Coalition for Aboriginal Health Equality Victoria

Submission to the National Aboriginal & Torres Strait Islander Health Plan

The Coalition for Aboriginal Health Equality Victoria (the Coalition) works to ensure that the commitments of the *Statement of Intent to Close the Gap in Indigenous Health Outcomes* are met. Membership of the Coalition for Aboriginal Health Equality Victoria is comprised of community-controlled and mainstream civil society organisations which have committed to the *Statement of Intent*. As signatories to the *Statement of Intent*, Members of the Coalition for Aboriginal Health Equality are committed to working together to achieve equity in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by year 2030.

The Coalition works towards its strategic priorities through holding Governments to account for commitments in the *Statement of Intent* by developing and promoting advocacy messages and building on the strengths of individual member organisations. By working cooperatively and strategically, the Coalition aims to maximise successes, support Aboriginal community self-determination, advocate collectively and share capacity.

This submission was drafted with the support and input of members of the Coalition for Aboriginal Health Equality Victoria. This submission does not claim to exclusively or completely represent the views of VACCHO or any other Coalition member. Individual members should be contacted for their specific priorities or emphasis on the subjects raised in this document.

Coalition for Aboriginal Health Equality, Victoria: Members

AMA Victoria
Australian Nursing Federation (Victorian Branch)
Australian Red Cross
Australians for Native Title and Reconciliation (ANTaR)
beyondblue
Cancer Council Victoria
Dental Health Services Victoria (DHSV)
Diabetes Australia - Vic
General Practice Victoria (GPV)
Heart Foundation (Victoria)
Inner North West Melbourne Medicare Local
Onemda VicHealth Koori Health Unit
Oxfam Australia
The Pharmacy Guild of Australia - Victoria
QUIT Victoria
Royal Australasian College of Surgeons
Royal Australian College of General Practitioners (Victoria Faculty)
Royal Flying Doctor Service (Victoria & Tasmania)
Rural Workforce Agency Victoria (RWAV)
Save The Children
Uniting Aboriginal and Islander Christian Congress
Uniting Church in Australia – Synod of Victoria and Tasmania
The Victorian Health Promotion Association (VicHealth)
Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
Victorian Aboriginal Education Association, Inc.
Victorian Council of Social Service (VCOSS)
Victorian Equal Opportunity & Human Rights Commission (VEOHRC)
Victorian Hospitals Industrial Association

Contents

Executive Summary

The Coalition for Aboriginal Health Equality Victoria believes the National Aboriginal & Torres Strait Islander Health Plan should build on the achievements made in recent years. It should act on lessons learned through the COAG *Closing the Gap* initiative and seek to implement commitments under *Closing the Gap* which have not yet been fulfilled. To achieve this, it is essential that a substantial COAG financial commitment to Aboriginal and Torres Strait Islander health is maintained beyond June 2013, when the current suite of bilateral funding agreements is set to expire.

Since the release of *A National Aboriginal Health Strategy*[1] in 1989, Commonwealth, state and territory governments have recognised the centrality of the Aboriginal definition of health and the importance of self-determination and community involvement in all aspects of health and well-being for Aboriginal and Torres Strait Islander peoples.

The Health Plan must now move beyond simply 'recognition' and act to ensure that Aboriginal and Torres Strait Islander peoples are actively engaged and involved in all aspects of priority setting, planning, delivery and evaluation of policy and programs aimed at improving the health outcomes of their communities.

This submission places repeated emphasis on several recurring themes which the Coalition for Aboriginal Health Equality Victoria believes are vital to fully address the health and well-being of Aboriginal and Torres Strait Islander peoples.

Enabling Self-Determination and Cultural Respect

Self-determination is essential to identify and determine health priorities. Principles of the Health Plan must also include human rights and the expression of culture as a fundamental human right, and should reiterate and bolster the identified action areas in the *Statement of Intent to Close the Gap in Indigenous Health Outcomes*, which was granted bipartisan support at the national level at the Indigenous Health Equality Summit in 2008 and also enjoys bipartisan support at the Victorian level.

Addressing Social Determinants & the Aboriginal Definition of Health: A Whole-of Government Approach

In the Aboriginal definition of health, health and well-being are recognised as integral across all aspects of life, including, for example, family and social life, housing, education, the environment and connection to country. In order to comprehensively address the health and well-being of Aboriginal and Torres Strait Islander Australians, this holistic definition of health should be reflected in the National Aboriginal and Torres Strait Islander Health Plan and across all areas of government. The *Victorian Aboriginal Health Plan* (2009) recognises that:

> Health sector action alone will not close the health gap, as health outcomes for Aboriginal people in Victoria are significantly affected by socio-economic, environmental, cultural, behavioural and political determinants.[2]

A sustained whole of government approach is crucial to addressing the social determinants of health, including those factors detailed in response to the consultation question below (p.13) this has been recognised through the raft of National Partnership Agreements on Closing the Gap and needs to be strengthened in the new Health Plan.

Infrastructure & Capacity

Appropriate infrastructure and service capacity are essential to the development and sustainability of high quality Aboriginal health services. In Victoria, the need for infrastructure and capacity development in ACCHOs has not been adequately met even though commitments under Closing the Gap to the development of Aboriginal Community

[1] *A National Aboriginal Health Strategy* (1989), Australian Government Department of Health and Ageing, Canberra. Permanent URL: http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-NAHS1998

[2] Victorian Advisory Council on Koori Health (2009) *Victorian Aboriginal Health Plan*, Department of Health Victoria, p. 15.

Controlled Health Organisations (ACCHOs) have the bipartisan support of both the Victorian and Federal governments. Significant policy focus additional funding is required in this area in order to equip ACCHOs with infrastructure and capacity to meet the growing health care needs of their local communities

The Overburden Report,[3] published in 2009, makes a series of recommendations to governments on financial contracting arrangements for community-controlled health services. While some of the recommendations in this report have been addressed, the burden of reporting and the lack of flexibility for local priority setting in funding agreements remain major barriers for the community-controlled sector.

Workforce Support & Recognition

The Health Plan should recognise the complexity and nature of the work undertaken in Aboriginal Community Controlled Health Organisations, through dedicated approaches to mentoring and peer support of all ACCHO staff and through enhanced support for staff retention. Appropriate recognition of the roles of Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal Health Workers and award wages which reflect the skills required to undertake these vital roles should also be a priority.

