NEEDS OF URBAN DWELLING ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES – COMMONWEALTH PARLIAMENTARY INQUIRY

A Submission by Winnunga Nimmityjah Aboriginal Community Controlled Health Service, ACT

Introduction

The House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs seeks to inquire into the present and ongoing needs of country and metropolitan urban dwelling Aboriginal and Torres Strait Islander peoples and to further develop and introduce practical measures to help Indigenous people. In this submission, Winnunga Nimmityjah Aboriginal Community Controlled Health Service aims to both identify those factors that are continuing to hinder improvement in the health status of the Aboriginal and Torres Strait Islander people of the ACT and to clarify why current programs and services, recommendations and agreements have not been successful. It will do so by systematically responding to The Standing Committee's terms of reference.

1. Examine the nature of existing programs and services available to urban dwelling indigenous Australians, including ways to more effectively deliver services considering the special needs of these people.

Comment:

In 1996, the ABS estimated that there were 3,058 Aboriginal and Torres Strait Islander people living in the ACT. Estimates from Winnunga Nimmityjah position the figure more in the vicinity of 5,000 people. In addition, services in the ACT are accessed by Aboriginal and Torres Strait Islander people from as far as Goulburn, the south coast, Queanbeyan and Yass. The Commonwealth Parliamentary Inquiry into Indigenous Health (1999) has emphasised that the health of Aboriginal and Torres Strait Islander people is as poor in urban areas as in rural or remote areas. The continued poor health status of Aboriginal and Torres Strait Islander people in the ACT has been recognised in a stream of both national and regional reports, most of which made very similar recommendations of greater Aboriginal community ownership and self-determination in the provision of health services. To date, ;many of these recommendations have not been effectively implemented.

Health is linked to the provision of good quality health care with lack of cultural awareness, location, workforce limitations and financial circumstances acting as barriers to access by Aboriginal and Torres Strait Islander people. Furthermore, since education, housing, employment and income are social determinants of health,

there is a pressing need to combine strategies and resources across government agencies.

The ACT is characterised by a lack of infrastructure and coordination across all services. Whilst mainstream agencies in the ACT may be well-resourced, those resources dedicated to Aboriginal and Torres Strait Islander health by the ACT Government are less per capita than that provided by every other State and Territory in Australia. This statistic is especially significant in the light of evidence indicating that mainstream institutions, programs and facilities most commonly fail to meet the specific needs of Aboriginal and Torres Strait Islander people.

A number of both national and local reports have investigated the reasons underlying Aboriginal and Torres Strait Islander people's late access of mainstream services (Refer to Comment in paragraph 2.1; also NAHS, RCIADIC, and "Ways Forward"). These reports have highlighted the climate of fear and hostility in what is, for many Aboriginal and Torres Strait Islander people, a psychological "siege" setting (a minority white working enclave, locked hospital doors, no family supports, isolation). In spite of the availability of mainstream and specialist services in the ACT, Aboriginal people are generally unwilling, except in the case of grave illness, to access them. There is often a tendency for staff in these settings to see the poor health status of Aboriginal and Torres Strait Islander people as causally related to a lack of individual care and responsibility. Inadequate knowledge about effective Aboriginal and Torres Strait Islander health care frequently results in frustration for both parties, with subsequent burnout and victim-blaming. These problems are compounded by the marginalisation and undervaluing of the contribution of the few Aboriginal and Torres Strait Islander staff employed in mainstream services. Rather than establishing token positions in mainstream services, if Aboriginal Community Controlled Health Services were better resourced, they could then determine the best and most effective means of establishing intersections with mainstream organisations.

The few Aboriginal services currently operating in the ACT are: Gugan Gulwan Aboriginal Youth Corporation, the Aboriginal Legal Service, CDEP, and Winnunga Nimmityjah Aboriginal Community Controlled Health Service. As the only Aboriginal Medical Service in the region, Winnunga Nimmityjah has become the pivotal organisation for addressing all issues impacting upon indigenous people of the ACT. For example, Aboriginal and Torres Strait Islander people tend to confine their complaints about mainstream services to Winnunga Nimmityjah which then fills an advocacy role. Although its mandate may be the provision of health services, Aboriginal and Torres Strait Islander people's holistic and inclusive ideas of health together with a lack of other support services available in the ACT, mean that Winnunga Nimmityjah is required to respond to a broad range of life issues and concerns.

