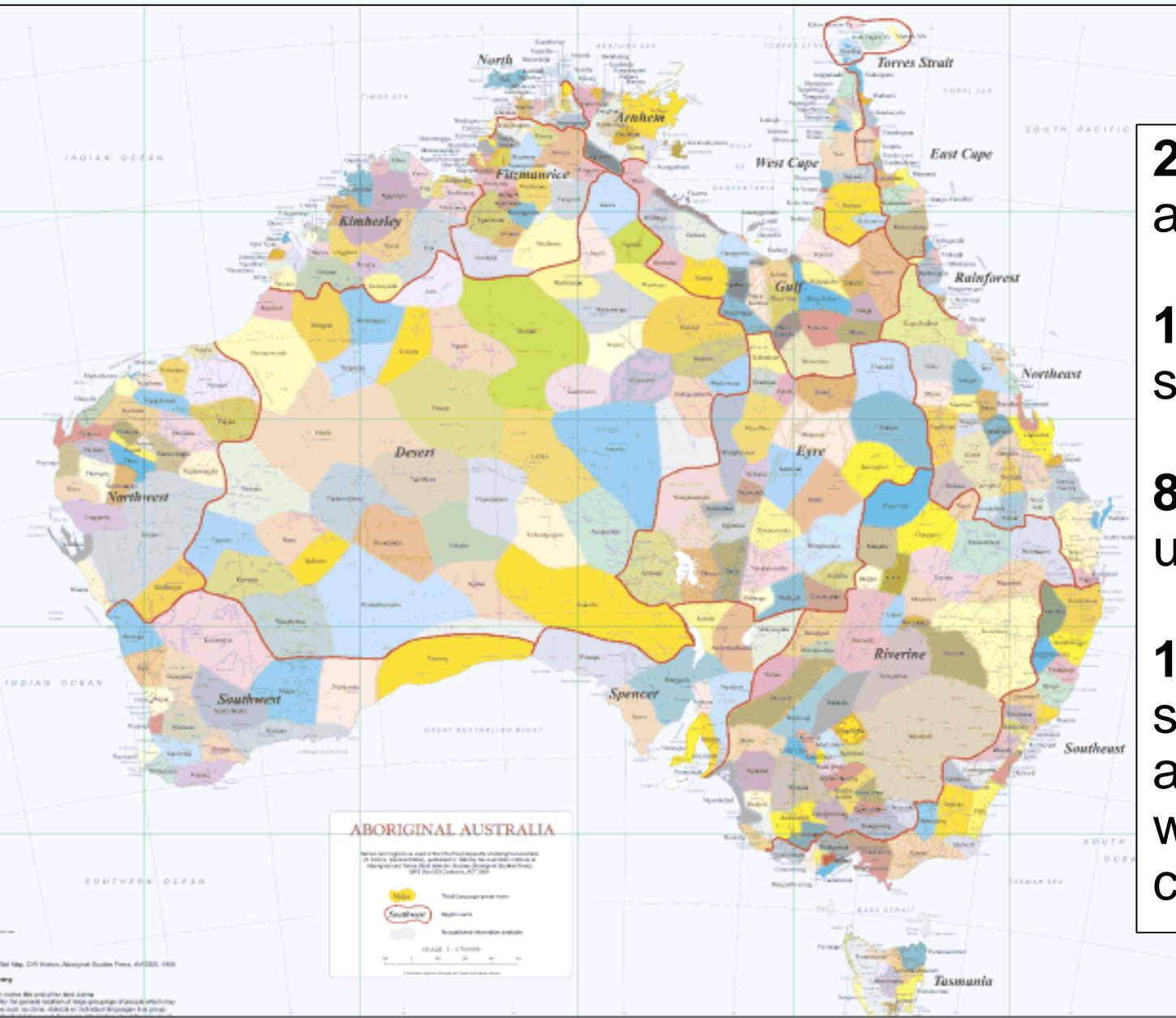
Some solutions

Close the Gap – Indigenous Health Equality

Chronic Diseases

Incarceration

Mental Health, Suicide Prevention and SEWB



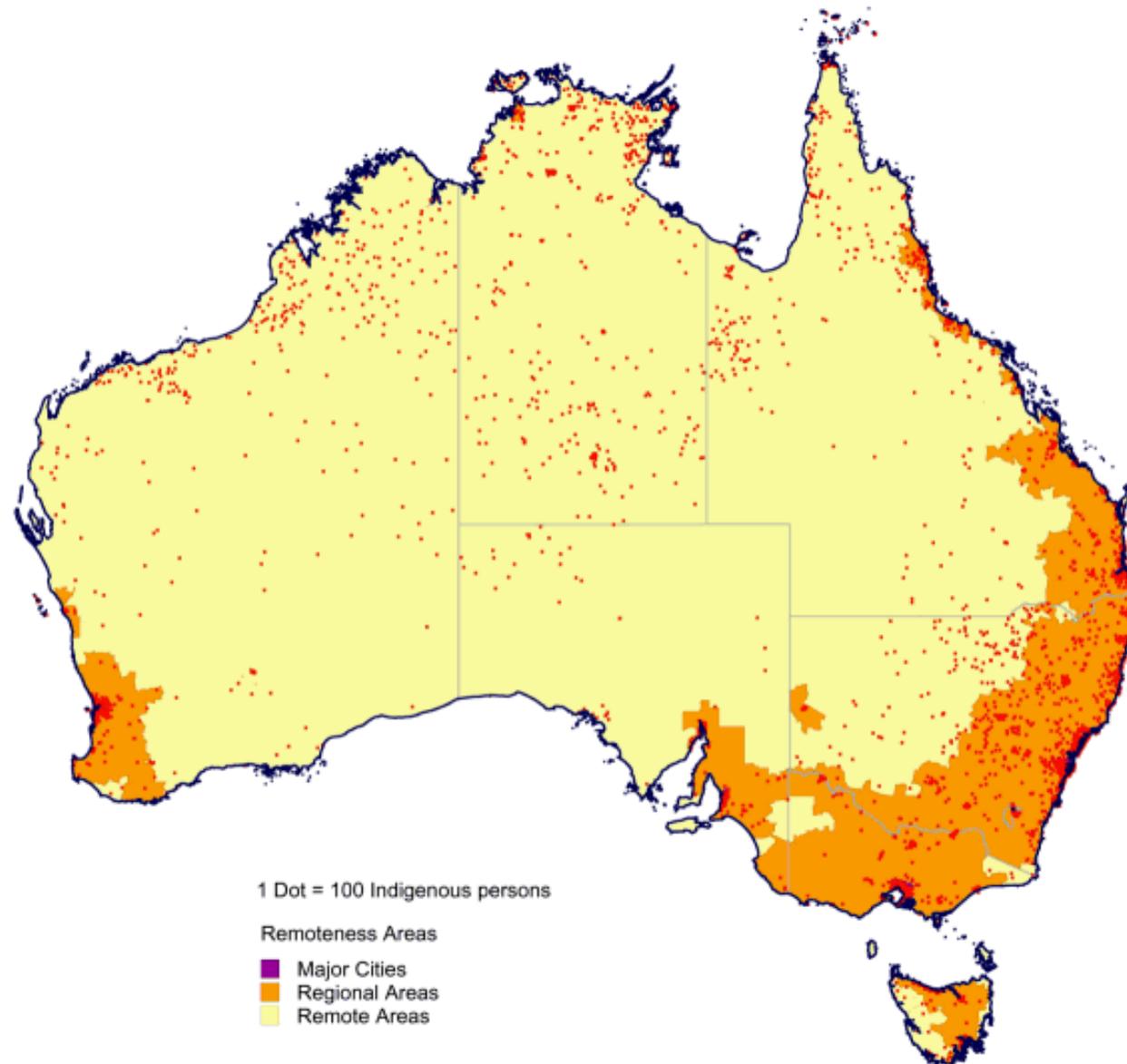
**260** language  
at colonisation

**100** languages  
still spoken

**80** languages  
under threat

**18** languages  
spoken by all  
age groups  
within a  
community

## Aboriginal and Torres Strait Islander population distribution - 2006(a)

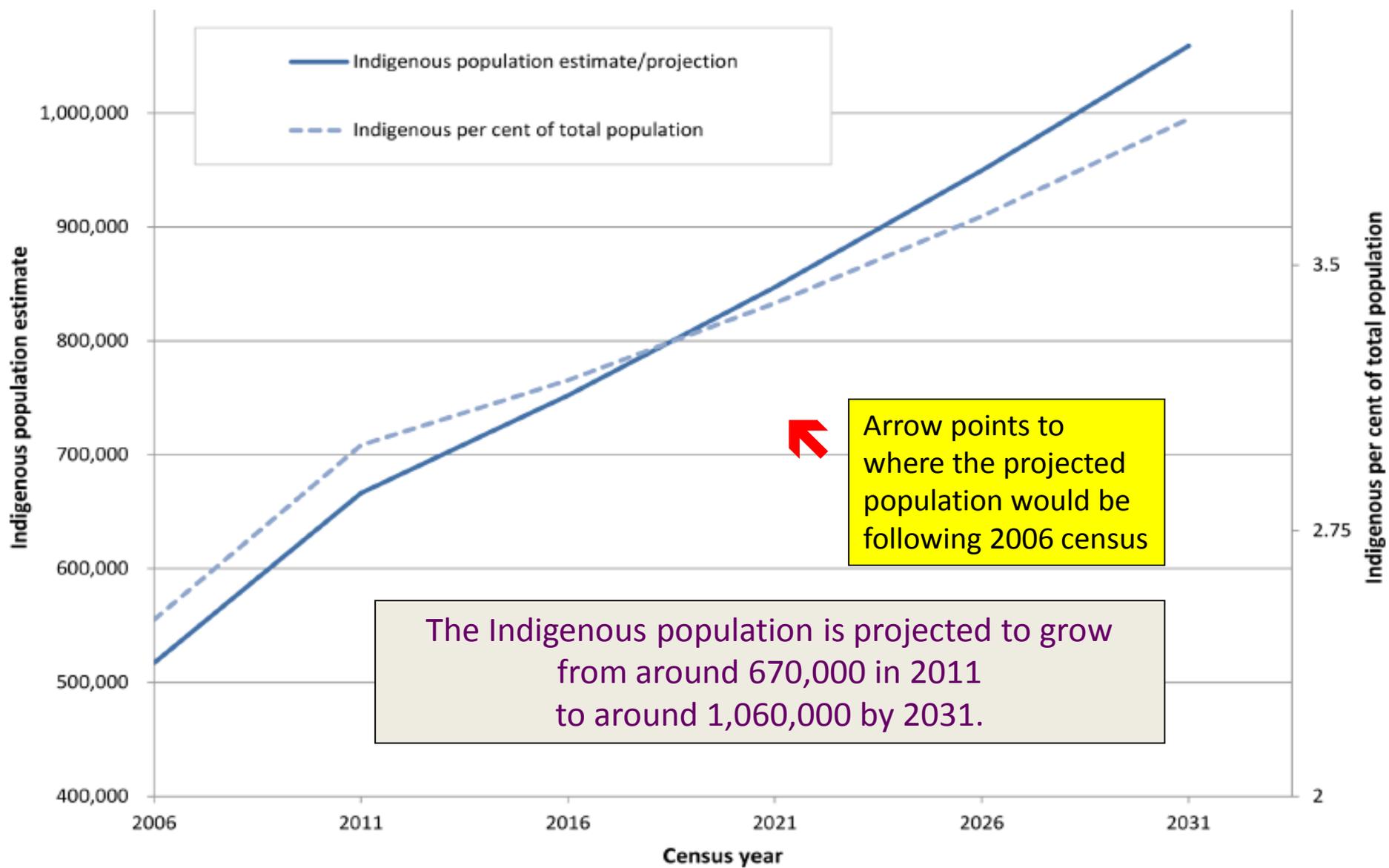


(a) Final estimates based on the 2006 Census of Population and Housing.  
Source: ABS data available on request, [Australian Demographic Statistics](#) (cat. no. 3101.0)

# Demographics

- At 30 June 2006, the Indigenous estimated resident population of Australia was **517,200** or **2.5%** of the total pop
- Just over **50% under 30** years old
- 194,000 Indigenous children **aged  $\leq 14$  years** (38%, compared with 19 % for the non-Indigenous pop)
- **Fastest growing** population group in Australia
- **75%** live in urban and regional environments
- Is likely to reach between 713,300 and 721,100 by 2021 - about the same as estimated population **at the time of colonisation** in 1788

FIG. 3. Projected Indigenous population, 2006 to 2031



Source: Customised calculations based on the 2011 Census.

# Indigenous Population 2031

ABS 2011

Based on current rates of fertility, mortality and mobility, the regions which are projected to experience the most rapid population growth between 2011 and 2031 are

Brisbane, Rockhampton, Cairns - Atherton, South-Western WA, South Hedland and Townsville - Mackay. Even in

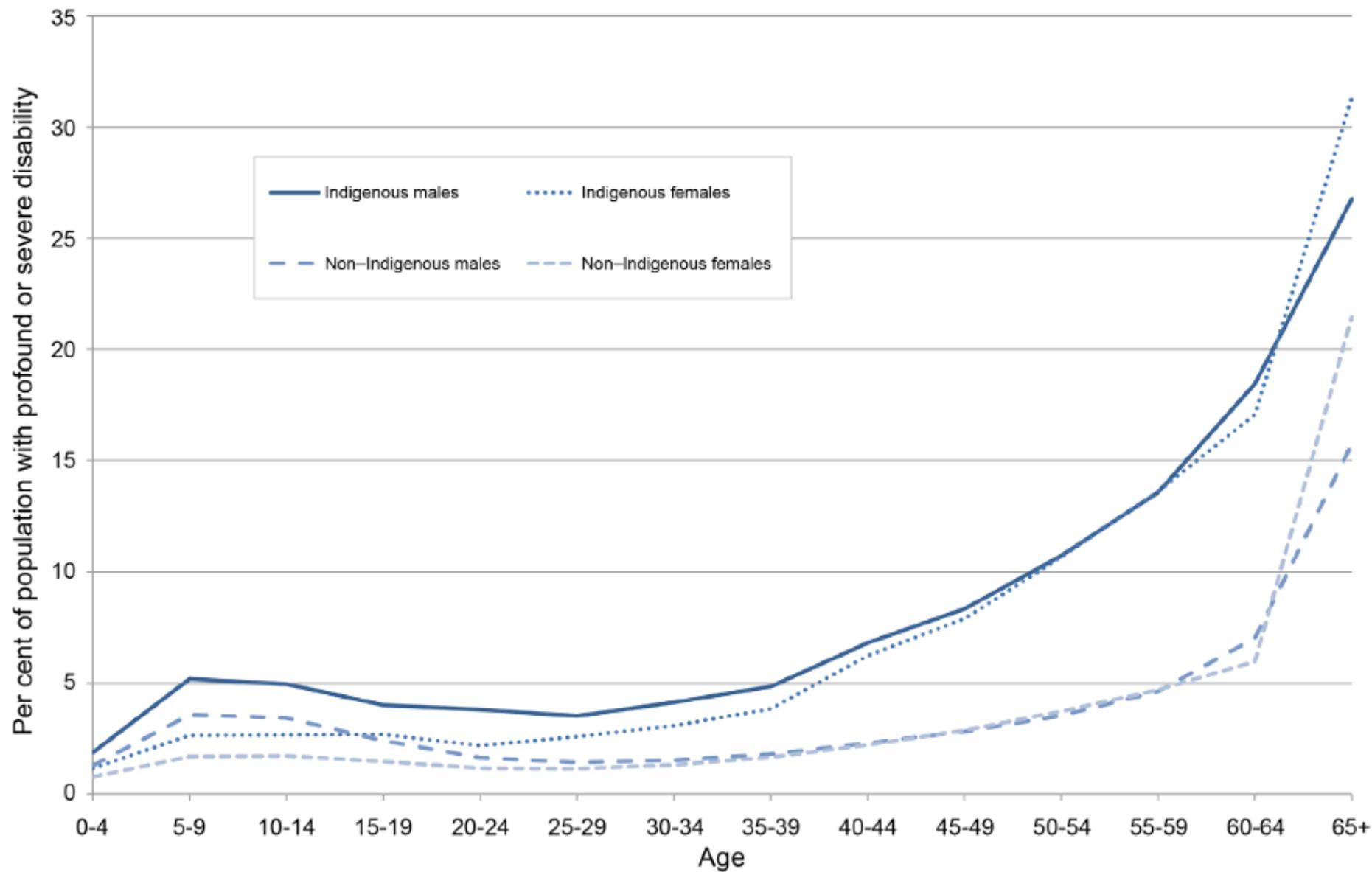
the absence of changes in self-identification, these four regions (four in Queensland and two in Western Australia) are projected to grow by 3 per cent or more per year. On the other hand, there are four regions projected to grow by less than 1 per cent per year over the period—Apatula, Tennant Creek, Katherine and North-Western NSW.