Enhanced support for capacity development for the ACCHO workforce, including dedicated funding for the skills development in the areas of governance, management and executive roles, human resources, practice management and financial management, is a commitment under the *Statement of Intent* that is yet to be fully realised and must be a focus if the new Health Plan is to achieve its aims.

The Health Plan must also continue to recognise the role and development needs of mainstream health professionals in Aboriginal and Torres Strait Islander health. It must also put concrete emphasis on the role of both the medical profession and allied health professions in comprehensive health care delivery. It needs to articulate a focused strategy to cultivate the type of professional partnerships between Aboriginal and Torres Strait Islander and mainstream health workforces that are crucial to culturally appropriate care, improved patient journey and enhanced clinical outcomes.[4]

All health care professionals providing care to Aboriginal and Torres Strait Islander peoples must be supported in undertaking quality education and training in cultural safety.

Partnerships and a Comprehensive Health Systems Approach to Aboriginal Health

Partnership is crucial to any effective strategy to improve the health system for Aboriginal and Torres Strait Islander people. Partnerships must adopt a sustained, coordinated and well-informed approach that works to a set of goals and targets developed with input from Aboriginal and Torres Strait Islander communities and organisations.

Timeframes and Evaluation

No plan can succeed without robust durable, inclusive, appropriate and reciprocal processes for monitoring accountability and implementation. Under the COAG *Closing the Gap* reforms, accountability is maintained through annual reporting by the COAG Reform Council against baseline data for 27 indicators arranged under the 6 targets. All responsibility for this remains with the Commonwealth and state/territory governments. It remains a concern that there is no Aboriginal or Torres Strait Islander community participation or oversight in this process. The Coalition believes the new Health Plan must facilitate community input into priority setting, identification of appropriate indicators and the evaluation of outcomes.

---

[3] Dwyer et al, (2009) *The Overburden Report: Contracting for Indigenous Health Services*, Cooperative Research Centre for Aboriginal Health, Darwin.

[4] Hooper K, Thomas Y and Clarke M. Health professional partnerships and their impact on Aboriginal health: An occupational therapist's and Aboriginal health worker's perspective. *Aust. J. Rural Health* (2007) 15, 46–51

What do you think should be the guiding principles of the Health Plan?

The National Aboriginal and Torres Strait Islander Health Plan will not fulfil its aims without the leadership and active participation by Aboriginal and Torres Strait Islander peoples and their representative bodies at all stages of priority setting, planning, implementation and evaluation. The Health Plan should build on existing Frameworks and encompass a broad range of indicators, particularly with regards to the social determinants of health. The nine guiding principles in the existing *Aboriginal and Torres Strait Islander Health Performance Framework (2003-201*3)[5] are:

- Cultural Respect
- An Holistic Approach to Health
- Health Sector Responsibility
- Community Control of Primary Health Care Services
- Working Together
- Localised Decision-Making
- Promoting Good Health
- Building on the Capacity of Health Services and Communities
- Accountability.

The Coalition for Aboriginal Health Equality supports these existing principles, as they reflect many of the priorities identified by individual member organisations of the Coalition and are commensurate with the key themes identified throughout this submission. The National Aboriginal and Torres Strait Islander Health Plan should maintain these principles, and build on them through actively applying:

A Whole-of-Government Approach

The Health Plan should approach the health and well-being of Aboriginal and Torres Strait Islander peoples in a manner which is cognisant of other overarching frameworks affecting rights, access to services and social determinants of health, including but not limited to: the *Overcoming Indigenous Disadvantage Framework,* Aboriginal and Torres Strait Islander specific and non-Indigenous health workforce strategies, education and employment including economic development strategies for Aboriginal and Torres Strait Islander peoples, and the Australian social inclusion agenda, which encompasses measurements designed to monitor the level of social inclusion experienced by Aboriginal and Torres Strait Islander peoples.

Realisation of Self-Determination and the Expression of Culture as a Fundamental Human Right

> A human rights based approach to Aboriginal and Torres Strait Islander health creates an empowering environment for Aboriginal and Torres Strait Islander peoples and one which focuses on the accountability of governments to achieve improved outcomes within a reasonable time period… Second, it recognises that the inequality in health status endured by Aboriginal and Torres Strait Islander people is linked to systemic discrimination… Third, it addresses the issue of how to make meaningful the stated commitments of governments… Fourth, it addresses Aboriginal and Torres Strait Islander health in a holistic manner reflecting both the social determinants of health inequality as well as the broader issues identified by Aboriginal and Torres Strait Islander people as impacting on their health.[6]

Realisation, rather than merely recognition, of the Aboriginal definition of health and enabling self-determination requires the leadership of Aboriginal and Torres Strait Islander peoples and their representative bodies at all stages in the planning, implementation and evaluation of action to address their holistic health needs, including the social determinants of health. It is vital that any initiative aimed at bettering the health outcomes of Aboriginal and Torres Strait Islander people be designed from the bottom up and that policy and program priorities and models of care be determined by the communities themselves, in direct consultation with governments.

[5] DoHA (2002) *Aboriginal and Torres Strait Islander Health Performance Framework (2003-201*3) Australian Government Department of Health and Ageing, Canberra p.7.

[6] [6] Calma, *HREOC 2005 Social Justice Report*: p 13

Clear Timeframes, Outcomes and Processes for Evaluation

In formulating the Health Plan, policy makers should revisit the recommendations made by Tom Calma in his 2005 *Social Justice Report*, which criticised the existing *National Strategic Framework for Aboriginal and Torres Strait Islander Health (2003-2013)*[7]. The *Framework* is the basis for all Australian governments' reporting on Indigenous health initiatives, and contains over ninety performance indicators separated into three tiers which address health outcomes, determinants of health and health system performance.[8] Despite this extensive system of monitoring and measurement, the *Framework* fails to provide timeframes within which to achieve its aims.

Since the *Framework* was released, the Commonwealth, states and territories have committed to long-term investment in Aboriginal and Torres Strait Islander health outcomes through the suite of COAG *Closing the Gap* agreements; these agreements contain explicit long-term outcomes which should be reflected in the new National Aboriginal and Torres Strait Islander Health Plan.

