NACCHO Key Facts

Our Story

NACCHO
National Aboriginal Community Controlled Health Organisation

The first Aboriginal community-controlled health organisation (ACCHO) was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of inner Sydney. Mainstream medical services were not working. This is how, more than 50 years ago, Aboriginal people took control and designed and delivered their own model of health care.

ACCHOs quickly sprang up around the country. In 1974, a national representative body was formed. This has grown into what NACCHO is today. All this predated the introduction of Medibank in 1975.

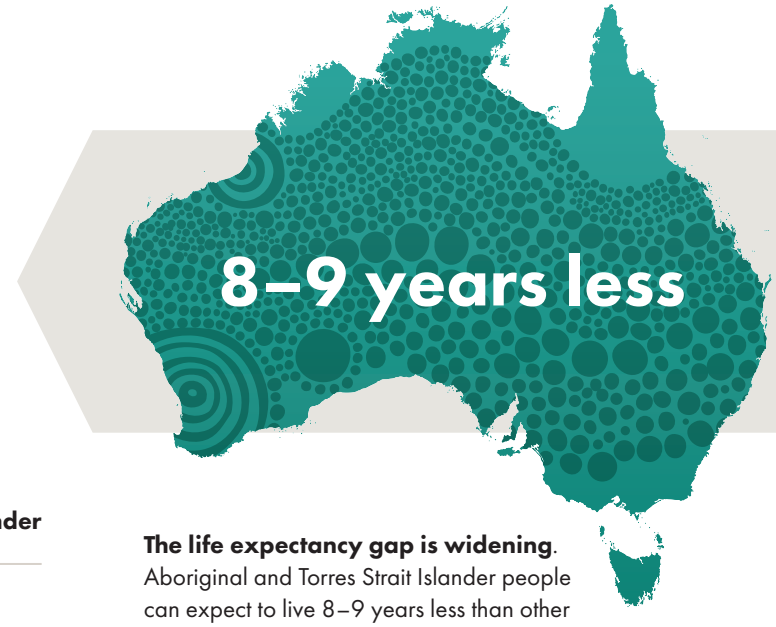
The primary health care approach developed in the 1970s by Redfern and other early ACCHOs was innovative. It mirrored international aspirations at the time for accessible, effective and comprehensive health care with a focus on prevention and social justice. It even foreshadowed the WHO Alma-Ata Declaration on Primary Health Care in 1978.

1 Closing the health gap

Men

71.6 years
Aboriginal & Torres Strait Islander

80.2 years
Other Australians



The life expectancy gap is widening. Aboriginal and Torres Strait Islander people can expect to live 8–9 years less than other Australians.

Closing the Gap requires the **rate of improvement** in Aboriginal health to be faster than the rate of improvement in non-Aboriginal health.

