Aboriginal Health and Medical Research Council of NSW - Closing the Gap Refresh Submission

ACKNOWLEDGING THE CONTRIBUTIONS OF THE ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICE (ACCHS) SECTOR

ABOUT US

The Aboriginal Health and Medical Research Council of NSW (AHMRC) is the peak representative body and voice of Aboriginal communities on health in NSW, and represents the Aboriginal Community Controlled Health Services (ACCHSs) that deliver culturally appropriate comprehensive primary and other related health care in their communities. The AHMRC supports ACCHSs to deliver health care and advocates on their behalf, and on behalf of Aboriginal communities at a state and federal level.

PURPOSE OF THIS PAPER

In 2018 Closing the Gap remains a unified commitment to empower Aboriginal and Torres Strait Islander people to address disadvantage and to live healthy and prosperous lives. However, ten years on from the launch of the Closing the Gap strategy and four of the seven targets are set to expire this year.

The disparity in health between Aboriginal people in Australia and their non-Indigenous peers is central to the Aboriginal Community Controlled Health Service (ACCHS) sector. Activity in this sector, with its focus on prevention, early intervention and coordination of care complements the efforts of the Closing the Gap strategy to build healthier communities. With their model of comprehensive primary health care and community governance, ACCHSs have reduced barriers to access health care, and are progressively improving health outcomes for Aboriginal people (Panaretto et al. 2014).

The AHMRC recognises the ongoing commitment of the National Aboriginal Community Controlled Health Organisation [NACCHO] to *'support the development of Aboriginal and Torres Strait Islander community controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing'.* Remaining steadfast in our support for our members and the ACCHS sector, the AHMRC has advocated for ACCHSs as the most effective providers of health care in improving the health and wellbeing of Aboriginal people in NSW. The AHMRC is submitting this paper to highlight our commitment to Closing the Gap by supporting ACCHSs to achieve physical, cultural, social and emotional wellbeing for Aboriginal people and their communities. The paper is framed around structural reforms to the Closing the Gap process and our ongoing commitment to a future of equality for all.

RECOMMENDATIONS TO A CLOSING THE GAP REFRESH

The AHMRC notes the Council of Australian Government's commitment to a Closing the Gap refresh, *"focusing on a strength-based approach that supports Indigenous advancement, working in partnership with Aboriginal and Torres Strait Islander peoples".* While the current agenda has shown a commitment to the inequalities between Aboriginal and non-Aboriginal Australians, their scope is not an adequate representation of the diversity of Aboriginal communities, their aspirations, and the complexity of disadvantage. In recognising the role of the ACCHS sector through a self-determination approach, led by the knowledge and expertise of the Aboriginal community, the AHMRC proposes the following key structural reforms to the Closing the Gap process.

- That the current Closing the Gap strategy and targets are maintained, but are complemented by additional reporting on the inputs of these targets to better monitor their progress. As part of a refreshed strategy, these should be agreed on by Aboriginal health leaders and all levels of Australian government
- A refreshed Closing the Gap strategy should be co-designed with Aboriginal health leaders, peak bodies and the Aboriginal community. This negotiation process should involve ongoing and consistent consultation between Aboriginal people and state/territory and federal governments
- That the federal government mandate for ACCHS as preferred providers of health services for Aboriginal people. This can be supported through the development and implementation of agreed accountability, evaluation and reporting arrangements to support the provision of primary health care for Aboriginal people through the ACCHS sector
- A commitment to a target increasing the levels of ACCHS funding and expenditure. This includes recurrent funding support for initiatives to sustain quality improvement programs within the ACCHS sector
- A commitment to greater transparency in funding. To avoid cost-shifting, this may be achieved by federal, state and territory governments adopting a policy where Aboriginal-specific funding is pooled and allocated appropriately to meet particular targets. This will facilitate a joint responsibility and a shared commitment to achieve the targets
- A commitment to extend funding cycles. It is identified that organisations cannot effectively respond with detailed, strategic long-term planning via annual funding cycles
- An overall increased and more consistent engagement with Aboriginal communities in decision-making regarding their health and wellbeing

WORKING TOGETHER TO EFFECTIVELY CLOSE THE GAP

The Federal Government last month released its tenth 'Closing the Gap' report and acknowledged Australia is not on track to meet all existing targets. The report highlighted the collaborative achievements of governments and Aboriginal and Torres Strait Islander peoples to date, with three of the seven targets on track to being met, including the target to halve the gap in child mortality (between 1998 and 2016 the Indigenous child mortality rate has declined by 35%). Improvements in education outcomes have also been celebrated, with the target to halve the gap in Year 12 attainment by 2020 on track; the proportion of Indigenous 20-24 year olds who had achieved Year 12 or equivalent increasing from 47.4% to 65.3% in 2016.

