



Transformations in Health Outcomes: towards an understanding of the impact of Aboriginal community controlled health services in Central Australia

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## The Congress Journey

1973 Congress established 9 June,

Tent program established

**1975** Medical service

**1980** Dental services

1981 Childcare

**1984** Alukura

**1997** SEWB and Male Health section

**1998** Youth Outreach Team

**2001** Remote Health Service

**2010** headspace, Preschool Readiness Program

Tackling Indigenous Smoking

**2011** Chronic Disease Care Co-ordination Program

**2012** Intensive Family Support Service

**2014** Research Section

2018 Child & Youth Assessment & Treatment Service,

**Connected Beginnings** 









### **ACCHSs in Central Australia**



1977	Angarappa →	Urapuntja Health	Service [Utopia]
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1977	Pitjantjatjara Homelands Health Services [Pipalyattjara	<b>a</b> ]
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**1978** Lyappa Congress [Papunya]

1983 Pintupi Homelands Health Service [Walungurru]

1984 Nganampa Health Council [APY Lands]

**1985** Anyinginyi Congress → Anyinginyi Health Aboriginal

Corporation [Tennant Creek]

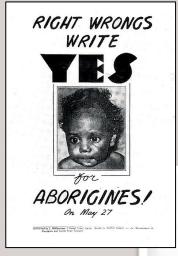
**1986** Mutitjulu Health Service

**1994** Ampilatwatja Health Service [Utopia]



# The Congress History Project

- 1. Congress Arrurlenye (Congress from a long time ago), a culturally safe interactive digital portal of photos, documents etc (https://www.caac.org.au/congressarrulenye/)
- 2. Interactive digital timeline: Congress history and the national political landscape (coming soon)
- 3. Regional health data to track changes in the health of Aboriginal people in Central Australia