Women

75.6 years
Aboriginal & Torres Strait Islander

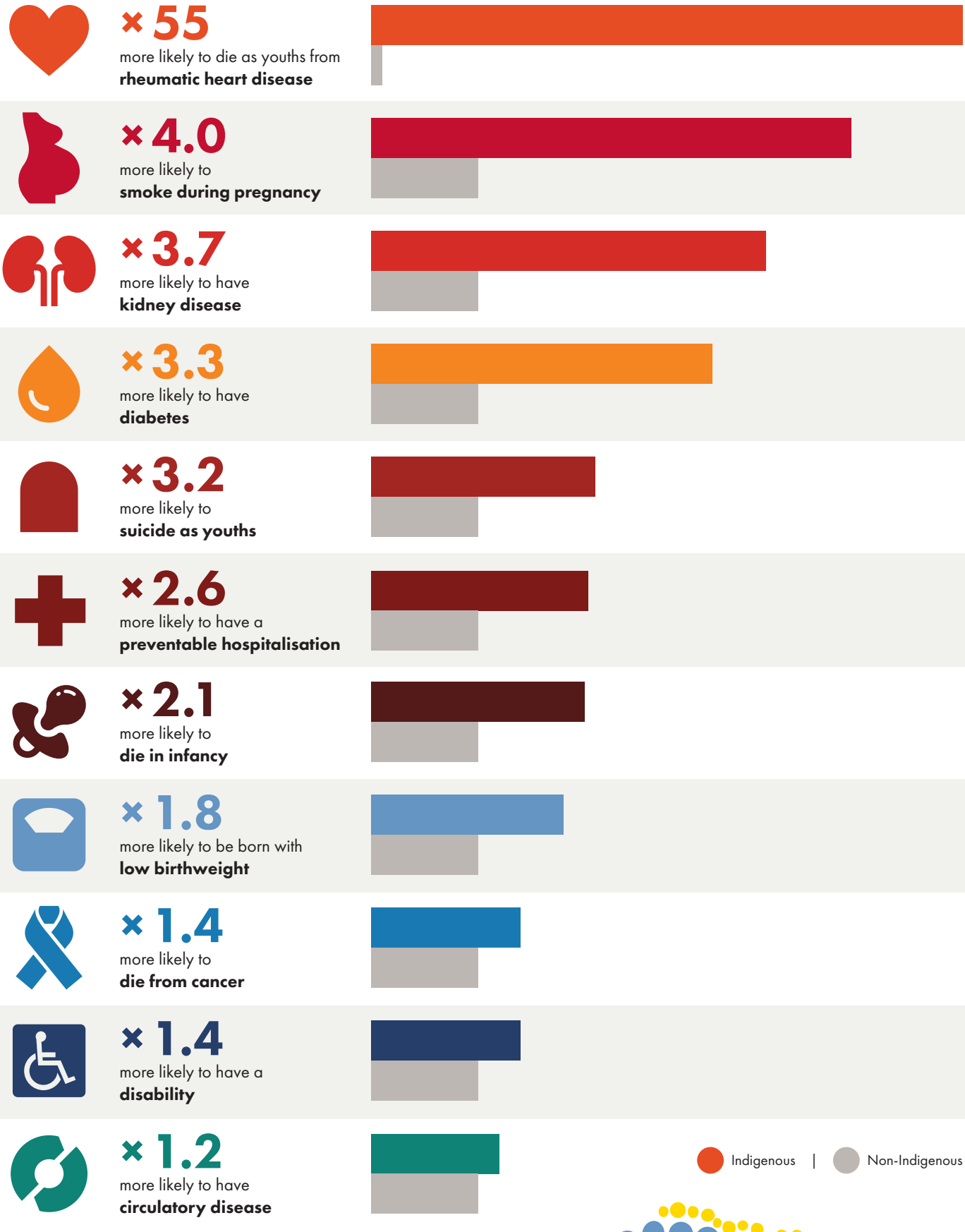
83.4 years
Other Australians

Sources
AIHW; Productivity Commission; ABS; WHO; AIHW, *National Health Performance Framework*

1 Closing the health gap

The health gap

Aboriginal and Torres Strait Islander people are:



Sources
ABS; ARACY; NATSIHS; AIHW, *National Health Performance Framework*

2 Chronic and preventable diseases and conditions

Chronic diseases

70%

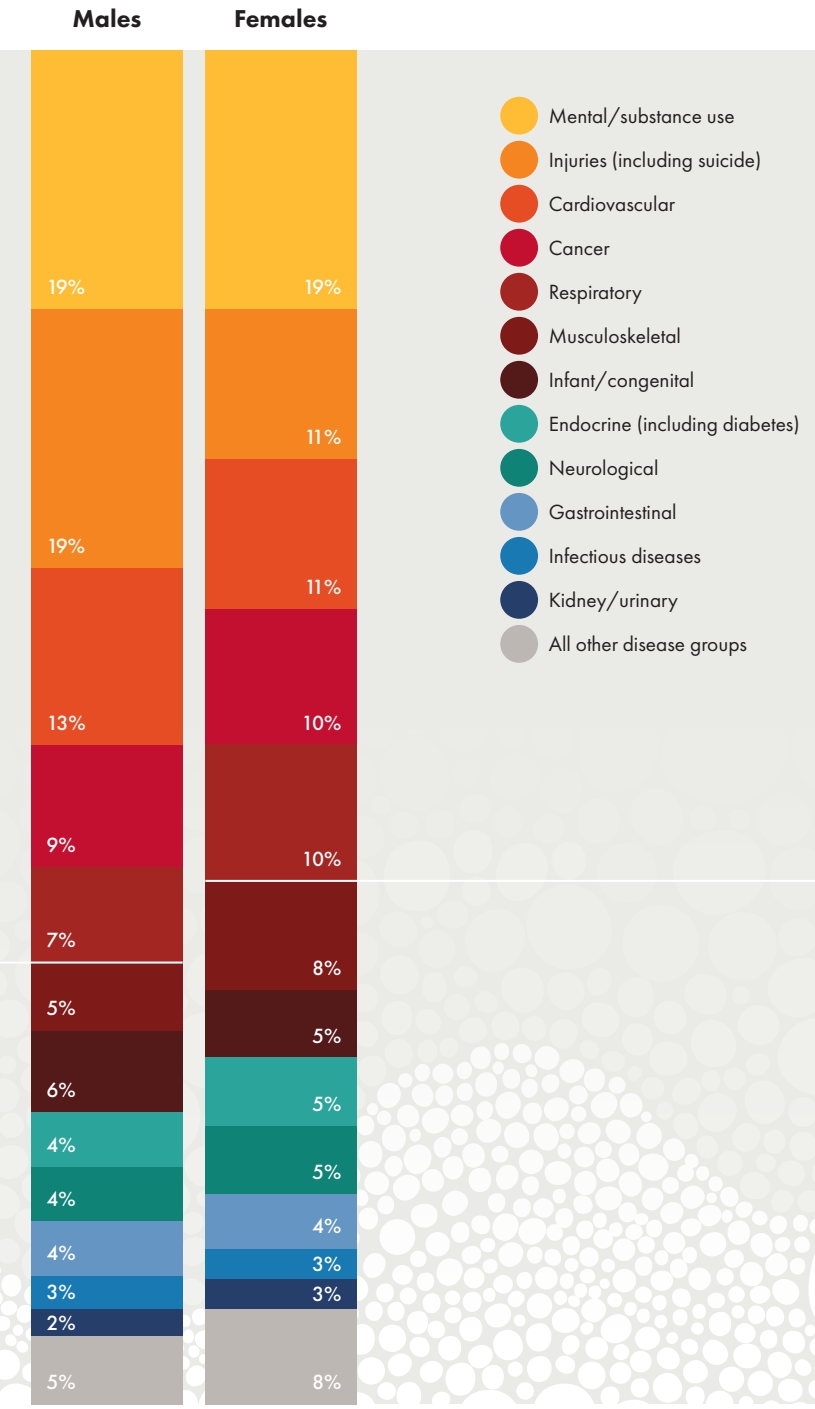
Chronic diseases are responsible for more than two-thirds (70 per cent) of the total health gap, and 64 per cent of the total disease burden among Aboriginal people and Torres Strait Islanders.

Top 5

chronic disease groups are:

- Mental and substance use disorders (19 per cent)
- Injuries (including suicide) (15 per cent)
- Cardiovascular diseases (12 per cent)
- Cancer (10 per cent)
- Respiratory diseases (7 per cent).

