

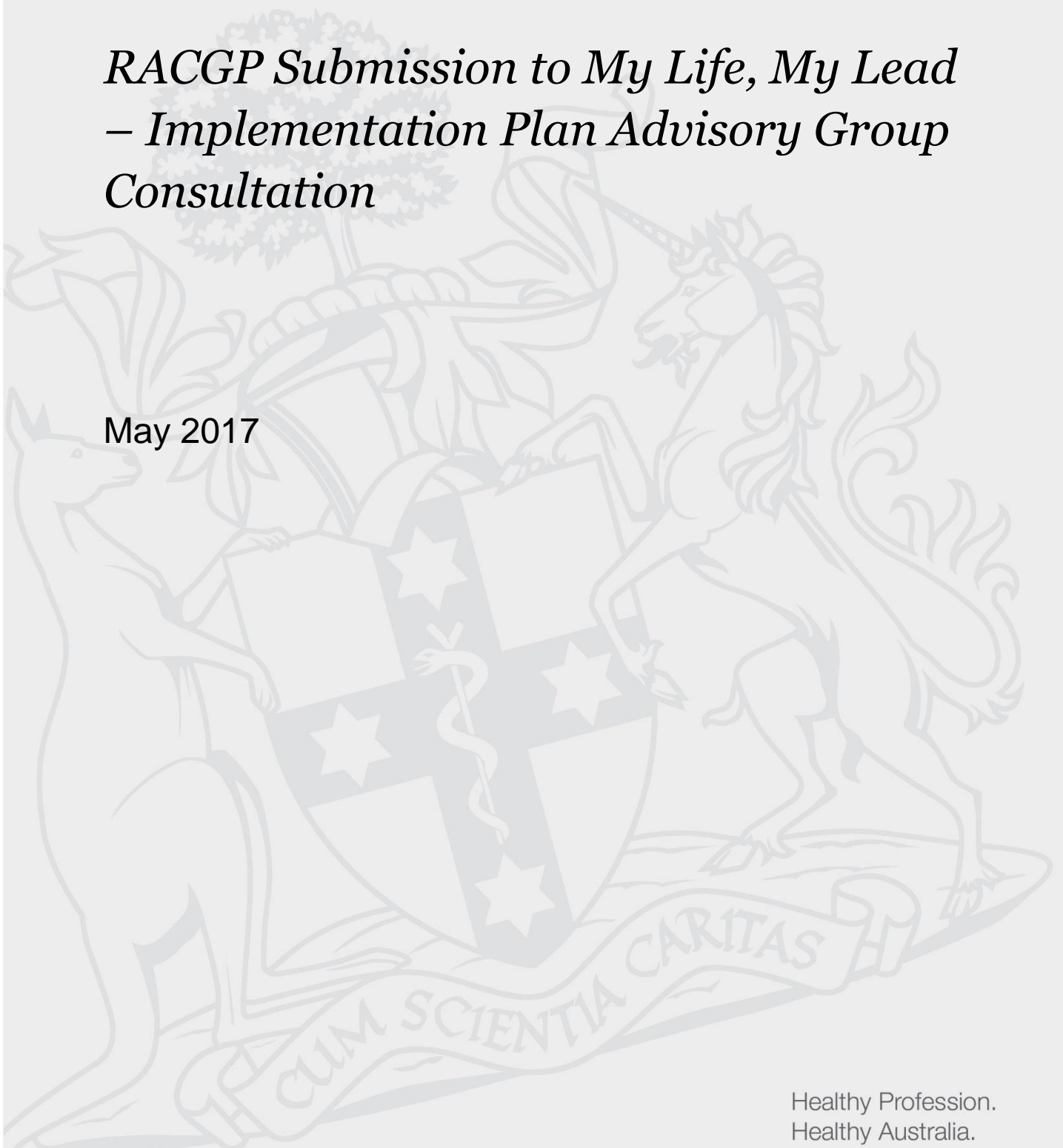


RACGP

# Aboriginal and Torres Strait Islander Health

## *RACGP Submission to My Life, My Lead – Implementation Plan Advisory Group Consultation*

May 2017



Healthy Profession.  
Healthy Australia.

# *Introduction*

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health for the opportunity to contribute to discussions regarding the social and cultural determinants of health.

## **About the RACGP**

The RACGP is Australia's largest professional general practice organisation, representing more than 35,000 members working in or towards a career in general practice in urban and rural areas.

The RACGP is responsible for:

- defining the nature and scope of the discipline
- setting the standards, curriculum and training
- maintaining the standards for high quality clinical practice
- supporting general practitioners (GPs) in their pursuit of excellence in patient care and community services.

## **About RACGP Aboriginal and Torres Strait Islander Health**

Improving the health and wellbeing of Aboriginal and Torres Strait Islander people is one of Australia's highest health priorities. The RACGP is committed to raising awareness of Aboriginal and Torres Strait Islander health needs and as a result, RACGP Aboriginal and Torres Strait Islander Health ('the faculty') was formed to help 'close the gap'.

The faculty has over 6,000 members either working in the Aboriginal and Torres Strait Islander healthcare sector or who have a passion and interest in this area. The faculty undertakes a range of activities to help improve health outcomes for Aboriginal and Torres Strait Islander people. These include:

- developing guidelines and resources for GPs and health professionals
- delivering education and training
- advocating on issues relating to Aboriginal and Torres Strait Islander health
- celebrating Aboriginal and Torres Strait Islander culture and achievements by Aboriginal and Torres Strait Islander GPs, registrars and medical students.

## *Approach taken by this submission*

The social and cultural determinants of health are a broad area which could support a wide range of recommendations. This submission will mainly make recommendations that would support primary healthcare teams, including GPs, to act beneficially on the social and cultural determinants of health in their local communities. There will also be policy settings that are required beyond primary healthcare services, for which we will also make some recommendations, where these are particularly important.

The importance of these interventions being led by Indigenous people and organisations cannot be overstated. This is what will make the difference between success and failure in efforts to improve the health of Aboriginal and Torres Strait Islander people.

