



MIWATJ HEALTH ABORIGINAL CORPORATION

SUBMISSION BY MIWATJ HEALTH ABORIGINAL CORPORATION TO THE COUNCIL OF AUSTRALIAN GOVERNMENT'S CLOSING THE GAP REFRESH

Introduction

The following submission is made by Miwatj Health Aboriginal Corporation – an independent, Aboriginal controlled health service that aims to improve the health and wellbeing of the approximately 8000 residents of the communities of East Arnhem Land through the delivery of appropriate and comprehensive primary health care services.

Miwatj Health's region is Aboriginal owned land and it is one of the last strongholds in Australia of a vibrant traditional Aboriginal culture. Most are Yolngu people except for a distinct group of Anindilyakwa people on Groote Eylandt. The mining towns of Nhulunbuy on Gove Peninsula and Alyangula on Groote Eylandt represent islands of mainstream Australia which have impacted significantly on Aboriginal people in the last 45 years.

The health profile of the Aboriginal population of the Miwatj region accords with the generally poor health status of Aboriginal people in the Northern Territory (NT) as a whole. A traditional Yolngu view of health is that an underlying cause of illness is disruption in social relationships – which are ultimately based on the relationships between humans and the natural world. Many see the poor health they have experienced since the opening of the mines and the construction of the mining towns in the late 1960s/early 1970s as evidence of this. Yolngu people have been forced to adjust to a mainstream culture that they neither understand nor have benefitted from – it is all oppressing and leaving them impoverished and alienated.

Historically, the main response of Yolngu to threats to their health and wellbeing has been to develop their homeland centres, small family-based settlements on traditional land away from the alcohol and other harmful influences of Nhulunbuy and the ex-missions. The understanding that homeland centres are a way to counter illness continues among Yolngu today and determines much of their responses to mainstream cultural advances.

As a community-controlled organisation, Miwatj Health represents this community perspective and provides clinical individualised medicine in the context of Yolngu beliefs about the social determinants of health.

From a public health perspective, most of the chronic illnesses which fill the files of Miwatj Health are preventable, and also to a large extent managed, once contracted, by modifying lifestyles. Achieving such change is not easy though as it requires a reconciliation between the western view that diet and exercise are the answer and the Yolngu view that their culture and the homeland centre life is the answer.

A vital part of Miwatj Health's service provision is to take 'health' into community based clinics stretching across East Arnhem Land, delivering health services as close as possible to where people live and where they derive 'health' – to bring it into people's daily lives through education, health promotion and related activities. Miwatj Health takes an instructive approach to health as well as the development of the region more broadly on Yolngu terms. Of its executive management team, only one person is non-Indigenous. Miwatj Health promotes Yolngu people into senior positions, recognising cultural authority and capacity to influence health educational outcomes over formal mainstream qualifications.

This context strengthens the case for regional Closing the Gap strategies, where Aboriginal Community Controlled Health services are properly resourced to develop and implement community and public health agendas that are responsive to localised issues and health beliefs.

To assist Australian Governments in assessing this submission, it has been structured in accordance with the questions asked for individuals wishing to respond online to the Discussion Paper produced by COAG. It is requested that this submission along with others made in response to the 'Refresh' initiative is published as soon as possible on the Closing the Gap Refresh website. In the meantime, Miwatj Health intends to publish the submission on its website.

For further information on the submission and to engage Yolngu people in the design of the health-related components of the Refresh, please contact the Miwatj Health Head Office on: (08) 8939 1900.

1. Do you have any general comments?

Recently-published data shows clearly that the nature of health problems has changed greatly in recent decades. The situation in the NT now is not only that Aboriginal people are dying at a relatively young age, but that much larger numbers of Aboriginal people are living longer while carrying a greater burden of ill-health. Any improvement in the burden of fatal outcomes has been more than offset by significant increases in the prevalence and severity of non-fatal conditions. This change has big implications for any primary health care service – more health care resources must now be devoted to longer-term conditions, and the method of delivery of health care must be more focused on prevention and patient self-management.

There is extensive evidence that self-determination is fundamental to improving health and wellbeing outcomes. For Yolngu this means the recognition that health is derived from their own culture being strong, living on their homelands and ensuring that any mainstream or economic development benefits Yolngu and their way of life.

For the refreshed closing the gap framework to be effective, it needs the full involvement of Indigenous people in its design and agreement to by COAG – this is what the Uluru Statement calls for and it cannot be ignored if government is genuine about Closing the Gap. It is not possible to divorce Closing the Gap in life expectancy from Yolngu self-determination.

