



RACGP

# Aboriginal and Torres Strait Islander Health

## Introduction

In 2017, the Council of Australian Governments (COAG) agreed to work on a refreshed Closing the Gap agenda and renewed targets. A consultation process was undertaken, to which the RACGP provided a [submission](#). However, community organisations were dissatisfied with the process.

In December 2018, COAG agreed to commence a new consultation process through a Joint Partnership with the Coalition of Aboriginal and Torres Strait Islander Peak Organisations. This consultation process is now underway, seeking input on what should be included in the new National Agreement on Closing the Gap (National Agreement) that will set out a work plan for the next ten years.

The RACGP is using this opportunity to reinforce its earlier position on the direction of the Closing the Gap Strategy, and to voice our support for continued leadership from Aboriginal and Torres Strait Islander peak organisations.

We have not responded to each question. A full version of the survey questions is available at: <https://www.naccho.org.au/wp-content/uploads/Online-survey.pdf>

## New National Agreement on Closing the Gap

### Priority Area 1: More formal partnerships between governments and Aboriginal and Torres Strait Islander people on closing the gap

*What is needed to make sure Aboriginal and Torres Strait Islander people are equal partners with governments and can make shared decisions on issues that are important to us?*

Aboriginal and Torres Strait Islander leaders and organisations have consistently communicated their expectations and priorities to Government based on first-hand experience and knowledge of issues affecting their people. The RACGP believes it is essential to implement The Uluru Statement from the Heart. The Statement is a detailed and specific proposal for how to recognise and work with Aboriginal and Torres Strait Islander people as equal partners, and is supported by majority consensus.

All governments must demonstrate a stronger commitment to the principles outlined in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which supports Aboriginal and Torres Strait Islander people in attaining a high standard of holistic health and self-determination. The National Agreement provides an important opportunity for all governments to commit to self-determination as a core principle underpinning policy development.

In 2008 there was widespread, bipartisan commitment to action, demonstrated through the signing of the [Close the Gap Statement of Intent](#). In the years since, however, there has been little delivered in line with the statement's recommendations. Reaffirmed commitment to implement the actions in the *Statement of Intent*, which promotes a partnership approach, will strengthen the role of Aboriginal and Torres Strait Islander people in decision making.

Governments must be guided by evidenced-based engagement practices, that have been found to contribute to successful Aboriginal and Torres Strait Islander health programs. This includes, for example, community engagement, ownership and control over particular programs.<sup>1</sup> This must be supported through consistent and appropriate funding, support for workforce and skills development and governance capacity building.<sup>2</sup>



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All major policy announcements should include an independent assessment of impact on Aboriginal and Torres Strait Islander people, consistent with the approach adopted for assessing regulatory impact. This assessment must be made public, a practice that is also consistent with the approach taken towards regulatory assessments.

## Priority Action Area 2 - Growing Aboriginal and Torres Strait Islander community controlled services and organisations

### *What can governments do to help Aboriginal and Torres Strait Islander community-controlled organisations grow and be strong?*

A stronger commitment is needed to properly fund Aboriginal and Torres Strait Islander community-controlled organisations, relative to the need for those services, and based on the evidence of what works. For example, it is expected that health expenditure for population groups with higher levels of need should be proportionately higher.<sup>3</sup>

Who and what programs get funded is as important as the overall quantum of funds. A more rigorous process for allocating funding and for making decisions about which programs receive funding is required.<sup>4</sup> This must take into account evidence-based principles and practices that underpin successful program delivery for Aboriginal and Torres Strait Islander people,<sup>5</sup> and consider what programs already exist, to avoid duplication of services. In many cases, Aboriginal and Torres Strait Islander organisations best embody these principles and practices. As such, they should be prioritised in funding decisions for service delivery to communities, with medium to long term funding commitments.

Like any organisation, Aboriginal and Torres Strait Islander community-controlled organisations can experience governance and capacity problems which can impact on the effectiveness of the service. Where organisations experience these failures, it can be associated with under-resourcing and a lack of skills capacity and training.<sup>6</sup> The pattern of inconsistent funding and reliance on multiple funding streams creates an unnecessary burden on the capacity of these organisations, as has been seen in the health sector. This includes often complex and duplicative reporting requirements. Addressing problems with governance and some services' lack of capacity is necessary for success. Resourcing is one of the key determinants of good governance. Support Aboriginal and Torres Strait Islander community-controlled organisations for should also include resources for capacity building to enable services to perform to their full potential.

Investing in Aboriginal and Torres Strait Islander community-controlled organisations is not just about service provision. It is also about investing in the employment of Aboriginal and Torres Strait Islander people. The health and social care sector, for example, is currently the largest employer of Aboriginal and Torres Strait Islander people.<sup>7</sup> Continuing to grow the workforce across all sectors should be recognised as a priority under the Closing the Gap National Agreement. This should consider impacts for access of services for Aboriginal and Torres Strait Islander people, but also for the generation of employment and income.