Winnunga Nimmityjah Aboriginal health service is a key player in realising the goal for Aboriginal and Torres Strait Islander people in the ACT to achieve equitable health outcomes with the broader community. Aboriginal community controlled health services provide primary health care consistent with the principles of the *Alma-Ata Declaration* and the *National Aboriginal Health Strategy*. Initiated and supported by the local Aboriginal and Torres Strait Islander community, Winnunga Nimmityjah aims to deliver holistic and culturally appropriate programs including promotive, preventative, and curative services based on intimate knowledge of the local community and its major health problems. Access to mainstream services is

facilitated through the provision of transport and support network services. The integrated and holistic programs provided are also cost-effective. The need for high-cost hospital treatment is reduced and services are better targeted because they are based on first-hand knowledge of the needs and priorities of the local Aboriginal and Torres Strait Islander community. And yet, in spite of such strong evidence indicating the efficacy of community controlled health services, Winnunga Nimmityjah continues to struggle to achieve adequate funding and resources.

In 1999, Winnunga Nimimityjah developed its First Strategic Plan, the goals of which were identified by consultations with ACT Aboriginal community representatives, regional Aboriginal community organisations and the staff, board, doctors and patients of Winnunga Nimmityjah. Discussions were also held with funding bodies, a number of government and non-government organisations and peak bodies and a number of medical services and Aboriginal organisations in Victoria, NSW and South Australia. Winnunga Nimmityjah's Strategic Plan emphasised that the responsibility for improving access should not just be that of the Aboriginal medical service (or other Aboriginal organisations). The primary responsibility to make mainstream services accessible rests with the mainstream services themselves.

A number of Winnunga Nimmityjah's concerted efforts to improve mainstream access have been frustrated by a lack of interest/understanding/desire to deal with cultural issues – examples being the mammography program and the detoxification service. One service where there has been success is the ACT Dental Service, although this took considerable work and time. Winnunga Nimmityjah is concerned that mainstream services pay little attention to Aboriginal and Torres Strait Islander access and equity responsibilities until they are required to report on their efforts for their annual general reports. Some agencies exaggerate these efforts. For example, they often report on systems or agreements in place with Winnunga Nimmityjah that are barely operational and of marginal value to the Aboriginal and Torres Strait Islander community.

Furthermore, boundary and threshold issues exist between a number of mainstream services and Winnunga Nimmityjah. Examples are the juvenile justice and family support and strengthening activities that Winnunga Nimmityjah undertakes but for which it receives no funding. These services are the responsibility of the ACT Department of Justice and Family Services. Such issues arise also with the non-government sector including the Smith Family and St Vincent de Paul who often refer Aboriginal and Torres Strait Islander families seeking assistance, to Winnunga Nimmityjah. The Smith Family in particular needs to adopt a more equitable, responsible and culturally sensitive approach to Aboriginal and Torres Strait Islander clients.

Winnunga Nimmityjah is committed to the development of positive relationships with mainstream agencies. Registrars from the Royal Australian College of General Practitioners are currently being placed at Winnunga Nimmityjah on a 6 month rotating basis as a means of giving them exposure to the health needs of Aboriginal and Torres Strait Islander people in the ACT and region. Medical students from The Canberra Hospital Clinical School also have placements with the GP at Winnunga Nimmityjah. In addition, Winnunga Nimmityjah's GP attends Goulburn Jail and BRC on a fortnightly basis and on request, also goes to Quamby Youth Detention Centre. (Statistics disclosed in Quamby Youth Detention Centre's 1998 Performance Review showed that 20% of its residents at 30 June 1997 were

Aboriginal and Torres Strait Islander males and females.) Aboriginal Health Workers also do regular visits to Belconnen Remand Centre and Quamby Youth Detention Centre. The ability of staff to continue to further develop and provide educational and promotional programs is in direct relationship to the level of resources with Winnunga Nimmityjah's staff already over-stretched in the provision of direct care.