That said, the gap in life expectancy should remain the overarching Closing the Gap target – it reflects not only the shorter life expectancy of Indigenous Australians, but also the displacement of Yolngu, the higher rates of infant mortality, poorer health and lower levels of education and employment. It drives effort in health, but also in education and employment opportunities, housing, community safety, cultural safety, and children and family support and

ensuring Yolngu are beneficiaries from economic development on their land and surrounding regions.

Miwatj Health welcomed the initial Closing the Gap strategy in 2008 – it helped to focus and harness effort; increased and targeted funding towards some areas of high need; and improved accountability at the national and state level through National Partnership Agreements and an annual report to Parliament. The Closing the Gap Strategy, however, has only been partially implemented, abandoned in some areas in the past 5 years, culture not properly recognised and its potential is yet to be realised.

The other targets should also remain. If they are replaced, the time series on being able to track progress will be broken and related effort displaced, all too common in Indigenous Affairs. Additional targets should be added – in areas like justice, child safety and housing – as well as new indicators to guide effort and better track effort needed to meet the targets.

The initial Close the Gap movement was community driven: it should return to the community through Aboriginal people driving their own development; taking responsibility for their own health and having the resources they need; and for Aboriginal Community Controlled Organisations (ACCOs) to be the primary service delivery organisations.

There is currently no process in place that allows for agreement to be reached between Indigenous communities and organisations, using our national peaks particularly, and Australian Governments about the outcomes of the 'Refresh'. This did not occur with respect to the original National Indigenous Reform Agreement which was a weakness that should not be repeated. Aboriginal peak bodies should be engaged in negotiating and refining targets and their associated implementation strategies and plans.

Miwatj Health supports the National Aboriginal Community Controlled Health Organisation (NACCHO); Aboriginal Medical Services Northern Territory (AMSANT); and Aboriginal Peak Organisations in the Northern Territory (APONT) having a substantial role in negotiating the refreshed approach with governments.

2. What does Closing the Gap mean to you?

Locally, it means that Miwatj Health has the capacity, capability and funding to meet the needs of Aboriginal people across the Arnhem region. There would be accelerated and continuous improvement in Aboriginal people's health across the Arnhem region and Aboriginal people will have direct control and accountability over their own health. Yolngu's beliefs of health would be supported, including homeland life as a priority.

More broadly in Indigenous health, Closing the Gap means:

- Aboriginal Community Controlled Health Organisations (ACCHOs) will be the lead in primary health service delivery for Indigenous people across the country.
- There will be a strong ACCHO service platform – expanded to areas and regions where there is poor health and low access to health services; and expanded to cover all primary health needs (nutrition services, family support, disability services, etc); and where additional Indigenous services could be based and leveraged.

- Underfunding in Indigenous health will be addressed and based on need and the burden of disease. There will be funding security with long term funding agreements with ACCHOs and services available where people live and funding direct from the responsible Government.
- There will more Indigenous doctors, Indigenous nurses, Aboriginal Health Workers and Indigenous allied health professionals, with their professional development and expansion underpinned by a comprehensive and funded Indigenous health workforce strategy.
- Mainstream health services will be responsive to Indigenous people needs and racism will not be an access barrier. Mainstream health services will also be publically accountable for Indigenous related funding / expenditure.
- There will be a comprehensive and funded long term plan to address the social determinants of Indigenous health based on the ACCHO model.
- Homelands and outstations will be supported as a key component of addressing the Indigenous health disparity.

At the national level, Closing the Gap means that:

- Aboriginal culture would be recognised as promoting health and wellbeing and fundamental to Closing the Gap.
- There would be social and economic equality for Indigenous people across Australia, on their own terms.
- All governments, Federal, State, Territory and Local, have agreed to work in a co-ordinated and focussed way through COAG to achieve targets and make investments in the development of Indigenous peoples that are known to work;
- Indigenous peoples are fully involved in the development and implementation of the 'Refresh' including their agreement to the framework;
- There is bipartisan support for the policy framework to reduce the risk of a change of government resulting in a change of policy before time;
- There is a strong COAG agreement in place that is clear about the roles and responsibilities of the different levels of government and which also has a strong accountability and transparency framework including independent monitoring and reporting by the Productivity Commission; and
- National legislation agreed to by COAG is enacted by Federal and State/Territory parliaments, similar to other national priorities (such as protecting consumers for example) that ensures that all governments remain committed to the national policy framework for 10 years, and there are robust monitoring arrangements in place that include peak Indigenous organisations.
- Changing how we make investments and deliver services to Indigenous Australians away from investing in government agencies and the private sector towards investing as much as possible in regions using ACCOs to deliver health, housing, education and employment services.