Recommendations

1. The Health Plan should provide a comprehensive set of guidelines for the engagement and active involvement of Aboriginal and Torres Strait Islander peoples and their representative bodies at all stages of the planning, implementation and evaluation of the Health Plan itself and of all programs and services designed for Aboriginal and Torres Strait Islander peoples.
2. The Health Plan should comprehensively measure and address the social determinants of health. It should also seek to expand the current range of social determinants to include indicators of social inclusion, cultural indicators including connection to country and qualitative indicators including experiences of racism.
3. The Health Plan should also set up and maintain monitoring processes to ensure that the implementation of the Plan proceeds along the agreed principles. This includes monitoring and accountability of processes and outcomes to ensure:
    - 3.1. They are adequately resourced and supported to ensure effectiveness
    - 3.2. They are maintained over a sufficient time to allow results or sustainability to be achieved
    - 3.3. That they include all interested parties in the implementation of the plan
    - 3.4. That measured indicator and data collection are based on quality and a sound evidence base
    - 3.5. That there is accountability both 'upwards' from the community-controlled sector and other health service providers to government and 'downwards ' from government to community in a flexible fashion to encourage innovation and complexity of service provision to communities
4. The Health Plan should support the development of evidence-based policy and program approaches to address the health needs of Aboriginal and Torres Strait Islander peoples. These should be determined by, and implemented according to the needs of, Aboriginal and Torres Strait Islander people, their communities and the organisations which represent them.

[7] Calma, *HREOC Social Justice Report 2005*: 38.

[8] These three tiers of performance indicators precisely match those in the *National Health Performance Framework*, which was created in 2001 to monitor the impact of government initiatives in the Australian health system as a whole.

What do you think should be the priorities for the Health Plan?

In addition to applying the principles above, the Coalition for Aboriginal Health Equality strongly recommends that the National Aboriginal & Torres Strait Islander Health Plan continue to honour previous commitments under the suite of COAG *Closing the Gap* National Partnership Agreements and the *Statement of Intent*, and should prioritise those commitments under the *Statement of Intent* which have yet to be fully actioned or realised.

Recommendations

We recommend the Health Plan should prioritise commitments already made under *Closing the Gap* and the *Statement of Intent* which have not yet been implemented, including:

1. A concerted and systematic approach to capability and capacity development for the community controlled sector. This includes, workforce upskilling and professional development; training in strategic planning, population health planning, submission writing, financial governance and management; investment in infrastructure.

2. Infrastructure support to deliver Aboriginal health services across the health system through a systematic approach to infrastructure funding at the COAG level and providing a level of financial support that reflects the complexity of the service models and comprehensive range of services which are delivered through community controlled health services.

3. Recognition and support for the ACCHO workforce to combat high-turnover of staff in Aboriginal Health Services. This can be achieved by offering equivalent award rates between the ACCHOs and mainstream health services; recognition of the cultural and social complexity of Aboriginal Health Worker role; access to pathways to achieve recognition of skills; development of training pathways and skills accelerators.

4. A focus on developing skills across the spectrum of cultural competency and across the health system. Culturally appropriate services are needed to reduce the inequities in access for Aboriginal and Torres Strait Islander patients. The Australian health system must recognise and appreciate the importance of cultures, capacity building, community empowerment and local ownership.

How can the Health Plan harness the strengths and culture of Aboriginal and Torres Strait Islander peoples to improve the health of Aboriginal and Torres Strait Islander peoples?

The capacity of the Health Plan to harness Aboriginal and Torres Strait Islanders' strengths and culture on health improvement depends on the Plan itself and all levels of government committing to Aboriginal and Torres Strait Islander people's leadership in developing:

- The principles, goals and objectives of the plan and related policy initiatives
- Governance mechanisms for the implementation of the plan and associated policy and programs
- Criteria used to judge the effectiveness and efficiency of the implementation of programs and services which address the plan's objectives, as well as criteria which assess acceptability of those services to Aboriginal and Torres Strait Islander People; and
- Evaluation of the plan and its implementation.

Aboriginal Community Controlled Health Organisations (ACCHOs) are a concrete expression of Aboriginal and Torres Strait Islander culture and have been developed by their communities to provide holistic care which meets the evolving health needs of their communities and is consistent with the Aboriginal definition of health. The necessity for, and benefits of ACCHO engagement in the development of the Health Plan, and its implementation are reflected in:

- The *Statement of Intent* which commits to:

The "Early Years" and "Transition to Adulthood" are increasingly being focussed on at the federal policy level. The Health Plan must recognise that children and young people of Aboriginal and Torres Strait Islander descent have unique health and wellbeing needs which are often more complex than those of non-Indigenous Australians. For example, a higher number of Aboriginal and Torres Strait islander children spend time in out of home care; children in rural and remote communities are more susceptible to infections such as otitis media, and Aboriginal and Torres Strait Islander youths are more likely to have direct contact with the criminal justice system, to engage is risky lifestyle behaviours, and to suffer from a mental health condition.

Mental health conditions and associated risky health behaviours are a major concern for Aboriginal and Torres Strait Islander peoples. Mental illness is a leading driver of the health gap and has 1.6 times the impact on Disability-Adjusted Life Years for Aboriginal and Torres Strait Islander as compared to non-Indigenous Australians.[13] Recent data also reveals that Aboriginal and Torres Strait Islanders use psychiatric disability services at twice the rate of non-Indigenous Australians.[14] Recorded rates of suicide are also significantly higher; between 2001 and 2010, there were at least 946 Aboriginal and Torres Strait Islander suicides; twice the rate of other Australians.[15]

Whilst there are Federal and State funded positions to assist communities with reconnecting with families and promote social and emotional well-being, the workforce is not integrated and State funded workforce support managers are unable to provide support for federally funded positions. The Health Plan should call for integration of the workforce to enhance the capacity of State and Territory Aboriginal Community Controlled Health Organisations to provide workforce support.