With this in mind, the principles of [The Redfern Statement](#) should be considered, addressed and implemented at all times throughout the implementation of the [National Aboriginal and Torres Strait Islander Health Plan 2013-2023](#).

The broad range of activities of Aboriginal Community Controlled Health Services (ACCHS) already demonstrate what can be achieved by primary healthcare services on the social and cultural determinants of health. While they do provide Medicare funded medical care, they also provide services and programs across a whole range of areas, from food security, life skills and health literacy, social and emotional wellbeing, cultural safety, education and employment.

The ACCHSs sector should be viewed as the leaders and experts in provision of services to Aboriginal and Torres Strait Islander communities, and be the preferred providers. Other services, including general practices and Primary Health Networks (PHNs) should model their service provision and community engagement on ACCHSs, and be guided by their expertise. This is entirely consistent with the [RACGP's definition of general practice](#) as providing "person centred, continuing, comprehensive and coordinated whole person health care to individuals and families in their communities".

We are pleased that the Government wishes to take a whole of Government approach. All too often, policy is made outside the field of Aboriginal and Torres Strait Islander affairs that has an adverse impact on Aboriginal and Torres Strait Islander people.

Recent examples would include (though are not limited to):

- the attempt to change Section 18C legislation, despite the protections of Section 18D for freedom of speech
- cuts to Aboriginal Legal Services
- needs-based funding for education
- policies relating to the National Disability Insurance Scheme (NDIS)
- policies on New Start allowances, disability support pensions, and other forms of welfare.

Noting the above, the RACGP recommends that major policy announcements have an independent assessment of their impact on Aboriginal and Torres Strait Islander people that is published with the relevant legislation.

# Connection to family, community, country, language and culture

Connection to family, community, country and culture has been shown to be important to your health. We would like to learn how to better enable diverse cultural groups to build and maintain their cultural connections.

**We are looking for experiences, ideas and evidence that show how connection to family, community, country and culture can be enhanced or maintained. Please tell us your story.**

- The vast majority of Aboriginal and Torres Strait Islander people already strongly identify with homelands or traditional country, or with a tribal group, no matter where they currently live.<sup>1</sup>
- It is important that clinicians and practice staff understand and embrace connection to kin and country when caring for Aboriginal and Torres Strait Islander patients.<sup>2</sup>
- Connection to ancestors and to family and community are strengths and promoters of wellbeing for many Aboriginal and Torres Strait Islander people.<sup>3</sup>
- We acknowledge ACCHSs as an integral part of community health system and a key means of empowering communities<sup>4</sup>
- ACCHSs provide vital medical services to Aboriginal and Torres Strait Islander patients. However, they also provide a broader range of services tackling social and cultural determinants of health, provide significant employment for Aboriginal and Torres Strait Islander people and are a culturally safe places which themselves are expressions of culture and self-determination. They are the local leaders and experts in Indigenous Health<sup>5</sup>.

**What are your key recommendation(s)? (one sentence per recommendation please) What needs to happen?**

1. All Aboriginal communities are supported to identify and explore community driven sustainable economic development, to assist in the maintenance of cultural connections. Examples have included Indigenous protected area programs, Indigenous rangers, but communities will see their own opportunities and should be supported to develop and pursue them.
2. ACCHSs should be the preferred service providers and have their capacity increased to enhance the cultural safety of other local health services and providers.

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<sup>1</sup> <http://www.aihw.gov.au/indigenous-observatory/reports/health-and-welfare-2015/indigenous-population/>

<sup>2</sup> Ware V-A 2013. Improving the accessibility of health services in urban and regional settings for Indigenous people. Resource sheet no. 27. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

<sup>3</sup> Kingsley J, Townsend M, Henderson-Wilson C, Bolam B. Developing an Exploratory Framework Linking Australian Aboriginal Peoples' Connection to Country and Concepts of Wellbeing. *International Journal of Environmental Research and Public Health*. 2013;10(2):678-698.

<sup>4</sup> [http://www.racgp.org.au/download/documents/Policies/Health%20systems/aboriginal\\_health\\_policy.pdf](http://www.racgp.org.au/download/documents/Policies/Health%20systems/aboriginal_health_policy.pdf)

<sup>5</sup> Campbell MA, Hunt J, Scrimgeour DJ, Davey M, Jones V. Contribution of Aboriginal Community-Controlled Health Services to improving Aboriginal health: an evidence review. *Australian Health Review*. 2017

3. The RACGP advocates for adequate funding for ACCHSs to<sup>6</sup>:
  - a. maintain and enhance governance, workforce, physical infrastructure and resources, for provision of clinical care, broader wellbeing services and act on the social and cultural determinants of health
  - b. increase their capacity in programs that enhance their own cultural connectivity and influence the local health sector in their cultural safety.
4. General practices are supported to identify and incorporate social and cultural activities that will enhance the wellbeing and health of their patients. Links with local communities will need to be developed, perhaps through ACCHSs and/or PHNs. It is likely that funding would be required outside a fee-for-service Medicare model.
5. Models of care are developed that support Aboriginal and Torres Strait Islander people through complex health, social and cultural services.
6. Support mainstream health services, including general practices, to continually enhance their cultural safety, through training and local partnerships providing ongoing feedback and mentoring from cultural educators, mentors and elders to non-Indigenous health services.
7. Continued support including provision of primary healthcare and essential services to outstation residents in remote areas of Australia.
8. Policy proposals by State, Territory and Federal Governments should have an independent assessment done and published in full of the likely impact on Aboriginal and Torres Strait Islander wellbeing.

**References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.**

- Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW.
- Kingsley J, Townsend M, Henderson-Wilson C, Bolam B. Developing an Exploratory Framework Linking Australian Aboriginal Peoples' Connection to Country and Concepts of Wellbeing. *International Journal of Environmental Research and Public Health*. 2013;10(2):678-698.<http://www.mdpi.com/1660-4601/10/2/678/htm>
- Ware V-A 2013. Improving the accessibility of health services in urban and regional settings for Indigenous people. Resource sheet no. 27. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.
- Burgess, C., et al. (2005). "Healthy Country: Healthy People? Exploring the health benefits of Indigenous Natural Resource Management." *Australian and New Zealand Journal of Public Health* 29(2): 117-122.
- Burgess, C., et al. (2009). "Healthy Country Healthy People: the relationship between Indigenous health status and "caring for country." " *Medical Journal of Australia* 190(10): 567-572.