Many of these conditions are preventable



Sources
AIHW, *National Key Performance Indicators for Aboriginal and Torres Strait Islander Primary Health Care; National Health Performance Framework*

2 Chronic and preventable diseases and conditions

Preventable hospital admissions

In 2015–17

81,100

hospitalisations of Aboriginal and Torres Strait Islander people were **preventable** in 2015–17

There is **mistrust of hospitals**

~20,000

Aboriginal and Torres Strait Islander patients left hospitals prematurely or without being discharged in 2015–17

Rate of preventable hospitalisations

× 2.6 higher

(per 1,000 people) for Aboriginal and Torres Strait Islander people than for other Australians

The three top causes of preventable hospitalisations were

9,500

cellulitis (a bacterial skin condition)

8,800

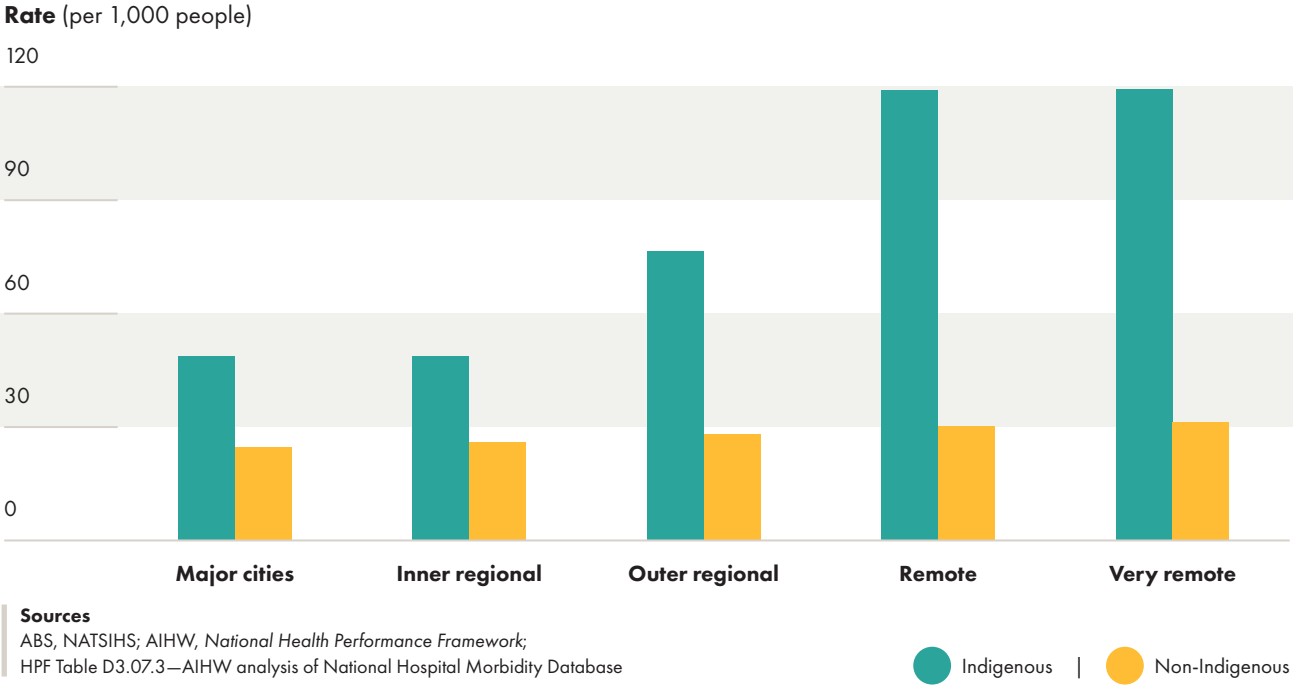
chronic obstructive pulmonary (lung) disease

7,700

convulsions and epilepsy

Preventable hospitalisations by remoteness area (age-standardised), July 2015–June 2017

Note: 'Remote' excludes remote Victoria



Sources

ABS, NATSIHS; AIHW, *National Health Performance Framework*;
HPF Table D3.07.3—AIHW analysis of National Hospital Morbidity Database