Addressing the impact of mental health and associated issues, including substance abuse, provides an important opportunity for policy makers to utilise community-led approaches to health in order to make a positive impact on the health and well-being of Aboriginal and Torres Strait Islander peoples. In *A Contributing Life, the 2012 National Report Card on Mental Health and Suicide Prevention*, the NHMRC argues:

> Australian governments must start thinking about Aboriginal and Torres Strait Islander peoples' mental health in different ways. The evidence shows a strong support for investing in culture and communities to support social and emotional wellbeing. Supporting self-determination and working in partnership should be part of any overall response. A shift away from top- down policies and programs to those led by communities is vital[16]

Recommendations

The Health Plan should support:

1. Expansion of the evidence base for the efficacy of culturally based health, education and economic participation programs, which draws on thorough evaluation and community experience; and through this, development of evidence-based policy and program approaches to addressing the health needs of Aboriginal and Torres Strait Islander peoples that are built from the bottom up and thus are both determined by, and implemented according to the needs of, Aboriginal and Torres Strait Islander people, their communities and the organisations which represent them.
2. The Health Plan should support the integration of Federal and State funded positions where workforce support is not mutually exclusive
3. Prevention-focussed research for Aboriginal & Torres Strait Islander peoples should apply the NHMRC principles

[13] Vos (2007) *The Burden of Disease and Injury in Aboriginal and Torres Strait Islander Peoples 2003*, University of Queensland, p. 4.

[14] AIHW (2012) *Mental Health Services in Australia* Canberra: Australian Institute of Health and Welfare.

[15] Australian Bureau of Statistics (2010) *Suicides Australia, 2010* Cat Noo.3309.0 Canberra.

[16] National Mental Health Commission (2012) *A Contributing Life, the 2012 National Report Card on Mental Health and Suicide Prevention* Sydney; NHMRC, P.26.

of:

3.1. Increasing participation by Aboriginal and Torres Strait Islander researchers;

3.2. Linking research activities in Aboriginal health with the activities of other stakeholders in Aboriginal and Torres Strait Islander health;

3.3. Supporting researchers in public health to work collaboratively

3.4. Supporting research endeavours that generate accessible and effective public health medicine in partnership with the Aboriginal community-controlled health sector.

3.5. Preferential funding should be given to research which applies best available evidence to the development, implementation and evaluation (impact and outcome) of health promotion strategies which are sensitive to local needs, local priorities and local infrastructure.[17].

From the patient perspective, navigation of the health system requires not only a transparent and accessible health system but self-empowerment through health literacy. This encompasses a range of skills, including the capacity to read, critically analyse and understand health information. Development of Aboriginal communities' health literacy skills is essential for informed choice, and consistent with a human rights approach to health. In addition, health literacy is a vital skill in individuals' self- management of complex chronic health conditions and co-morbidities, which are prevalent amongst Aboriginal and Torres Strait Islander communities.

Recommendations

4. The Health Plan should focus on providing enhanced support for patient navigation of the health system. This requires:

4.1. Development of Aboriginal and Torres Strait Islander communities' health literacy skills

4.2. Well defined patient pathways and strengthened care coordination for people with complex care needs, and where necessary ensure smooth transition between primary acute care services.

4.3. Resources allocated for care coordination which encompasses care planning and referral, patient advocacy and support and also formal partnerships between Aboriginal community controlled health organisations, and mainstream service providers in primary and acute sectors;

4.4. Resources allocated to development of cultural safety of mainstream service providers. This may take the form of enforcing mainstream accountability for funds allocated to care of Aboriginal clients; and

4.5. Development and resourcing of integrated policy to support training recruitment and retention of Aboriginal and Torres Strait Islander health professionals in both community-controlled and mainstream health organisations.`

[17] Sophie Hill (2008) *Improving health literacy: what should - or could. - be on an Australian policy agenda?* Presentation to Department of Health and Ageing on behalf of the Cochrane Policy Liaison Network, 12th November 2008. Permanent URL: http://www.latrobe.edu.au/chcp/assets/downloads/HealthLiteracy_DOHA_2008slides.pdf

… Address the social determinants of health?

Aboriginal and Torres Strait Islander peoples' experience of disadvantage is multidimensional and the existing reporting frameworks for measurement of the social determinants of health (for example, the *National Strategic Framework for Aboriginal and Torres Strait Islander Health*) for Indigenous [sic] Disadvantage (The *Overcoming Indigenous Disadvantage Framework*) and for Social Inclusion (*Social Inclusion in Australia: How Australia is Faring*) are based on a 'mainstream' norm; that is, the measurements collected do not include Aboriginal and/or Torres Strait Islander indicators of cultural well-being.[18]

At the COAG level, the *National Indigenous Reform Agreement (Closing the Gap[19])* attempts to address a range of health determinants extending beyond disease and health services. Continued resourcing and evaluation directed at identifying improvement in policy and implementation processes are vital to sustain progress in relation to a range of social and economic factors including but not limited to:

- Education
- Employment/ Economic Participation
- Food
- Transport
- Psychosocial stress[20]

The health of Aboriginal and Torres Strait Islander people is also affected by racism, lack of collective control over their life circumstances, culture[21] and factors such as adverse effects of a welfare economy and the criminal justice system[22] The impact on health exerted by these determinants is complex, and there is evidence suggesting that the interaction between determinants can increase disadvantage experienced by communities[23][24]. For example, there is a range of evidence to demonstrate that both the causes and consequences of poverty in Aboriginal and Torres Strait Islander Communities differs from that experienced by the general population[25].

The 2006 report on consultations for the creation of the *Overcoming Indigenous Disadvantage Framework* (the OID Framework) includes a series of recommendations relating to expanding the measurements collected to include cultural indicators. The indicators suggested included Heritage, Language, Indigenous [sic] Culture and Law, Practice of Culture, levels of 'Formal Recognition of Indigenous Culture', and 'Appreciation of Indigenous people by non-Indigenous people.'[26]

However, there still remains a range of additional determinants which have effectively been ignored. Social determinants identified by the National Indigenous Health Equality Summit (2008) as impacting on attempts to achieve health equality for Aboriginal and Torres Strait Islander peoples closely mirrored those suggested for

---

[18] Hunter (2009) 'Indigenous social exclusion: Insights and challenges for the concept of social inclusion', in *Family Matters* Issue 82: pp. 52-61; Australian Institute of Family Studies.