Despite such improvements, there remains a clear indication that partnerships must continue between government and Indigenous communities if we are to deliver further on these outcomes.

Partnerships between Aboriginal and Torres Strait Islander peoples and their representatives and Australian governments are a central element of the Close the Gap Campaign's approach. Partnerships are strongest when they respect Aboriginal and Torres Strait Islander peoples' right to self-determination and acknowledge that Aboriginal and Torres Strait Islander peoples and their representatives are those best placed to know what is needed in their communities and how to deliver services and programs therein (Close the Gap Campaign Steering Committee, 2010). Such partnerships allow Aboriginal and Torres Strait Islander communities to maintain significant influence at all stages of project and program development and implementation, including recognition of issues, the development of policy solutions, and the structuring of service delivery (ibid).

Reflecting on the last ten years, NACCHO have conceded that the gap in life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians has actually widened (NACCHO, 2017). They assert the CTG strategy has only partially been implemented, and call for the Commonwealth to increase funding and commitment to redressing these inequalities. At present, funding is not based on needs and services gaps, and in some instances funding to ACCHSs has been cut and redirected to mainstream service providers. The role of Aboriginal and Torres Strait Islander peoples and the ACCHS sector as experts in determining their health needs and solutions is often overlooked. Specialised Indigenous policies – led by Indigenous experts - are essential, as it is impossible to apply the same approach that is used in health services for non-Indigenous patients. The consequence of longstanding obstacles to Indigenous access to mainstream healthcare is manifest in the stark inequity between the health outcomes of Indigenous and non-Indigenous Australians. With significantly worse outcomes in key health indicators, including diabetes, heart disease, infectious disease and mental illness, it is clear that a tailored approach to Indigenous health is required (Weightman, 2013).

The 2016 *Close the Gap Progress and Priorities Report* made recommendation that ACCHSs should remain the preferred model for investments in primary health care services for Aboriginal and Torres Strait Islander communities, and further, that planning activities for the primary health networks must include partnership and service delivery arrangements through and by ACCHSs. ACCHSs are acknowledged as the Close the Gap campaign's preferred primary health care providers for Aboriginal and Torres Strait Islander peoples for two key reasons: they are associated with better health outcomes; and they are better positioned to provide culturally competent service that enhances their accessibility and the quality of service received.

The underlying principle of ACCHSs is espoused in the National Aboriginal Health Strategy's frequently quoted statement that *"Aboriginal health is not just the physical well-being of an individual but the social, emotional, and cultural well-being of the whole community in which each individual is able to achieve their full potential thereby bringing about the total well-being of their community"* (NAHSWP, 1989). This notion of 'community' is essential to the Aboriginal view of self and therefore strongly related to health and well-being. Accordingly, ACCHSs have a holistic view of healthcare, recognising that Aboriginal healthcare needs to be multi-faceted and focus on cultural complexities that may not be appreciated by mainstream health services (Weightman, 2013).

Mr John Singer, the Chair of NACCHO, commented that closing the gap is essentially dependent on 'putting Aboriginal health in Aboriginal hands':

'We know that Aboriginal and Torres Strait Islander peoples need to be in charge of their own development, health and wellbeing. And that is why Aboriginal Community Controlled Health Organisations (ACCHOs) are so important' (NACCHO, 2017).

ACCHSs demonstrate consistently better health outcomes for Aboriginal and Torres Strait Islander peoples compared to mainstream health services. To continue working towards Closing the Gap, further government engagement with Aboriginal and Torres Strait Islander peoples and organisations in co-designing policies and service delivery is imperative. It is important to embrace the contribution of ACCHSs to improving the health of Aboriginal peoples, and the potential to inform the implementation of clinical governance in other health services (Philips et al. 2010).