2 Chronic and preventable diseases and conditions

Causes of death and avoidability

Three top causes of death in Aboriginal and Torres Strait Islander people

23% circulatory diseases

23% cancer

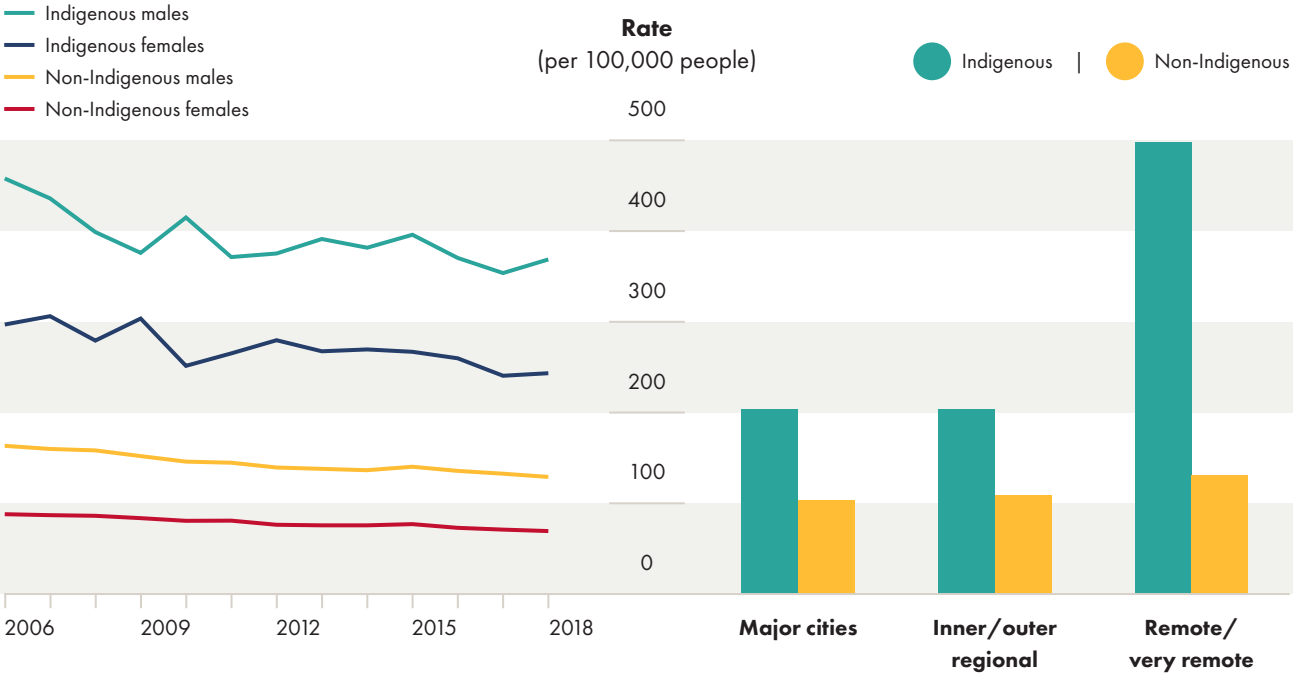
15% external causes (e.g. injury)

Avoidable deaths

×4 higher than for non-Indigenous people in **remote areas** and twice as high in urban and regional areas

Preventable hospitalisations by remoteness area (age-standardised), July 2015–June 2017

Notes: Data from NSW, QLD, WA, SA and NT combined



Sources
AIHW, *National Key Performance Indicators for Aboriginal and Torres Strait Islander Primary Health Care; National Health Performance Framework;* HPF Table D1.24.6—AIHW and ABS analysis of the ABS Causes of Death Collection

Social and emotional wellbeing challenges for Aboriginal and Torres Strait Islander people

39% eat **enough fruit** and only 4 per cent eat **enough vegetables**

~20% of children under 15 drink **sweetened soft drinks** every day

1/5 About 19 per cent (or 146,700 people) did not go to the **dentist** when they needed to in 2019

