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The World Today - Indigenous people to have better access to free medical care

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Reporter: Nance Haxton

ELEANOR HALL: There's also news today of a Federal Government change in tack on Aboriginal health care. Rather than pouring all funding into expensive treatment of diseases prevalent in the Aboriginal population like kidney disease and diabetes, the Federal Health Department has just announced a scheme focusing on preventative health care.

Many Aboriginal people do not even have a Medicare card, effectively excluding them from receiving free medical care and subsidised pharmaceuticals. But the Government has now designed a special form to assist Aboriginal people in applying for a Medicare card.

Nance Haxton has been speaking to Federal Parliamentary Secretary on Health, Trish Worth, about the new initiatives.

TRISH WORTH: Just getting more indigenous and Torres Strait Islander people enrolled in Medicare is really a big step because we need them to be able to access services. For indigenous people to be able to get really good medical checks and early detection of disease, they must be enrolled with Medicare and have that Medicare card to be able to access all the mainstream services that you and I would.

NANCE HAXTON: Why was it decided to put the focus on this particular Medicare issue, the Medicare card issue? What has stopped Aboriginal people accessing a card?

TRISH WORTH: We find that mothers are more likely to take their children to the doctor when they're young. But then if they move on and don't get their own card, I suppose we all know that men are less likely to go to the doctor than women and if you add into that indigenous men, they often in particular miss out on getting the care.

What we don't want to happen is to find that there are men having heart attacks in their 30s, that diabetes is going undiagnosed, that people don't access just even a simple urine test and their doctor which would detect kidney disease. We don't want people turning up at an Emergency section of a hospital finding that they'll then have to go on a dialysis machine.

If we can have early intervention, we will have prevention and that will really be the only way that we can improve indigenous health because despite all the effort that's gone into it, and is going into it, and although we've made some big strides forward, we still need to be able to improve their lot in life.

NANCE HAXTON: Is this more of a problem in isolated outback communities such as in the Pitjantjara lands or is this an Australia-wide initiative with also a focus on metropolitan areas?

TRISH WORTH: It's certainly an Australia-wide initiative because even if in metropolitan areas we find indigenous and Torres Strait Islander people not accessing the services that the rest of us do, although some do, delivering health services in more remote areas of the country is always more difficult, but we're working on that. And we hope that this will be a big leap forward.

NANCE HAXTON: So at the moment, has preventative health care not been listed under Medicare and that has prevented that health care from occurring to a degree?

TRISH WORTH: This is really about catching illness in a very early stage, making it easier for indigenous people to access the services that some of us take for granted so that they can then get referrals to specialists. There's a very low referral of indigenous people to specialist treatment.

ELEANOR HALL: Federal Parliamentary Secretary on Health, Trish Worth, speaking to Nance Haxton.

hopelessness, but some approaches are helping.

OOLGA HAVNEN: Coordinated care trials has been I think, a rather positive initiative on the part of the Federal Government, to look at cashing out the per capita equivalent of the Medicare and the pharmaceutical benefits funds, which Aboriginal people haven't been able to access because they don't have access to a doctor, and they don't have access to chemists.

So the pooling of those funds, with some additional funding from the Territory Government has enabled the establishment of a regional health service to provide primary health care for the first time in those areas, where people have access to a local doctor.

LOUISE YAXLEY: Olga Havnen says the coordinated care trials are saving money because fewer emergency cases have to be treated and sent to major hospitals.

The Fred Hollows Foundation's calling for \$300 million a year to be spent to help fight the problem.

OLGA HAVNEN: That's what's required or had been identified by the Australian Institute of Health and Welfare for primary health care needs, and to properly train and build up an indigenous workforce. That doesn't include the sorts of funding that's going to be needed to address housing problems and to deal with sort of, the education needs of indigenous kids.

HAMISH ROBERTSON: That was Olga Havnen from the Fred Hollows Foundation, ending that report by Louise Yaxley.

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