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<sup>6</sup> As per RACGP statement on building capacity in ACCHSs

- Campbell D, Burgess C, Garnett S, Wakerman J. Potential economic savings for chronic disease care associated with Australian Aboriginal involvement in land management. *Health Policy*, 2010. doi:10.1016/j.healthpol.2010.07.009.
- McDermott R, O'Dea K, Rowley K, Knight S, Burgess CP. Beneficial impact of the Homelands Movement on health outcomes in central Australian Aborigines. *Aust NZ J Public Health* 1998 October, 22:6, 653-658
- [https://www.dpmc.gov.au/sites/default/files/publications/SROI-Consolidated-Report-IPA\\_1.pdf](https://www.dpmc.gov.au/sites/default/files/publications/SROI-Consolidated-Report-IPA_1.pdf)
- Campbell MA, Hunt J, Scrimgeour DJ, Davey M, Jones V. Contribution of Aboriginal Community-Controlled Health Services to improving Aboriginal health: an evidence review. Australian Health Review. 2017

# Racism

*Racism is a demonstrated cultural determinant of health. It can impact health directly (e.g. physical violence, stress or discriminatory provision of health care) as well as indirectly by influencing other social determinants such as education experiences, or discrimination in housing, employment or the justice system.*

*We are using a broad definition of racism, including interpersonal racism, systemic racism, racism in the media, unconscious bias, identity challenge and internalised racism.*

**We are looking for experiences, ideas and evidence that show how to strengthen early learning, educational engagement and achievement. Please tell us your story.**

- A history of racism in this country has an effect on the use of institutional services by Aboriginal and Torres Strait Islander people.
- In one survey, nearly 30% of Aboriginal people experience racism in the health sector.<sup>7</sup>
- Racism is at its most visible in those who express racist attitudes towards others, but more powerful is institutionalised racism, where organisational cultures adopt majority culture ways of working, and so unintentionally systematically act against those in a non-dominant culture.

As described above, institutional racism is prevalent and one of the most damaging aspect of racism in Australia<sup>8</sup>. It limits access to hospitals and their programs, community/specialist health services and social and welfare services. Only when probed do patients articulate issues of procedural access, communication and language issues, cultural safety issues and outright individual racism.

Institutional racism is hard to deal with as individual GPs. It takes time and effort for a GP to advocate for Aboriginal patients so that they can get access to the services they need. There aren't enough Aboriginal Liaison Officers in hospitals to advocate for the number of Aboriginal patients that GPs refer to. It needs a governance and policy approach through accreditation and other like mechanisms. People in leadership need to create an organisational culture from the top that promotes inclusion at all levels of services.

- The current situation will be difficult to reverse and is about adapting approaches, attitudes and behaviours through up-skilling staff, reviewing policies, procedures and systems.
- The RACGP are committed to addressing racism within the healthcare sector.

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<sup>7</sup> Kelaher M, Ferdinand A, Paradies Y. Experiencing racism in health care: the mental health impacts for Victorian Aboriginal communities. *Med J Aust.* 2014 Jul 7;201(1):1-4.

<sup>8</sup> Kelaher M, Ferdinand A, Paradies Y. Experiencing racism in health care: the mental health impacts for Victorian Aboriginal communities. *Med J Aust.* 2014 Jul 7;201(1):1-4.

- A review/update of the RACGP's position statement on racism is underway, commitment to causes such as the 'Racism. It stops with me' campaign are efforts to influence the experience and frequency of racism.

**What are your key recommendation(s)? (one sentence per recommendation please) What needs to happen?**

1. Implement the Close the Gap campaign's call for an inquiry into institutional racism.
2. Increase Aboriginal and Torres Strait Islander participation in the delivery of primary healthcare services in all roles, such as GPs, nurses, Aboriginal Health Workers, allied health professionals, healthcare and dental coordinators, administration, and community workers.  
  
Consideration of Key Performance Indicators (KPIs) to increase the Indigenous workforce could be introduced and easily tracked if this type of information is captured.
3. Trial and evaluate strategies for enhancing accessibility and cultural safety of mainstream health services for Aboriginal and Torres Strait Islander people.
4. Develop tools for health services to measure and report their accessibility to Aboriginal and Torres Strait Islander people, such as the racism barometer<sup>9</sup>.
5. Increase access to Aboriginal interpreters where required.
6. Ensure adequate support and funding so that the above activities/initiatives can be implemented.

**References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.**

- Hayman NE, White NE, Spurling GK. Improving Indigenous patients' access to mainstream health services: the Inala experience. *Med J Aust.* 2009 May 18;190(10):604.
- Paradies Y, Ben J, Denson N, Elias A, Priest N, Pieterse A, Gupta A, Kelaher M, Gee G. Racism as a determinant of health: a systematic review and meta-analysis. 2015 Sep 23;10(9):e0138511, viewed 10/01/2017
- Kelaher M, Ferdinand A, Paradies Y. Experiencing racism in health care: the mental health impacts for Victorian Aboriginal communities. *Med J Aust.* 2014 Jul 7;201(1):1-4.
- Ferdinand, A., Paradies, Y. & Kelaher, M. 2012, Mental Health Impacts of Racial Discrimination in Victorian Aboriginal Communities: The Localities Embracing and Accepting Diversity (LEAD) Experiences of Racism Survey, The Lowitja Institute, Melbourne.

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<sup>9</sup> Priest N, Esmail A, Kline R, Rao M, Coghill Y, Williams DR. Promoting equality for ethnic minority NHS staff—what works?. *The BMJ.* 2015;351.