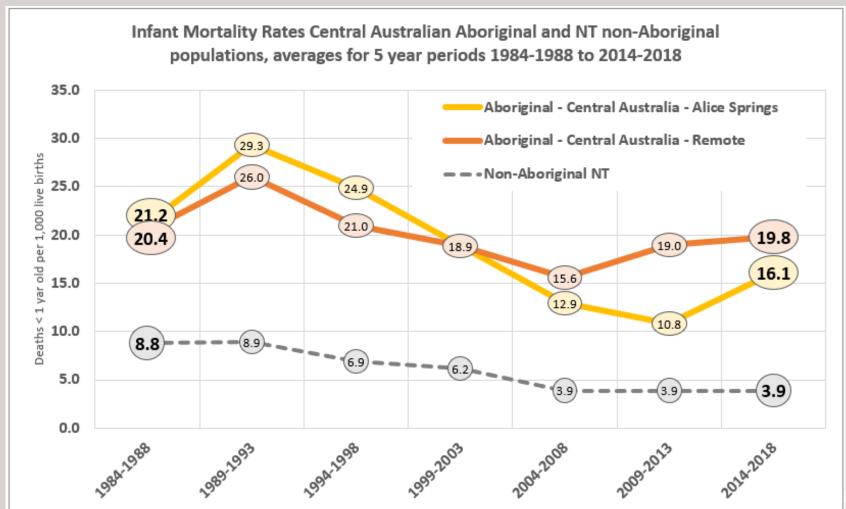


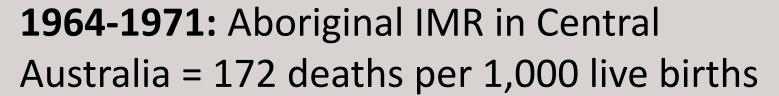








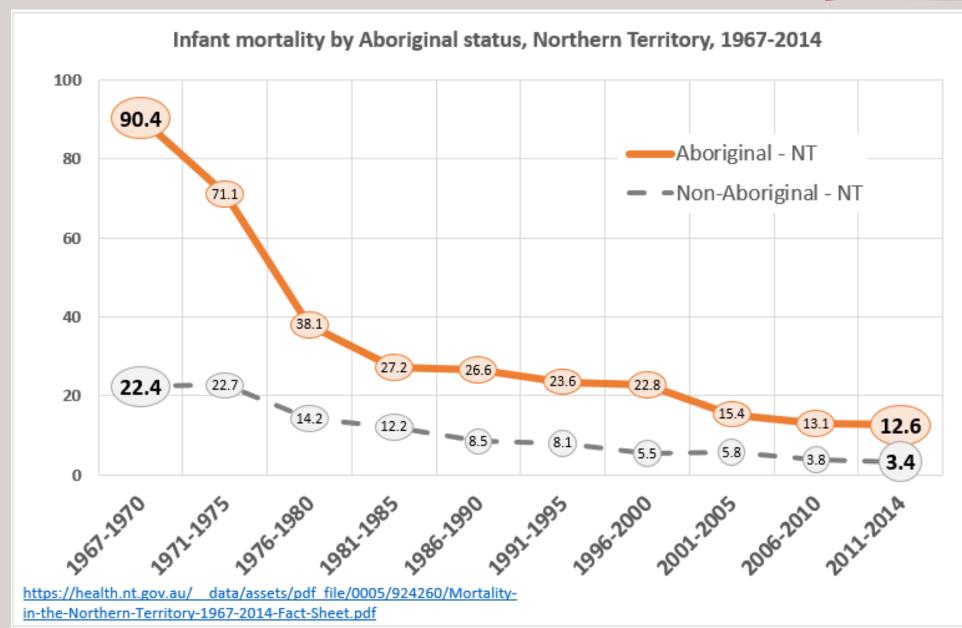






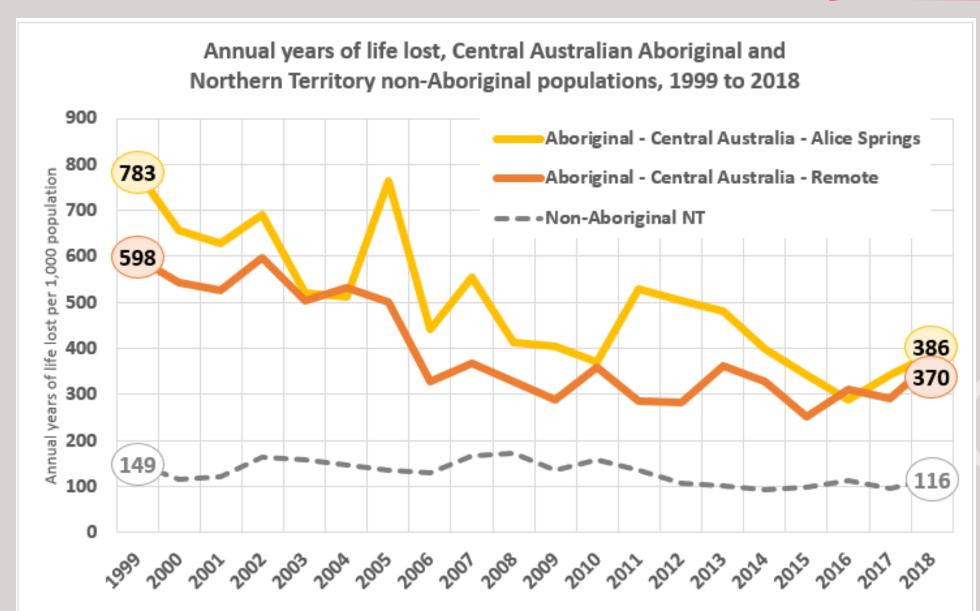






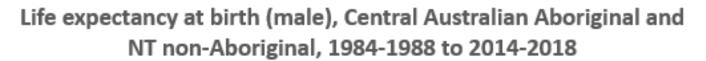


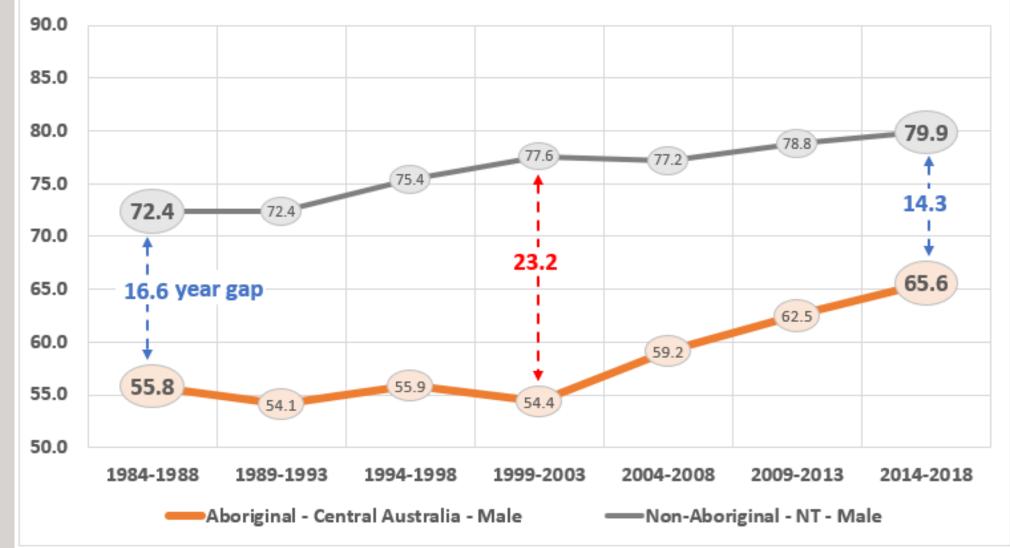






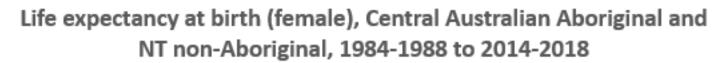


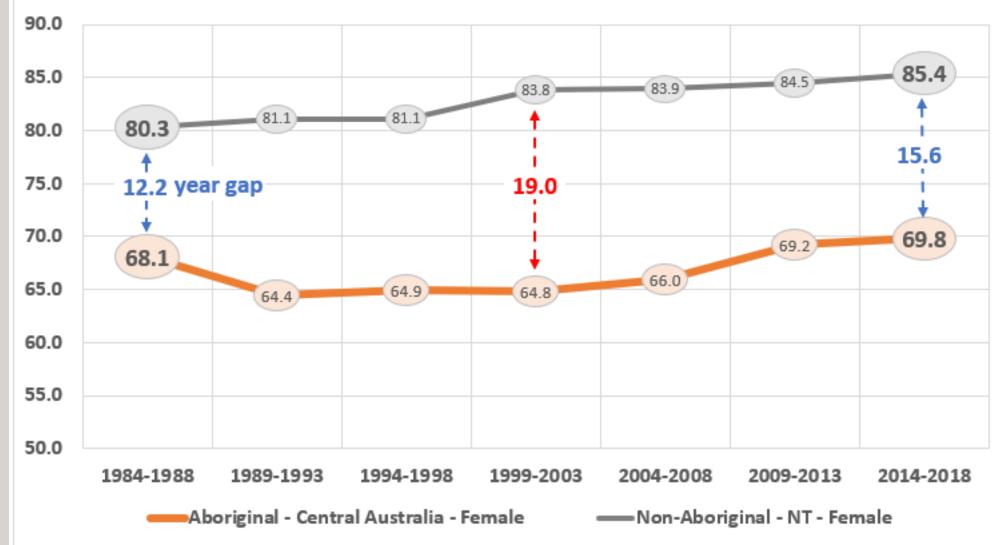






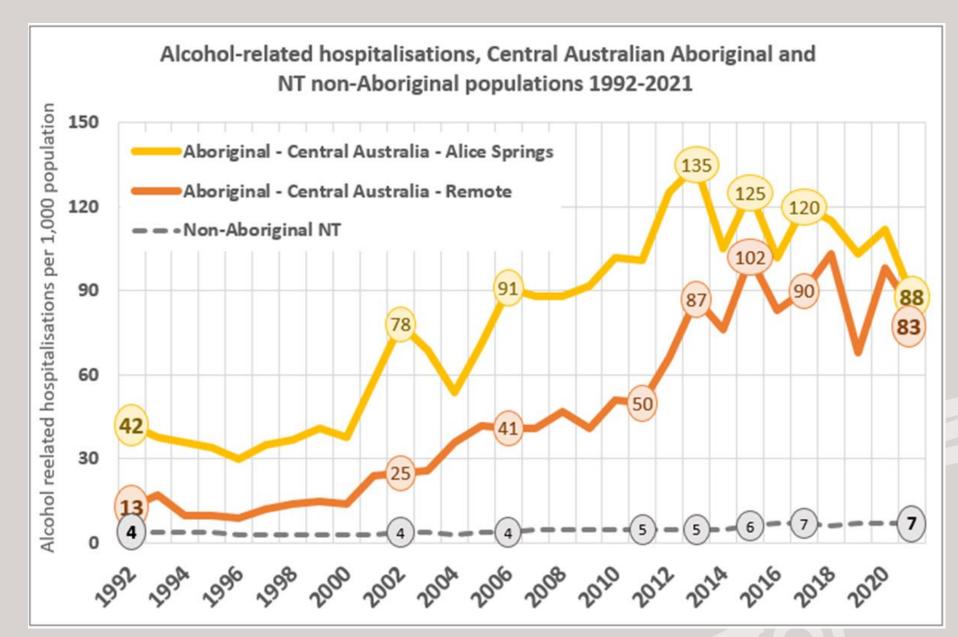














# What's changed for Aboriginal people in Central Australia?



- 1. Improvement in infant mortality (especially in the 1970s and early 1980s, more for Aboriginal children in town than remote since then)
- 2. Reduction in Years of Life Lost (by around half for town, a third for remote Aboriginal people)
- **3. Improvement in life expectancy** (especially for men and since the early 2000s)
- 4. Worsening effect of alcohol on health until the mid-2010s, then (uneven) improvement