37% **smoke** every day

28% have **used substances** for non-medical purposes in the last 12 months

1/10 individuals have reported **depression** in the past 12 months

×2 **Suicide rates** remain twice as high than for other Australians

Sources
ABS, NATSIHS; AIHW, *National Health Performance Framework*

3 What our sector looks like

We are here for the long haul

50 years+

The **ACCHO model** was developed more than 50 years ago (since the first Aboriginal medical service was established at Redfern in 1971)

~7,000 staff

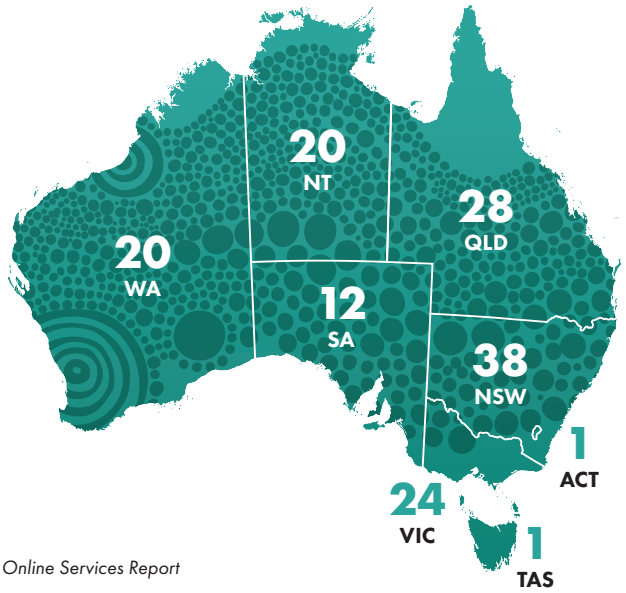
of whom **54 per cent are Aboriginal or Torres Strait Islander people** (in excess of 3700), work in more than 550 clinics

Top 3

The ACCHO sector is among the top three **employers of Aboriginal and Torres Strait Islander people** in Australia.

144 members

in a **national footprint**



Sources
NACCHO data; AIHW, *Aboriginal and Torres Strait Islander Health Organisations: Online Services Report*

Our client base is expanding rapidly

In **2017** ACCHOs collectively serviced about

350,000 people

In **2020** ACCHOs serviced about

410,000 people

(including 40,000 non-Indigenous Australians)

In three years, our client base has increased by

▲17%

despite many of our ACCHOs having closed their books to new patients due to capacity constraints

More and more ACCHOs are becoming providers of

disability & aged care services

Sources
AIHW, *Aboriginal and Torres Strait Islander Health Organisations: Online Services Reports*

4 ACCHOs providing value for money

We punch above our weight

We deliver almost 3.1 million episodes of care per year.

We deliver almost 1 million episodes of care per year in remote areas.

We contact each client, on average, 13 times per year

Sources
AIHW, *Aboriginal and Torres Strait Islander Health Organisations: Online Services Report*

Cost benefit

$1.19 : $1

Our cost benefit per dollar spent is $1.19.
In remote areas our cost benefit can be **fourfold**

+50%

The **lifetime health impact** of interventions delivered by ACCHOs is 50 per cent greater than that of mainstream health services

Not-for-profit

All revenue is **re-invested** into our clinics

Sources
Vos, et al. *Assessing Cost Effectiveness in Prevention*; Ong, et al., 'Differences in Primary Health Care Delivery to Australia's Aboriginal and Torres Strait Islander Population', *BMC Health Services Research*

5 Community control and community trust

Our COVID success story: proving the impact of community control

COVID-19

has highlighted the unique capacity of the ACCHO sector to respond rapidly and effectively in a national health crisis. Fears of the catastrophic effect of the virus in Aboriginal and Torres Strait Islander communities led to a response that has since been recognised internationally. Well before the pandemic was declared by the World Health Organization (WHO), the sector had mobilised.