- <sup>1</sup>Arabena K, Durey A, Thompson SC, Wood M. Future initiatives to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples. The Medical Journal of Australia. 2013 Jul 8;199(1):22-., viewed 10/01/2017 <https://www.mja.com.au/journal/2013/199/1/future-initiatives-improve-health-and-wellbeing-aboriginal-and-torres-strait>

## *Early childhood development, education and youth*

*Experiences of learning start early, and continue throughout life. Educational attainment is a determinant of health, and also directly affects other social determinants of health such as employment prospects.*

*In addition, literacy and numeracy directly impacts health choices and interactions with services and government systems.*

**We are looking for experiences, ideas and evidence that show how to strengthen early learning, educational engagement and achievement. Please tell us your story.**

- There should be a clear emphasis on the early years of life, including antenatal care and early childhood development.
- Education is very important for health. Health ambassadors can support increased health literacy within a community. Empowering young leaders, as in the Malpa Project or the Young People and Asthma program can support this process.<sup>10,11</sup>
- GPs can play an important role in promoting healthy pregnancies and supporting patients in these early stages to make healthy choices.
- Primary healthcare service teams especially within ACCHS, can play an important role in early detection and intervention of hearing loss, speech and language delay that have an impact on learning.
- At the moment child protection resources are concentrated in the tertiary sector, where child maltreatment has occurred. Generally, a forensic approach with an emphasis on risk management and reliance on an often adversarial legal framework is used.
- Supporting GPs to identify the signs of child maltreatment is recognised as an essential component of treatment.
- GPs can see so much potential in young children presenting to them. As GPs follow them through their life it is disheartening that their potential narrows through primary school and high school. What seems to work is not just the availability of early learning centres and access to them. It is also about role models from elders, grandparents, aunts and uncles as well as parents.

Their encouragement and modelling in daily activities, health habits (like teeth brushing), playtime and reading are crucial. Connection and engagement with local communities and their activities gives a sense of worth, of purpose which builds and maintain motivation. Stable housing and parenting and scholarship programs to local and private schools are other observed positive factors.

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<sup>10</sup> <https://portal.realtimehealth.com.au/clips/457>

<sup>11</sup> <http://www.malpa.org.au/youngdoctors/>

- GPs have witnessed success from programs that cross multiple sectors to support youth and adults to understand practical, evidence based strategies to build resilience. For example, The Resilience Project <https://theresilienceproject.com.au/>

**What are your key recommendation(s)? (one sentence per recommendation please) What needs to happen?**

1. Resources to support GPs and ACCHS primary healthcare teams to optimise child health and wellbeing including ear health and to effectively recognise the signs of child maltreatment and how to support families.
2. Invest in community-led programs that support families where children might be at risk of abuse, such as Brighter Futures.
3. Identify gaps in services for antenatal care and child services, and develop programs to fill these gaps, led by local communities.
4. Enhance the capacity and affordability of culturally appropriate pre-schools to increase accessibility.
5. Support communities to develop programs of peer support for young people to be health and wellbeing leaders in their communities.
6. Develop and share indicators with the education sector - for example Yr3 literacy, numeracy is as much a health indicator (hearing dependent) as an education indicator.
7. Upskill teachers so that they are equipped to support the retention of students experiencing situations that may compromise their capacity to remain at school. For example, racism, pregnancy and chronic illness.
8. Ensure the accessibility of parenting programs that are culturally welcoming and appropriate.

**References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.**

- <http://www.malpa.org.au/youngdoctors/>
- [Peer asthma support is a promising example of the potential for peer support programs from non-Indigenous settings. http://www.cochrane.org/CD012331/AIRWAYS\\_support-peers-or-lay-leaders-adolescents-asthma](http://www.cochrane.org/CD012331/AIRWAYS_support-peers-or-lay-leaders-adolescents-asthma)
- Ware V-A 2013. Improving the accessibility of health services in urban and regional settings for Indigenous people. Resource sheet no. 27. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.
- The Redfern Statement 9 June 2016: <http://nationalcongress.com.au/wp-content/uploads/2017/02/The-Redfern-Statement-9-June-Final.pdf>
- <https://theresilienceproject.com.au/>

## *Employment and income*

*Employment can have a lasting impact on family and community. While being unemployed can have a negative impact on health, being employed and having a lack of control over poor pay and working conditions is also detrimental.*

*How can employer and community attitudes play a positive role to improve employment prospects and conditions?*

**Experiences, ideas and evidence (on each of these determinants). Please tell us your story.**

- The health and social care sector is the largest employer of Aboriginal and Torres Strait Islander people. Through the structure of the ACCHSs, there is a template for how other community services, such as employment programs, can be managed to improve employment outcomes.
- More can be done in the healthcare sector to develop training pathways – summer internships, school based TAFE/training, career pathways to be mapped out for Aboriginal employees for progression.
- Community solutions to employment in local areas provide successful employment outcomes, including caring for country and Indigenous ranger initiatives.
- The future of Aboriginal and Torres Strait Islander health is dependent on Aboriginal and Torres Strait Islander people identifying and establishing community driven economic models that provide financial security for the whole community, not just the limited number of individuals who are able to access income through existing, mainstream forms of employment.

### **Specific examples of successful business initiatives**

- There are great employment programs that have recruited many young people as interns and work experience with work prospects. These are limited to large organisations and government enterprises such as the Australian Taxation Office. Where there is structural support and culturally competent managers, those employed generally stay in their role for many years.

Some are challenged by being promoted to other areas but for confidence reasons did not do well. However, competent managers were able to give the worker their old role back. It would be good if there is an increase in the variety of work roles in government institutions as well as private enterprises that are supported by managers and workers in their respective roles.

- Rural - Daniel Motlop established a magpie geese wholesale company to supply Adelaide restaurant <http://www.abc.net.au/news/2016-10-03/magpie-geese-for-retail-sale/7894240>
- Remote - Pilbara Aboriginal Contractors Association
- Health industry – address social and cultural determinants through employment <http://www.healthinonet.ecu.edu.au/key-resources/programs-projects?pid=2324>
- Community driven contemporary models - [http://nintione.com.au/resource/CRC-REP\\_A1Poster.pdf](http://nintione.com.au/resource/CRC-REP_A1Poster.pdf)

**What are your key recommendation(s)? (one sentence per recommendation please) What needs to happen?**

1. The mainstream healthcare sector should be supported to employ Aboriginal and Torres Strait Islander people in health services, not just in Aboriginal liaison officer type roles or positions.
2. General practices can be supported to take on Aboriginal and Torres Strait Islander employees in any position including Aboriginal Health Practitioners. Education, training and mentoring arrangements may be required to ensure this is sustainable long term.
3. Welfare including employment benefits should be seen as supporting basic human rights, and not as a punishment or as roting the system.
4. All Aboriginal communities are supported to identify and explore community driven sustainable economic development.
5. Local community initiatives be supported through microfinance programs.
6. Develop health career pathways for Aboriginal and Torres Strait Islanders participation in primary healthcare - cadetships, apprenticeships, internships and further training, school based learning and tafe.