A GOVERNMENT FOCUS ON THE CONTRIBUTION OF THE ACCHS SECTOR TO SUPPORT THE NEEDS AND ASPIRATIONS OF ABORIGINAL PEOPLE TO IMPROVE ABORIGINAL HEALTH

Since the first Aboriginal Community Controlled Health Service was established in Redfern in 1971, more than 150 ACCHSs have been established nationally. As primary health care providers, ACCHSs directly contribute to improving Aboriginal Health through increasing access to, and delivering, best practice comprehensive primary health care. The ACHHS model of primary health care addresses both the direct health needs of Aboriginal people as well as the socioeconomic contexts in which Aboriginal people live.

As practical expressions of Aboriginal peoples' self-determination, literature has demonstrated that ACCHSs contribute to improving the health of Aboriginal peoples. The community-controlled model has demonstrated an association with improved psychological wellbeing and reduced hospitalisation rates for Indigenous groups in other countries (Campbell & Hunt, 2015). A range of studies have indicated that the services provided by ACCHSs are valued by their Aboriginal clients, leading to improved outcomes for Aboriginal people, and some showing that they achieve outcomes comparable to those of mainstream services (Mackey et al. 2014). Such studies have identified that ACCHSs are more likely to involve a range of health professionals and services in the provision of holistic care, linking to specific improved health outcomes in child and maternal health, mortality, chronic disease, mental and sexual health in particular.

One study suggests that delivering health services through ACCHSs, as opposed to mainstream general practice, provides greater health benefits to Aboriginal people (the study was not an intervention trial but modelled the potential health outcomes achievable when delivering services through ACCHSs and mainstream services) (Ong et al. 2012). The study also found that services provided in ACCHSs tend to be more comprehensive; for example, ACCHSs often treat other family members as part of routine consultations, they sometimes provide transport to and from appointments, and provide outreach and out-of-hours services to Aboriginal populations (ibid). These studies suggest ACCHSs delivered care is flexible, responsive, culturally appropriate, trusted and safe, thus remaining a preference among Aboriginal peoples for the delivery of care.

Generally, improvements in outcomes for Aboriginal people can be attributed to sociocultural factors, including an apparent preference by Aboriginal people to attend ACCHSs, as well as increased patient satisfaction, and adherence and compliance with treatment regimes. These factors are important in providing a positive influence on access to health care and the quality of the services delivered. Given the high needs of the population, increasing access and quality are central to achieving longer term improvements (Mackey et al. 2014). The available evidence provides a solid foundation supporting the roles and contributions of ACCHSs, and emphasises a need for stronger government recognition of their triumph.

INCORPORATING ABORIGINAL AND TORRES STRAIT ISLANDER CULTURE IN THE CLOSING THE GAP FRAMEWORK

As noted, recommendation has been made that ACCHSs remain the preferred model for the investment in primary health care services for Aboriginal people. Sanders (2002) has described the emergence of ACCHSs as *"crucial to the involvement of Indigenous Australians – as Indigenous Australians – in public policy"* (Sanders, 2002). In particular the ACCHS sector can be seen as *"providing some order and stability to the articulation of Indigenous interests"* and is now an *"integral element to the processes of Australian government"* (ibid). Making culture central to these organisations is highlighted as critical to their success.

The Secretariat of National Aboriginal and Islander Child Care [SNAICC] have argued that local community controlled services are central to maintaining local culture as they are *"rooted in their*

community, cultures and country" and so provide "culture" in a way that large national or state-wide organisations cannot (SNAICC, 2012). An important aspect of embedding culture is prioritising the Indigenous worldview – that is, one that is relationally and holistically based on community and family obligations rather than the individual (ATSIHFDT, 2009). Williams highlights that in practice, it is apparent successful Indigenous-managed programs preserve and support culture and the associated idea of cultural safety – that is, an environment defined as *"spiritually, socially and emotionally safe…where there is no assault challenge or denial of…identity"* (Williams, 2003).