TABLE 1. Projected Indigenous population and growth, 2031

Indigenous Region	Population		Per cent Indigenous		Projected yearly growth rate (2011 to 2031)
	2011	2031	2011	2031	
Dubbo	13,825	16,963	15.1	19.7	1.1
North-Eastern NSW	20,790	26,368	9.8	12.1	1.2
North-Western NSW	9,492	10,684	22.2	28.4	0.6
NSW Central and North Coast	62,896	97,258	4.2	5.9	2.2
Riverina - Orange	24,311	33,548	5.1	7.0	1.6
South-Eastern NSW	13,178	19,060	3.9	5.1	1.9
Sydney - Wollongong	64,184	88,371	1.4	1.6	1.6
Melbourne	22,461	39,268	0.5	0.8	2.8
Victoria exc. Melbourne	24,872	43,570	1.7	2.7	2.8
Brisbane	64,993	133,189	2.2	3.3	3.7
Cairns - Atherton	29,088	57,512	12.6	19.7	3.5
Cape York	9,812	12,772	60.0	65.2	1.3
Mount Isa	9,358	12,126	27.5	31.6	1.3
Rockhampton	22,822	46,290	5.1	8.3	3.6
Toowoomba - Roma	18,389	30,197	5.4	7.8	2.5
Torres Strait	6,885	8,807	85.7	87.9	1.2
Townsville - Mackay	27,807	49,698	7.2	10.1	3.0
Adelaide	25,718	44,134	1.7	2.5	2.7
Port Augusta	8,863	11,768	10.6	14.5	1.4
Port Lincoln - Ceduna	2,827	4,188	8.1	11.9	2.0
Broome	5,481	8,416	34.8	36.2	2.2
Geraldton	8,055	12,246	13.1	16.8	2.1
Kalgoorlie	7,180	9,733	11.8	13.9	1.5
Kununurra	6,611	8,529	54.6	55.6	1.3
Perth	32,837	57,292	1.9	2.5	2.8
South Hedland	10,014	17,921	15.6	17.0	3.0
South-Western WA	13,162	25,763	3.4	5.3	3.4
West Kimberley	4,930	6,206	55.1	61.6	1.2
Tasmania	24,165	32,529	4.7	5.9	1.5
Alice Springs	6,233	9,872	21.9	30.5	2.3
Apatula	9,894	10,448	78.9	80.4	0.3
Darwin	14,660	22,165	11.1	14.6	2.1
Jabiru - Tiwi	12,151	15,551	78.0	81.0	1.2
Katherine	10,543	11,754	53.8	59.1	0.5
Nhulunbuy	10,896	13,912	64.5	71.2	1.2
Tennant Creek	4,473	4,854	68.2	72.7	0.4
ACT	6,160	10,465	1.7	2.3	2.7

Source: Customised calculations based on the 2011 Census.

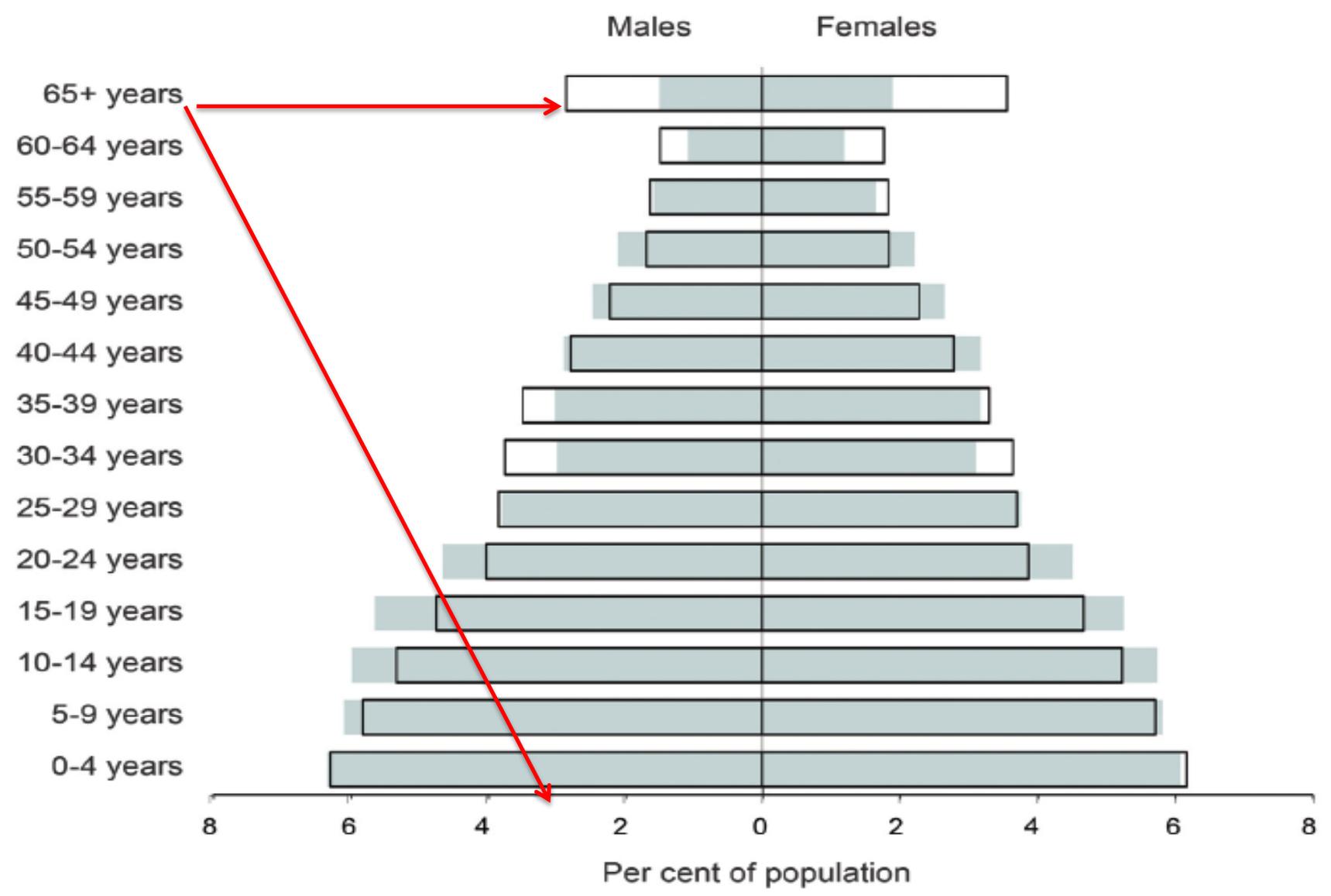
FIG. 5. Rates of profound or severe disability by Indigenous status and sex, 2011



# ACR case study for National Disability Insurance Scheme

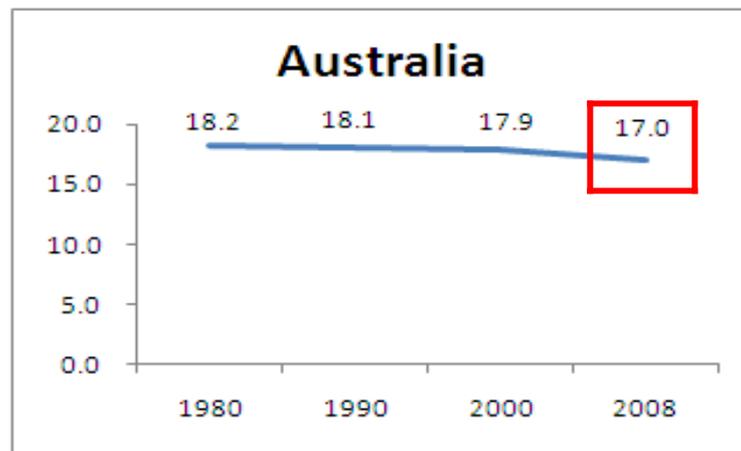
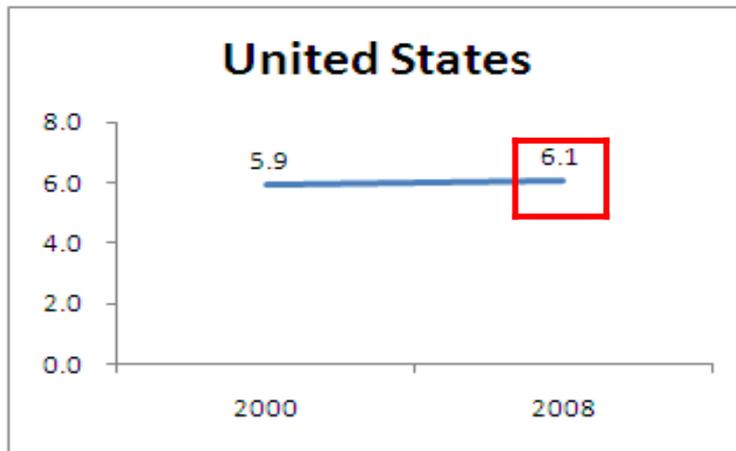
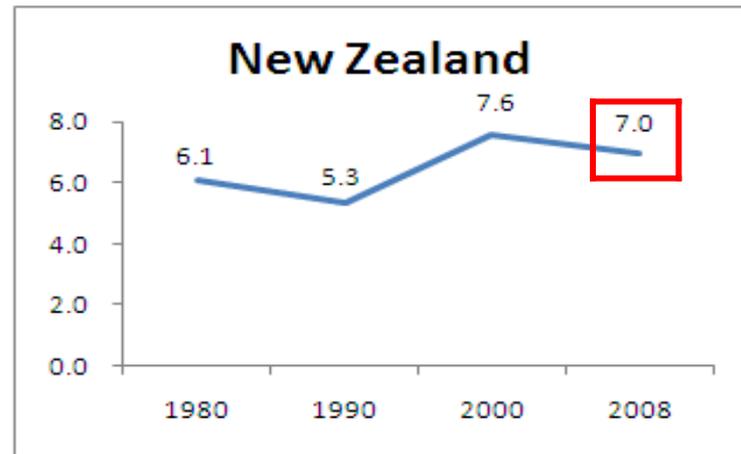
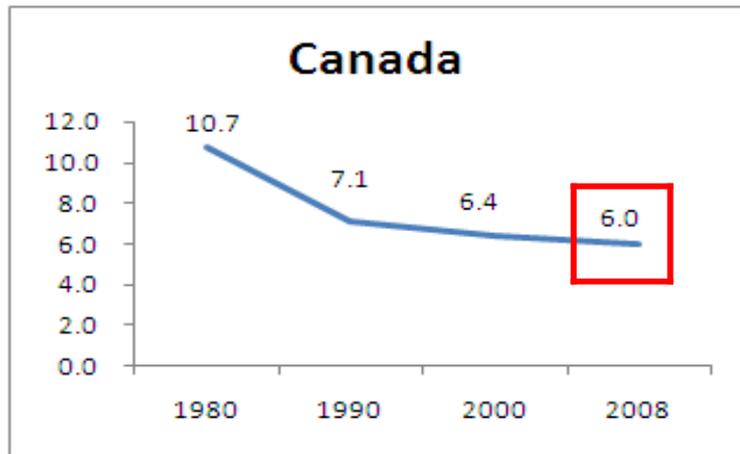


FIG. 4. Age structure of the Indigenous population, 2011 estimates and 2031 projections



Source: Customised calculations based on the 2011 Census.

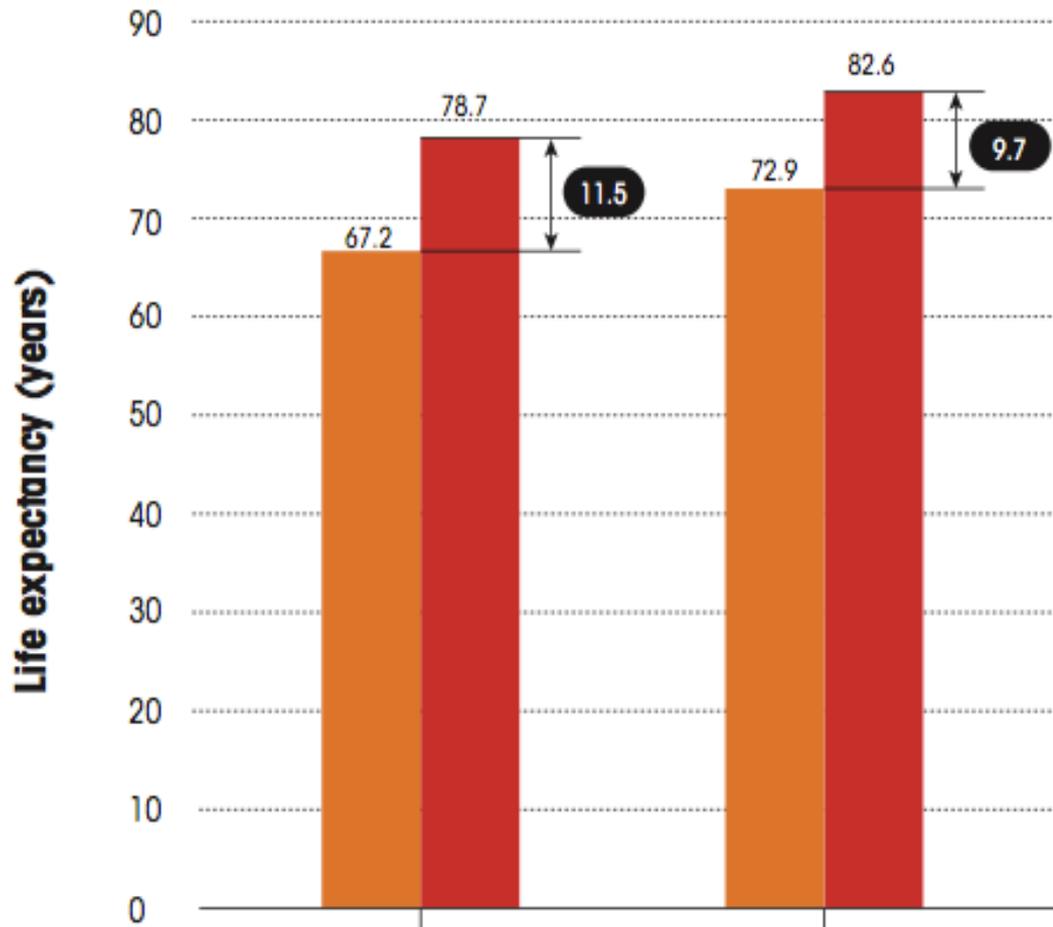
## Progress in closing the gap : 1980 - 2008 (years)



### Sources:

Australian Institute of Health and Welfare, 2006  
Hill, Barker, Vos, 2007  
Statistics New Zealand  
Health Canada  
Grim, 2005  
United States Census Bureau  
United States Department of Health and Human Services  
N.B. Australian data using methodology applied prior to May 2009.

