Closing the Gap in Indigenous health: why section 19(2) of the Health Insurance Act matters

TO THE EDITOR: There is a pressing need to address the poor health and justice outcomes experienced by Indigenous Australians, who are over-represented in adult prisons by an age-standardised factor of 13 and in youth detention by a factor of 24.1,2 Numerous government reports emphasise the need to Close the Gap,3 and special provisions have been made to address Indigenous health inequity, including an exemption under section 19(2) of the Health Insurance Act 1973 (Cwlth) to permit Aboriginal Community Controlled Health Services (ACCHS) access to Commonwealth funding, even if they are funded by state governments.4 This policy seems sensible given the poor health outcomes experienced by many Indigenous people, and the evidence that Indigenous-specific services can play a role in ameliorating these outcomes in custodial settings.5 Unfortunately, the thousands of Indigenous Australians who cycle through custodial facilities each year — arguably those most in need of health services — are excluded from Commonwealth-subsidised health care under section 19(2), limiting the services available to them.4 Adult and youth custodial facilities are crucial sites for identifying and treating chronic diseases prevalent in Indigenous Australians, yet the current system excludes incarcerated people from Commonwealth-subsidised health care and requires an awkward, and often unsuccessful, transition between custodial and community health services.5 The predictable results are poor continuity of care and poor health outcomes.5 Although some ACCHS provide limited in-reach (in-custody) services, under section 19(2), they are prevented from claiming Commonwealth subsidies for this service.5,6 Consequently, such services are typically limited and ad hoc.

How can we improve the situation? Part of the solution, given the shortage of Indigenous-specific health services for prisoners, is for the relevant Commonwealth minister to grant an exemption under section 19(2) to ACCHS and similar organisations, thereby providing a funding mechanism to support in-reach services, and improving continuity of care for these vulnerable individuals as they transition back to the community. If Closing the Gap is truly a priority, as indicated by current Commonwealth government policy and rhetoric, then ensuring equitable Indigenous health services in prisons should be high on the list of future reforms.

Craig Cumming
Stuart A Kinner2,4
David B Preen1
1 Centre for Health Services Research, University of Western Australia, Perth, WA.
2 Griffith Criminology Institute, Griffith University, Brisbane, QLD.
3 Menzies Health Institute Queensland, Griffith University, Brisbane, QLD.
4 University of Melbourne, Melbourne, VIC.
craig.cumming@uwa.edu.au

Competing interests: No relevant disclosures.
doi: 10.5694/mja16.00593

© 2016 AMPCo Pty Ltd. Produced with Elsevier B.V. All rights reserved. References are available online at www.mja.com.au.
Letters


5 Lloyd JE, Delany-Thiele D, Abbott P, et al. The role of primary health care services to better meet the needs of Aboriginal Australians transitioning from prison to the community. BMC Fam Pract 2015; 16: 86. ■