3. How can governments, Aboriginal and Torres Strait Islander people, and businesses work more effectively together? (1200 characters)

- What is needed to change the relationship between government and community?**
- To help close the gap, what is needed to support Indigenous community leadership and decision-making?**

At a national end, and at the highest level, Miwatj Health supports the constitutional reforms advocated in the Uluru Statement from the Heart as a way to significantly improve the relationship between the government and community on a sustainable basis. Without an opportunity to have a voice in the Parliament and for treaties to be negotiated, there is little prospect of building a lasting reconciliation that can foster mature and positive relationships at any level. The issue of Aboriginal representation in policy making and Aboriginal beliefs being properly reflected cannot be separated from the Closing the Gap agenda. To do continue to separate the issues will ensure the poor outcomes for Indigenous people is perpetuated.

A refreshed agenda should position Indigenous people and Aboriginal Community Controlled Organisations in the lead to pursue their own development and service delivery.

Nationally, Indigenous people, their representative bodies and peaks should be deeply engaged in the development and monitoring of policies that impact on them. NACCHO, on behalf of its member ACCHOs, AMSANT and APONT should have a direct role in the development of health-related initiatives under the Closing the Gap strategy, as well as an ongoing role in the monitoring of progress, reviewing and agreeing implementation plans.

There should be a clear, public, line of sight of investment and how it contributes to Closing the Gap – not just funding programs of interest to Government. Mainstream health services should be held to the same standard of accountability as ACCHOs – including their level of public reporting on outcomes of Indigenous specific funding.

Regionally, there should be devolved decision making and greater responsibility at the regional and local level for the Closing the Gap targets and funding invested directly into the region by the responsible government without ‘middleman’ arrangements which reduce the funds that ultimately ‘hit the ground’.

Regional development must benefit Aboriginal people. In the Arnhem region, Yolngu people have not benefited from economic development – the beneficiaries have been businesses and non-Indigenous managers and staff of service providers and government agencies. Yolngu people end up in low paid jobs or being recycled through training courses.

Resources should be provided to ACCHOs to develop and implement their own localised closing the health gap plans, being responsive to place and Indigenous priorities. This is in addition to operating costs. These plans should then be funded over the longer term. Performance indicators should be developed and agreed with the relevant ACCHO.

4. How could the Closing the Gap targets better measure what is working and what is not? (1200 characters)

- What has worked well under Closing the Gap?
- What has not worked well?

What has worked well?

- The initial national framework in 2008 agreed to by COAG and new funding – funding for ACCHOs for chronic disease and maternal health initiatives as specifically linked to closing the gap targets.
- Where ACCHOs have been prioritised for service delivery and been given sufficient resourcing to design and delivery primary health care services responsive to their community.

What has not worked well includes:

- Lack of transparency and accountability for proper resourcing and results from Indigenous specific funding and accountability (including of administration costs).
- Loss of national political leadership and drive for a concerted bipartisan effort across the country.
- Not having clear evidence-based implementation plans and measurable data that directly links program investment to the Closing the Gap strategy.
- Cuts to Indigenous specific funding, the Indigenous Advancement Strategy and diversion of ACCHO growth funding to Primary Health Networks.
- Performance dip as a result of moving Indigenous Affairs to the Department of the Prime Minister and Cabinet, and the transfer and loss of programs from the Office of Aboriginal and Torres Strait Islander Health.
- Under investment in Aboriginal health and an Aboriginal workforce.
- Lack of long term funding certainty constraining ability to plan and deliver sustainable change.
- Lack of accountability on the mainstream to deliver and account for services to Aboriginal people reflective of their needs; as well as mainstream streams of funding not being harnessed for Indigenous people.
- Lack of ongoing commitment to addressing the critical housing shortage in regions like North East Arnhem Land.
- Punitive initiatives like the cashless debit card, income management and changes to the Community Employment Development Program eroding trust between Aboriginal people and governments, are costly that do not deliver outcomes. The Northern Territory has been particularly subject to measures that undermine the Closing the Gap agenda.
- Continual change in contract arrangements, changes in Government staff and loss of corporate understanding of the issues, reinventing wheels, and continually changing reporting arrangements.

5. What indicators should governments focus on to best support the needs and aspirations of Aboriginal and Torres Strait Islander peoples? (1200 characters)

- **Should governments focus on indicators such as prosperity, wellbeing or other areas?**
- **What do you think are the most important issues for Aboriginal and Torres Strait Islander Australians, families and communities? Why?**

The proposed prosperity agenda is not clear and is not supported as the overarching policy frame. Prosperity usually has a narrower connotation and is defined by western notions of how much money one has in their bank account. Wellbeing has a broader scope and can better encompass Yolngu views of health and connection to culture and land.

Wellbeing should be defined by Aboriginal people, at the local level, on their own terms and through their own development agenda setting and planning, and then supported by governments.