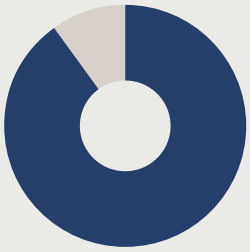
Overseas, Indigenous populations (with similar rates of comorbidity) have been the worst affected. **For example**:

the Navajo

have the highest death rate in the USA.

Sources
Department of Health, *Coronavirus (COVID-19) case numbers and statistics*; F. Stanley in *Australian*, 11 August 2021; Prime Minister's Closing the Gap statement, 5 August 2021; J. Arrazola, M. M. Masiello, S. Joshi, et al., 'COVID-19 Mortality Among American Indian and Alaska Native Persons: 14 States, January-June 2020' in *Centre for Disease Control and Prevention MMW Report*, no. 69, 2020, pp. 1,853-6

Women, children and families trust our service



90%

Aboriginal community control ensures accountability and value at the local level

53%

of our clients are women

accountability & value

Aboriginal community control ensures accountability and value at the local level

Sources
Vos, et al. *Assessing Cost Effectiveness in Prevention*; Ong, et al., 'Differences in Primary Health Care Delivery to Australia's Aboriginal and Torres Strait Islander Population', *BMC Health Services Research*

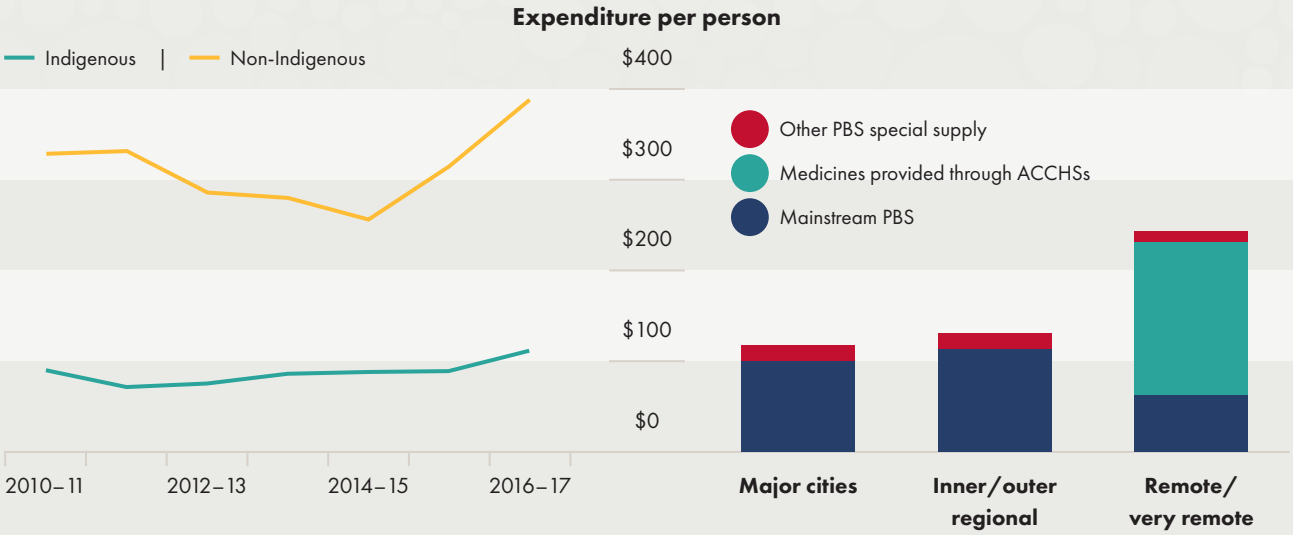
6 Regional and remote communities

We close the pharmaceutical gap – remote Australia

82% of ACCHOs provided free medical supplies and pharmaceuticals in 2017–18

Australian Government expenditure on mainstream PBS and Repatriation PBS (2016–17 prices)