**References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.**

- [http://nintione.com.au/resource/CRC-REP\\_A1Poster.pdf](http://nintione.com.au/resource/CRC-REP_A1Poster.pdf)
- <http://www.healthinfonet.ecu.edu.au/key-resources/programs-projects?pid=2324>
- Daniel Motlop established a magpie geese wholesale company to supply Adelaide restaurant <http://www.abc.net.au/news/2016-10-03/magpie-geese-for-retail-sale/7894240>
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- Browne-Yung K, Ziersch A, Baum F, Gallaher G. Aboriginal Australians' experience of social capital and its relevance to health and wellbeing in urban settings. *Social Science & Medicine*. 2013 Nov 30;97:20-8.
- Ferdinand AS, Paradies Y, Perry R, Kelaher M. Aboriginal health promotion through addressing employment discrimination. *Australian journal of primary health*. 2014 Nov 20;20(4):384-8.
- Rivers L. Remote Aboriginal and Torres Strait Islander Employment Pathways: A Literature Review. Cooperative Research Centre for Remote Economic Participation Working Paper CW008.. 2012.
- Nguyen OK, Cairney S. Literature review of the interplay between education, employment, health and wellbeing for Aboriginal and Torres Strait Islander people in remote areas: working towards an Aboriginal and Torres Strait Islander wellbeing framework. Alice Springs: Ninti One; 2013.
- Bliss S. Microcredit-Small Loans-Big Dreams. In United Nations, Sydney March 3, 2005 Economics Business Educators' Conference August 2005 Aug (Vol. 9, p. 2005).

# *Housing, environment and infrastructure*

*The environment in which you live, work and grow is a determinant of your health. Safe housing, working appliances and clean air and water quality directly impact health, especially in children. Community infrastructure, such as roads, footpaths and lighting, can help prevent injury.*

**Experiences, ideas and evidence (on each of these determinants). Please tell us your story.**

## **General practitioners and housing:**

- RACGP members are frequently involved in advocating for patients with inadequate housing. This would include those who are homeless, or roofless, “couch-surfing”, or those who are in overcrowded housing or those who are in poor quality housing. This can occur anywhere, in urban, regional and remote areas. GPs manage and treat the impacts of inadequate housing on their patient’s health.
- Adequate housing not only includes a safe place for shelter with enough room for all family members, but also functioning amenities are essential for activities of daily living, such as hot and cold running water, sanitation, cooking facilities, a fridge, access to a washing machine and rubbish disposal.
- The link of poor housing and overcrowding with many physical and mental conditions is well established. Overcrowding leads to higher rates of otitis media-and transmission of infectious diseases, but also significant social stress, mental health decline which impacts on other health parameters including poor self-management of chronic conditions.
- There is a cultural component in Aboriginal communities that make housing and overcrowding more of an acute problem. Families are obliged to take in family visitors and homeless relatives for various reasons. These guests come unexpectedly and often stay for a longer period than anticipated. Often there is no common area as the living is converted to a bedroom.

## **Housing needs of Aboriginal and Torres Strait Islander people living with a disability:**

- GPs want to highlight the housing needs of Aboriginal and Torres Strait Islander people, who experience higher rates of living with a disability. The current funding model under the National Disability Insurance Scheme (NDIS) provides inequitable funding to Aboriginal and Torres Strait Islander people living with a disability, many of whom live in overcrowded and under-resourced housing.
- As a key priority the Government must address this need for Aboriginal and Torres Strait Islander Australians with disability who must have the same access to services as all other Australians with a disability.

## **Examples of successful housing:**

- Remote <http://architectureau.com/articles/tjuntjuntjara-housing/>
- Rural <http://nanaimonewsnow.com/article/529559/affordable-housing-project-underway-nanaimo>
- Urban <http://www.ahc.org.au/pemulwuy/>
- The process used to develop these programs can be used as a study to guide engagement with all Aboriginal and Torres Strait Islander communities to identify sustainable housing solutions.
- <http://www.housingforhealth.com/>

- Indigenous housing policy by Australian Institute of architects - <http://www.architecture.com.au/about-us/policy-advocacy>
- Housing Strategies that improve indigenous health outcomes - <http://www.healthinonet.ecu.edu.au/key-resources/bibliography?lid=26672>
- Urban social housing for Aboriginal people and Torres Strait Islanders: respecting culture and adapting services - <https://www.ahuri.edu.au/research/final-reports/172>

**What are your key recommendation(s)? (one sentence per recommendation please) What needs to happen?**

1. Ensure that the solutions to these housing problems are locally driven and wholly dependent on appropriate consultation with local Aboriginal and Torres Strait Islander people to develop sustainable housing options that accommodate the specific needs of each community.
2. The adoption of a pragmatic response to Aboriginal social and cultural domestic practices with a focus on health outcomes supported by appropriate housing conditions.
3. Train and employ more Indigenous Environmental Health Officers (EHOs) to undertake work in this area.
4. Annual housing audit done by Indigenous EHOs with resources available to address the repairs as required.
5. Publish housing audit results and track progress over time.

