

Health and wellbeing of Australia's first peoples

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Dr Calma is an Aboriginal elder from the Kungarakan tribal group and a member of the Iwaidja tribal group whose traditional lands are south-west of Darwin and on the Coburg Peninsula in the Northern Territory, respectively. He has been involved in Indigenous affairs at a local, community, state, national and international level and worked in the public sector for over 35 years and is currently on a number of boards and committees focusing on rural and remote Australia, health and education.

Dr Calma was appointed National Coordinator, Tackling Indigenous Smoking in March 2010 to lead the fight against tobacco use in Aboriginal and Torres Strait Islander communities.

Dr Calma's most recent previous position was that of Aboriginal and Torres Strait Islander Social Justice Commissioner at the Australian Human Rights Commission from 2004 to 2010. He also served as Race Discrimination Commissioner from 2004 until 2009.

Through his 2005 Social Justice Report, Dr Calma called for the life expectancy gap between Indigenous and non-Indigenous people to be closed within a generation and laid the groundwork for the Close the Gap campaign. He chaired the Close the Gap Steering Committee for Indigenous Health Equality since its inception in March 2006 and is currently co-Chair of the steering committee. The Close the Gap campaign has effectively brought national attention to achieving health equality for Indigenous people by 2030.

Dr Calma has broad experience in public administration, particularly in Indigenous education and employment programs from both a national policy and program perspective.

He has served in roles within Australia relating to Indigenous and mainstream employment, community development and education, and as Senior Adviser to the Minister of Immigration, Multicultural and Indigenous Affairs. Internationally, Dr Calma worked as a senior Australian diplomat in India and Vietnam representing Australia's interests in education and training.

In 2007 Dr Calma was named by *Bulletin Magazine* as the Most Influential Indigenous Person in Australia and in 2008 he received an award from *GQ Magazine* after being named *GQ Magazine's* 2008 Man of Inspiration for his work in Indigenous Affairs.

In 2010, Dr Calma was awarded an honorary doctorate from Charles Darwin University in recognition of decades of public service, particularly in relation to his work in education, training and employment in Indigenous communities.

Dr Calma in 2010 was named by *Australian Doctor Magazine* as one of the 50 Most Influential People in medicine in Australia.

Thank you. And can I begin by acknowledging the Noongar people and also my Aboriginal brothers and sisters who are here from across the nation, and also to acknowledge you all who are working in the field of remote and rural health and also the students. Look, I was going to talk about three things: Close the Gap, Rural Health Education Foundation, and also tackling indigenous smoking. Smoking we'll cover a bit later so I won't touch on that, and there's plenty of stars out there in the various presentations that are going to talk about health. But what I wanted to do was just to paint a very quick picture over the next five and a half minutes or six minutes about Aboriginal and Torres Strait Islander health.

And I guess this is the first slide that's most telling. We die young. We die in middle age and we don't enjoy the same life expectancy as the rest of the population, although there is some trending upwards. We also look at the major contributors to Aboriginal and Torres Strait Islander deaths, and we particularly see tobacco—very important—and all the others—alcohol, only 4 per cent, contrary to the mainstream media's presentation of Aboriginal and Torres Strait Islander people. What's so telling about this slide and these contributors to death is that they're all preventable, and that's I think the real issue and the real challenge that we have to look at across the nation.

We also have to look at all the determinants of health and I think that's particularly important. What are those things that influence good health? And I'll touch a bit about that in a minute. But it cuts across everything we're talking about, and particularly a couple of other presenters will talk about, you know, education, relationship and the like, but they're all out there.

So where does the Close the Gap campaign come from? A report I did to the Federal Parliament in 2005—as Social Justice Commissioner we report to the Parliament about government policies and programs and how they impact on the enjoyment of human rights by Aboriginal and Torres Strait Islander people—and in 2005 I focused particularly on health. And, at that time, it was a 17-year life expectancy gap, and you know a couple of years ago the Bureau of Stats played with the formula and brought it down to about 12 years. That's a formula change, not a real outcome.