Figure 1: Life expectancy estimates for Indigenous and non-Indigenous Australians



The life expectancy of indigenous Australians is 67.2 for males and 72.9 for females, based on 2005-2007 data



In order to achieve this target, the gap needs to be reduced to zero by 2031

Indigenous children born today can expect to live shorter lives - 11.5 years shorter if they are Indigenous males and 9.7 years shorter if they are Indigenous females



Indigenous

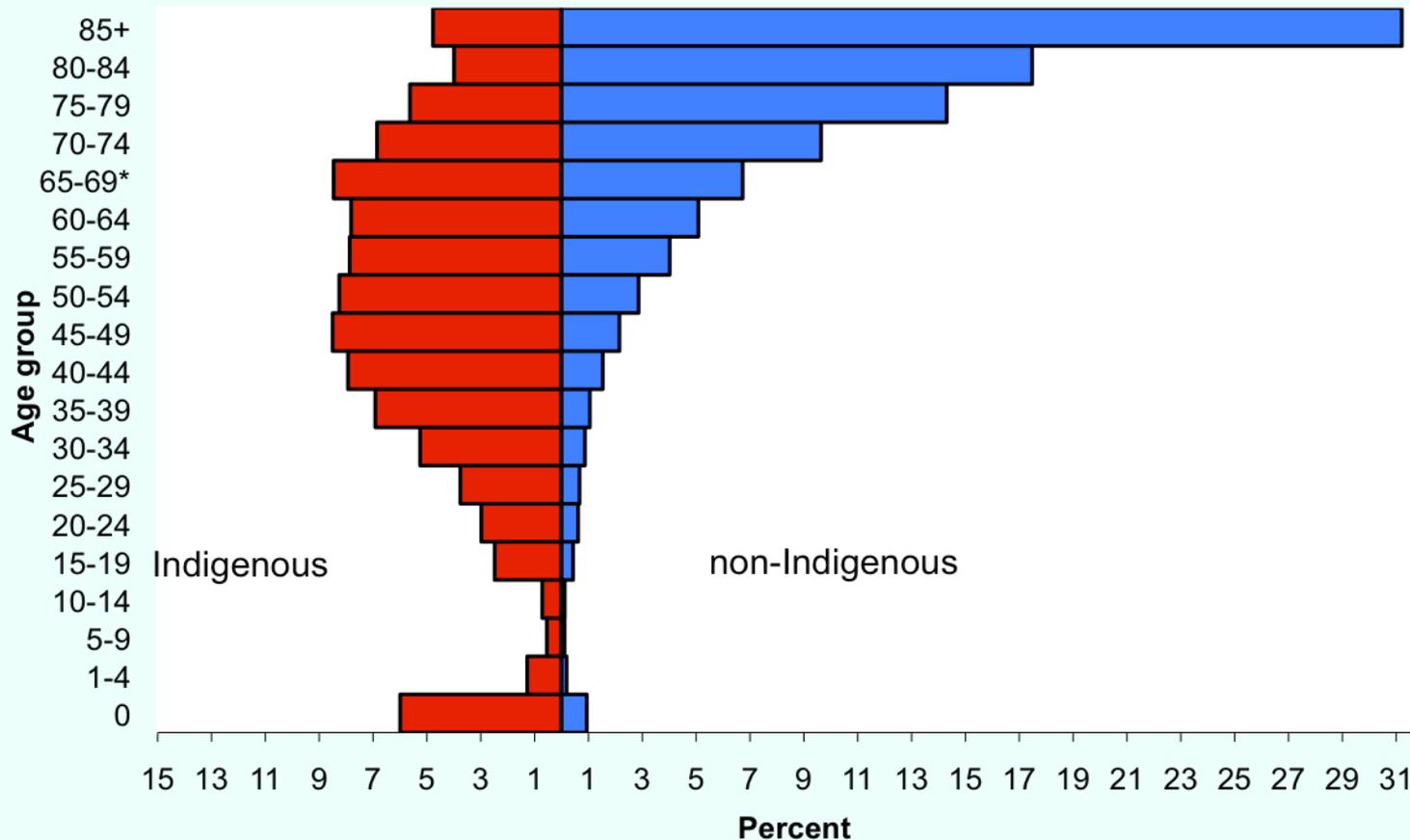


Non-Indigenous

# Life-expectancy

Most Indigenous deaths occur in the middle adult ages

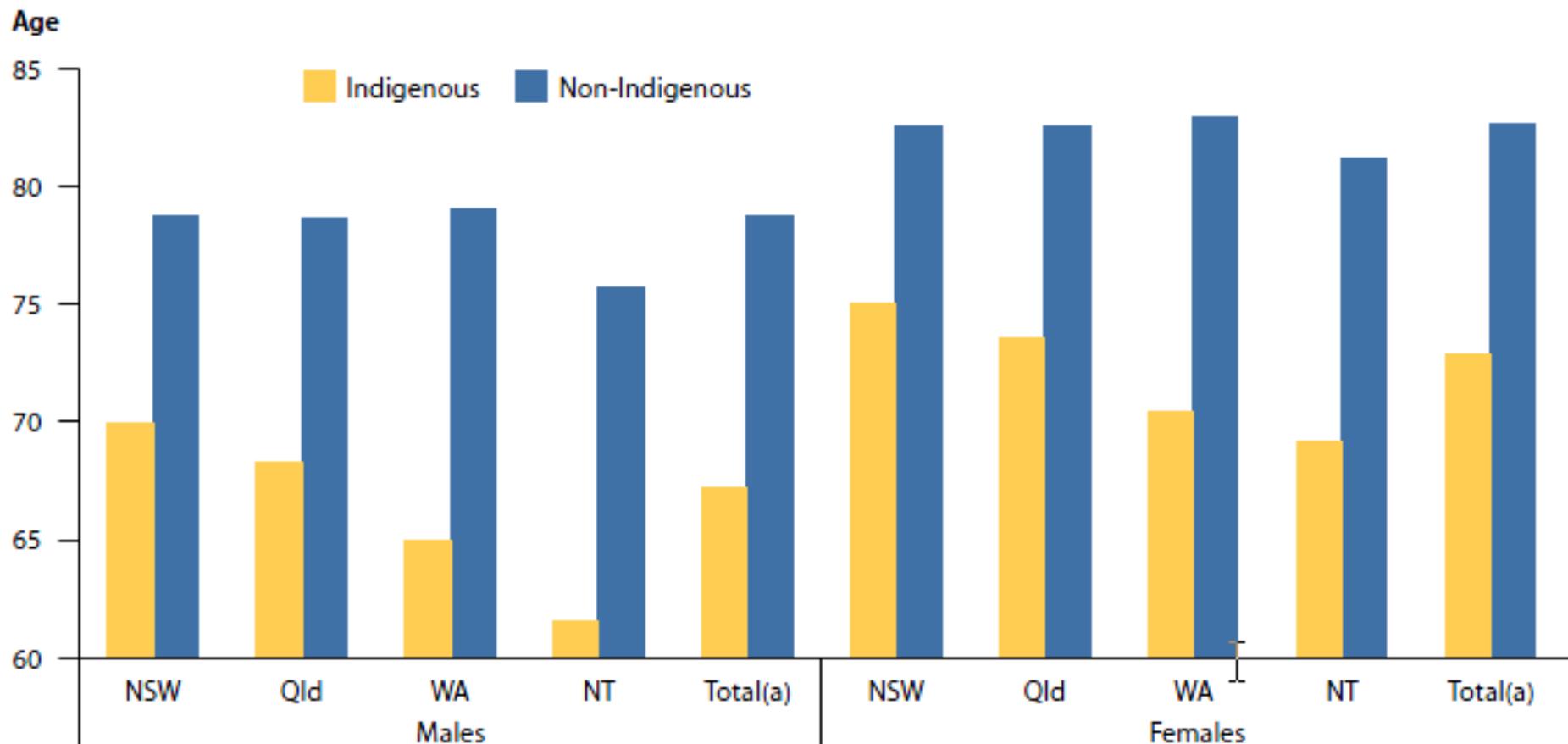
## Indigenous and non-Indigenous deaths, 2002-2006



Source: Darren Benham analysis mortality data

# Life Expectancy at birth

Australian Institute of Health and Welfare 2011



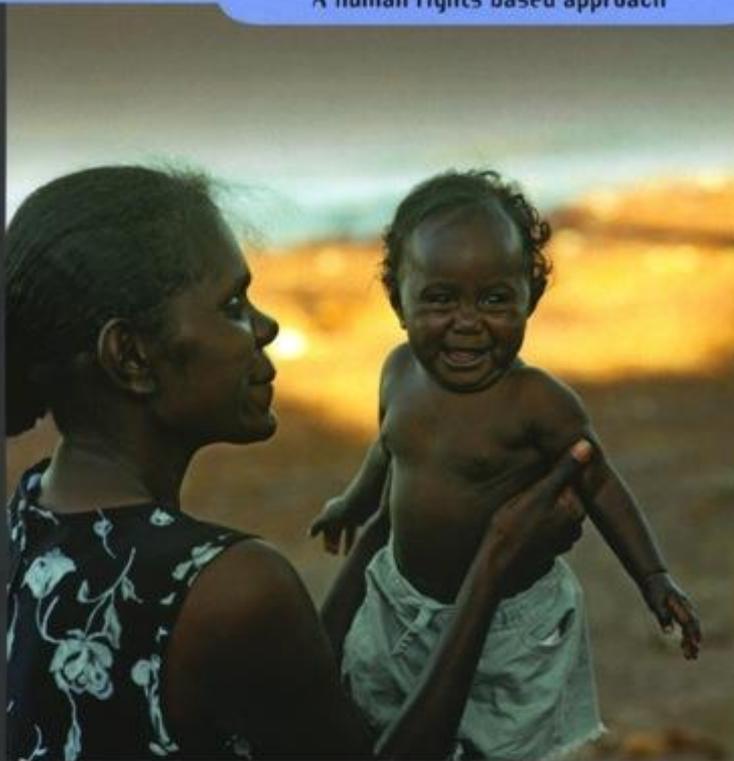
(a) Includes all jurisdictions.

Source: ABS 2009e.

Figure 5.1: Life expectancy at birth, 2005–2007

# Achieving Aboriginal and Torres Strait Islander health equality within a generation

A human rights based approach



The campaign for health equality **requires a comprehensive national plan**

## OVERALL TARGET:

**HEALTH STATUS EQUALITY *WITHIN 25 YEARS***

Targets and benchmarks as appropriate.

## FOUNDATION TARGET:

**EQUALITY OF OPPORTUNITY TO BE HEALTHY *WITHIN 10 YEARS***

### Sub-target 1:

Equality of access to primary health care within 10 years.

### Sub-target 2:

Equal standard of health infrastructure within 10 years



Aboriginal and Torres Strait Islander  
Social Justice Commissioner



Human Rights and Equal  
Opportunity Commission  
[humanrights.gov.au](http://humanrights.gov.au)

# Achieving Aboriginal and Torres Strait Islander health equality within a generation - A human rights based approach

- From 2005 Social Justice Report. For complete report, see 2005 Social Justice Report
- 

- 1. The challenge - addressing Aboriginal and Torres Strait Islander health inequality
- 2. An overview of the health status of Aboriginal and Torres Strait Islander peoples
  - a) The health status of Aboriginal and Torres Strait Islander peoples
  - b) Equality of opportunity in relation to health
  - c) Social determinants of health status

# CLOSE THE GAP

Investing in a healthy future



Photo: Jason Makasini/OxampaUS

## The Close the Gap Campaign Coalition:

### CO-CHAIRS

- Ms Jody Brown, Co-chair of the National Congress of Australia's First Peoples
- Mr Mick Gooda, Aboriginal and Torres Strait Islander Social Justice Commissioner, Australian Human Rights Commission

### MEMBERS

- Aboriginal and Torres Strait Islander Healing Foundation
- Australian Indigenous Doctors' Association
- Australian Indigenous Psychologists' Association
- Congress of Aboriginal and Torres Strait Islander Nurses
- Indigenous Allied Health Australia Inc.
- Indigenous Dentists' Association of Australia

- National Aboriginal Community Controlled Health Organisation
- National Aboriginal and Torres Strait Islander Health Worker Association
- National Association of Aboriginal and Torres Strait Islander Physiotherapists
- National Congress of Australia's First Peoples
- National Coordinator — Tackling Indigenous Smoking (Dr Tom Cairns AO — Campaign founder and former Aboriginal and Torres Strait Islander Social Justice Commissioner)
- National Indigenous Drug and Alcohol Committee
- The Lowy's Institute
- Torres Strait Island Regional Authority
- Australian College of Nursing

- Aboriginal Health and Medical Research Council of NSW
- ANTaR
- Australian Human Rights Commission (Secretariat)
- Australian Medical Association
- Australian Medicare Local Alliance
- Fred Hollows Foundation
- Heart Foundation Australia
- Menzies School of Health Research
- Oxfam Australia
- Palliative Care Australia
- Royal Australasian College of Physicians
- Royal Australian College of General Practitioners
- Professor Ian Ring (expert adviser)

## Ian Thorpe asks

### Australian governments not to forget Aboriginal and Torres Strait Islander health

Dear state, territory and federal government leaders,

I got behind the Close the Gap campaign because I believed it's totally unacceptable that Aboriginal and Torres Strait Islander Peoples die 10–17 years younger than non-Indigenous Australians.

I believed that long-term commitments to programs and services will dramatically improve people's health outcomes and quite literally save lives.

Thankfully all sides of politics agreed and five years ago the commitment of federal, state and territory governments through COAG to close the life expectancy gap by 2030 was a watershed moment for the nation.

So as the Council of Australian Governments (COAG) prepares to meet tomorrow, I urge all state and territory governments to commit to continuing to invest in Aboriginal and Torres Strait Islander health.

The policies behind the commitments made by COAG in 2008 are just starting to have an impact, with mortality rates for Aboriginal and Torres Strait Islander Peoples aged less than five years starting to fall.

But the fuel that is driving efforts to close the gap — the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes — is due to expire this June.

The Federal Government has indicated that it will continue funding its share of the agreement.

**We now need all state and territory governments to contribute their fair share and commit to renewing the 'National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes'.**

The continued funding is required to:

- provide access to critical chronic disease services;
- further develop child and maternal health services;
- develop and implement healthy lifestyle programs and education;
- improve access to smoking programs;
- provide better resourced, more accessible and relevant health services;
- provide more affordable medicines;
- support Aboriginal Community Controlled Health Organisations; and
- train more Aboriginal health workers, allied health professionals, doctors, nurses and health promotion workers.

Australia can't afford to delay. Continued investment is essential if the nation is to build upon the work of the last four years.

I have seen the need and I have seen the impact that quality services can bring. I believe that we can be the generation to end the national disgrace that sees Aboriginal and Torres Strait Islander Peoples die more than 10 years younger than the broader Australian community.

Ian Thorpe, Close the Gap Campaign Patron



Join Ian by writing to your state or territory leader at [oxfam.org.au/closethegap](http://oxfam.org.au/closethegap)

## Close the Gap Campaign Steering Committee

### Co-chairs

- Ms Kirstie Parker, Co-chair of the National Congress of Australia's First Peoples
- Mr Mick Gooda, Aboriginal and Torres Strait Islander Social Justice Commissioner, Australian Human Rights Commission

### Members

- Aboriginal and Torres Strait Islander Healing Foundation
- Australian Indigenous Doctors' Association
- Australian Indigenous Psychologists' Association
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Indigenous Allied Health Australia
- Indigenous Dentists' Association of Australia
- National Aboriginal Community Controlled Health Organisation
- National Aboriginal and Torres Strait Islander Health Workers' Association
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- Torres Strait Island Regional Authority
- Australian College of Nursing
- Aboriginal Health and Medical Research Council
- Australian Human Rights Commission (Secretariat)
- Australian Medical Association
- Australian Medicare Local Alliance
- Australian Physiotherapy Association
- ANTaR
- Beyondblue
- The Fred Hollows Foundation
- Heart Foundation Australia
- Menzies School of Health Research
- Oxfam Australia
- Palliative Care Australia
- PHILE Network
- Public Health Association of Australia
- The Pharmacy Guild of Australia
- Royal Australasian College of Physicians
- Royal Australian College of General Practitioners

# CLOSE THE GAP

Indigenous Health Equality Summit  
STATEMENT OF INTENT

<https://www.oxfam.org.au/what-we-do/indigenous-australia/close-the-gap/>

<https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/projects/close-gap-indigenous-health>

# Statement of Intent

“.....**commits** the Government of Australia, Indigenous Australians, supported by non-Indigenous Australians and non-Indigenous health organisations **to work together to achieve equality in** health status and life expectancy between Indigenous and non-Indigenous Australians **by the year 2030.**”

- To developing **a comprehensive, long-term plan of action**, that is targeted to need, evidence-based and capable of addressing the existing inequalities in health services, in order to achieve equality ... by 2030
- To ensure **the full participation of Aboriginal and Torres Strait Islander peoples** and their representative bodies in all aspects of addressing their health needs.

## CTG Campaign guiding principles

Since its inception, the Close the Gap Campaign **adopts a human rights-based approach** to addressing health inequality. The Campaign's operations are driven by these guiding principles:

- Aboriginal and Torres Strait Islander **leadership**.
- **Consensus** based decision-making.
- **Ongoing Member contributions** to the Campaign (financial and in-kind) from Steering Committee members.
- The Campaign will **remain non-partisan** and work across the parliament.



CTG Day 2015 – over 1,500 Registered events (up from 1,298 in 2014 and 972 in 2013)

– community advocacy and awareness raising

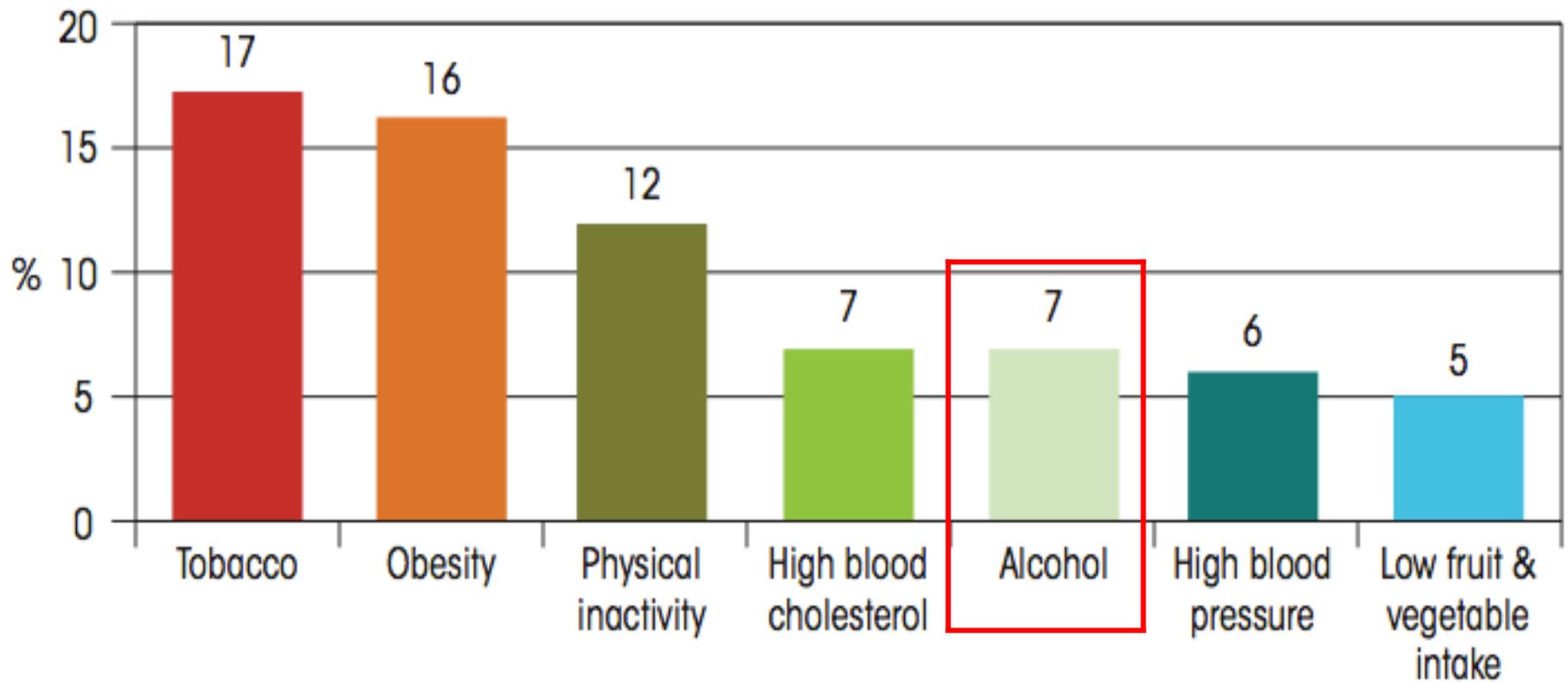
# What are the social determinants of health?