[19] DoHA (2011) *National Indigenous Reform Agreement (Closing the Gap)*. Permanent URL: http://www.federalfinancialrelations.gov.au/content/npa/health_indigenous/indigenous-reform/national-agreement_sept_12.pdf

[20] Wilkinson and Marmot (eds) 2003 *Social determinants of health: the solid facts 2nd edition* URL: http://www.euro.who.int/__data/assets/pdf_file/0005/98438/e81384.pdf

[21] Human Rights and Equal Opportunity Commission Aboriginal and Torres Strait Islander Social Justice Commissioner (HREOC) *2005 Social Justice Report*, pp. 25-26

[22] Awofeso N (2010) 'The 2008-2030 National Indigenous Health Equality Targets: suggestions for transforming potential into sustainable health improvements for Indigenous Australians', *Australian Indigenous HealthBulletin 10(2)* URL: http://healthbulletin.org.au/articles/the-2008-2030-national-indigenous-health-equality-targets-suggestions-for-transforming-potential-into-sustainable-health-improvements-for-indigenous-australians/

[23] AMSANT (2011) *Closing the Gap in Cultural Understanding: Social Determinants of Health in Indigenous Policy in Australia*, Aboriginal Medical Services Alliance Northern Territory, p. 12. Permanent URL: http://apont.org.au/attachments/article/55/Closing%20the%20Gap%20and%20Indigenous%20social%20determinants_2011_Final.pdf

[24] Hunter (2009) 'Indigenous social exclusion: Insights and challenges for the concept of social inclusion', in *Family Matters* Issue 82: pp. 52-61; Australian Institute of Family Studies.

[25] Walter M (2004) 'Social determinants and processes in Aboriginal Health' Workshop presentation Adelaide.

[26] Steering Committee for the Review of Government Service Provision (2006) *Framework for Reporting on Indigenous Disadvantage; Report on Consultations 2006*, Productivity Commission, Canberra.

inclusion in the OID Framework. In particular, 'culture and language', 'community development', 'criminal justice system review and reform'[27] and 'control of life circumstances' were highlighted.

All of this evidence suggests that improvement in the health status of Aboriginal and Torres Strait Islander people requires action which comprehensively addresses the determinants of health and frames those determinants from an Aboriginal and Torres Strait islander perspective.

The current *National Strategic Framework for Aboriginal and Torres Strait Islander Health* collects data on a wide range of social determinants.[28] This data should continue to be collected and the approach to social determinants would be further strengthened by:

- Including of a broader range of indicators relating to the social and cultural determinants of health
- Providing support for capacity building within Aboriginal and Torres Strait Islander communities to proactively address the social determinants of health, and
- Employing a whole-of-government approach to addressing the social determinants of health that is based first and foremost on principles of self-determination and cultural respect.

Recommendations

The Health Plan should take a holistic approach to addressing the social determinants of health, through :

1. Developing and enhancing formal partnerships across government, Aboriginal communities and other organisations and relevant stakeholders. The health sector must take a lead role in this process to ensure policy and programs across these sectors address the social determinants of health and maximise health outcomes for Aboriginal and Torres Strait Islander people.
2. Continued funding and measurement of progress against economic participation, education, mortality and life expectancy. Using data to inform approaches to address the social determinants of health by comparing rates of overcrowding in housing, for instance, to overall household income.
3. In addition to those variables already captured in the existing Framework, measuring social connectedness, social inclusion, community function, and experiences of racism.
4. Maintaining national datasets that use a qualitative approach, including the ABS Aboriginal and Torres Strait Islander Social survey. These qualitative datasets are crucial to measure and understand of the social determinants of health and their impact on Aboriginal and Torres Strait Islander peoples' health.
5. Expanding the evidence base for the efficacy of culturally based health, education and economic participation program which draws on thorough evaluation and community experience and subsequent translation of evidence into policy and programs
6. Involving Aboriginal and Torres Strait Islander people in the development of goals and evidence-based targets against the full range of social determinants including: culture, language, community development, and initiatives to combat racism. These targets may include wellbeing targets such as the 'community vitality' indicators which have enabled Canada to gauge improved social relations[29]

The Health Plan should support capacity building within Aboriginal and Torres Strait Islander communities to proactively address the social determinants of health by:

7. Developing a coordinated response across sectors, including health, education, justice, employment, business, housing, the environment, and family, youth and child services, to comprehensively address the social determinants that impact on health. University Scholarships offered to develop young Aboriginal leaders to

[27] Australian Human Rights Commission (2008) *Close the Gap – Part 2 Outcomes from the National Indigenous Health Equality Summit* URL: http://humanrights.gov.au/social_justice/health/targets/closethegap/part2_2.html

[28] National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013. Permanent URL: http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-imp07-13

[29] Awofeso N 2010 p7

build a sector around social determinants of health

8. Developing procedures and mechanisms to support the provision of capacity building to local people in Aboriginal and Torres Strait Islander communities.
9. Selecting Aboriginal and non-Aboriginal leaders across all sectors of Australia to be Social Determinants of Health Ambassadors to take on social issues occurring in their Aboriginal communities, with appropriate training provided.
10. University Scholarships offered to develop young Aboriginal leaders to build a sector around social determinants of health

The Health Plan should enable a whole-of-government approach to addressing the social determinants of health that is based first and foremost on principles of self-determination and cultural respect, via:

11. Providing safeguards so that Local, State and Federal governments do not mainstream social determinants of health and build on the strengths of Aboriginal local communities. For example, governments should ensure that:
12. Education is not purely focused on getting every Aboriginal Victorian person into a generic classroom but imbedding Aboriginal topics, views and reconciliation into curriculum to encourage a safe space for Aboriginal and non-Aboriginal people to reconcile the past.
13. That employment isn't just about a job but building a safe, tolerant space free from discrimination and encouragement for development of skills to alleviate poverty.
14. All policies pertaining to Aboriginal and/or Torres Strait Islander people, across government departments at all levels should incorporate health metrics to evaluate outcomes of initiatives, so that the social determinants of health are embedded in all policy and program approaches.
15. That a taskforce and/or department and/or watchdog is developed to ensure collaboration between all departments of government and the corporate sector to ensure collaboration and coordinated efforts where public/private partnership approaches are employed to address the health outcomes of Aboriginal and Torres Strait Islander people.
16. That all levels of government ensure appropriate training is developed for ministers, departments and government employees that provides the highest level of education on social determinants of health by leaders in the sector

---

How could the health system work better for Aboriginal and Torres Strait Islander peoples and how could the integration and coordination of comprehensive health care for Aboriginal and Torres Strait Islander patients be improved?