Australian Government expenditure on PBS (excluding Repatriation PBS), 2015–16



Sources
AIHW, *National Health Performance Framework;* HPF Table D3.15.4; HPF Table D3.21.8—AIHW Health Expenditure Database

We play a vital role in regional and remote communities

~1,000,000

ACCHOs deliver about 1 million **episodes of care** per year in remote areas

Local jobs

We provide some of the **best local jobs** in remote communities

We are the only health network with a **truly national footprint**

In the wake of the catastrophic 2019–20 bushfires in south-eastern Australia, **ACCHOs stepped in to support their communities**

We ran the **vaccinations**, closed remote communities when necessary, and did the **contact tracing**

Sources
NACCHO; AIHW, *Aboriginal and Torres Strait Islander Health Organisations: Online Services Report;* Deloitte Access Economics (*Report for Danila Dilba*)

7 Funding shortfalls

How can the health gap close if the funding gap persists?

$4.4 billion

In 2022 Equity Economics estimated that the current gap in health expenditure is $4.4 billion per year

$2.6 billion

The Commonwealth's share of this funding gap is $2.6 billion

$7,365 per year

Current health expenditure per capita for non-Indigenous Australians

×2.03

Aboriginal and Torres Strait Islander people experience disease burden at 2.3 times the rate of non-Indigenous Australians, which translates into 2.03 times the cost-of-service delivery for non-Indigenous Australians

Conservatively estimating the need for two times the expenditure to take account of this greater prevalence of disease

$14,967
(2.03 × $7,365)

Health spending for Aboriginal and Torres Strait Islander people should be in the order of $14,967 per person per year (2.03 x $7,365)

$9,925
per capita

But current expenditure per capita for Aboriginal and Torres Strait Islander people is $9,925

$5,042 gap
($14,967 – $9,925)

The gap in expenditure to achieve equitable spending based on need is $5,042 per person per year ($14,967–$9,925)

863,576

There are an estimated 863,576 Aboriginal and Torres Strait Islander people in Australia, based on latest ABS projections

$5,042 × 863,576 = $4.4 billion

Therefore, the additional expenditure required to achieve equitable health spending based on need for Aboriginal and Torres Strait Islander people is approximately $4.4 billion per year ($5,042 per person per year x 863,576)

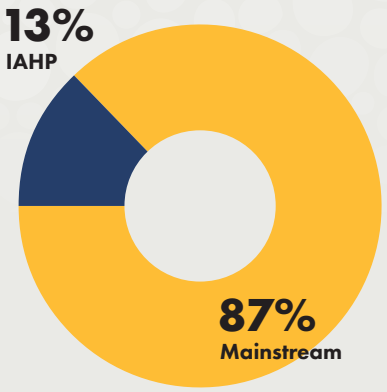
Sources
Equity Economics

8 The mainstream must do more

$6.3 billion Total **expenditure** on Aboriginal health

$800 million

The Indigenous Australians Health Program (IAHP) accounts for about 13 per cent of government expenditure on Aboriginal health, or around $800 million per annum.



This means that other programs are responsible for 87 per cent of expenditure on Indigenous health.

The mainstream must do more.

Sources
Productivity Commission, *Indigenous Expenditure Report*; Department of Health, *PBS*; AIHW, *National Health Performance Framework*

Ageing infrastructure needs urgent investment

50 years old Some of our **ACCHOs** are over 50 years old.

$900 million Based on a national survey of members in 2019, we estimate that our sector needs an investment of $900 million to **bring infrastructure up to modern standards**

$255 million NACCHO welcomes the injection of $255 million announced as part of the August 2021 **Australian Government Implementation Plan for the new National Agreement on Closing the Gap**

$645 million **More** needs to be found

Sources
NACCHO survey of members, 2019