**References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.**

- Urban - <http://www.ahc.org.au/pemulwuy/>
- Rural - <http://nanaimonewsnow.com/article/529559/affordable-housing-project-underway-nanaimo>
- Remote - <http://architectureau.com/articles/tjuntjuntjara-housing/>
- Andersen MJ, Williamson AB, Fernando P, Redman S, Vincent F. "There's a housing crisis going on in Sydney for Aboriginal people": focus group accounts of housing and perceived associations with health. BMC public health. 2016 May 24;16(1):429.
- Clifford HD, Pearson G, Franklin P, Walker R, Zosky GR. Environmental health challenges in remote Aboriginal Australian communities: clean air, clean water and safe housing. Pat. 2014 Nov 6.
- Grant E, Chong A, Beer A, Srivastava A. The NDIS, housing and Indigenous Australians living with a disability. Parity. 2014 Jun;27(5):25.
- O'Rourke T. Sharing plans for Aboriginal housing. Architecture Australia. 2016 Sep;105(5):37.
- Broffman A. The Building Story: Architecture and Inclusive Design in Remote Aboriginal Australian Communities. The Design Journal. 2015 Mar 1;18(1):107-34.
- <http://www.housingforhealth.com/>

## Interaction with government systems

*How can government services be more people friendly? How can they be made more accessible, clearer, and offer support when it is most needed? Suggestions of ways to remove barriers, examples of wrap-around-service models, communications or streamlining service provision that would reduce inequalities are relevant here.*

*Government systems could include the health system, welfare system, education system, etc.*

**We are looking for experiences, ideas and evidence that show how Aboriginal and Torres Strait Islander peoples' access to and interaction with government systems can be improved. Please tell us your story.**

- Any policy to improve interaction of Aboriginal and Torres Strait Islander people with government systems should start by acknowledging and implementing The Redfern Statement.

The RACGP supports the Redfern statement's suggestion: *The next Federal Government should ensure that the PHNs appropriately engage with ACCHS and Indigenous health experts to ensure the best primary healthcare is delivered in a culturally safe manner. There should be mandated formal agreements between PHNs and ACCHS to ensure Aboriginal and Torres Strait Islander leadership.*

- Government agencies are most effective when they work with Aboriginal and Torres Strait Islander people to understand what successful collaboration looks like. To understand what partnership means to them and how it looks. It takes time for this to happen when working with Aboriginal people and their communities.
- GPs have reported on patients going to see them to seek support to deal with the negative health impacts of the recent Centrelink debt recovery process.
- The interaction between justice and health cannot be ignored in this context. It is likely that the support of developing Health Justice partnerships is likely to be a highly beneficial intervention.
- Health problems dealt with in primary healthcare are often seen purely as biomedical problems to be solved, rather than as a result of the social, political, economic and cultural conditions in which people live.

Primary healthcare and general practice need to be supported to link with other local community agencies to act on these circumstances for individuals and communities. This will include government agencies, non-government organisations, corporate organisations and co-operatives. ACCHSs already do this, and PHNs may develop the capacity to do this with the right support, and individual practices may do this too, though the funding is unlikely to be effective through a fee-for-service model.<sup>12</sup>

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<sup>12</sup> Baum FE, Bégin M, Houweling TA, Taylor S. Changes not for the fainthearted: reorienting health care systems toward health equity through action on the social determinants of health. *American Journal of Public Health*. 2009 Nov;99(11):1967-74.



- GPs can be strong advocates for policy because "...state managed services noted the conflict between advocacy and their role as public servants."<sup>13</sup> And while GPs are stretched, the College is in a strong position to advocate.
- Support for the creating of such alliances is extremely difficult when relying on Government funding.<sup>14</sup>

**What are your key recommendation(s)? (one sentence per recommendation please) What needs to happen?**

1. Implement Redfern statement recommendations related to interactions with Government systems.
2. As a matter of principle, decisions that affect Aboriginal and Torres Strait Islander people must be informed by Aboriginal and Torres Strait Islander communities and ways of knowing.
3. Federal, State and Territory policies should have an independent impact statement published about the likely impact of that policy on Aboriginal and Torres Strait Islander health outcomes.
4. Funding should be for the medium to long term and not for 1 year projects.
5. ACCHSs and programs should be preferred providers of services.
6. Services should not be automatically put out to a tender process, which benefit large organisations with capacity to complete tenders, and disadvantage those who are focused on successful service delivery with very limited funding.
7. Increase access to clinical social workers and Aboriginal Health Practitioners that can help patients/families in their interactions with Government departments.
8. Dedicated Indigenous access line staffed by suitably trained staff used to working with Indigenous issues – No ID, name changes, interpreters, eligibility claims etc.
9. Improve coordination of care for Aboriginal families with complex and changing needs. For example, where a patient is experiences comorbidities and has complex care needs, ensure that their journey through the health system and between other agencies is simplified, supported and well-coordinated (for example a care coordinator).<sup>15</sup>

**References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation**

<sup>13</sup> Baum FE, Bégin M, Houweling TA, Taylor S. Changes not for the fainthearted: reorienting health care systems toward health equity through action on the social determinants of health. *American Journal of Public Health*. 2009 Nov;99(11):1967-74.

<sup>14</sup> <https://dspace.flinders.edu.au/xmlui/bitstream/handle/2328/26914/Baum%20Potential%20multi-disciplinary.pdf?sequence=1>

<sup>15</sup> Chamberlain C, MacLean S, Bawden G, et al. An 'equity' domain could strengthen the utility of a framework for assessing care coordination for Australian Aboriginal families. *Int J Care Coordination* 2016; 19: 42–46.

- Chamberlain C, MacLean S, Bawden G, et al. An 'equity' domain could strengthen the utility of a framework for assessing care coordination for Australian Aboriginal families. *Int J Care Coordination* 2016; 19: 42–46.
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- Baum FE, Legge DG, Freeman T, Lawless A, Labonté R, Jolley GM. The potential for multi-disciplinary primary health care services to take action on the social determinants of health: actions and constraints. *BMC public health*. 2013 May 10;13(1):460

# Law and Justice

Aboriginal and Torres Strait Islander people are significantly overrepresented in the justice system. This can have a long-lasting impact on health.

We are interested in hearing a broad range of ideas on the links between experience of Indigenous people in the justice system and health outcomes, but mainly on ways to improve the current situation. These could include (but are not limited to):

- ways to prevent juvenile or adult offending;
- ways to improve health in the prison system;
- ways to prevent re-offending;
- ways to improve policing, sentencing and interactions in court.
- Past policies continue to impact.
- Messages sent impact on people's attitudes towards police.
- Notification to child protection.