But the report at the time said if we relook at the way we administer health to Aboriginal and Torres Strait Islander people, we can make a difference within a generation but it's got to be done differently. And so I looked at it through the lens of human rights to try and identify what we needed. The bottom line was equality of health outcomes within 25 years and some intermediary gaps about health infrastructure and also about access within 10 years. It was about a human rights based approach, and that's nothing overly complex, human rights. It just means it's people-centred. It means that you've got to engage with the people who are going to be most affected by the policies and by any service delivery and treat them with respect, treat them with dignity, engage them fully. And so this is, in effect, what a human rights based approach—it's a bit more than this but, in the time, I can't do it.

It's about really setting a good plan, not just saying, "We hope that within 25 years it'll happen." It's about going down, understanding where you're starting from, your benchmarks, set some really achievable targets, make sure that there's appropriate money coming in and the appropriate, you know, evaluation and monitoring or monitoring and evaluation. So out of that came the Close the Gap campaign, because the report went in in 2005; it was tabled in Parliament in March 2006. On 10 March 2006 I invited health professional groups to come together and to share my vision and, fortunately, they took it on board, and so we celebrated just the other day the five-year anniversary of the Close the Gap campaign, and you'd notice those posters.

It's a campaign that's being led by Aboriginal and Torres Strait Islander people, and that's been sanctioned by the full membership. We have a steering committee of 20. These are the Aboriginal members who lead it and quite a number are here today representing their people. But it's also the non-indigenous health peak bodies, and remember these are just the steering committee. We've got about 80 members overall. Rural Health is represented quite significantly. But all the major health peak bodies in the nation work together. Every six or eight weeks we get together. We're non-government funded, totally independently funded, and a secretariat that's being hosted by the Human Rights Commission.

Government picked up on it in COAG in December 2007—said, "Yep, we're going to come on board," and that's all the state and territory governments of the premiers and the feds. And in 2008 we got the first pledge of \$1.6 billion, half from the states, half from the Commonwealth. Also the determinants side of it—another five or so billion has gone into it since then. We have a statement of intent where the government and the opposition—and that's what is critical about this, it's not just the government of the day but it's the opposition of the day—have signed up to say that they're going to work together, believe it or we'll see some of that happen—but, in partnership with the Close the Gap steering committee and the sector, and so that's important to recognise.

Since then, every mainland state and territory government has signed a similar statement of intent and so we have, in theory, a bipartisanship approach to health, indigenous health, for the next 20 or so years, up until the year 2030. So the government's component of that is—the 1.6 billion is the Closing the Gap chronic disease, so it's all about chronic disease. I've set out the COAG targets, six of them. Two of them focus directly on health and the others are on the social determinants, which is all good, except is that enough? And that's the real question. And so we have, and we did in 2008, set our own set of targets which are very comprehensive and I'll just touch on them briefly.

Government picked up on two of those—or one, in theory, the Close the Gap, which is supposed to pick up everything but, you know, what we've tried to say to government is that you just can't say, "We're going to do it"—oh, yeah, okay. So our targets deal with partnership, deal with, you know, all the health status targets, etcetera, and it gets down to primary health and preventative health and the like. It's also about infrastructure. It's also about the social determinants. All of this is available on line and happy to explore that.

In closing, can I say that we all have a part to play. What I want to do is to see you as a sector to start to get together. We've heard a number of speakers talk about it, that, you know, we're a very potent group. Last

Saturday, I think it was, or the week before, I met with the Rural Health students club in ACT and we talked about this, and they have 9000 members—this is pretty big. And then you look at the education—rural education students. You know, you’re probably talking about 20,000. You look at the doctors and, you know, there’s about 150,000 health professionals out in the rural area—a very, very strong political voice.

Thank you.