The Commonwealth Inquiry into Indigenous Health has emphasised that any effective response to the health needs of Aboriginal and Torres Strait Islander people needs "a bipartisan commitment at all government levels, to an extended period of continued and defined funding" (House of Representatives Standing Committee on Family and Community Affairs (1999). Commonwealth funding for Aboriginal and Torres Strait Islander health services is provided through specific operational grants, general Medicare grants to the States and through the MBS and PBS. At the Territory level, funding is delivered through a number of different mechanisms including direct grants, specific programs and general mainstream services. However, only a small proportion of current outlays is through programs directed specifically to Aboriginal and Torres Strait Islander people.

In the ACT, the majority of funding for Aboriginal and Torres Strait Islander health services is not specifically targeted and usually represents that proportion of the general health budget that is used by Aboriginal and Torres Strait Islander people. For instance, hospitals and community services are provided with an overall budget, a proportion of which at the end of the period is assumed to have been used for services to Aboriginal and Torres Strait Islander people. Almost all of these services are personal and demand-driven, which presumes that the special needs of Aboriginal and Torres Strait Islander people can be adequately addressed through the conventional channels of individual demand. That this is not the case has been highlighted by a number of national and local reports. In the ACT, service use by Aboriginal and Torres Strait Islander people is skewed towards high-cost hospital treatment since Winnunga Nimmityjah's lack of adequate resources means that the service is unable to provide a completely comprehensive primary health care program.

It is essential that rather than making political and economic expediency their primary objectives, the Commonwealth and ACT governments work together to produce optimal health outcomes for Aboriginal and Torres Strait Islander people. Aboriginal community controlled health services are primarily funded by the Commonwealth, through direct operational grants which represent about 11% of total government expenditure on Aboriginal and Torres Strait Islander health services. However, it is important to recognise that Winnunga Nimmityjah has only been directly funded from the Commonwealth government since 1 July 1999. Prior to then, the ACT government deducted the salary of the Aboriginal Liaison Officer at The Canberra Hospital from this budget. The ACT Government provides less resources per capita for Aboriginal and Torres Strait Islander health than those provided by every other State and Territory in Australia. Other State or Territory governments fund some Aboriginal community controlled health services for specific programs. However, the ACT government's current support of Winnunga Nimmityjah relates only to:

1. the provision of the building in which Winnunga Nimmityjah is located
2. Dr Rosie Yuille's clinic ie 1 afternoon session/week which is paid for out of the ACT Women's Health budget.

Of particular note is the fact that in spite of program and service expansions, Winnunga Nimmityjah's core funding has not increased since 1997. Funding ($80,000) for two Aboriginal mental health workers based at Winnunga Nimmityjah has been provided from the Bringing Them Home Inquiry, but currently a part-time psychiatrist is being paid out of the money for one of these positions. A separate source of funding is being sought for these psychiatric services so that a female Aboriginal social and emotional wellbeing counsellor may be employed.

The context of Winnunga Nimmityjah's financial planning also demands recognition of cross-border issues. The Canberra Hospital is classified as a regional hospital and receives funding from NSW. Likewise, Goulburn Jail is classified as a regional jail and consequently, receives funding from the ACT. Approximately 20% of Winnunga Nimmityjah's clients live outside the ACT. However, Winnunga Nimmityjah's constitution and the ACT Government consider Winnunga Nimmityjah's catchment area to be the ACT, whereas the NSW Health Department and its Southern Area Health Board, as well as OATSIH consider it to include Yass, Queanbeyan and Goulburn. The Southern Area Health Service allocates funds to the ACT for health and if there is a component dedicated to Aboriginal and Torres Strait Islander people, the extent and use of these funds needs to be clarified.

The allocation of funding for the delivery of comprehensive health services must include realistic allowances for an appropriate staffing structure. This funding should be based on a predetermined minimum level of staffing to ensure that appropriate professional and other support is available. The National Aboriginal Health Strategy (1989) identified the need for an indigenous staff profile of 1:300. This ratio would set a target for the ACT of 20 Aboriginal and Torres Strait Islander staff. Currently, for a population of approximately 6,000 Aboriginal and Torres Strait Islander people in the ACT and surrounding NSW area who are potentially accessing ACT health services, there is a total of 7 Aboriginal and Torres Strait Islander workers employed in the health sector:

- two Aboriginal Liaison Officers at The Canberra Hospital;
- four Aboriginal Health Workers (including the two mental health worker positions funded by the Bringing Them Home Inquiry) at Winnunga Nimmityjah;
- one Drug and Alcohol Worker at Gugan Gulwan.

