



Australian Health Care Reform Alliance

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MEDIA RELEASE

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Equity the priority for the Federal Budget

The Australian Health Care Reform Alliance (AHCRA) today called on the Federal Government to make health equity the first priority in the health portfolio in tomorrow's Federal Budget.

AHCRA is a coalition of health groups and individuals working towards a better and fairer health system for Australia's future.

"Australia's health system has many positives but the benefits are poorly distributed and not accessible to all Australians. Geographical and cultural barriers, high out-of-pocket costs and fragmented service provision prevent many people from accessing the care they need. This gap in accessibility falls on the most disadvantaged members of the community," AHCRA Chair, Jennifer Doggett, said today.

"Data from the Government's [MyHealthyCommunities](#) website shows that people from lower socio-economic groups receive less health care despite their greater need.

"Data on waiting times to see specialists at public hospitals is not collected but 6-12 months delay is commonplace. Waiting times for public dental care are years long and contribute to the fact that dental surgery is the second most common reason for preventable public hospital admissions.

This is an example of what is known in health policy as the '*Inverse care law*'. Proposed by Julian Tudor Hart in 1971, the law states that: "*The availability of good medical care tends to vary inversely with the need for it in the population served.*"

"AHCRA acknowledges the importance of addressing highly visible health challenges such as obesity, preventable chronic disease and poor mental health. However, we are concerned that narrow strategies which target these issues in isolation could leave disadvantaged groups and communities worse off and even widen existing health gaps.

"For example, policies that result in greater disadvantage to lower socio-economic groups such as regressive taxes, need to be considered in association with other complementary policies and strategies such as support for alternative behaviours and increased access to health care.

"We know what works is a community-based, person-centred approach which takes into account the social determinants of health and targets overall health and well-being, rather than strategies which seek to reduce single factor risk behaviour in isolation.

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“For some populations, existing and culturally appropriate structures, such as Aboriginal community-controlled health organisations and Primary Healthcare Networks, are well positioned to foster health literacy, preventive and primary care that has been shown to deliver better and more cost-effective outcomes.

“AHCRA calls on the Government to focus spending in these areas to reduce the identified and growing gaps in healthcare between the ‘haves’ and ‘have nots’.

“When the budget is released, AHCRA strongly urges everyone to look critically at the proposals and assess them in terms of fairness and equity across the community, the long-term benefits to overall health and wellbeing, and how any health-related initiatives reflect the ability to deliver care to those who need it the most,” Jennifer Doggett said.

For more information or comment: Jennifer Doggett, AHCRA Chair, 0403 325 980