According to [the World Health Organisation](#), the social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

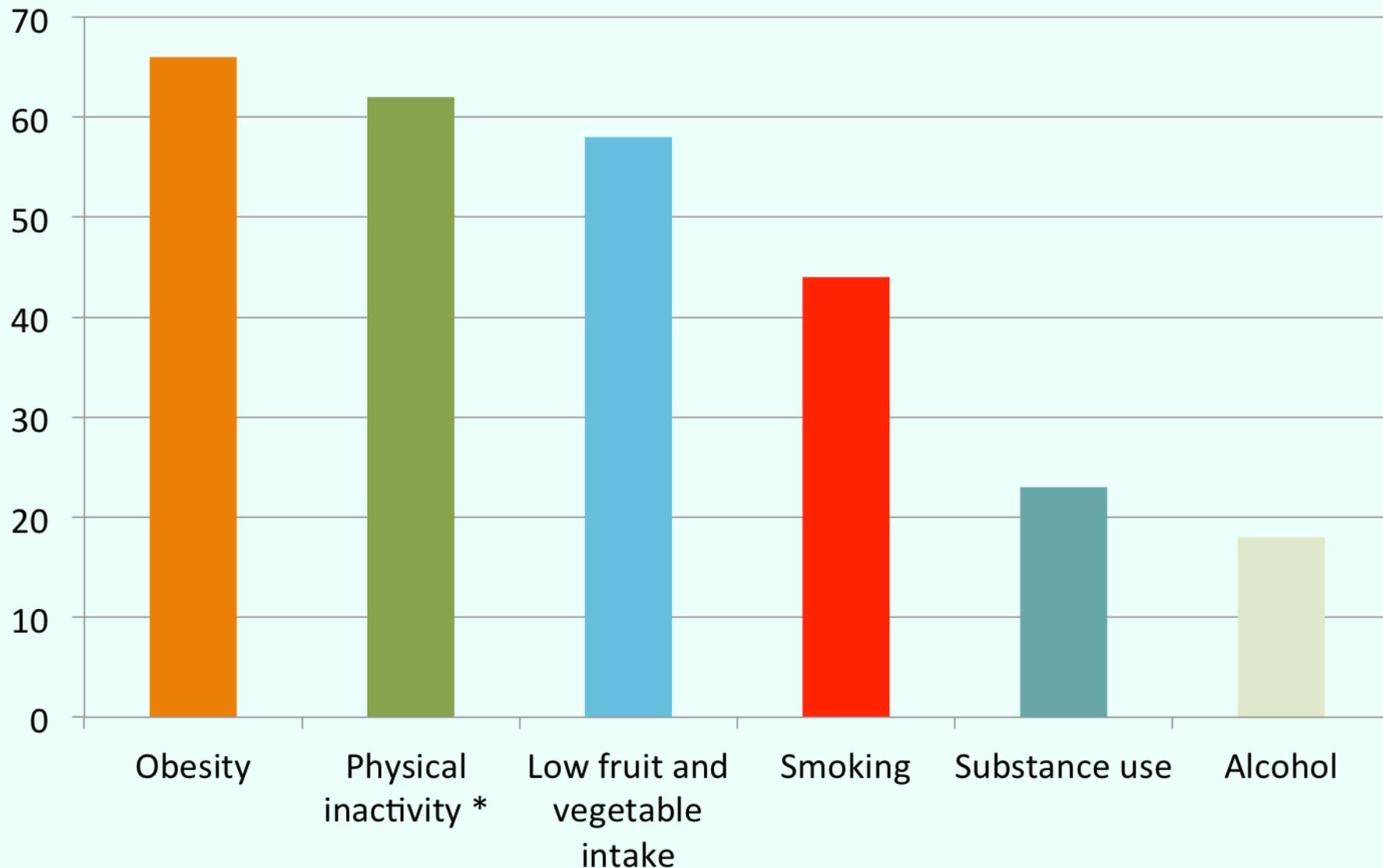
## Examples of social determinants of health



# Chronic disease risk factors - 2010



# Chronic Disease Risk Factors – 2012-13



# Some NT numbers for alcohol

## How much?

- Average annual per capita alcohol consumption 13.4 litres compared with national 10.3 litres (15 years & over)

NT wholesale alcohol supply & ABS apparent consumption of alcohol, Australia 2012-13 ABS population estimates, 15 years and over

## Who?

- NT adults aged 18 years and over
  - Non-Indigenous population, 90.2% consumed in previous year
  - Indigenous population, 50.3% consumed alcohol

But

- Non-Indigenous among recent drinkers, 30% at short term risk
- Indigenous, among recent drinkers, 90% at short term risk

AIHW NDSHS 2010 & ABS AATSIHS 2012-13

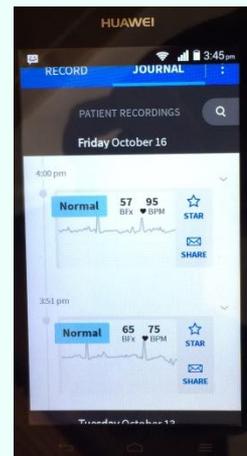
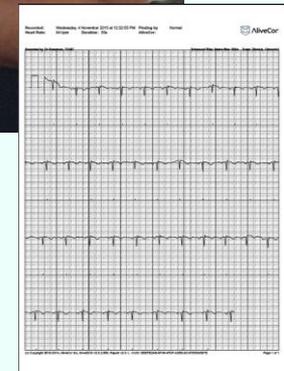
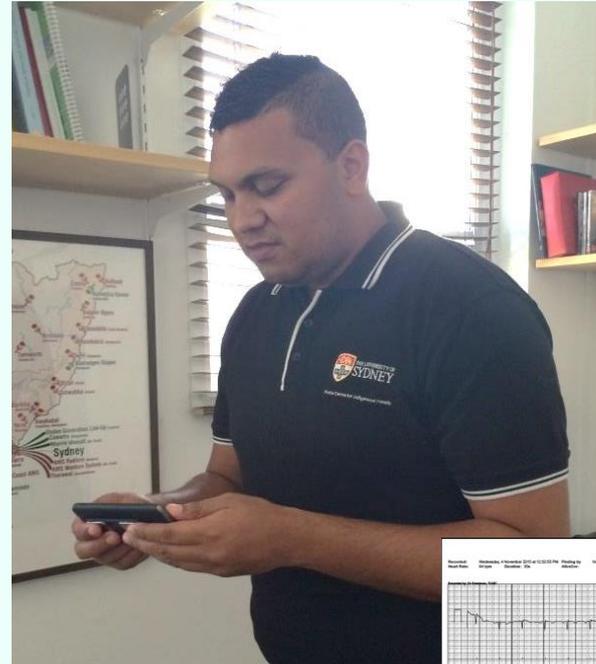
# Contributors to mortality gap

According to AHMAC, over 2008 – 2012 the greatest **contributors to the avoidable and preventable mortality gap** were:

- 19 percent - **ischaemic heart disease** (22 percent of the gap);
  - 18 per cent – **cancer** (14 percent of the gap); and
  - 10 percent – **diabetes** (17 percent of the gap).
- As a result, AHMAC report that the **greatest opportunities to reduce avoidable mortality** for Aboriginal and Torres Strait Islander peoples relate to:
- **primary prevention** (53 percent of avoidable deaths);
  - **secondary interventions** (24 percent); and
  - **tertiary interventions** (23 percent).

# iECG

- Diagnoses normal/abnormal heart rhythm in 30 secs
- Anyone who has been trained can use it
- ECGs can be emailed to the GP or health centre
- Works on most smart phones
- Poche Centres intend to conduct 1,500 opportunistic screens in 2016 to:
  - Detect heart rhythm problems
  - Encourage treatment
  - Increase understanding of cardiovascular disease
- Local Aboriginal Health Workers, Drivers, Dental Assistants and Assistant Nurses will conduct the screens with their patients over 45 years



# Poche Sydney – Denture Van





Working in partnership with  
Aboriginal people to improve child,  
family and community wellbeing.

## COMMUNITY ENGAGEMENT



**Winner:** University of Sydney - Poche Centre for Indigenous health, healthy teeth strategy.

Brings together the resources and skills of universities, communities, government and philanthropy to address oral health problems in eight Aboriginal communities. More than 10,000 services have been provided, and Aboriginal people have been trained and have jobs as dental assistants.

### Judges comments:

"This is a stunning example of innovative, practical and effective community engagement. The Poche Centre is not only making a tremendous difference to oral health in its partner communities, it is building their long-term capacity and skills - and providing an invaluable rural/remote clinical experience for the participating students and graduates."

# COAG Targets – Dec 2007

- Council of Australian Governments (COAG) target areas:
  - **life expectancy**
  - young child mortality
  - early childhood education
  - reading, writing and numeracy
  - Year 12 attainment, and
  - employment.
- **To close the employment gap, an extra 100,000 Indigenous Australians need to be in employment by 2018.**

## Closing the Gap funding – pledged Nov 2008

- \$5.5 billion under the National Partnership Agreement on Remote Indigenous Housing over ten years until 30 June 2018.
- \$1.57 billion under the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes over four years until 30 June 2013.
- \$564.4 million under the National Partnership Agreement on Indigenous Early Childhood Development over six years until 30 June 2014.
- \$228.9 million under the National Partnership Agreement on Indigenous Economic Participation over five years until 30 June 2013.
- \$291.2 million under the National Partnership Agreement on Remote Service Delivery over six years until 30 June 2014.

# Closing the Gap Targets and Other Already Agreed Government Targets – Oct 2015

- Close the gap in life expectancy in a generation by 2031.
- Halve the gap in mortality rates for children under 5 by 2018.
- Ensure access to early childhood education for all Indigenous 4 year olds in remote communities by 2013.
- *Close the gap between Indigenous and non-Indigenous school attendance within five years by 2018.*
- Halve the gap in reading, writing and numeracy achievements for Indigenous students by 2018.
- Halve the gap in Aboriginal and Torres Strait Islander students' Year 12 attainment rates by 2020.
- Halve the gap in employment outcomes between Indigenous and non-Indigenous Australians by 2018.
- *Increase the representation of Aboriginal and Torres Strait Islander employees across the Commonwealth public sector to 3% by 2018.*
- *Three per cent of new domestic Commonwealth contracts will be awarded to Indigenous suppliers by 2020. Interim targets will apply from 1 July 2015 to drive and track performance.*

# Overview of the Government's priorities for Indigenous Affairs - 2015

There are three priority areas that have been proven to have a positive effect on the lives of Aboriginal and Torres Strait Islander peoples:

- getting **children to school** to provide the best chance of enjoying success in school and later in life
- getting **adults into work** to ensure Indigenous Australians participate in the modern economy
- making **Indigenous communities safer** for people to live, work and raise their families.

# Indigenous Advancement Strategy

## Actions

Implementation of the Indigenous Advancement Strategy (IAS) by PM&C: the IAS supports actions across five programmes that take a comprehensive approach to the social and cultural determinants of health.

The five programmes are:

- Jobs, Land and Economy
  - Children and Schooling
  - Safety and Wellbeing
  - Culture and Capability
  - Remote Australia Strategies.
- Implementation of other relevant strategies, for example:
    - Remote Indigenous Housing Strategy
    - Flexible Literacy for Remote Primary Schools Programme
    - Community Development Program
    - Employment Services 2015–2020
    - National Indigenous Law and Justice Framework 2009–2015
    - National Plan to Reduce Violence Against Women and their Children 2010–2022
    - Remote School Attendance Strategy.

# IAS funding and Review

- The total Indigenous-specific funding managed by the Department of Prime Minister and Cabinet (PM&C) is \$8.6 billion consisting of \$4.9 billion over four years to the *Indigenous Advancement Strategy* (IAS) and \$3.7 billion allocated through other means including national partnership agreements.
- Senate Finance and Public Administration References Committee Inquiry into the impact of the IAS tendering process

- **Outcome:** Review

<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Venue</b>
Thurs 29 October	10am – 4pm	<b>Adelaide</b>	Adelaide Showground
Wed 11 November	10am – 4pm	<b>Port Augusta</b>	Pika Wiya Health

Further information on funding under the IAS is available on the [Funding under the IAS page](#)

# National Health Leadership Forum

**Chaired by Rom Mokak, CEO Lowitja Institute**

Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

The current members of the NHLF are (in alphabetical order):

- Australian Indigenous Doctors' Association;
- Australian Indigenous Psychologists' Association;
- Congress of Aboriginal and Torres Strait Islander Nurses;
- Indigenous Allied Health Australia Inc.;
- Indigenous Dentists' Association of Australia;
- The Lowitja Institute;
- National Aboriginal and Torres Strait Islander Healing Foundation;
- National Aboriginal and Torres Strait Islander Health Workers' Association;
- National Aboriginal Community Controlled Health Organisation (NACCHO);
- National Association of Aboriginal and Torres Strait Islander Physiotherapists; and
- Torres Strait Regional Authority.

# HEALTH IMPACTS ACROSS THE LIFE COURSE

There are a number of health conditions that significantly contribute to the disparity in the health status between Aboriginal and Torres Strait Islander people and the non-Indigenous population. Interventions on these issues need to recognise the importance of a multi-layered approach to risk factor modification including system-level and community responses alongside programs targeted at individuals.

The top seven risk factors that require a continued focus are illustrated below. **Smoking** leads to higher incidence of a number of diseases, including chronic lung disease, cardiovascular disease and many forms of cancer. **Obesity**, which can result from the combination of poor nutrition and physical inactivity, increases the risk of cardiovascular diseases and type 2 diabetes.



