



## WINNUNGA NIMMITYJAH

ABORIGINAL HEALTH CLINIC/HEALTH SERVICE (ACT) INC.

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Mr Steve Doszpot

Chair

Standing Committee on Health, Community and Social Services

Legislative Assembly for the Australian Capital Territory

GPO Box 1020

Canberra ACT 2601

Dear Mr Doszpot

### **Re: Inquiry into Access to Primary Health Care Services**

Winnunga Nimmityjah Aboriginal Health Service is pleased to provide the following submission to the Inquiry into Access to Primary Health Care Services.

Winnunga Nimmityjah Aboriginal Health Service is an Aboriginal community controlled primary health care service governed and managed by the local Aboriginal community. It provides a culturally safe, comprehensive, holistic health service for Aboriginal and Torres Strait Islander people in the ACT and surrounding regions of NSW.

Winnunga is AGPAL accredited and offers a range of clinical services including general practitioners, practice nurses, midwives, a dentist, a visiting psychiatrist and a visiting psychotherapist. An extensive Social Health Team provides counselling, advocacy, social and emotional wellbeing support and health education. Winnunga runs a diabetes clinic, a smoking cessation program, a parenting group and men's and women's groups. There is also a needle and syringe exchange program, an opiate nurse and a youth diversion program. Outreach prison visits have occurred for many years both within the ACT and to Goulburn and Cooma jails. Transport is provided for Winnunga clients as required. ANU medical students are placed at Winnunga for both clinical and research components of their curriculum.

The holistic model of comprehensive primary health care has been demonstrated by Aboriginal Community Controlled Health Services in Australia since 1971. Being able to provide a wide range of clinical services in one location and address social determinants of health and the social and emotional wellbeing of individuals is an important factor in our success. Leadership and governance by Aboriginal people in managing our own health services is important in meeting the needs of our community.

Aboriginal and Torres Strait Islander people in the ACT have a lower life expectancy and poorer health than non-Indigenous Canberrans. Indigenous people develop chronic diseases earlier, require hospitalisation at younger ages and have higher rates of chronic disease risk factors than non-Indigenous people. Smoking rates in Indigenous people are 3 times those of other ACT residents. The rate of low birthweight babies born to Aboriginal and Torres Strait Islander women from the ACT is more than twice as high as the rate for non-Indigenous mothers.

Clients at Winnunga are frequently socially and financially disadvantaged. Experience of personal stressor events is high and many Indigenous families have been affected by the

forced removal of children (the stolen generations). Aboriginal and Torres Strait Islander people are also significantly over-represented in the prison population in the ACT.

The type of comprehensive services provided at Winnunga for a large disadvantaged population need to be government funded. Income generated by Medicare can in no way cover the extent of the services provided. Winnunga constantly experiences financial pressure associated with delivering an expanded range of services and does not have sufficient funding to provide all that is required. Multiple funding sources and a significant burden of reporting add to the management burden of the organisation.

Winnunga has a high client load from outside the ACT. Around 25% of Winnunga clients are residents of NSW. While this is expected as there are no other Aboriginal Community Controlled Health Services in the region, Winnunga is not funded to provide care for these clients.

In addition around 30% of Winnunga clients are not Indigenous. There are many reasons for this: some are family members of Aboriginal and Torres Strait Islander clients and some live locally. However many disadvantaged people use Winnunga because it is an accessible, bulk-billing, walk-in service. Again Winnunga is not funded for these additional non-Indigenous clients who add a significant workload for the GPs and Practice Nurses.

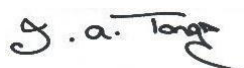
Winnunga is currently operating with a shortage of one full time GP and one GP Registrar. This reflects the shortage of GPs and GP registrars overall in Canberra. Winnunga has the additional difficulty of needing to find GPs who are interested in working in Aboriginal and Torres Strait Islander health and who are able to work in the Aboriginal Community Controlled setting. A GP in this setting must be able to work in a diverse multidisciplinary team and accept the role of a GP in an Aboriginal governed organisation.

Aboriginal and Torres Strait Islander people in the ACT who do not use Winnunga need to access mainstream primary health care services. These services do not always recognise the particular health needs and culture of Aboriginal and Torres Strait Islander people. An analysis conducted by Winnunga indicates that Winnunga has done 95% of all Aboriginal and Torres Strait Islander Medicare health checks in the ACT. This implies that mainstream general practices are either not identifying Indigenous clients and/or not providing specific services to address Aboriginal and Torres Strait Islander health issues. Mainstream services need to work much more closely with Aboriginal and Torres Strait Islander people to address the needs of our community.

I would like to discuss this submission with the Standing Committee at the public hearing in late July. I will also invite Dr Peter Sharp, Winnunga's Medical Director, to attend the public hearing.

If you have any questions, please do not hesitate to call me on 6284 6222.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'J. a. Tongs' with a stylized flourish at the end.

Julie Tongs  
CEO  
Winnunga Nimmityjah Aboriginal Health Service  
3 July 2009