The best way to support the needs and aspirations of Aboriginal people is through funding support for regional and local community led development, and through prioritising funding for Indigenous service delivery through ACCOs. Properly resourced ACCOs, by the nature of their governance arrangements and purpose, reflect the aspirations of Indigenous people in their relevant areas.

Proposed indicators to reflect whether government effort is supporting Aboriginal aspirations could include:

- Number and location of ACCOs.
- Proportion / amount of funding that is directly related to Indigenous led service delivery.
 - This does not include mainstream funding that is received by Aboriginal people as a proportion of the population.
- The rate of change / movement of funding from mainstream providers to ACCOs for Indigenous led service delivery.
- Funding directed towards Indigenous led development plans.

Given the role that mainstream services have in Closing the Gap, indicators for mainstream services could reflect whether and to the extent that they are responsive to Aboriginal aspirations and needs.

6. Should Aboriginal and Torres Strait Islander culture be incorporated in the Closing the Gap framework? How?

The Closing the Gap strategy should foster and grow Aboriginal culture and allow individuals and communities to practice culture as they determine; and ensure services are culturally responsive and welcoming.

There are five main streams of culture that should be supported and underpin the Closing the Gap strategy.

1. Aboriginal service delivery should be funded through ACCOs – they are the best placed to ensure that local Aboriginal culture is taken into account in service design and delivery.
2. There should be a strong Aboriginal workforce in areas of health, education, family support, community safety and early childhood. An Aboriginal workforce will help to ensure that services are designed for the needs of Aboriginal people.
3. The mainstream services are held to account for culturally safe services and supports for Aboriginal people. This includes reporting on key indicators relating to access to key services by Aboriginal status.
4. Teaching culture and language in all schools to all students, starting at the primary level, with a dedicated funded programme that recruits local Indigenous teachers and similar to initiatives taken already in New Zealand;
5. A much larger dedicated pool of funding for the survival of Aboriginal languages; the protection and maintenance of cultural sites; governance and management of Aboriginal held land and; supporting cultural festivals and the arts.
6. At a national level, Aboriginal people are fully involved as partners in the design of key policies that affect their livelihoods.

Miwatj Health is concerned that ‘Indigenous culture’ is being referred to through the Refresh process as another program to be funded for the wider community to appreciate rather than as a way of life that produces the languages, ceremonies and art that is constantly celebrated and underpins constructs of health and wellbeing. A refreshed approach should be built on the foundations of Aboriginal culture, where Aboriginal people are able to remain on their traditional lands and be able to develop their lands consistent with their beliefs and where they are the beneficiaries. It is culture as a way of life that needs to be incorporated into the Closing the Gap framework.

7. What do you think are the key targets or commitments that should be measured in a refreshed Closing the Gap agenda?

- **What resources, including data or information, are needed to help communities and develop and drive local action?**

Miwatj Health supports the use of targets and that targets are also set for states and territories. However, we believe that the targets and the information provided on progress against them is misleading to the extent that they are not measuring and comparing progress in remote and very remote areas.

Miwatj Health’s assessment is that progress is stalling in remote and very remote areas of the Northern Territory despite significantly more investment by the Federal Government over the past 10 years in housing and other services. In particular we are concerned about signs of worsening poverty caused by:

- The application of financial penalties in the discriminatory and ‘top-down’ Community Development Programme; and

- The Australia wide reductions in social security payments having a disproportionate impact in remote areas.
- The lack of a new agreement and 10 year funding for remote Indigenous housing.

In the next Closing the Gap phase, it is vital that the framework clearly distinguishes the circumstances of remote and non-remote Australia including in the collection of data, reporting and the setting of targets.

That said, the current targets should remain – they reflect critical areas of equality and will only be achieved through enduring and targeted effort. To abandon them now would mean the ability to track investment and progress over time would be lost and the cycle of needless upheaval in Indigenous affairs would continue.

Additional targets and commitments could be added:

- A target on driving investment through ACCOs – increasing the proportion of Aboriginal service delivery funding through ACCOs.
- An overall Aboriginal specific investment target, where over time there is an absolute increase in primary health care and social determinants of health commensurate with need.
- In health, additional targets / indicators that assist to drive and monitor the inputs to the attainment of the current health targets.
- A housing / reducing overcrowding target.
 - This must include recommitment to a new 10-year Indigenous Housing National Partnership Agreement.
- Rate of Indigenous child removal / child protection interactions.
- A justice target.

All new targets / indicators should be negotiated with Indigenous representative bodies and relevant peaks.

Government departments should also be required to make and publish annual close the gap targets that reflect the overarching strategy. Progress against the targets should be independently monitored and results made public with the annual report to Parliament.

To ensure the Closing the Gap Refresh is owned and implemented regionally and locally, ACCHOs should be supported with funding to develop and govern the implementation of their own community development plans and localised Closing the Gap strategies.