## VISION

The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031

## PRINCIPLES PG. 10–11

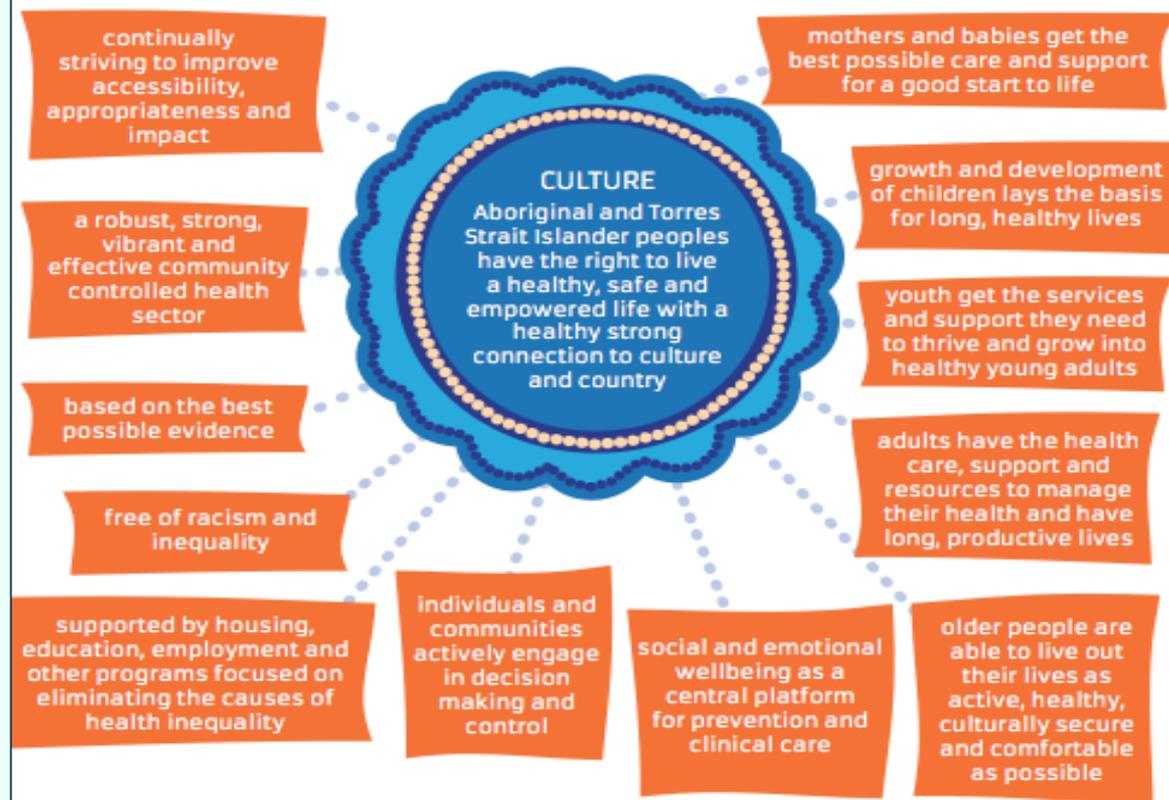
HEALTH EQUALITY  
AND A HUMAN RIGHTS  
APPROACH

ABORIGINAL AND  
TORRES STRAIT ISLANDER  
COMMUNITY CONTROL  
AND ENGAGEMENT

PARTNERSHIP

ACCOUNTABILITY

## PRIORITIES PG. 14–38



## IMPLEMENTATION PG. 39–41

IMPLEMENTATION

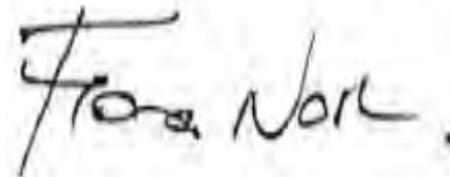
MONITORING

ACCOUNTABILITY



On behalf of the Australian Government I am pleased to present the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013–2023. I would like to thank the National Health Leadership Forum, which has partnered with the Australian Government and provided invaluable expertise in developing this Implementation Plan. I would also like to acknowledge the critical role Aboriginal and Torres Strait Islander leaders play in improving the health outcomes of their people. It will be essential that this partnership approach is sustained as we roll out the Implementation Plan.

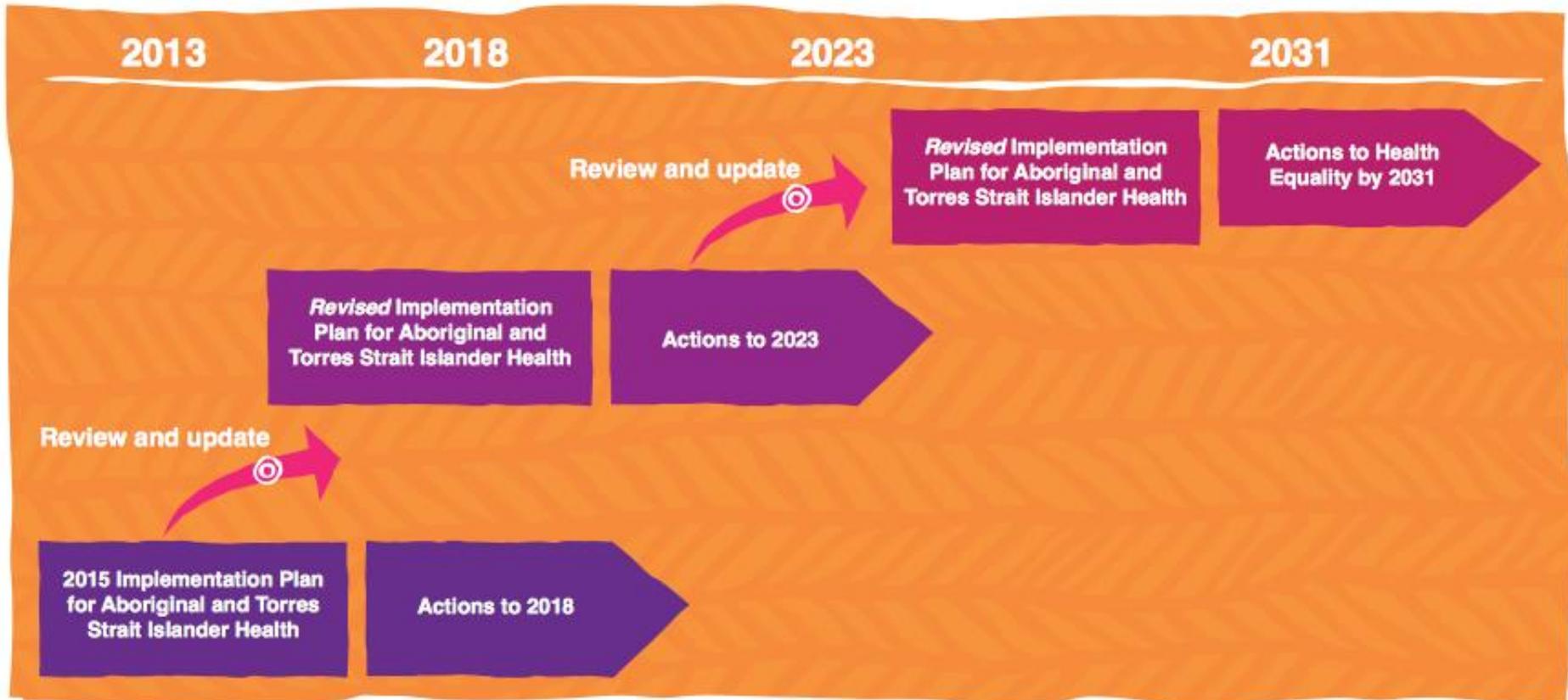
The Australian Government is committed to achieving the Closing the Gap targets and delivering the outcomes in this Implementation Plan. Achieving our goals will require continued focus and targeted effort. I believe that this Implementation Plan and its strategies will ensure our shared vision is realised.



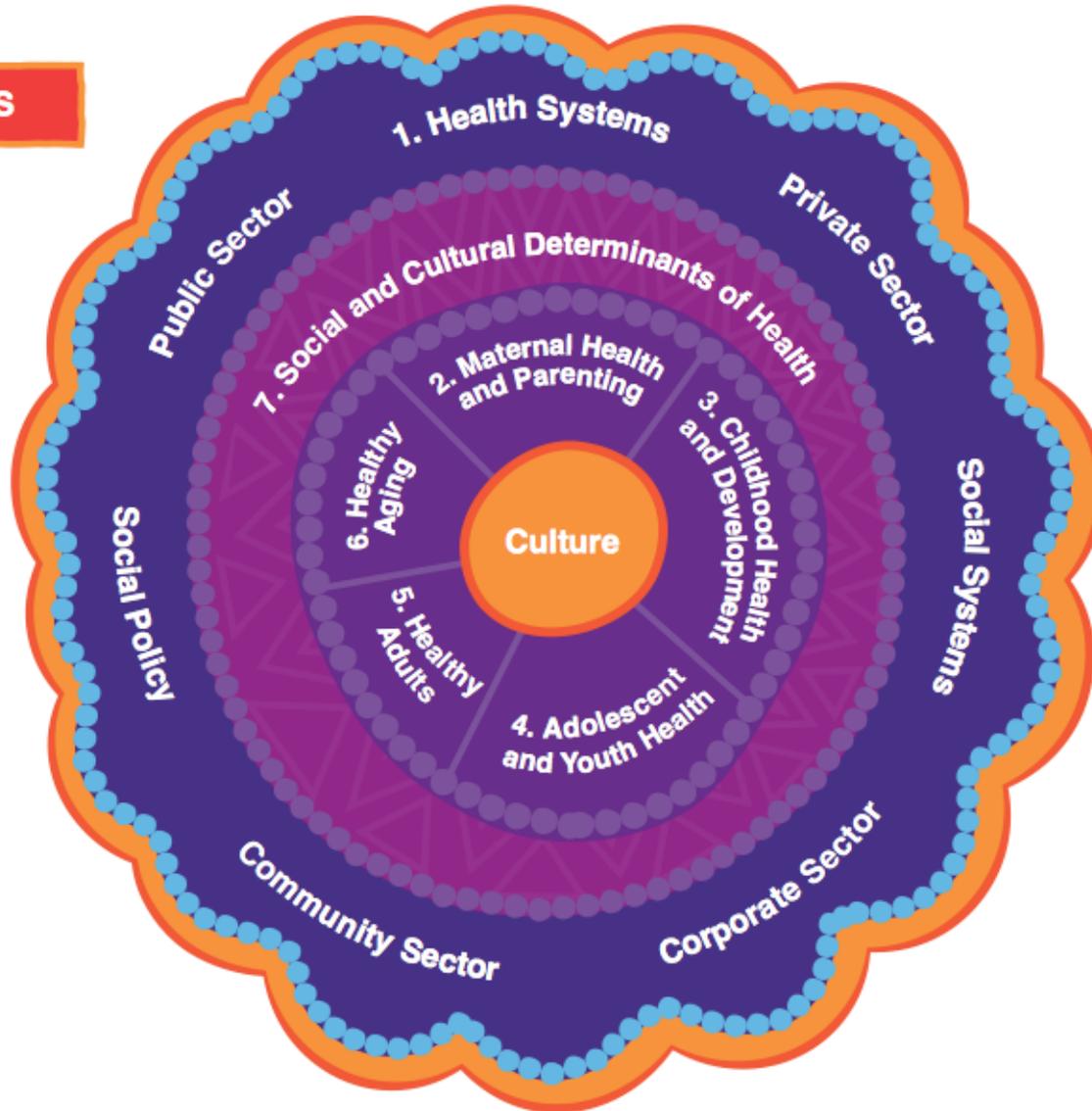
Senator the Hon Fiona Nash  
Minister for Rural Health

## ***The Health Plan vision is:***

**The Australian health system is free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable. Together with strategies to address social inequalities and determinants of health, this provides the necessary platform to realise health equality by 2031.**



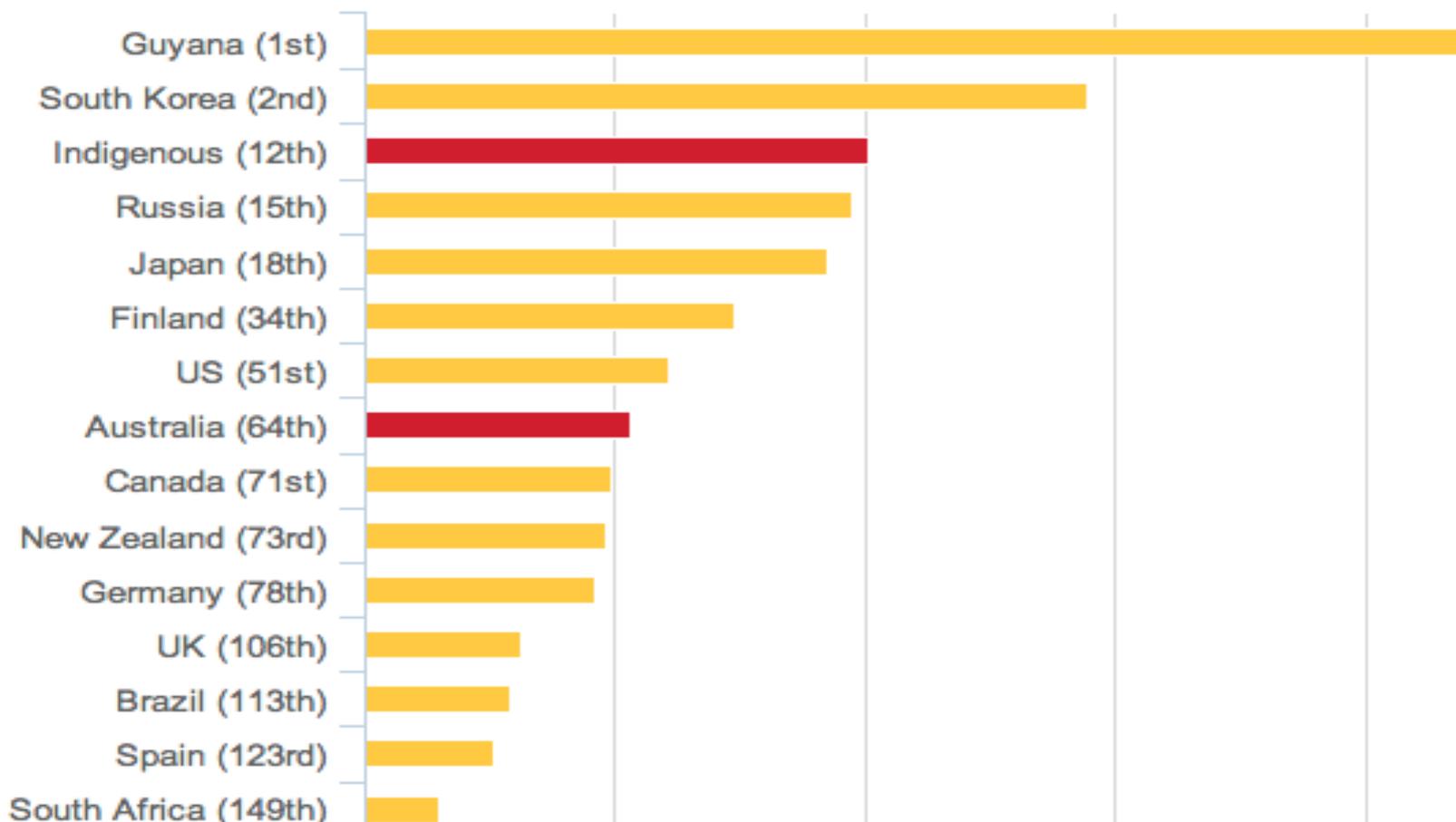
DOMAINS



# Twelfth highest suicide rate in the world

## Global suicide rates

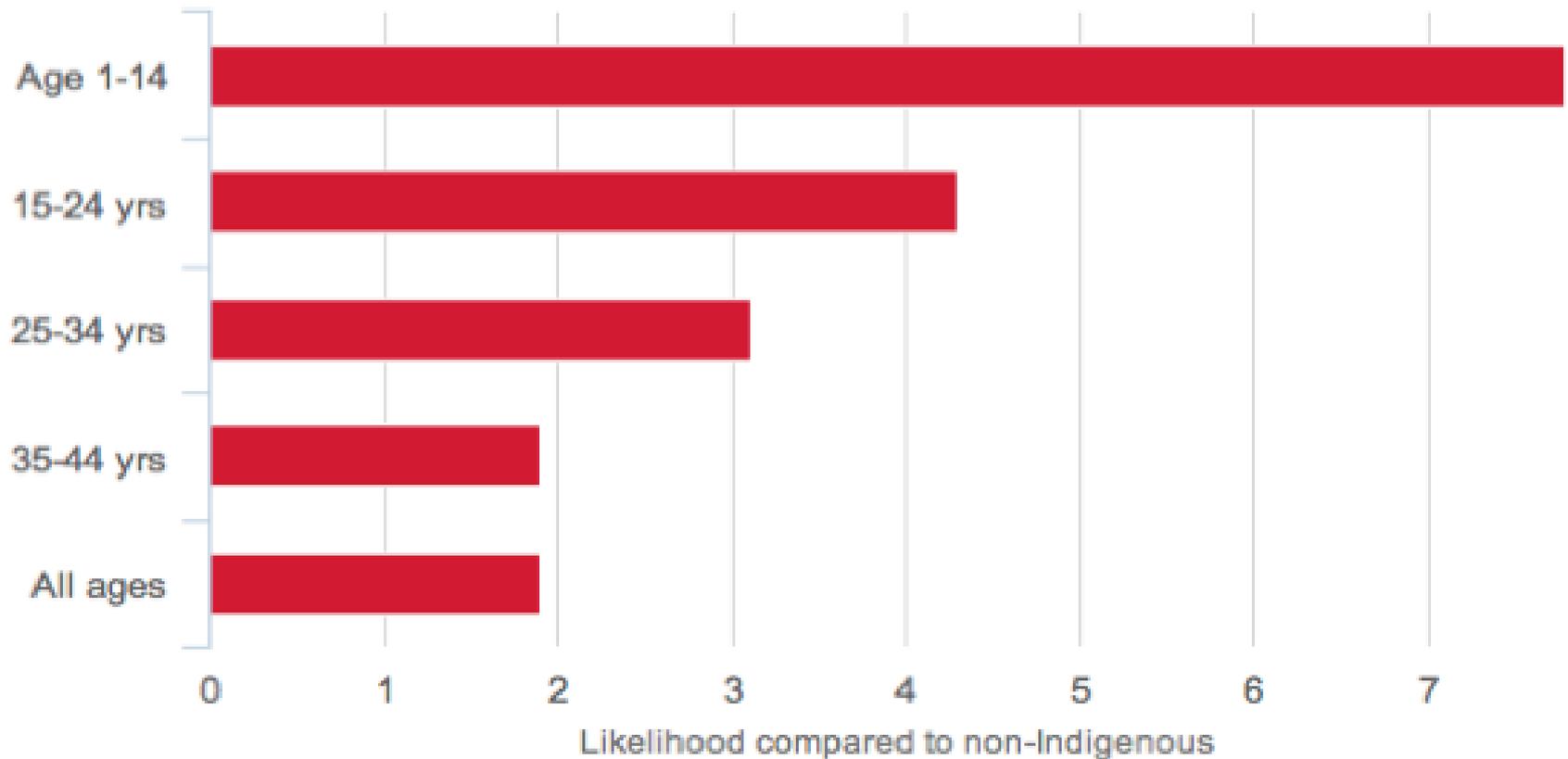
*Suicide rates and rank out of 171, selected countries, 2012*