It is obvious that a key factor in the successful delivery of any health care program is adequate staff, both in terms of numbers and skills. This was discussed at length in Winnunga Nimmityjah's Strategic Plan (1999), the first goal of which is to expand its services to meet current needs. The clinic's records show that between 1st July 1997 and 30th June 1998, Winnunga Nimmityjah provided 7,000 episodes of health care. There are however, limits to what can be achieved with the scarce resources available to Winnunga Nimmityjah and the issue of appropriate increased staffing is key to the service's ability to improve the health outcomes of its clients.

Some of the essential services which Winnunga Nimmityjah wants to provide such as promotional and preventative programs addressing sexual health, HIV AIDS and related illnesses, and men's health will not be provided as "stand alone" services with specific workers. Winnunga Nimmityjah's approach to these sensitive cultural issues will be to integrate them as men's business and women's business throughout the general medical program. The women's health program is being expanded by an

additional position of community nurse with the major focus of young mothers and their children. Sexual health, contraception and women's health will be integrated into an ante- and post-natal service. Heart disease and diabetes are the major killers of men and Winnunga Nimmityjah is working with the National Heart Foundation and Diabetes Australia to develop programs that can be adopted to accommodate the needs of the local Aboriginal populations in relation to the prevention, treatment and management of diabetes and heart disease.

The high numbers of drug and alcohol affected Aboriginal and Torres Strait Islander people presenting to Winnunga Nimmityjah tend to be polydrug users ie they may use any of the following in any number of combinations: heroin, alcohol, methylated spirits, marijuana, glue and prescription drugs. In spite of this, Winnunga Nimmityjah does not have a qualified drug and alcohol counsellor, and whilst health liaison staff make every attempt to assist clients to use the mainstream services available, clients are not comfortable using these services. In some cases, the services most needed eg detoxification, are the services least easy for Aboriginal and Torres Strait Islander people to access.

In 1993, an analysis of the needs of Canberra/Queanbeyan Aboriginal people, especially with regard to alcohol and other drug problems and HIV/AIDS risk, was conducted by the National Centre for Epidemiology and Population Health, The Australian National University. Survey data indicated that Aboriginal and Torres Strait Islander people were more likely to access services provided by either Aboriginal specific agencies or by agencies employing Aboriginal and Torres Strait Islander workers. Only those services with Aboriginal and Torres Strait Islander workers reported a high proportion of Aboriginal and Torres Strait Islander clients. The researchers therefore emphasised the need to strengthen existing, or to establish new Aboriginal specific services and advocated more Aboriginal control of, and involvement in, health services. They stated that these initiatives require serious and long-term commitment, need to be under Aboriginal control and must be adequately and sustainably resourced. This study also highlighted the fact that education and awareness programs on drug and alcohol use are only effective if linked to cultural awareness in service provision. Whilst the researchers also recommended the employment of more Aboriginal and Torres Strait Islander workers in existing services, they stressed the importance of employing more than one Aboriginal and Torres Strait Islander worker in any organisation. This would ensure support networks and equitable workplace structures as well as the opportunity to network extensively with other Aboriginal and Torres Strait Islander workers and to have a base in the Aboriginal and Torres Strait Islander community. Furthermore, the researchers suggested that Aboriginal and Torres Strait Islander workers need to be employed at a high enough level in the organisation to be able to influence policies and services and to improve knowledge among service providers and policy makers about Aboriginal and Torres Strait Islander issues.

The major limitation for Winnunga Nimmityjah Aboriginal community controlled health service is its well acknowledged lack of adequate resources. As is the case in many areas of Aboriginal and Torres Strait Islander health, the need for adequate funding of Winnunga Nimmityjah has never been adequately addressed because of the complex Commonwealth-Territory interface on health matters. Over-riding concerns with cost-shifting and buck-passing between levels of government has led to profound inertia in decision-making and responses. Winnunga Nimmityjah is

still awaiting a response from OATSIH and the ACT Department of Health and Community Care to the recommendations of its 1999 Strategic Plan.

2. Examine ways to extend the involvement of urban indigenous people in decision making affecting their local communities, including partnership governance arrangements.