### *Which mainstream services should be transferred to community control?*

In the health sector, Aboriginal Community Controlled Health Services (ACCHS) should be recognised as preferred providers for Aboriginal and Torres Strait Islander peoples. Other services, including



general practices and Primary Health Networks (PHNs) can model their service provision and community engagement on ACCHSs, and be guided by their model and expertise.

*What do you think we should measure which would show action is being taken in this area?*

Regular monitoring and reporting of the Aboriginal and Torres Strait Islander workforce development through the Closing the Gap Strategy would be valuable. There is a range of data available to support this.<sup>8</sup> Additionally, the sector itself provides a model for how other community services can be managed to improve employment outcomes. Expansion of the Aboriginal and Torres Strait Islander workforce could be measured not only in its contribution to boosting employment, but as a measurable component of the delivery of culturally appropriate services.

### Priority Action 3 - Improving mainstream service delivery to Aboriginal and Torres Strait Islander people

*What are some of the things that mainstream services and governments can do to work better with Aboriginal and Torres Strait Islander people?*

Governments have critical role to play as primary funders, and in maintaining a supporting policy environment. It is the particular responsibility of the Federal Government to ensure this commitment is sustained, with effective, collaborative leadership and coordination with state and territory governments.

It is the duty of all Australian governments to build upon and support what is working. To ensure long-term success, Aboriginal and Torres Strait Islander communities must be empowered to make decisions and take responsibility for their health and wellbeing, underpinned by mutually agreed formal governance mechanisms. Aboriginal and Torres Strait Islander people can lead this process, with proper support from governments and non-Indigenous organisations, such as the RACGP.

Governments and non-Indigenous organisations must prove their willingness to financially and politically support successful Aboriginal and Torres Strait Islander-led initiatives. Aboriginal and Torres Strait Islander peoples have a deep and long-standing appreciation of the issues and the solutions related to their own health and wellbeing.<sup>9</sup> The strength of community governance and leadership is demonstrated in the ACCHS sector. The Close the Gap Campaign's 2019 [Our Choices, Our Voices](#) report further highlights projects where local views and knowledge are vital to make progress.

### **Closing the Gap Targets**

*Are there any draft targets you really support?*

The RACGP remains committed to achieving health equality by 2030. Despite the health gains of the past 15 years and improvements to the delivery of and access to primary healthcare, the life expectancy gap is widening.<sup>10</sup> Retaining the headline health targets will be essential in the next phase of the Closing the Gap Strategy. Such an approach reflects the aspirations of the Close the Gap Campaign including the strong need for governments to implement a comprehensive strategy to address the social and cultural determinants of health.

A broader understanding of what contributes to health outcomes is needed to capture the impacts of the social determinants. Measuring progress on life expectancy and health status should also include



how elements such as housing, education, employment, trauma, justice, income and the experience of racism contribute to the health gap.<sup>11</sup>

*Is there something that you would like to add about the Closing the Gap targets?*

Please refer to our earlier [submission](#) to the Closing the Gap Refresh for further information.

## References

- <sup>1</sup> R. Donato and L. Segal. 2013. Does Australia have the appropriate health reform agenda to close the gap in Indigenous health? Australian Health Review. 37: 232–238.
- <sup>2</sup> R. Donato and L. Segal. 2013. Does Australia have the appropriate health reform agenda to close the gap in Indigenous health? Australian Health Review. 37: 232–238.
- <sup>3</sup> Whitehead 1992; Braveman 2003, cited in AHMAC. 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. AHMAC: Canberra.
- <sup>4</sup> S.Hudson, 2016. Mapping the Indigenous Program and Funding Maze. Research Report 18. Centre for Independent Studies: Sydney.
- <sup>5</sup> Closing the Gap Clearinghouse. 2013. What works to overcome disadvantage: key learnings and gaps in the evidence 2011-12. Accessed from: <http://www.aihw.gov.au/closingthegap/publications/>.
- <sup>6</sup> T. Calma. 2007. What Does A Human Rights Approach Offer In Improving The Health Of Indigenous Australians? Accessed from: <https://www.humanrights.gov.au/news/speeches/what-does-human-rights-approach-offer-improving-health-indigenous-australians-speech>
- <sup>7</sup> Australian Bureau of Statistics. 2018. 2076.0 - Census of Population and Housing: Characteristics of Aboriginal and Torres Strait Islander Australians, 2016.
- <sup>8</sup> See for example the AIHW, ABS and the Australian Health Practitioner Regulation Agency for workforce data.
- <sup>9</sup> Lowitja Institute. 2019. Our Voices, Our Choices. A report prepared by the Lowitja Institute for the Close the Gap Steering Committee. Melbourne, 2019.
- <sup>10</sup> AIHW. 2017. Trends in Indigenous mortality and life expectancy 2001–2015. Cat. no. IHW 174. AIHW: Canberra.
- <sup>11</sup> AHMAC. 2017. Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report. AHMAC: Canberra.