The importance of cultural safety has been highlighted as key to the success of an Indigenous-managed aged care program at Yuendumu; since 2000, the program has provided community-based aged care services for elderly Walpiri people, including social and health support, housing and personal care. Based on a family model of care, the service promotes principles of cultural comfort and community control. By making culture a central consideration, this model is considered to be the main factor for the very high community acceptance of the service (Smith et al. 2010). In practice, it is apparent that successful Indigenous-managed programs such as this recognise local culture as *"being the starting point for the design of service provision, rather than being a factor in design that needs to be accommodated to a mainstream culture"* (ibid). Likewise, a 2014 study found a particular strength of the community controlled model was the freedom and capacity of the service to respond to the local situation, and incorporate local community and cultural knowledge into program development and service delivery (Freeman et al. 2014).

Such examples lie behind the Close the Gap campaign's support for ACCHSs above all other models of primary health service delivery in Aboriginal and Torres Strait Islander communities. Moreover, ACCHSs provide culturally competent and safe care without compromising clinical standards. In 2013-2014, 94% of ACCHSs were accredited either with the Royal Australian College of General Practitioners (RACGP) or against organisational standards (AIHW, 2015). ACCHSs have been long working to promote, advocate and support improved health and health care for Aboriginal peoples. At the heart of Aboriginal communities, they are grounded in local values and culture, providing a place for engagement, activism, employment and a safe haven, in addition to delivering high quality evidence-based health care. The health care offered by ACCHSs is comprehensive and culturally appropriate and it is this model of health care that is regarded the most effective in addressing the poor health faced by Indigenous communities around the world.

INVESTING IN ABORIGINAL COMMUNITY CONTROLLED HEALTH

'Every dollar that can be redirected into primary health care services, and particularly to ACCHS, from the public hospital system is money well spent' – Close the Gap Campaign Steering Committee, 2013

The *NACCHO – Investing in Aboriginal Community Controlled Health (2014)* report provided an evidence-based overview of the economic benefit and value that ACCHSs provide to Australian economy and society. Findings indicated that Aboriginal and Torres Strait Islander Australians do not have the expected level of access to health services as there is an inequitable supply of comprehensive Aboriginal primary health care services and mainstream programs. Unlike sustained growth in overall mainstream health expenditure that will continue to grow and reflect population growth, Indigenous health expenditure is projected to decline relative to population growth and health needs.

Against these projected reductions in funding, demand for ACCHSs has increased by 6.3% annually, a greater increase compared with alternative mainstream health service growth over the last few years (NACCHO, 2014). Inevitably, the scope of the services each of the ACCHSs can provide is restricted by funding. Despite increased health expenditure over the last decade, and the great

dichotomy in health outcomes, ACCHSs continue to be the least funded primary health care providers. Whilst the AHMRC acknowledges that the Closing the Gap targets, supported by increased funding, have helped to improve the wellbeing of Aboriginal people through, for example, areas of maternal and child health, it is vital that levels of investment are maintained, if not increased, to further meet these targets – and that funding is directed to Aboriginal community controlled providers wherever possible.

Up to two-thirds of Aboriginal people are reliant on Indigenous-specific primary health care services, yet three-quarters of all government Indigenous health expenditure is on mainstream services and almost half to hospitals (ibid). Low levels of Indigenous primary health care funding allocations are highlighted by the fact that in recent years the relative share of Australian government funding directed towards mainstream primary health care has increased (AIHW, 2014). A Senate review of the 2014 Indigenous Advancement Strategy (IAS) found the IAS having *"disadvantaged Aboriginal organisations, to have disregarded the enhanced outcomes stemming from Aboriginal led service delivery, and to have failed to distribute resources effectively to meet regional or local needs"* (SFPARC, 2016). The IAS's processes amounted to just over half (55%) of it $4.8 billion in funding for Aboriginal organisations (Schokman & Russel, 2017).

Key feedback from the consultations the AHMRC held with member services to date indicate there needs to be more transparency around the way funding is distributed. Currently, much of the Aboriginal expenditure for meeting the Close the Gap targets is non-transparent. Suggestion has been made that funding towards Closing the Gap funding and programs should be pooled and allocated with the Aboriginal community controlled sector remaining a priority. To continue working towards Closing the Gap, funding should remain transparent to ensure it is spent appropriately in an effort to address the targets and measures.