Comment:

The numerous local and national reports produced in the last ten years in addition to ABS data, clearly indicate the significant health needs of Aboriginal and Torres Strait Islander people. The ACT is no exception. Winnunga Nimmityjah has first-hand knowledge about the needs and priorities of the Aboriginal and Torres Strait Islander people in the ACT and on that basis, actively and vocally advocates for the most optimal means of addressing these issues.

The CEO of Winnunga Nimmityjah is committed to active collaboration with other community controlled and mainstream agencies so as to ensure appropriate needs-based planning and funding decisions. In line with this commitment, Winnunga Nimmityjah has formed a strong partnership with the NSW Southern Area Health Service, Katungal Aboriginal Medical Service, the South-east division of General Practice, and Bateman's Bay Hospital. This represents one of only four successful partnerships nation-wide. This context of joint planning with NSW health services also reflects cross-border issues which have important funding implications.

The development of such effective partnerships between Winnunga Nimmityjah and mainstream services is undoubtedly essential to ensure that information and services are provided to Aboriginal and Torres Strait Islander people in a culturally-appropriate manner. A positive outcome in April this year was the formulation of a Memorandum of Understanding between the ACT Mental Health Service and Winnunga Nimmityjah. This partnership of cooperation represents part of a broader mental health strategy to ensure that both organisations effectively coordinate service delivery to mutual clients to enhance their wellbeing. However, it is important to emphasise that the development of such positive working relationships resulting in the formulation of cross-agency agreements demands a considerable commitment of both time and resources.

The CEO of Winnunga Nimmityjah is invited onto all steering/advisory committees dealing with Aboriginal and Torres Strait Islander health and substance abuse issues. However, competing priorities and time constraints mean that her attendance at all of these forums is not always possible. Joint planning processes for example, require the attendance of the CEO who would otherwise be engaged in staff support and direct administration of the Health Service. As a consequence of these constraints, the CEO is frequently unable to respond to requests for her attendance at other committee meetings at national, territory and local levels, eg Sexual Health and Blood-Borne Diseases Committee, AMA Tobacco Steering Committee.

The essential objectives of joint planning and collaboration and the fostering of partnerships with a variety of health related organisations, would therefore be practically enabled by the resourcing of a practice manager at Winnunga Nimmityjah. This position would then ensure that the CEO is free to participate in essential planning processes at national, territory and local levels. This involvement is particularly essential given that full Aboriginal community participation in the

determination of priorities remains less than optimal. Priorities are often determined at Departmental or funding-body levels and Winnunga Nimmityjah's input is frequently reduced to negotiating about how to respond to these pre-determined priorities.

It is clearly apparent that to produce real health outcomes for Aboriginal and Torres Strait Islander people, an holistic and whole-of-government primary health care approach is required in partnership with Aboriginal and Torres Strait Islander people and organisations. Sensitive, compassionate and creative financial responses are required from all levels of Government. Commonwealth, State and Territory health programs are commonly inflexible and vertical in nature, focusing on identifiable risk factors, specific activities or diseases etc. This approach is at odds with the nature of Aboriginal and Torres Strait Islander health problems, which are not limited to a single body part or illness and require a more holistic, or cross program, approach. In addition, the Commonwealth Inquiry into Indigenous Health has commented that inflexibility of program guidelines acts as a barrier to innovative solutions at the community level particularly when many programs are revised every few years, requiring services to constantly justify existing expenditure, or having to argue for the continuation of funding.

The Commonwealth Inquiry into Indigenous Health stressed that the success of the regional planning process depends on the real level of commitment by State and Territory staff to the process, and their willingness to engage all parties to the Agreements. The Committee also commented that it was likely that a significant level of new funding would need to be provided by not only the Commonwealth, but also by States and Territories:

> "the real test of the sustainability of the Agreements, will be whether additional resources are made available if the planning process identifies unmet needs above existing resources."

It is important to emphasise that the Framework Agreements between Commonwealth and State or Territory Governments primarily relate to ways in which mainstream services need to be enhanced. Significantly, they do not really address the role of the Aboriginal community sector in terms of ensuring meaningful dialogue. Nor do they specify the degree of Aboriginal and Torres Strait Islander community participation in the planning and delivery of health services. So while these Agreements reflect an emerging new direction about how things are done in Aboriginal and Torres Strait Islander health, they fall short of guaranteeing the active involvement of Aboriginal community controlled health services in policy, planning and service provision.