In all cases the gap remains unacceptably large



### What about the social determinants?

	Alice Springs			Remote Central Australia		
EDUCATION	2001	2021	Change	2001	2021	Change
Proportion of Aboriginal people who completed Yr 11/12 or equivalent	22%	39%	+73% 🏚	3%	21%	+520%
Ratio of Aboriginal to non-indigenous people who completed Yr 11/12 or equivalent	0.39	0.51	+32%	0.06	0.28	+374%
Post-School qualifications: number of Aboriginal people with a Bachelor Degree or higher	76	171	+125%	26	59	+127%
HOUSING	2011	2021	Change	2016	2021	Change
Proportion of overcrowded houses (needing 1 or more bedrooms)	16%	17%	+4% ∋	49%	42%	-13% 🀬
PERSONAL INCOME	2006	2021	Change	2006	2021	Change
Median weekly personal income of Aboriginal people (2021 dollars)	\$ 345	\$ 452	+31%	\$ 288	\$ 278	-3% ⇒
Ratio of Aboriginal to non-indigenous median personal income	0.35	0.39	+11% 🎘	0.29	0.24	-18% 处
HOUSEHOLD INCOME	2006	2021	Change	2006	2021	Change
Median weekly household income of Aboriginal households (2021 dollars)	\$ 1,208	\$ 1,355	+12% 🍃	\$ 1,062	\$ 955	-10% 处
Ratio of Aboriginal to non-Indigenous median households income	0.66	0.61	- <b>7</b> % <b>⇒</b>	0.58	0.43	-26%
POVERTY / FOOD SECURITY	2006	2021	Change	2006	2021	Change
Proportion of weekly household income required to purchase Healthy Food Basket for a week	30%	20%	-32%	41%	47%	+15% 处
Proportion of weekly personal income required to purchase Healthy Food Basket for a week	104%	61%	-42% <b></b>	151%	162%	+7% ⇒
CULTURAL HEALTH	2001	2021	Change	2001	2021	Change
Proportion of Aboriginal people who speak an Australian Indigenous Language at home	38%	36%	-6% ⇒	95%	90%	-5% ⇒
EMPLOYMENT	2001	2021	Change	2001	2021	Change
Labour force participation for Aboriginal people aged 15 and over	44%	43%	-2% 崇	25%	27%	+10% 🀬



- Improvements in some social determinants (e.g., education) mainly in town but from very low base
- Still a big gap to non-Indigenous NT
- Increasing poverty and inequality in remote areas
- Improvements in income in town likely due to increased employment in Aboriginal organisations such as Congress

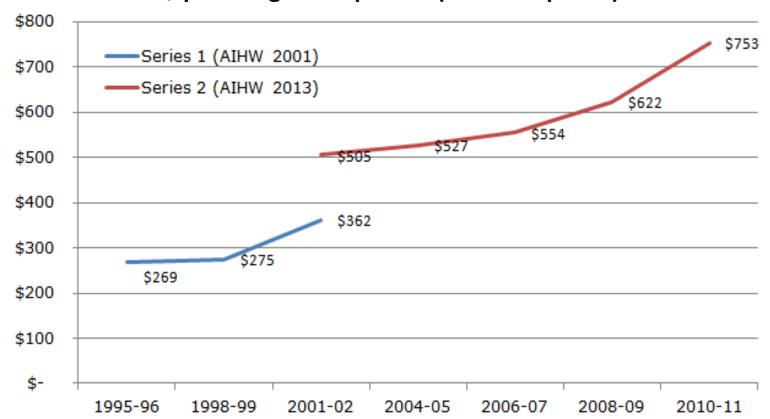
Source: ABS Census figures, 2001-2021: https://www.abs.gov.au/census/find-census-data/search-by-area



# Drivers of positive change **①**: better funding of ACCHSs



# National Commonwealth funding of ACCHS, 1995-96 to 2010-11, \$ per Indigenous person (constant prices)



Australian Institute of Health and Welfare (AIHW) (2001). Expenditures on health services for Aboriginal and Torres Strait Islander people 1998–99. Canberra, Australian Institute of Health and Welfare and Commonwealth Department of Health and Aged Care. Australian Institute of Health and Welfare (AIHW) (2013). Expenditure on health for Aboriginal and Torres Strait Islander people 2010–11. Health and welfare expenditure series no. 48. Canberra, AIHW