**We are looking for experiences, ideas and evidence that show how Aboriginal and Torres Strait Islander offending and incarceration can be reduced, and ways court and police interactions with Indigenous people can be improved. Please tell us your story.**

It is important to note the gaps between prison and community. Aboriginal and Torres Strait Islander people in the justice system require strong support mechanisms, for example joined up healthcare.<sup>16</sup>

**What are your key recommendation(s)? (one sentence per recommendation please) What needs to happen?**

1. RACGP supports the Redfern recommendations, such as
  - *Adopt justice targets as part of the Close the Gap framework Currently the - Safer Communities Building Block of the COAG Closing the Gap Strategy is the only area that is not accompanied by any specific targets.*  
  
*This is a clear gap in the failure to acknowledge the root causes of imprisonment and violence rates, including social determinants such as poverty and socio-economic disadvantage.*
  - *Adequately fund Aboriginal and Torres Strait Islander Community Controlled front-line legal services*
2. Support primary healthcare in the community to bridge the gap between healthcare in prison and the community and better support for transition from prison back into the community.

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<sup>16</sup> Lloyd JE, Delaney-Thiele D, Abbott P, Baldry E, McEntyre E, **Reath J**, D, Sherwood J, and Harris MF. (2015) The role of primary health care services to better meet the needs of Aboriginal Australians transitioning from prison to the community. *BMC Family Practice*. **16**:86 doi:10.1186/s12875-015-0303-

3. Funding specific Aboriginal family violence programs, and support general practices to be culturally safe and supportive places, providing trauma informed care so that they can be part of the solution as more services are established.<sup>1718</sup>
4. Linking in with legal services, and opportunities for health-legal partnerships around access to justice such as health-justice partnerships.
5. Support co-responder models with police (psychologist and police teams) that then can provide an alternate pathway to justice and incarceration.
6. More support for Social and Emotional wellbeing programs to be delivered in ACCHOs.
7. Increase opportunities for psychologists to be employed within the primary healthcare team in Aboriginal primary healthcare settings (similar to the mental health nurse program as funded by Medicare).
8. Support and fund adequate drug and alcohol treatment services based in communities and primary healthcare services.
9. Invest in developing a curriculum in trauma informed care in the primary healthcare setting.
10. Better prison health systems with a focus on trauma informed care and recovery.

**References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.**

- Lloyd JE, Delaney-Thiele D, Abbott P, Baldry E, McEntyre E, Reath J, Indig D, Sherwood J, and Harris MF. (2015) The role of primary health care services to better meet the needs of Aboriginal Australians transitioning from prison to the community. *BMC Family Practice*. **16**:86 doi:10.1186/s12875-015-0303-0
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- Health Justice Partnerships <http://healthjustice.org.au/>

<sup>17</sup> Page 24 of <http://www.fvpls.org/images/files/FVPLS%20Victoria%20submission%20to%20Royal%20Commission%20-%20FINAL%20-%202015Jul15.pdf>

<sup>18</sup> Atkinson J 2013. Trauma-informed services and trauma-specific care for Indigenous Australian children. Resource sheet no. 21. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

# Health Choices

Structural factors, such as income, availability, affordability and access to healthy food and exercise options, directly influence individual choices and behaviours like eating, exercise, smoking and drinking alcohol.

**We are looking for experiences, ideas and evidence that show how structural factors such as income, access and knowledge can be influenced to improve health choices relating to exercise, eating, smoking or drinking. Please tell us your story.**

- As stated in the AMSANT publication *Core functions of primary healthcare: a framework for the Northern Territory*, "...primary healthcare is not just about the delivery of a set of curative or preventive interventions aimed at the community, but also about the development and maintenance of a network of relationships that promote and sustain health.

These networks can have multiple dimensions. They can be place-based (for example, between health centers and local government organisations, schools, stores etc), systemic (for example, between primary healthcare services and education and training providers, research institutions, providers of corporate services), or more narrowly focused on patient care (for example, referral pathways and processes agreed between a primary health care service and its clinical partners).<sup>19</sup>

- Emphasis should shift from a focus purely on "healthy lifestyle choices" but on the environments that create the ability for people to make choices. This includes work on incomes, costs of living, distribution of products, health literacy, stress burden, addictions.<sup>20</sup>
- Ensuring that people are linked in with services that may help them to go some way to mitigate the limited capacity for health services to influence social determinants themselves. Strong networks and strong referral processes.<sup>21</sup>
- Primary healthcare is very effective at promoting behavior change, because of its focus on long term therapeutic relationships, and its deep reach into the community. Primary healthcare can provide brief interventions, more intensive counselling and motivational interviewing, and onward referral to other services.

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<sup>19</sup> Edward Tilton & David Thomas 2011, *Core Functions of Primary Health Care: A Framework for the Northern Territory*, Northern Territory Aboriginal Health Forum. Available at [http://www.amsant.org.au/wp-content/uploads/2014/10/111001-NTAHF-ET-External-Core\\_PHC\\_Functions\\_Framework\\_FINAL.pdf](http://www.amsant.org.au/wp-content/uploads/2014/10/111001-NTAHF-ET-External-Core_PHC_Functions_Framework_FINAL.pdf)

<sup>20</sup> Baum FE, Legge DG, Freeman T, Lawless A, Labonté R, Jolley GM. The potential for multi-disciplinary primary health care services to take action on the social determinants of health: actions and constraints. *BMC public health*. 2013 May 10;13(1):460.