While the content of the Framework Agreement is extremely positive, it has not led to major immediate improvements in Aboriginal and Torres Strait Islander health funding and service delivery. Although all parties have signed off to the principles in the Agreement, there has been an overall lack of real commitment to putting these principles into action. As pointed out by the report of the Australian National Audit Office, what has been absent to date is a specific and quantifiable implementation plan against which signatories can be held accountable.

The ACT government's ongoing inadequate financial commitment to improving Aboriginal and Torres Strait Islander health and its repeated avoidance of responsibility for the provision of programs by the community controlled sector, declaring Winnunga Nimmityjah to be "a Commonwealth funded service", is a denial

of the rights of Aboriginal and Torres Strait Islander people as citizens of the ACT, to good and appropriate health services. Yet health is a fundamental human right. The United Nations Charter, the Universal Declaration on Human Rights, the Royal Commission into Aboriginal Deaths in Custody and the International Covenant on Human Rights express the right of Aboriginal and Torres Strait Islander people to self-determination, to have community control over their own health decisions and resource allocation. It is time for policy, program and service delivery responses to be 'built up' by the Aboriginal and Torres Strait Islander community of the ACT. Time for these responses to be driven by and to be accountable to Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people need and want improved health outcomes. They want to start experiencing results, to see the shameful health figures dropping and their life expectancy increasing. Improved and equitable health outcomes will demonstrate whether Governments are still persisting with the old form of "consultation" and policy-making or whether there is the possibility for genuinely new partnerships with real and ongoing commitment to Aboriginal and Torres Strait Islander community involvement and control.

3. Examine the situation and needs of indigenous young people in urban areas, especially relating to health, education, employment, and homelessness

Comment:

The Aboriginal and Torres Strait Islander community of the ACT is devastated by profound individual and social dysfunction as evident in the high incidence of drug and alcohol use and statistics related to health, education, housing and employment.

Whereas nation-wide, the life-expectancy of Aboriginal and Torres Strait Islander people is 15-20 years less than for the wider population, in the ACT in 1995, Aboriginal and Torres Strait Islander people had an average age at death of 40.6 years in comparison to an average age for all ACT deaths of 68.4 in the same year. This lower life expectancy, together with higher fertility rates (2.6 compared to 1.8 for all ACT women), means that the Aboriginal and Torres Strait Islander population of the ACT has a much younger profile with 38% less than 15 years of age compared with 23% in this age group in the broader population.

Over the last twenty years, the causes of excess mortality in the Aboriginal and Torres Strait Islander population have shifted from acute infections to chronic non-communicable diseases and deaths resulting from accident and injury. Aboriginal and Torres Strait Islander people are more likely to be affected by lifestyle related conditions including diabetes, the use of alcohol, tobacco or other drugs, and injuries or medical conditions relating to hypertension and mental illness, than the non-indigenous population. Mental health, particularly mental and emotional wellbeing, is a major problem for Aboriginal and Torres Strait Islander people. In the ACT, Aboriginal and Torres Strait Islander people had a significantly higher hospital separations rate due to mental and emotional conditions of 29.5 per 1,000 separations, compared with the non-Aboriginal rate of 20.6 per 1,000 people hospitalised in the ACT. While Aboriginal and Torres Strait Islander females had a lower rate of separations than non-indigenous females, 15.3 and 20.1 respectively, Aboriginal and Torres Strait Islander males had twice the number of separations, 44.8 compared to 21.3 per 1,000 (ACT Department of Health & Community Care 1998).

Current health problems are multifactorial and related to past experiences as well as to present conditions. For example, the poor mental health status of Aboriginal and Torres Strait Islander people has been linked to

> "..the loss of loved ones, childhood trauma, alcohol and drug related misery, violence, ongoing racism, stereotyping and discrimination, and the accumulated loss of two hundred and eleven years of cultural destruction and dispossession" (House of Representatives Standing Committee on Family and Community Affairs 1999).