# Rates very high among our children/young people

## Indigenous suicide

*How much more likely are Indigenous people to die by suicide?*

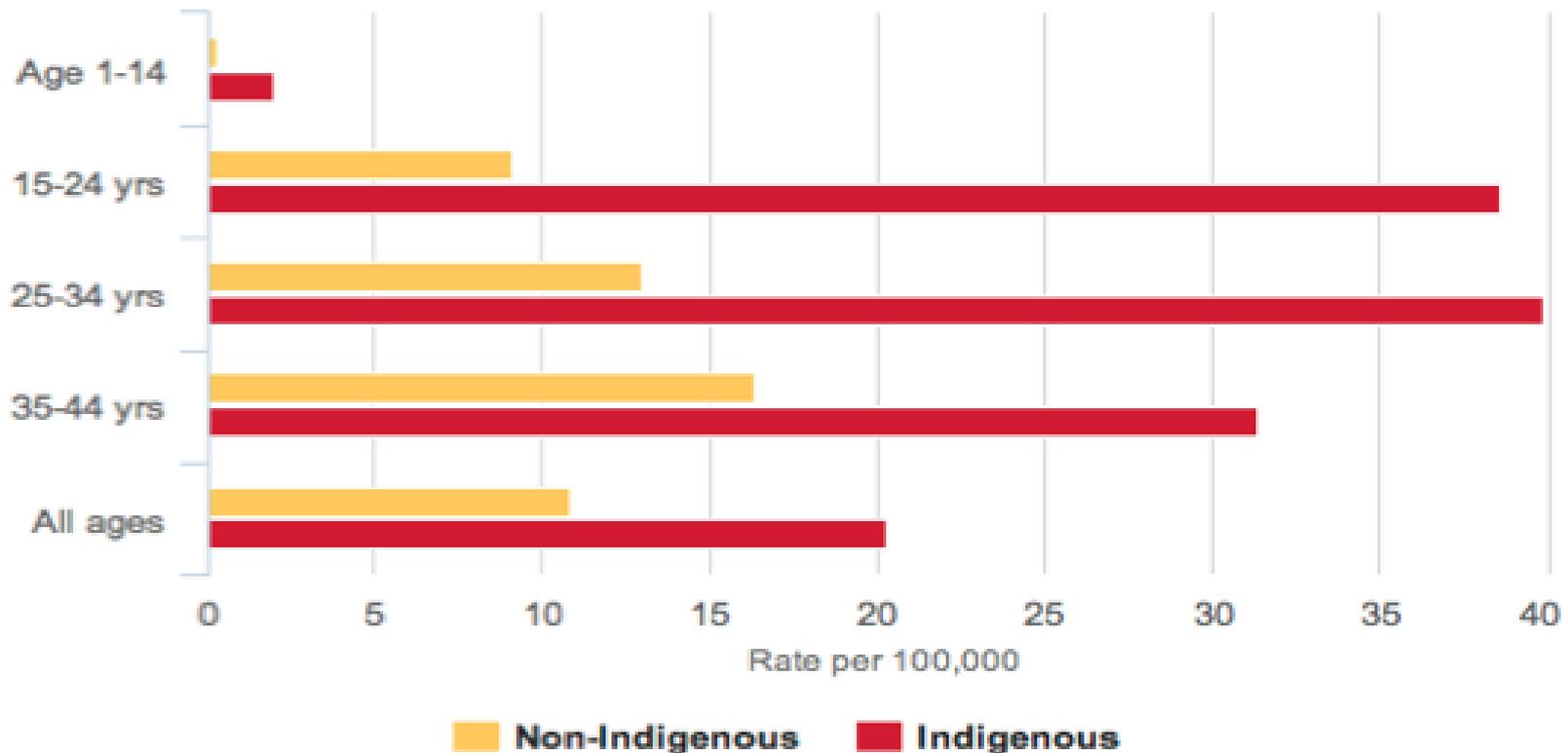


Graphic: Inga Ting | Source: ABS 2015

# Difference highest among 15 – 24 year olds

## Rate per 100,000

Select from the legend below to compare Indigenous and non-Indigenous suicide rates.



Graphic: Inga Ting | Source: ABS 2015

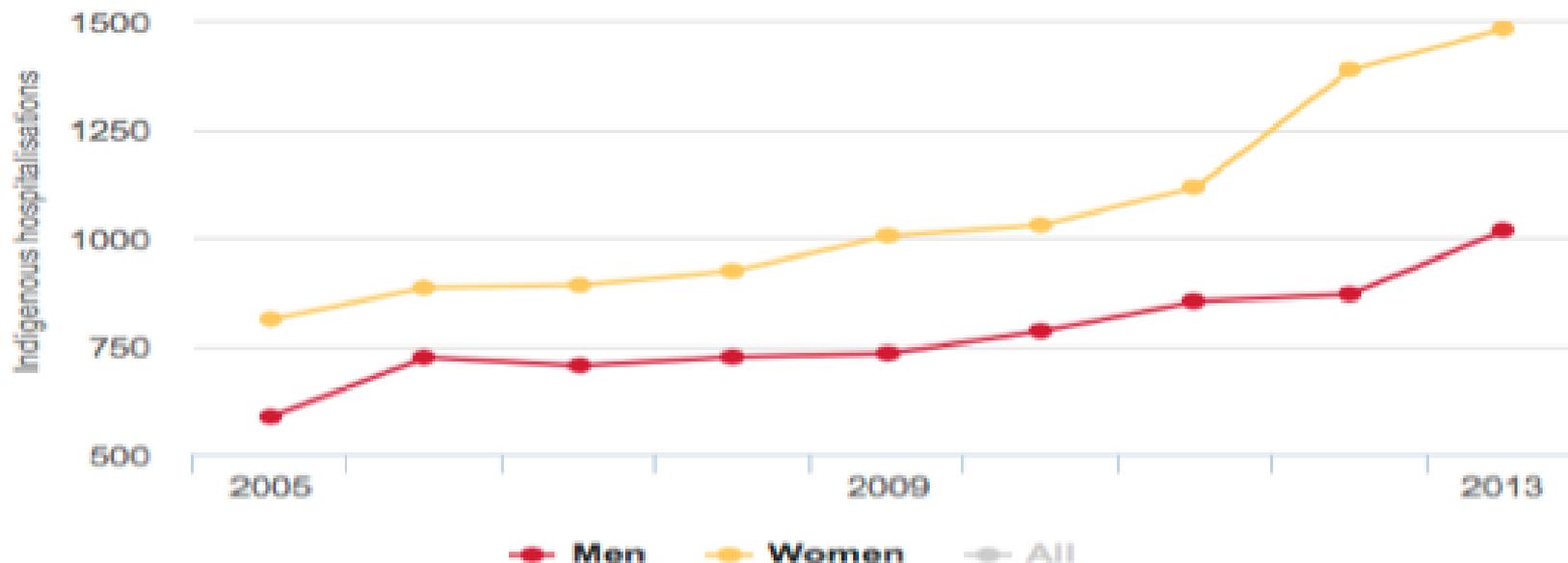
# Steep increase in reported rates of hospitalisation for self-harm since 2004-05

## Self-harm

TREND

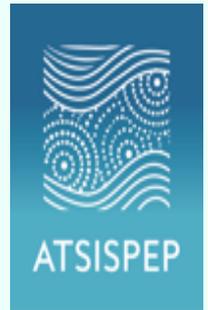
RATES

*Nearly 2500 Indigenous Australians were admitted to hospital after intentionally self-harming in 2012-13.*

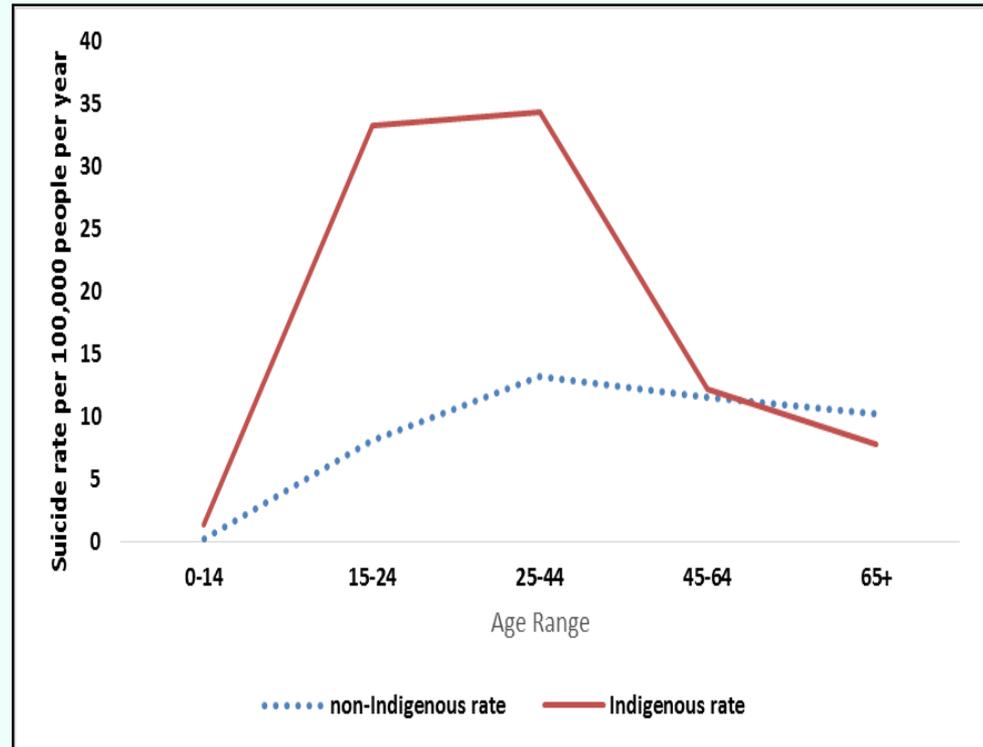


Graphic: Inga Ting | Source: Productivity Commission 2014  
Data for NSW, Vic, Qld, WA, SA and NT

# Background



Over the past **30 years** Aboriginal suicide has increased dramatically with young Aboriginal people especially males **aged 17-23** being the most at risk. In 2015 the overall Aboriginal suicide rate was twice that of other Australians; 5.9 times higher among young Aboriginal females aged 15–19 years. The rate of intentional self-harm among young Indigenous people aged 15–24 is also high at 5.2 times the rate for the other young people.



## Background (cont.)



There has also been an **increase in:**

- **psychological distress** rates and **mental health** conditions over the past decade
- hospitalisations for intentional **self-harm by 48 percent** in the last ten years (CTG Report 2015)
- recognition for **strategies to address suicide and self-harm** is now widely recognized and included in the 2015 Closing the Gap Report Card.

**THIS TOWN HAS DECLARED**

**ICE**

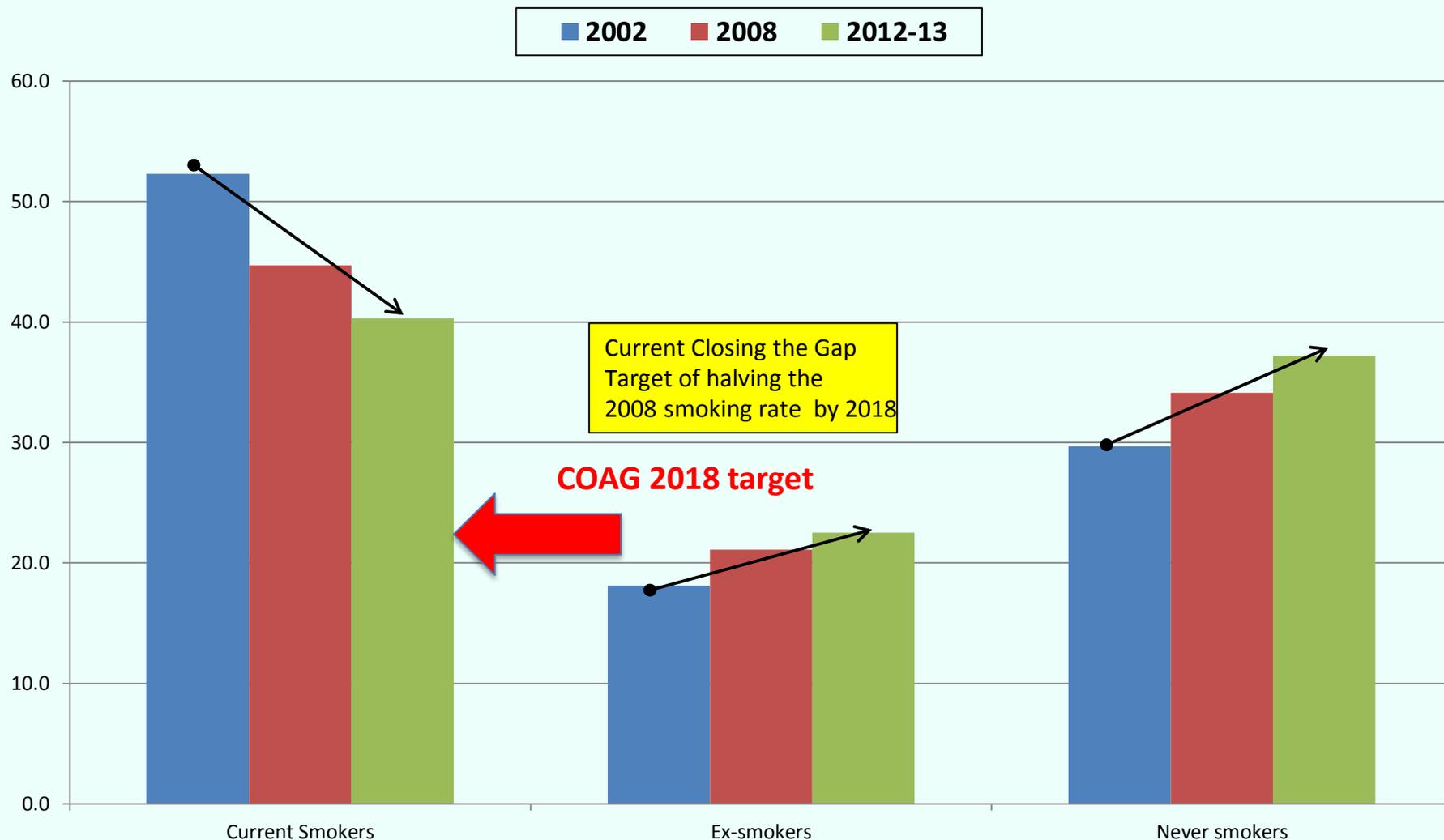
**IS NOT WELCOME  
HERE**

**PROTECT OUR CHILDREN**

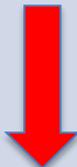


**ICE KILLS GOOD PEOPLE**

# Aboriginal and Torres Strait Islander Smoking story



# Aboriginal and Torres Strait Islander Smoking story

	2002	2008	2012-13	Overall outcome 2002 - 2013
Current Smokers	52.3	44.7	40.3	12% 
Ex-smokers	18.1	21.1	22.5	4.4% 
Never smokers	29.7	34.1	37.2	7.5% 

Source: ABS Aboriginal and Torres Strait Islander Health Survey 2012-13

Nuff of the Puff!  
Do it for your unborn child, give  
your baby the best start in life.



**Make the right  
decision for two,  
not just you.**

**Quit  
Smoking!**

Talk to your AHW, Midwife, Nurse or Doctor

# WE'RE STICKIN' IT UP THE SMOKES!

FOR STRONG AND  
HEALTHY BUBBS

Starting from left to right  
Kirsty Coleman  
Kathia woman  
Jocelyn Cleaver  
Boondi/Thursday Island woman  
Lillemarie Stuart-Likozessis  
Adnyamathanja/Arakurra/  
Anakidnyil woman



For more information  
and help to quit,  
visit your local  
Aboriginal health team.

black proud  
SMOKEFREE  
sistas



Aboriginal Health Council  
of South Australia Inc.

GIVE UP SMOKES FOR GOOD

# Quit for you. Quit for two.

When a baby's on the way, it's twice as important to get the support you need to quit smoking. Phone Quitline and ask about *Quit for you Quit for two*.