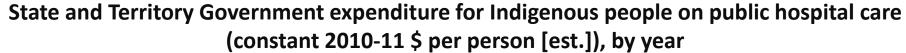
#### **Greater benefit to NT:**

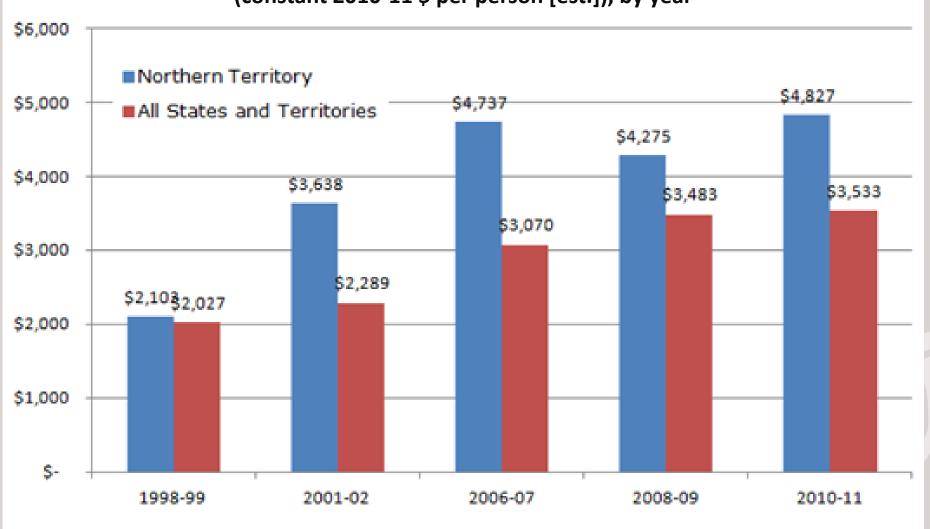
- ACCHSs provide a significant proportion of the NT's primary health care
- collaborative needsbased planning (Northern Territory Aboriginal Health Forum)
- System-wide CQI approaches



# Drivers of positive change 2:Safer hospitals







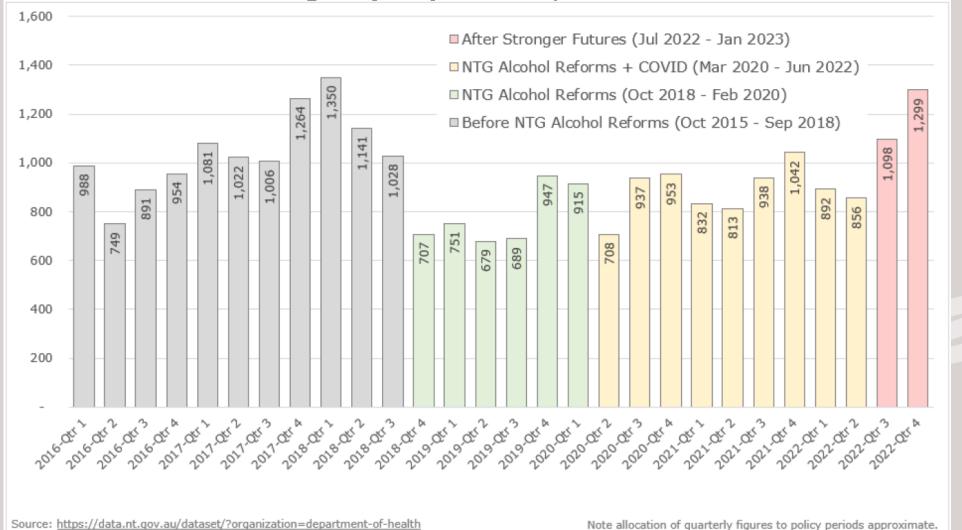
AIHW series on expenditure on Aboriginal health (2001, 2005, 2009, 2011, 2013)



# Drivers of positive change **3**: action on alcohol availability



### Alcohol-related presentations to the Alice Springs Hospital Emergency Department, 2016-2022





# **Drivers of positive change**



- Improved primary health care services, led by community-controlled health services in Central Australia
- 2. Improved hospital system, with a big increase in hospital funding / safety from 2001
- 3. Action on alcohol and petrol sniffing
  - Alcohol restrictions in Alice Springs
  - OPAL fuel