Appropriate funding through Aboriginal controlled services is fundamental to delivering significant improvements in outcomes. Evidence has shown that, for example, primary health care delivered through ACCHSs is: significantly more effective than when delivered through mainstream services; has contributed to improved health outcomes through reductions in communicable disease, child and maternal health (Dwyer et al. 2004); out-perform on clinical best practice measures against mainstream services (Panaretto et al. 2013); are more effective in supporting the delivery of specialist and allied health services (Thompson et al. 2013); have greater capacity for culturally safe care (Vos et al. 2010); and generate employment for Aboriginal people and involve communities in decision-making (AIHW, 2017).

Overall, ACCHSs prove significantly more cost effective than mainstream services, with a major study concluding that *"…up to fifty percent more health gain or benefit can be achieved if health programs are delivered to the Aboriginal population via ACCHSs, compared to if the same programs are delivered via mainstream primary care services"* (Thompson et al. 2013). Facing a rapidly growing population with an increasing demand for services, appropriate funding will require more streamlined provision of health service support funding so that the needs of ACCHSs are better represented in policy development and advice.

A COMMITMENT TO ABORIGINAL COMMUNITY CONTROLLED HEALTH AND TO A REFRESHED CLOSING THE GAP

There is strong evidence that ACCHSs deliver better health services to Aboriginal people, better quality services, and are more appropriate, efficient and effective than mainstream health services for Aboriginal people. ACCHSs perform well in relation to the main principles of the general performance framework used in Reports on Government Services – equity, quality of services,

appropriateness and effectiveness, and allocative and dynamic deficiencies. As has been highlighted, investing in ACHHSs capacity building is a cost-effective multi-sector strategy that generates multiple benefits across sectors and communities and will be highly effective in meeting government policy goals and targets.

Notwithstanding funding and capacity constraints and workforce shortages, ACCHSs deal effectively with complex health needs in a culturally safe and trusted environment. Offering a range of clinical and social services, the Winninga Minnityjah Aboriginal Health Service, for example, caters to more than half of the region's Aboriginal and Torres Strait Islander population and conducts almost 90% of Aboriginal health checks in the ACT. Similarly, the Rumbalara Medical Centre acts as a dynamic community hub and provides a broad range of health services beyond individual clinical care. Their contribution to regional Aboriginal employment and economic independence is substantial. Based on the unique ACCHSs model of primary care, such services show their role in the enhancement of Aboriginal community health and wellbeing.

It is critical that ACCHSs continue to be funded and expanded to ensure the Aboriginal and Torres Strait Islander population is able to access them. To better develop these services it would prove beneficial to link these to current service gaps and identify key targets and commitments for future efforts to Close the Gap. In 2012-2013 the most common service gaps reported by all 260 organisations in the AIHW service reports were around mental health and social and emotional wellbeing. The existence of this gap provides support for an increased focus on mental health and emotional wellbeing services and programmes through the ACCHS sector within the Closing the Gap strategy (AIHW, 2014). Further, an analysis by the AIHW made suggestion that the social determinants account for a larger proportion of the health gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians than behavioural risk factors (AIHW, 2014). Consequently, it is imperative that policies from outside the health sector are developed considering their impact on Aboriginal and Torres Strait Islander health outcomes. It is essential that Aboriginal and Torres Strait Islander health impacts are actively considered in all policies, from design through to implementation. This would adequately reflect Closing the Gap as a national priority.

CONCLUSION

It is abundantly apparent that any solution to address the health inequalities of Aboriginal people will only be effective if it recognises the essential role of local Aboriginal communities in controlling the process of healthcare delivery (Weightman, 2013). Despite the inherent challenges posed by inadequate funding, under-staffing and often remote locations, ACCHSs uphold the ideals of self-determination and community control. When challenged to deliver best-practice care, ACCHSs have risen to the task and assumed a rightful place in the broader Australian health system (Panaretto et al. 2014). Based on available evidence, ACCHS delivered health care delivered is of a high standard, compares favourably to mainstream services, and warrants continued funding support. ACCHS remain committed to improving the health of their Aboriginal communities, are leading the way with improved governance to deliver best practice (ibid).

It is recommended that in the unified effort to continue Closing the Gap, funding for ACCHSs is allocated in a much more rational, transparent and long-term way. Further, there needs to be an ongoing and consistent effort from government to engage in sincere partnership with Aboriginal people and their representative and peak organisations to Close the Gap. Without adequate consultation with Aboriginal people and without the direct involvement of state and territory governments, targets will not be as effective or well directed as they should be.

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