.....  
*They can help you beat the cravings, with tips like these:*

- **Delay:** *Delay for a few minutes - the urge will pass*
- **Deep breathe:** *Breathe slowly and deeply*
- **Do something else:** *Ring a friend or practise your prenatal exercises*
- **Drink water:** *Take 'time out' and sip slowly*

.....  
*When you choose to quit, you lower the risk of:*

- *miscarriage*
- *premature labour*
- *ectopic pregnancy*
- *SIDS*

*And you'll save money.*

.....  
*Download the free app*



Go to the App Store or  
Android Market now to download  
*Quit for you Quit for two* for free.



Australian Government

**Quitline**  
**137848**

[australia.gov.au/quitnow](http://australia.gov.au/quitnow)



# Adult imprisonment

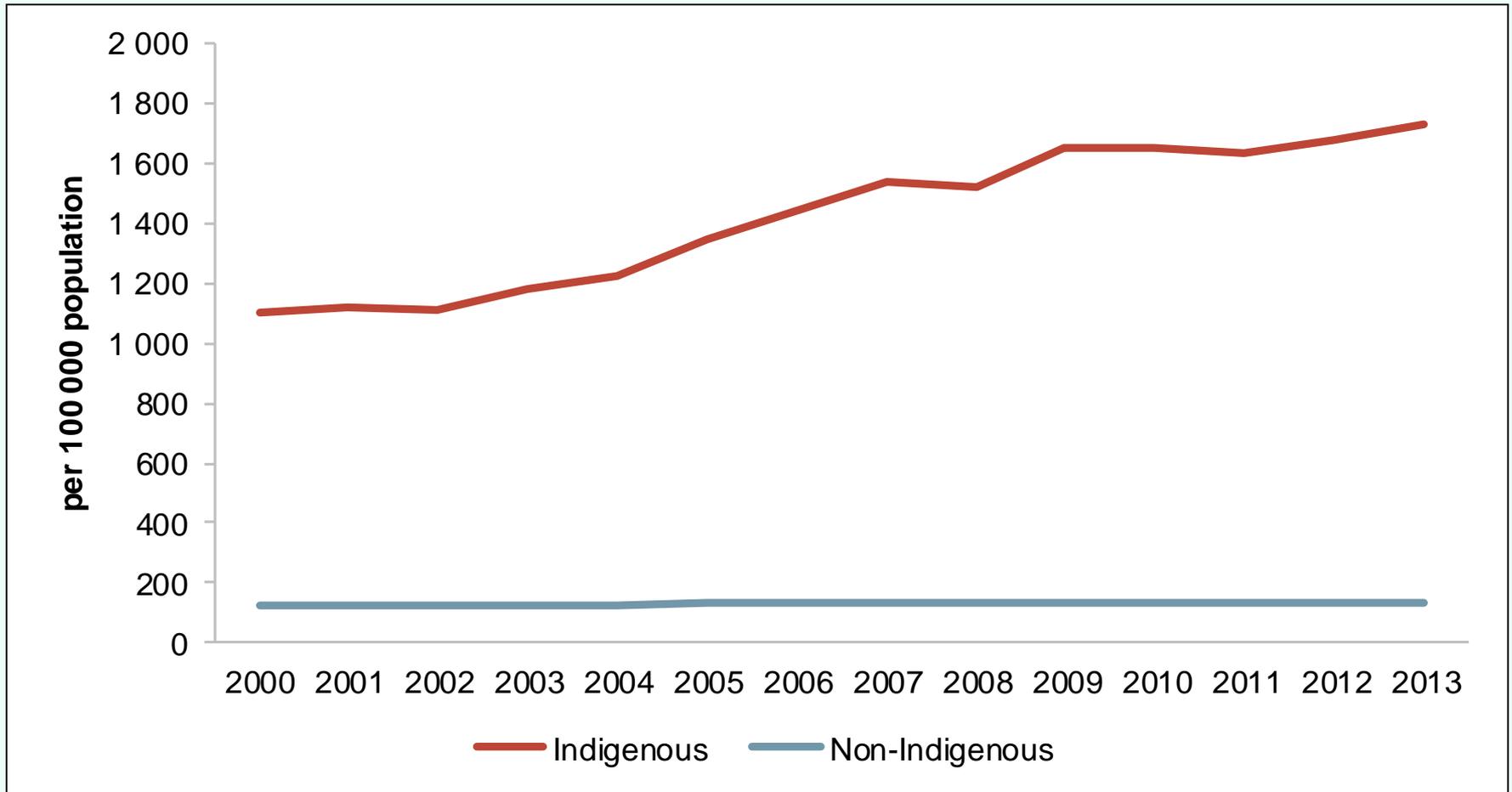
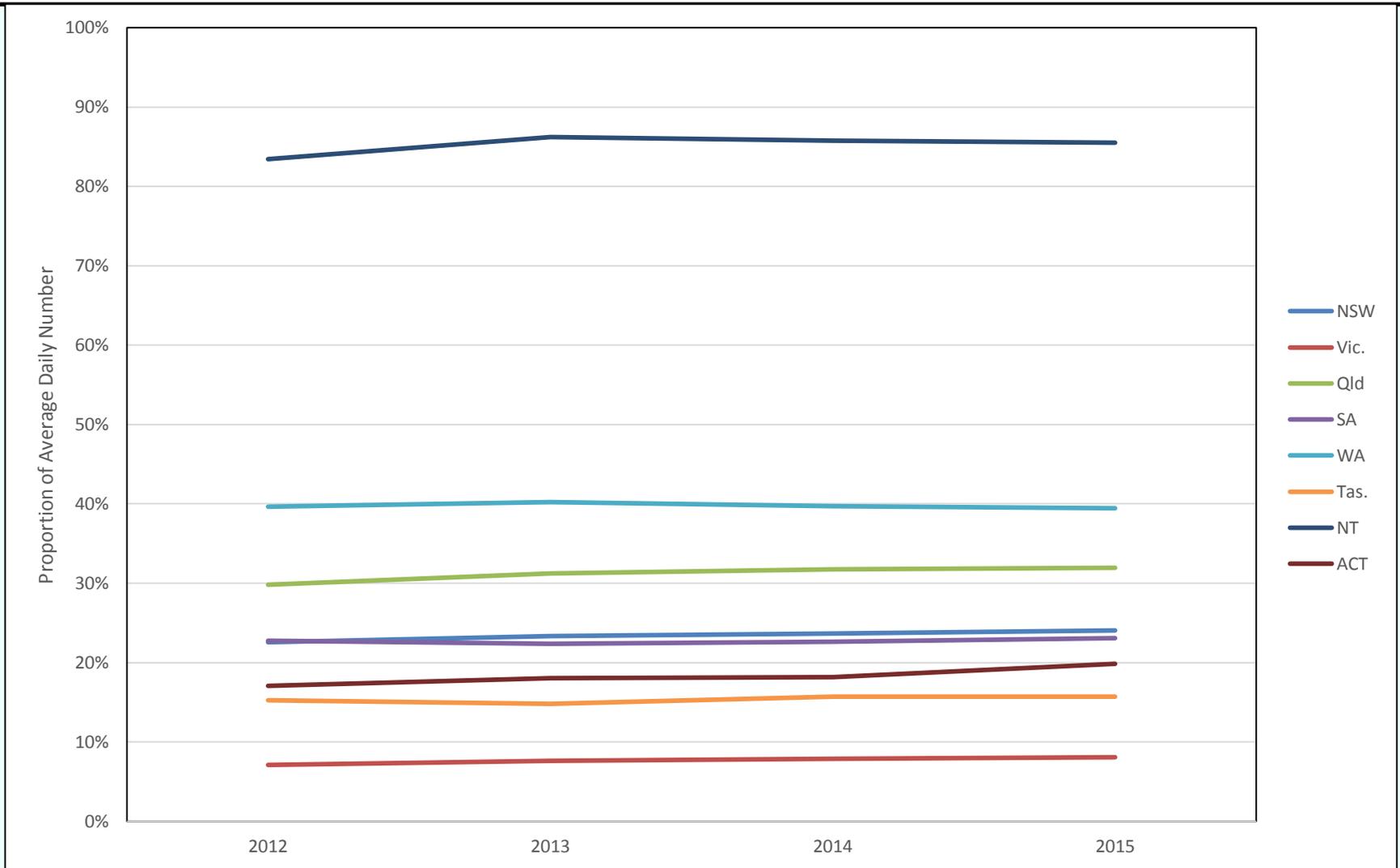


Figure 4.12.2: Adult imprisonment rate, at 30 June, 2000 to 2013

# Aboriginal and Torres Strait Islander persons in full-time custody (Proportion of Average Daily Number)

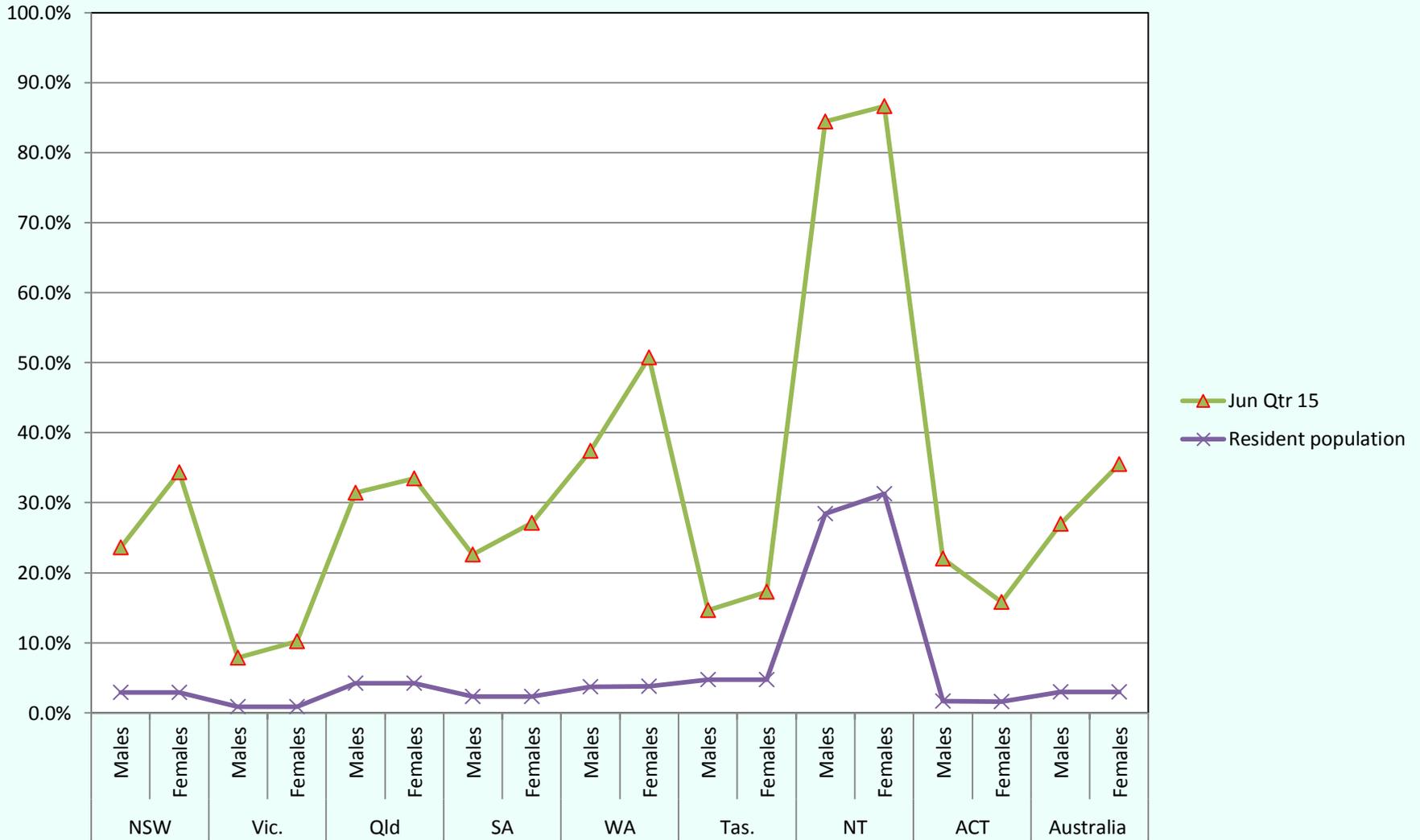


Source: Australian Bureau of Statistics. 2015. Corrective Services, Australia, June Quarter 2015

<http://www.abs.gov.au>

Estimated resident Aboriginal and Torres Strait Islander population, 2001-2026

# Proportion of Aboriginal and Torres Strait Islander persons in full-time custody, by sex



Source: Australian Bureau of Statistics. 2015. Corrective Services, Australia, June Quarter 2015

<http://www.abs.gov.au>

Estimated resident Aboriginal and Torres Strait Islander population, 2001-2026

# Re-imprisonment

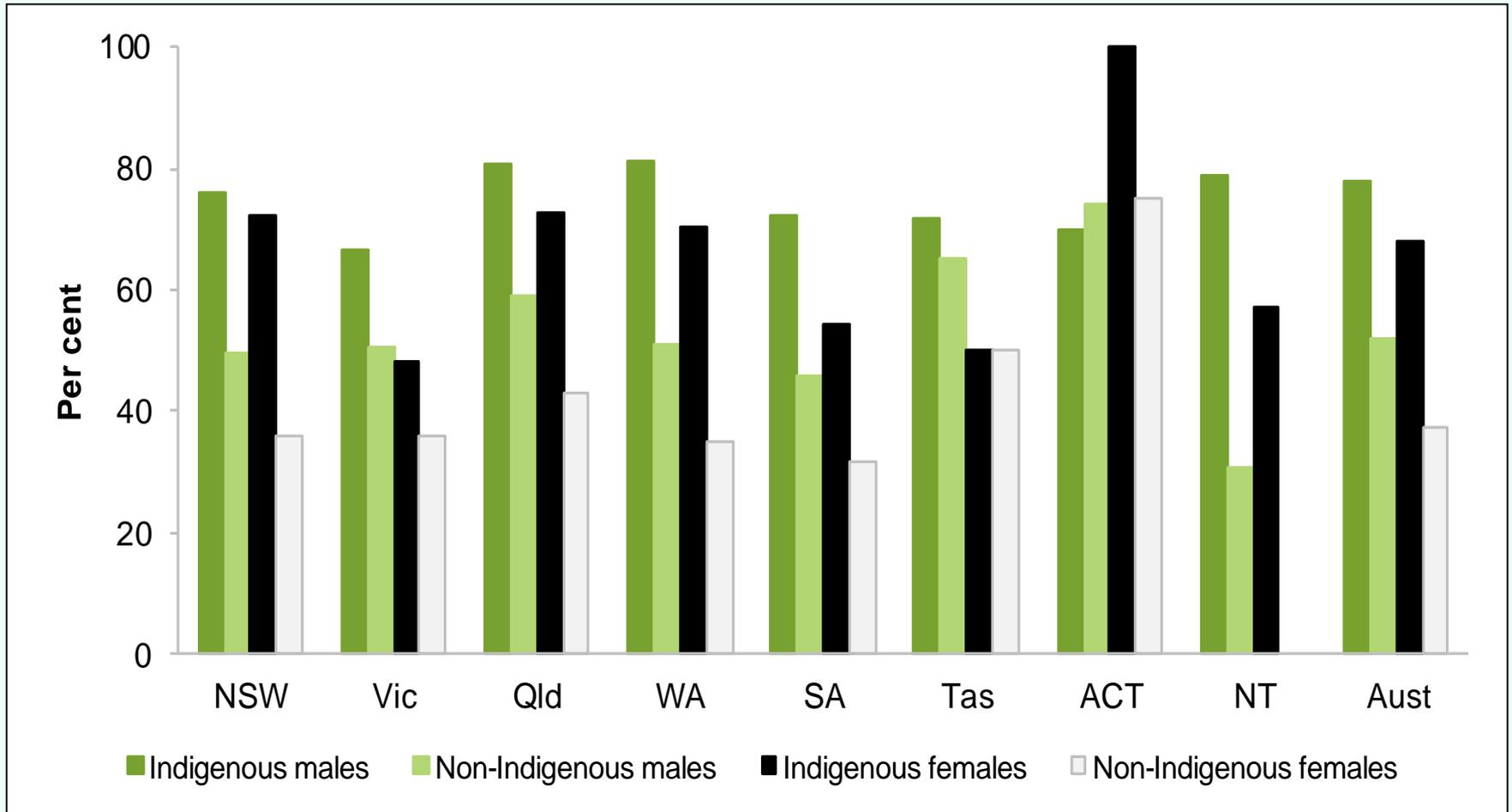
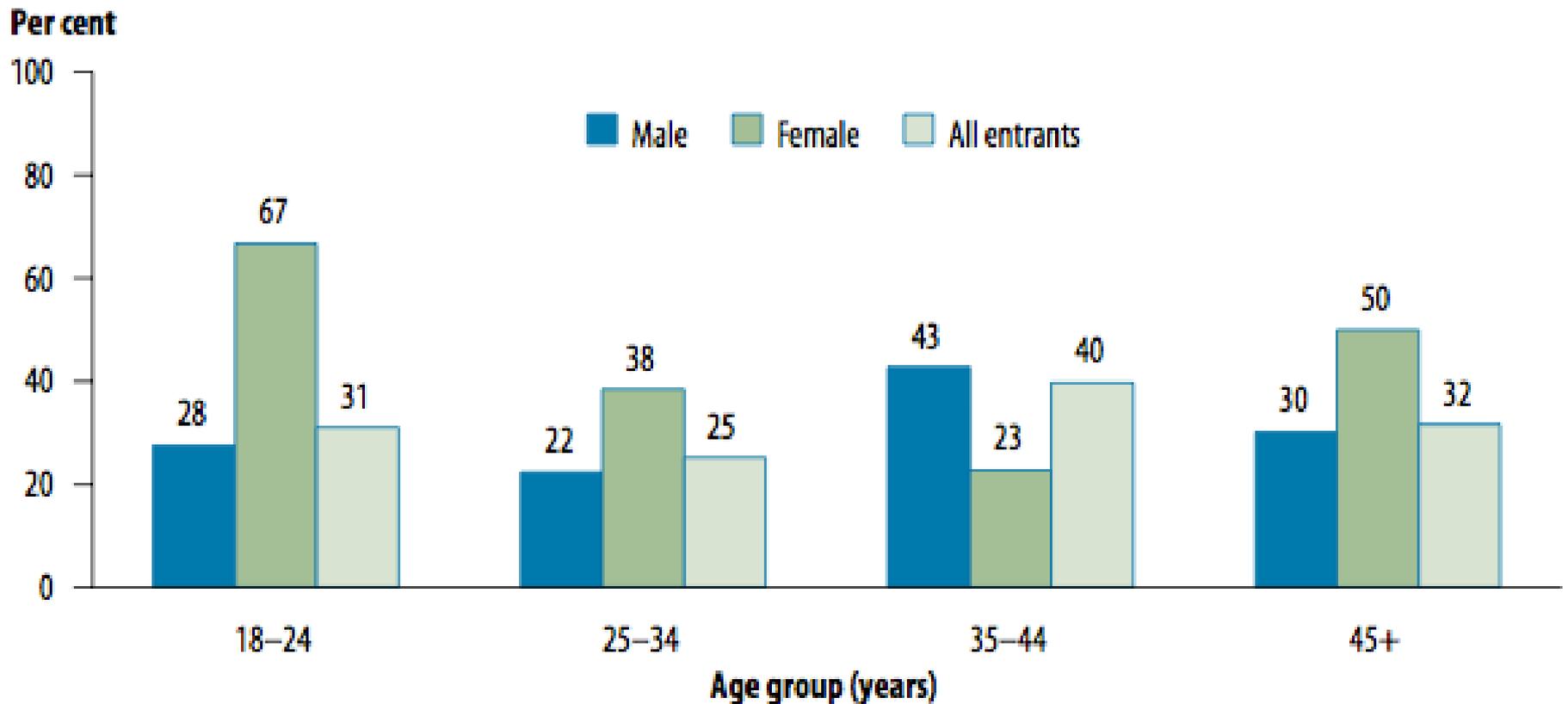