The Commonwealth Inquiry into Indigenous Health has described the health of Aboriginal and Torres Strait Islander people as affected by an interplay of socioeconomic status, social and cultural factors including past dispossession and dislocation, environmental factors and specific risk factors such as poor nutrition, alcohol misuse and high levels of tobacco consumption.

There is clear evidence of a strong association between high rates of premature death (for both deaths from all causes and from most specific causes) and socioeconomic disadvantage (Glover et al 1999). Aboriginal and Torres Strait Islander people in the ACT, in comparison with those in other parts of Australia, are more likely to be better educated, have a higher income and standard of housing, and to be employed. However, when compared with other ACT residents, these rates are low (ACT Department of Health & Community Care Monograph Series 1998). The 1996 Census found unemployment rates in the ACT of 22.9% for Aboriginal and Torres Strait Islander men and 11.0% for Aboriginal and Torres Strait Islander women in comparison with non-indigenous rates of 8.0% and 6.4% respectively. In line with these findings, the 1999 Social Health Atlas of Australia has indicated the existence of an association at the ACT Statistical Local Area level between high proportions of Aboriginal and Torres Strait Islander people and socioeconomic disadvantage. Meaningful correlations were found between Aboriginal and Torres Strait Islander people resident in the ACT and the variables for low income and single parent families, public rental housing, early school leavers, unskilled and semi-skilled workers and unemployed people.

The experience of Winnunga Nimmityjah is that Aboriginal and Torres Strait Islander children in the ACT are not even finishing primary school. From adolscence onwards, there are high rates of incarceration. Overcrowded housing is a major concern as is the profound lack of employment opportunities. These issues are compounded by a serious lack of infrastructure and human resources to adequately address and break the spiralling cycle of disadvantage.

4. Examine the maintenance of Aboriginal and Torres Strait Islander culture in urban areas, including, where appropriate, ways in which such maintenance can be encouraged.

Comment:

Many young Aboriginal and Torres Strait Islander people in the ACT have identity issues and low self-esteem. The success and popularity of Winnunga Nimmityjah's recently established Art Therapy program for Aboriginal and Torres Strait Islander people with mental issues is a testimony to local interest in Aboriginal and Torres Strait Islander culture. Participants have described improvements in wellbeing, pride and self-esteem and these changes are clearly manifested in the high

quality of art works that have been produced. The positive outcomes of this program show what can be achieved when there is an investment of time, energy and resources into promoting culture and health.

The ACT's Aboriginal and Torres Strait Islander community is extremely and uniquely diverse with many people originating from rural and remote areas and therefore having different cultural connections and responsibilities. With the new Regional Social and Emotional Wellbeing Centre soon to be based in the ACT, funding will be sought to develop a range of programs to address a broad range of interests and to encourage Aboriginal and Torres Strait Islander people's participation in activities such as art, music, theatre and sport.

5. Examine opportunities for economic independence in urban areas.

Comment:

The high incarceration rates of Aboriginal and Torres Strait Islander people in the ACT make their later employment in mainstream services difficult if not virtually impossible. Winnunga Nimmityjah would like to be able to develop partnerships with industry so that opportunities are created for Aboriginal and Torres Strait Islander people to develop skills in practical contexts and which then may be used ultimately, in generating their own economic base. The development of these partnerships however are contingent upon adequate and dedicated resourcing for this purpose.

6. Examine urban housing needs and the particular problems and difficulties associated with urban areas.

Comment:

The ACT lacks an Aboriginal Housing Cooperative and Aboriginal Hostel, hence many issues related to accommodation are dealt with by Winnunga NImmityjah. Public Housing Trust units are ghettos and drug havens, perpetuating the already endemic drug and alcohol and social problems. The prevalence of such issues in public housing results in an unwillingness of Aboriginal and Torres Strait Islander people to live there even given that accommodation is scarce. As a consequence, overcrowding is a common occurrence. Overcrowding is a symptom of poverty and contributes heavily to the burden of disease, particularly communicable diseases. Action is definitely needed to improve the availability of appropriate housing for Aboriginal and Torres Strait Islander people in the ACT. It is also worth noting the important role that Winnunga Nimmitjah plays both in advocating for infrastructure improvements for Aboriginal and Torres Strait Islander people, and in assisting communities to implement healthy living practices to complement infrastructure improvements.

Conclusion