Many recommendations to improve health system performance and health outcomes for Aboriginal and Torres Strait Islander peoples have been mentioned in detail above. Firstly, support for capacity building within Aboriginal and Torres Strait Islander communities to proactively address the social determinants of health will underpin the effectiveness and efficiency of health system performance.

One of the key priorities for the Coalition for Aboriginal Health Equality is promoting partnership approaches to Aboriginal health. Partnership is crucial to any effective strategy to improve the health system for Aboriginal and Torres Strait Islander people. Partnerships must adopt a sustained, coordinated and well-informed approach that works

to a set of goals and targets developed with input from the Aboriginal and Torres Strait Islander communities and organisations.[30]

Recommendations

Key areas to be addressed in the Health Plan include:

1. Building capacity for partnership such as training in partnership skills for both mainstream and Aboriginal and Torres Strait Islander communities and organisations
2. Recognition of Aboriginal community-controlled health organisations as key partners in all health program initiatives targeted to Aboriginal and Torres Strait Islander peoples
3. Investing in resources such as a dedicated partnership workforce (e.g. coordinators, managers) to develop partnerships between mainstream and Aboriginal and Torres Strait Islander communities and organisations
4. Embedding cultural awareness and the process of cultural competency in the health system – this includes education in the community, cultural education of the health workforce (starting from tertiary education), ongoing training in the workplace, organisational cultural change, system supporting change
5. Identification of other non-Aboriginal-specific services that are relevant to the care of Aboriginal and Torres Strait Islander patients
6. Development of appropriate models to enhance the care continuum between acute and primary health care settings for Aboriginal patients
7. Invest in more mobile outreach models that take health care out to community and capture members of the community reluctant to come to a health service
8. Policy and funding support to ensure ongoing collaboration between mainstream and community controlled health sectors, to ascertain community needs and to ensure these needs are met

What more could be done to facilitate the growth, support and retention of Aboriginal and Torres Strait Islander health professionals?

A strategic reform agenda is required to increase and continue the momentum of growth, support and retention in the Aboriginal and Torre Strait Islander health workforce.[31] The agenda must incorporate support for Aboriginal and Torres Strait Islander communities and organisations to own and drive the process so that it is culturally appropriate, and to also partner and share successful strategies with other disciplines and workforce.

The Health Plan should also recognise that there are a broad range of Aboriginal and Torres Strait Islander health professionals. While many choose to work in the community controlled sector, many are also employed in mainstream services in acute, primary and community health care. For those Aboriginal and Torres Strait Islander health professionals working in mainstream services, cultural safety and appropriate recognition of their roles at every level of their organisation are also key concerns.

Aboriginal Health Workers and Aboriginal and Torres Strait Islander Health Practitioners are professions within their own right. Each profession has a broad and legitimate scope of practice and Aboriginal and Torres Strait Islanders who undertake these professions need to be formally recognised for their clinical skills, experience and scope of practice.

[30] Bailey S, Hunt J. Successful partnerships are the key to improving Aboriginal health. NSW Public Health Bulletin, Collingwood: CSIRO. 2012; 23(3/4):48-51.

[31] Prepared for The Australian Health Ministers' Advisory Council by the Aboriginal and Torres Strait Islander Health Workforce Working Group. National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework (2010-2015). Department of Health and Ageing. 2011 Canberra ACT.

Aboriginal and Torres Strait Islander Health Practitioners, while they are recognised as a health profession and are eligible for registration with the Australian Health Practitioner Regulation Agency (AHPRA), are not currently entitled to their own industry award. Aboriginal Health Workers currently work under the industrial awards specified in the *Aboriginal Community Controlled Health Services Award 2010* [32], however they are not adequately remunerated for the level of skills and range of capabilities required to perform this essential role.

In the past decade, there have been significant changes to education for Aboriginal Health Workers and increased levels of responsibility in the clinical environment. Remuneration in the community-controlled sector is not progressing in line with government-employed health workers. Workers regularly leave the community-controlled sector because they can be better remunerated in the state-based health system.

Recommendations

The Health Plan should commit to:

1. Investment in capacity and infrastructure building for the Aboriginal health sector.
2. Introduction of an award rate for Aboriginal and Torres Strait Islander Health Practitioners which recognises their scope of practice and remunerates them accordingly.
3. Increases to industrial award wages for qualified Aboriginal Health Workers with a Certificate III qualification or above, to ensure they are adequately remunerated and at parity with equivalently qualified health workers employed in other parts of the health system. This measure would both increase attraction and retention of AHWs and reduce staff attrition rates in ACCHOs due to losing qualified health worker staff to more highly remunerated positions in other services.
4. A focus on developing skills across the spectrum of cultural competency and across the health system. Culturally appropriate services are crucial not only to reducing the inequities in access for Aboriginal and Torres Strait Islander patients, but for Aboriginal and Torres Strait Islander health professionals working in mainstream services.
5. Ensure programs relying on ACCHOs for effective delivery fund the ACCHOs to provide infrastructure and support services, including financial compensation for premises hire, transport of patients, data and reporting, AHW support, following up of appointments etc.
6. Provide mentoring and support mechanisms to health care professionals employed within ACCHOs that reflect the complex health care needs of their communities and the diverse challenges of their roles.

What more could be done to develop, support and retain mainstream health professionals to provide comprehensive and culturally appropriate health care services to Aboriginal peoples?

It should be noted here that the discussion paper poses two workforce support consultation questions which dichotomise (1) 'Aboriginal and Torres Strait Islander' health professionals and (2) 'mainstream' health professionals. These two categories are not mutually exclusive: one describes a health setting ('mainstream') and one describes a cultural identity ('Aboriginal and Torres Strait Islander'). As mentioned above, many Aboriginal and Torres Strait Islander professionals work in mainstream settings in a wide variety of roles, and likewise many non-Indigenous health professionals, who may even spend the majority of their clinical hours in 'mainstream' settings, also provide direct patient care in community controlled services. The Coalition for Aboriginal Health Equality believes that the new Health Pan should:

- Provide comprehensive and culturally appropriate education and support mechanisms for all Aboriginal and Torres Strait Islander health professionals, regardless of their work setting, and

[32] *Aboriginal Community Controlled health Services Award 2010 URL:* http://www.airc.gov.au/awardmod/awards/aboriginal.pdf

- Acknowledge the contribution of, and provide support for all non-Indigenous health professionals who provide services to Aboriginal and Torres Strait Islander people, both in community-controlled and mainstream settings.