<sup>21</sup> Baum et al

**What are your key recommendation(s)? (one sentence per recommendation please) What needs to happen?**

1. The National Aboriginal and Community Controlled Organization (NACCHO) model shows that primary healthcare can address social determinants of health at an individual and community level, allowing people to make choices about their lives. However, Medicare fee for service funding is not ideal for promoting this.
2. Primary healthcare services be supported through models similar to those in ACCHSs, for even broader reach into the community.
3. Promote success stories where communities have developed their own programs, such as community gardens, community kitchens, deadly choices, talking about the smokes and encourage other communities to celebrate and adopt them.
4. Take the opportunity to train and employ Aboriginal and Torres Strait Islander community members as care-coordinators, case workers, self-management coaches and other primary care professionals engaged in supporting people make and sustain healthy choices.
5. Recognise the crucial components of high quality primary healthcare for Aboriginal and Torres Strait Islander people and prioritise initiatives that aim to address the following<sup>22</sup>:
  - a. Partnerships with local Aboriginal and Torres Strait Islander people in developing and delivering local services
  - b. Cultural safety training for all health service staff
  - c. Consistent identification of Aboriginal and Torres Strait Islander clients
  - d. Increased service capacity for longer complex consultations

**References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information below.**

- Baum FE, Legge DG, Freeman T, Lawless A, Labonté R, Jolley GM. The potential for multi-disciplinary primary health care services to take action on the social determinants of health: actions and constraints. *BMC public health*. 2013 May 10;13(1):460.
- Edward Tilton & David Thomas 2011, *Core Functions of Primary Health Care: A Framework for the Northern Territory*, Northern Territory Aboriginal Health Forum. Available at [http://www.amsant.org.au/wp-content/uploads/2014/10/111001-NTAHF-ET-External-Core\\_PHC\\_Functions\\_Framework\\_FINAL.pdf](http://www.amsant.org.au/wp-content/uploads/2014/10/111001-NTAHF-ET-External-Core_PHC_Functions_Framework_FINAL.pdf)

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<sup>22</sup> As per RACGP recommendations to last submission

## Food security

Food security includes access, storage, and affordability of healthy food supplies to Indigenous communities. In the Footprints in Time study, one in ten families reported going without meals in 2012. Dietary choices are directly related to income, with the cheapest food options often being those that are high in fats, salt and sugar and energy dense.

Many of the causes of ill-health among Aboriginal and Torres Strait Islander people are nutrition-related.

**Experiences, ideas and evidence (on each of these determinants). Please tell us your story.**

- Food security, or a lack of access to appropriate nutritional food sources, is possibly the most significant factor in determining an individual's overall wellbeing.
- Problems from food security arise from not just from access to appropriate food, through supply and cost, but also from housing problems with inadequate facilities to store and cook food, and from a lack of knowledge about food labelling and food preparation.
- Traditional foods and the cultural practices associated with gathering, preparing and consuming them have been threatened by historical and current practices of colonisation.
- These issues can often be addressed if people grow their own food.
- Engaging and participating in traditional food management has been established as a contributing factor for improved social and emotional wellbeing. As well as the benefits of consuming traditional foods, participating in the sharing of knowledge and traditional practices has shown to have significant benefits for Indigenous people and communities in urban settings as well as rural and remote<sup>23</sup>.

### Examples of food security initiatives

- Darren Mongta on south coast of NSW providing locally collected seafood for the elderly
- Tharawal Aboriginal Corporation fruit and vegetables program  
<http://tacams.com.au/goodtuckerprogram.html>
- Daniel Motlop established a magpie geese wholesale company using local community as staff working in an area with food security and employment combined:  
<http://www.abc.net.au/news/2016-10-03/magpie-geese-for-retail-sale/7894240>
- Community led programs that grow nutritious, sustainable produce specifically for ante/post-natal women, would give community a small scale approach that could be expanded to provide food security for other at need members of the local community – elderly, disabled, single-mothers and low-income families.

**What are your key recommendation(s)? (one sentence per recommendation please) What needs to happen?**

1. Support community led approaches, such as community kitchens and community gardens which have been successful in improving food security.

<sup>23</sup> Grey S, Patel R. Food sovereignty as decolonization: some contributions from Indigenous movements to food system and development politics. Agriculture and human values. 2015 Sep 1;32(3):431-44.

2. Support and fund local community based programs that provide access to subsidised fruit and vegetables. These have demonstrated improved health indicators in Aboriginal children in NSW.<sup>24</sup>
3. Develop and provide community nutrition and cooking classes
4. All Aboriginal communities are supported to identify and explore community driven food security initiatives. Such as: sustainable farming, permaculture, horticulture, hydroponics, traditional food resource management and traditional food security education.
5. Develop programs to provide local community grown food for ante/postnatal patients.
6. GP services are funded to support Aboriginal and Torres Strait Islander patients through referrals to a case worker who is trained to support and address needs of patients with complex social and cultural factors that are contributing to poor health conditions/outcomes.

**References: If there is a published paper, a website, a trial or an evaluation that shows the impacts of your recommendation(s), please enter this information.**

- Pollard CM, Nyaradi A, Lester M, Sauer K. Understanding food security issues in remote Western Australian Indigenous communities. *Health Promotion Journal of Australia*. 2014 Sep 30;25(2):83-9.
- Lawrence G, Richards C, Lyons K. Food security in Australia in an era of neoliberalism, productivism and climate change. *Journal of Rural Studies*. 2013 Jan 31;29:30-9.
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- Darren Mongta on south coast of NSW providing locally collected seafood for elderly.
- Daniel Motlop established a magpie geese wholesale company to supply Adelaide restaurant
- <http://tacams.com.au/goodtuckerprogram.html> Tharawal AC
- Cooking classes for diabetes : A partnership between Daruk Aboriginal Medical Services and the Western Sydney Institutes of TAFE  
<http://search.informit.com.au/documentSummary;dn=390062027532324;res=IELFSC>
- Grey S, Patel R. Food sovereignty as decolonization: some contributions from Indigenous movements to food system and development politics. *Agriculture and human values*. 2015 Sep 1;32(3):431-44.

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<sup>24</sup> [https://www.mja.com.au/journal/2013/199/1/health-outcomes-subsidised-fruit-and-vegetable-program-aboriginal-children?0=ip\\_login\\_no\\_cache%3Da571c0705ebdf4c9f081e32692cfaa4e](https://www.mja.com.au/journal/2013/199/1/health-outcomes-subsidised-fruit-and-vegetable-program-aboriginal-children?0=ip_login_no_cache%3Da571c0705ebdf4c9f081e32692cfaa4e)