Figure 11.4.1: Proportion of prisoners with known prior adult imprisonment under sentence, by sex, 30 June 2013a

# **Situational factors predictive of repeat offending can include:**

- **unemployment**
- **education and schooling** — those with lower educational attainment are more likely to reoffend
- **residential location** — those living in low socio-economic areas or who are homeless are more likely to reoffend
- **family attachment** — those with limited family attachment are more likely to reoffend
- **poor mental health**
- **drug use.**

# Mental health of prisoners



Note: Excludes New South Wales and Victoria as they did not participate in the 2010 National Prisoner Health Census.

Source: Table A2.

**Figure 2: Proportion of prison entrants ever told they have a mental health disorder, by sex and age groups, 2010**

# The Cowra Justice Reinvestment project, protecting the community and providing alternatives to jail

Nov. 9, 2015, 10 p.m.

 Like  Tweet  G+ 0

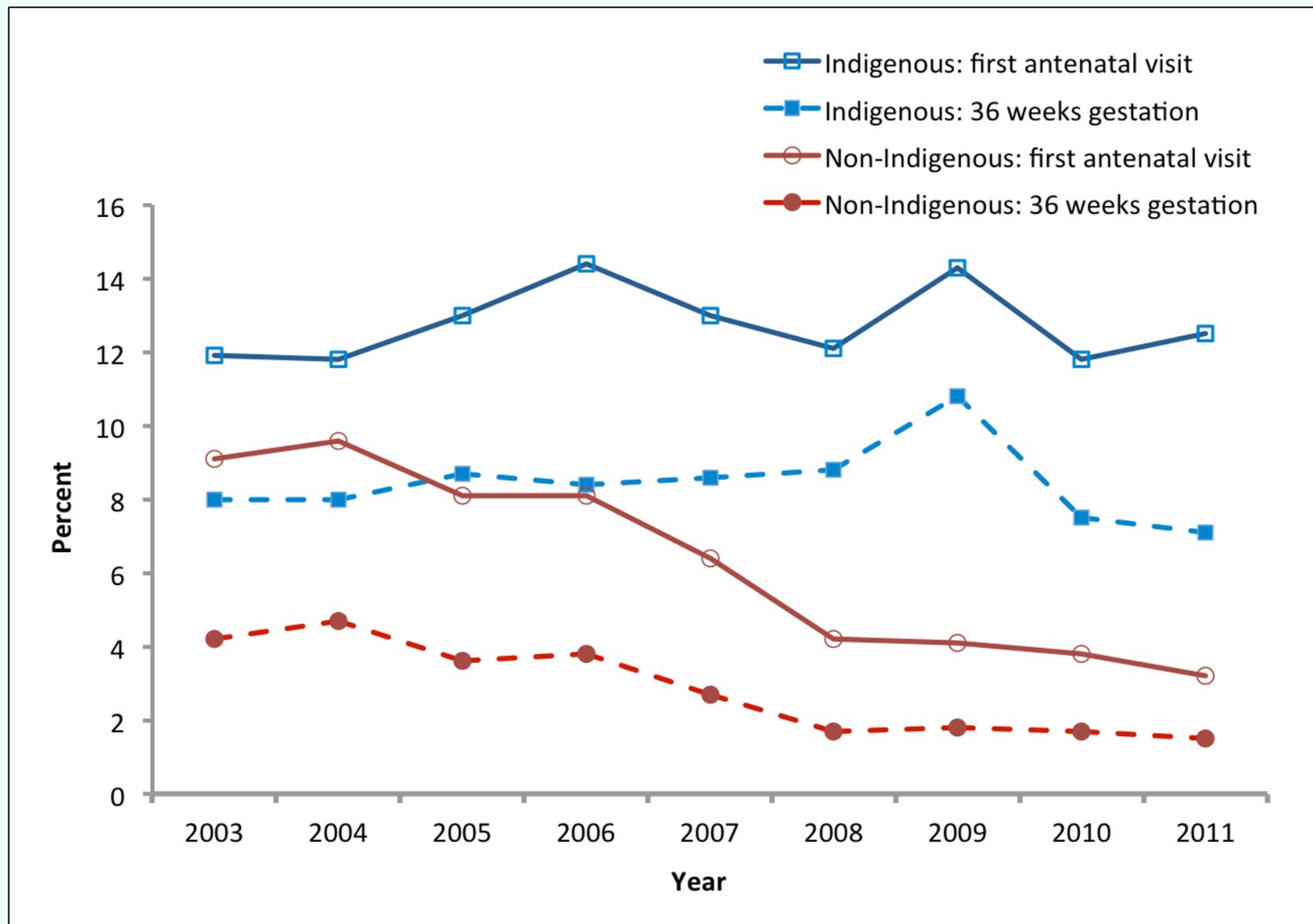
## Cowra Guardian

Wednesday November 11, 2015



Mick Gooda presenting at SEGRA.

# Alcohol consumption in pregnancy, 2003 to 2011



Marulu: A Community-led Strategy to address FASD *Three themes: DIAGNOSE, PREVENT, SUPPORT (2008-9)*



**The Lililwan Project: FASD prevalence (2009-14)**

# Early Findings: Remote Education Systems

There are **no simple solutions for the challenges of remote education**: what works elsewhere cannot be assumed to work for students from very remote communities.

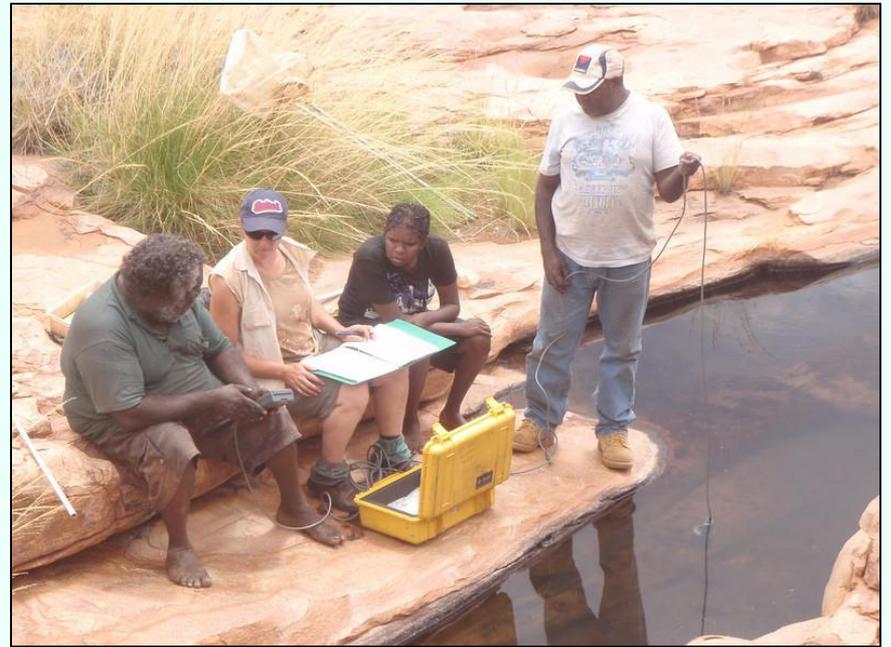
Early findings and suggestions:

- Short-term intensive boarding school experiences
- Knowledge exchange partnerships
- Non-Aboriginal and Torres Strait Islander credentialing for work in remote communities
- **Red dirt curriculum (RDC)**
- **Capacity-building strategies**
- Informal, out-of-school learning spaces
- Aboriginal and Torres Strait Islander assistants as red dirt educators
- **Strengthening local governance structures**



# Supporting role models in the Community

## ACR Program





# HELP US REACH THE KIDS OF INDULKANA & MIMILI

Over five years the Wall of Hands movement has been helping the ALNF close the Indigenous literacy gap. This year we need your help to extend our life-changing literacy programs to the children of Indulkana and Mimili about 400 km south of Alice Springs.

[Learn More](#)

## MEET THE KIDS OF INDULKANA AND MIMILI



Kulaia is 9 years old and her favourite subject is maths. She wants to be a nurse because she will help old people.



Lyson from Mimili – he loves reading and story time at school!

### **Social** **\$350,000 for Australian Literacy and Numeracy Foundation**



supplied by Sen. Scullion's office

## Indulkana

- **92% improved their Phonemic Awareness.**
- Pre-test, 39% of children reached competency in all five domains. Post-test this percentage increased to 59% of children.
- Pre-test, 26% of children were competent in only 1 or 0 domains. Post-test, this percentage decreased to 3%.

## Mimili

- **87.5% improved their Phonemic Awareness.**
- Pre-test, 19% of children reached competency in all five domains. Post-test this percentage increased to 31% of children.
- Pre-test, 50% of children were competent in only 1 or 0 domains. Post-test, this percentage decreased to 31%.





Jenny Brockie SBS

IS A CAMPAIGN WHICH INVITES ALL AUSTRALIANS TO REFLECT ON WHAT THEY CAN DO TO COUNTER RACISM **WHEREVER IT HAPPENS.**

## ▼ WHAT IS RACISM?

Racism can take many forms, such as jokes or comments that cause offence or hurt, sometimes unintentionally; name-calling or verbal abuse; harassment or intimidation, or commentary in the media or online that inflames hostility towards certain groups.

At its most serious, racism can result in acts of physical abuse and violence.

Racism can directly or indirectly exclude people from accessing services or participating in employment, education, sport and social activities.

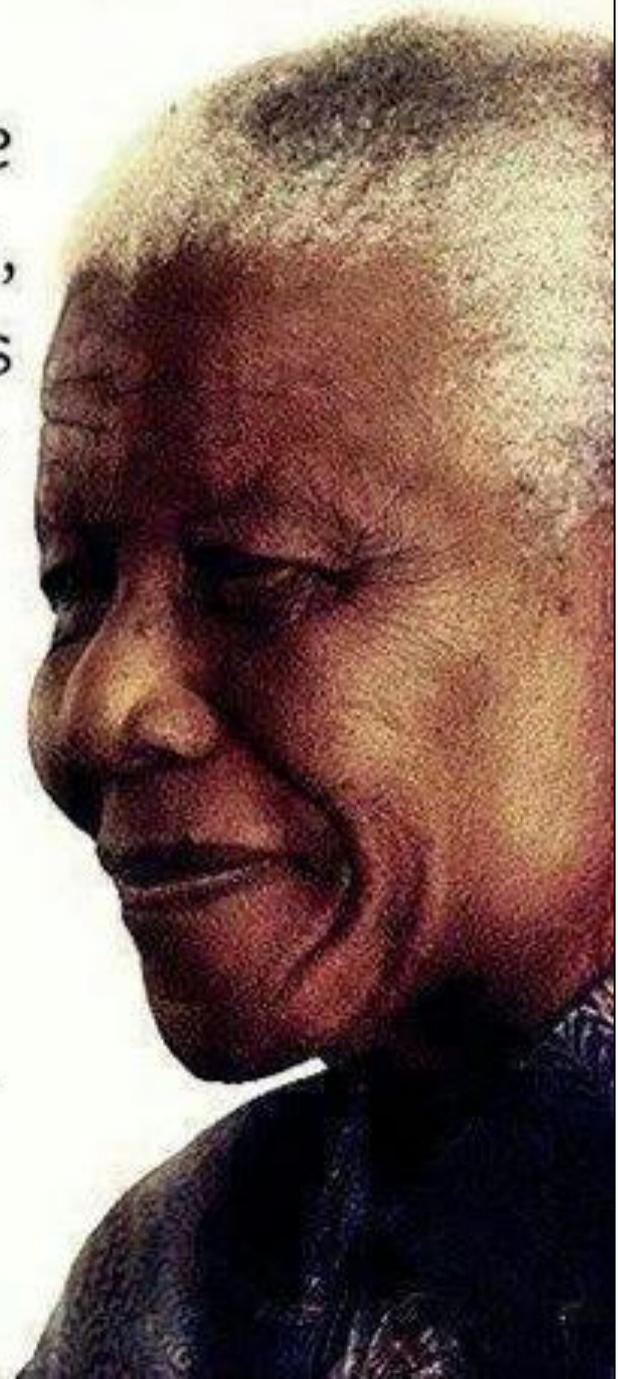
It can also occur at a systemic or institutional level through policies, conditions or practices that disadvantage certain groups.

It often manifests through unconscious bias or prejudice.

Take a look at these links for more information:

No one is born hating another person because of the colour of his skin, or his background or his religion. People learn to hate, and if they can learn to hate, they can be taught to love, for love comes more naturally to the human heart than its opposite.

Nelson Mandela





- Act Now
- Find Help
- About
- Donate
- Shop
- Events
- Programs
- Advocates and Ambassadors
- Partners
- Innovation
- Media

## Ngukurr School Breaking the Silence Project



### White Ribbon Australia news and events

- White Ribbon commends the release of 'Change the Story'**  
Posted 10 November 2015
- Media statement from the Chief Executive about former White Ribbon Ambassador Hazem El-Masri**  
Posted 20 October 2015
- NSW Government announces \$60 million domestic violence package**  
Posted 14 October 2015
- Note from White Ribbon Australia on Billy Brownless and Sexist Language**  
Posted 28 September 2015
- A message from the Chair regarding John Elferink**  
Posted 18 September 2015

### Follow us



Search this site... 🔍

**171,983**  
people have got your  
back

Our latest tweets

7 minutes ago  
RT @touchfootytas: Thank you to everyone who supported and helped out at White Ribbon's Celebrity Touch Football match #touchfootytas https...

5 hours ago

**I will stand up, speak out and  
act to prevent men's violence  
against women.**



**Show people where you stand**

Take the **oath** and proudly wear your virtual White Ribbon

**TAKE THE OATH NOW**

**“From self respect comes dignity;  
from dignity comes hope; and  
from hope comes resilience”**

**The Pledge is:** As a citizen of the world community, I stand with the United Nations **against** Racism, Discrimination and Intolerance of any kind.

Throughout my life **I will try to promote** equality, justice and dignity among all people, in my home, my community and everywhere in the world.

United Nations Pledge against Racism December 2001