The Health Plan should continue to recognise the role and development needs of mainstream health professionals in Aboriginal and Torres Strait Islander health. It must also put concrete emphasis on the role of both the medical profession and allied health professions in comprehensive health care delivery. It should also articulate a focused strategy to cultivate the type of professional partnerships between Aboriginal and Torres Strait Islander and mainstream health workforces that are crucial to culturally appropriate care, improved patient journey and enhanced clinical outcomes.[33]

The Closing the Gap suite of initiatives currently delivered through Medicare Locals and ACCHOs has raised awareness of Closing the Gap for many mainstream, non-Indigenous health professionals. It has also supported these health professionals to attain the skills required to deliver comprehensive and culturally appropriate services to Aboriginal and Torres Strait Islander peoples in a range of health care settings.

In Victoria, the Closing the Gap workforce funded through Medicare Locals and ACCHOs (Indigenous Health Project Officers and Outreach Workers in Medicare Locals and Aboriginal Community Controlled Health Organisations) has contributed to the recognition of Aboriginal health as everyone's responsibility. It has also helped to develop partnerships and better health outcomes for Aboriginal Victorians. Ongoing development and support for this work must be maintained.

Recommendations

1. The Health Plan must ensure ongoing and substantial commitments to *Closing the Gap* at the State, Territory and Federal levels. This funding must include funding for coordination of workforces and initiatives at the state level; without systematic efforts at coordination, local and regional partnerships will struggle and there is increased risk of growing gaps and/or duplication in the delivery of health services to Aboriginal and Torres Strait Islander peoples.
2. The Health Plan should support the implementation of measures to ensure the improved retention and recruitment of medical, nursing and midwifery and allied health professionals to deliver care to Aboriginal and Torres Strait Islander people in mainstream settings through:
   - 2.1. Providing competitive salaries and employment conditions
   - 2.2. Access to education and training in cultural safety
   - 2.3. Access to an Aboriginal and Torres Strait Islander liaison person
   - 2.4. Access to professional mentoring opportunities
   - 2.5. Ensuring resourcing is adequate and workloads are safe and reasonable
   - 2.6. Ensuring health service infrastructure is adequate
   - 2.7. Access to multidisciplinary support
3. The Practice Incentives Program Indigenous Health Incentive (PIP-IHI) has encouraged the uptake of a medical home model coupled with health assessments.[34] The Health Plan should support the continuation of this incentive and continue to encourage and reward continuity of care, appropriate prevention strategies and high quality chronic disease management across all settings.
4. Both the Pharmaceutical Benefit Scheme (PBS) Co-Payment Measure for Aboriginal and Torres Strait Islander patients, which entitles patients of PIP-IHI registered practices to PBS medications at a concessional or free rate

[33] Hooper K, Thomas Y and Clarke M. Health professional partnerships and their impact on Aboriginal health: An occupational therapist's and Aboriginal health worker's perspective. *Aust. J. Rural Health* (2007) 15, 46–51

[34] In its first 3 years of implementation, 144,000 Indigenous health assessments were carried outs, exceeding the 4 year target of 133,000. In this current financial year up to May 2012, more than 2,900 practices and Aboriginal health services and approximately 29,000 patients are registered with PIP-IHI across Australia.

(plus, if applicable, a brand surcharge for some medications) , and the Section 100 Scheme, which ensures financial barriers to pharmacotherapy are minimised, must be maintained and strengthened.[35]

How can comprehensive health care services be made more accessible for Aboriginal and Torres Strait Islander peoples, including in urban, regional and remote areas?

The National Aboriginal Community Controlled Health Organisation (NACCHO) defines comprehensive primary health care as including:

> 'The provision of medical care, with its clinical services treating diseases and it's management of chronic illness, while including services such as environmental health, pharmaceuticals, counselling, preventive medicine, health education and promotion, rehabilitative services, antenatal and postnatal care, maternal and child care and necessary aspects of health care arising from social, emotional and physical factors.'

In Victoria, 24 Aboriginal Community Controlled Health Organisations located across Victoria provide key health and welfare services to the Aboriginal community. Some of these services are located in major metropolitan and regional sites, while others (including auspiced and outreach services) are located in smaller communities scattered across the state. While most services have been established in locations reflective of the size of the local Aboriginal community, it is crucial to recognise that the population is widely dispersed and often transient and fluid. The Victorian Aboriginal population forms a much lower percentage of the total population than in other jurisdictions.[36]

Ensuring the capacity of each community controlled service to meet the many and complex needs of its clients is vital. Supporting and extending processes of community control of primary comprehensive health care is a key principle to ensure appropriate and accessible health services for Aboriginal and Torres Strait Islander communities. A realistic capacity development approach for the ACCHO sector must include both formal training as well as professional mentoring for workers to integrate key competencies into the context of practice.

While the Aboriginal health workforce has expanded under *Closing the Gap* through the creation of new positions[37], this has in turn created significant strains on existing service capacity and infrastructure. In Victoria, few Aboriginal health services have directly benefitted from infrastructure investments under *Closing the Gap* and those which have been successful in acquiring Commonwealth infrastructure funding have often done so in competition with mainstream services for rural medical infrastructure funding[38].The Victorian Government's direct financial commitment to infrastructure funding through the Department of Planning and Community Development (DPCD) Community Infrastructure program ceased in June 2011[39].

Limitations due to lack of capacity and infrastructure have resulted in an inability in ACCHOs to take on new programs, provide additional services or partner with other organisations for health service delivery. It must be recognised that, in many cases, the work of ACCHOs is spread over several sites. This results in situations where clinicians may be in a different building to administrative staff, or where health workers and social support workers are located separately. This can make the coordination of services, appointment booking and the operation of recall and reminder systems unnecessarily complex.

---

[35] In its first 3 years of implementation (to 30 June 2012), national the incentive has assisted 150,005 eligible Aboriginal and Torres Strait Islander patients, exceeding the 4 year target of 70,000.

[36] . According to the 2011 Census, 37,992 of 5,354,042 people residing in Victoria identified as Aboriginal, which equates to 0.7% of the Victorian population. The Victorian Aboriginal population is also widely dispersed; only 13 of the 79 Victorian council areas have an Aboriginal population of more than 1000.

[37] For example, Indigenous Health Project officers and Indigenous Outreach Workers in Divisions (now Medicare Locals) and ACCHOs

[38] Several Victorian ACCHOs have been awarded funds under the National Rural and Remote Health Infrastructure Program (NRRHIP), which awards funds on a competitive grants basis to publicly and privately funded primary and community health organisations in rural and regional areas.

[39] See DPCD – Indigenous – Community Infrastructure program. Funding applications were last available in September 2011, no further funding has been announced. URL: http://www.dpcd.vic.gov.au/indigenous/community-infrastructure-program

Adverse flow on effects of the lack of infrastructure and capacity in Victorian ACCHOs include:

- Significant barriers to development of clinical placement capacity for health professionals including nurses, GPs and allied health
- A lack of physical space and capacity to house prevention programs and chronic disease management activities,
- A greater risk of ACCHOs being forced to refuse the offer of additional funding/joint work opportunities with mainstream organisations or pro bono support, due to a lack of physical space and/or human resources.
- High staff turn-over within the ACCHO sector means that external organisations have to be continually in relationship development phase in order to maintain services
- Lack of patient privacy due to lack of space and consultation rooms
- Low dental services utilisation rates
- Aboriginal Health Workers working in the Aboriginal Health sector are required to take a much broader responsibility for patients beyond clinical responsibility which extends to protection of social, cultural and familial relationships
- The patient support delivered by the staff of ACCHOs is by definition more complex then compared to working in a mainstream setting and the role of caring for community often extends beyond the ACCH's hours of work. This results in high rates of staff burn-out.

Recommendations

1. The Health Plan must address infrastructure for Aboriginal health as a key priority.
2. Increased infrastructure funding should be provided directly through COAG bilateral funding agreements. ACCHOs are funded for program delivery through both state/territory and Commonwealth governments and provide comprehensive primary health care, which includes a broad range of services provided outside the health system and as such, ACCHOs need a level of infrastructure support that is best accommodated by taking a whole-of-government approach to funding arrangements, rather than delegating pools of funding for community controlled services to departments and branches within the health system alone, or funding infrastructure through one level of government alone.
3. Infrastructure funding should encompass more than land, bricks and mortar and should also cover the cost of IT and eHealth hardware and software. Support mechanisms necessary for staff competency in the use of these systems should also be funded through capacity-building initiatives. Infrastructure support for IT and eHealth is included in the funding arrangements for Commonwealth GP Super Clinics; extending this funding ability to community-controlled services would greatly increase their capacity to uptake eHealth initiatives and would improve data collection, health system integration and ultimately, patient outcomes.
4. The Health Plan must also prioritise holistic capacity support in the Aboriginal community controlled sector, including:
   4.1. Appropriate recognition of the roles of Aboriginal Health Workers and Aboriginal and Torres Strait Islander Health Professionals, through:
      - Introduction of an award rate for Aboriginal and Torres Strait Islander Health Practitioners which recognises their scope of practice and remunerates them accordingly;
      - Increases to industrial award wages for qualified Aboriginal Health Workers with a Certificate III qualification or above, to bring their wages to parity with equivalently qualified health workers employed in other parts of the health system. This measure would both increase attraction and retention of AHWs and reduce staff attrition rates in ACCHOs due to losing qualified health worker staff to more highly remunerated positions in other services.
5. Enhanced support for capacity development for the ACCHO workforce, including dedicated funding for the skills development in the areas of governance, management and executive roles, human resources, practice

management and financial management.

6. Recognition of the complex and nature of the work undertaken in ACCHOs , through dedicated support for mentoring and peer support of ACCHO staff and enhanced support for staff retention in the ACCHO sector though a variety of mechanisms, including increased access to support services for ACCHO staff and a systematic approach to ensuring the retention of valuable staff knowledge.

How can services be made more culturally competent and appropriate for Aboriginal and Torres Strait Islander peoples?

The Australian health system must recognise and appreciate the importance of cultures, capacity building, community empowerment and local ownership. Culturally appropriate and comprehensive health care must encourage health programs and policies that demonstrate flexibility in funding and service provision, an understanding and respect for collaboration with communities and their sociocultural environment to improve health, and a willingness to address the social determinants of health.[40,41,42]

Cultural competence is a continuous developmental process which emphasises becoming competent rather than being competent.[43] The Health Plan therefore needs to emphasise and articulate clearly the requirements of cultural awareness, knowledge and skills for health professionals to work with Aboriginal and Torres Strait Islander patients.

Recommendations

Key areas which should be addressed in the Health Plan include:

1. A focus on developing skills across the spectrum of cultural competency and across the health system. Culturally appropriate services are needed to reduce the inequities in access to health care for Aboriginal and Torres Strait Islander patients.
2. Building capacity for partnership such as training in partnership skills for both mainstream and Aboriginal and Torres Strait Islander communities and organisations.
3. Investing in resources such as a dedicated partnership workforce (e.g. coordinators, managers) to develop partnerships between mainstream and Aboriginal and Torres Strait Islander communities and organisations.
4. Using a long-term whole-of-system approach to embed cultural awareness and the process of cultural competency in the health system – this includes education in the community, cultural education of the health workforce (starting from tertiary education), ongoing training in the workplace, organisational cultural change, system supporting change.
5. Embedding cultural respect at every organisational level.
6. Teaching cultural diversity in schools and tertiary institute health science courses.
7. Evaluation of the cultural competency of health care professionals across the health system.

---

[40] Demaio A, Drysdale M and de Courten M. Appropriate health promotion for Australian Aboriginal and Torres Strait Islander communities: crucial for closing the gap. Global Health Promotion**.** 2012 Jun; 18 (2):58-62.

[41] Hurley C, Baum F, Johns J and Labonte R. Comprehensive Primary Health Care in Australia: findings from a narrative review of the literature. Australasian Medical Journal. 2010 Feb; 2 (2):147-52.

[42] Australian Government National Health and Medical Research Council. Cultural Competency in Health: A guide for policy, partnerships and participation. 2006. Canberra.

[43] Campinha-Bacote J. (1999) A model and instrument for addressing cultural competence in health care. Journal of Nursing Education. May; 38(5): 203-7.