



CATSINaM

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

Submission to the Closing the Gap Strategy Refresh

MAY 2018

Unity and Strength through Caring

CATSINaM was established in 1998 with a primary role to represent, advocate and support Aboriginal and Torres Strait Islander nurses and midwives at a national level. Aboriginal and Torres Strait Islander health professionals play a critical role in the delivery of improved social and emotional wellbeing outcomes for all Australians. CATSINaM is committed to providing national leadership around Aboriginal and Torres Strait Islander health and health workforce policy development and implementation.

CATSINaM welcomes the opportunity to make a submission to the Department on the Closing the Gap Refresh Project, and wish to make the following comments:

- ④ As part of the Close the Gap Steering Committee, CATSINaM upholds the Recommendations contained in the 'Ten Year Review: The Closing the Gap Strategy and Recommendations for Reset' and the 'Close the Gap 2018 Federal Budget Submission'. These include that the refresh process must be one of co-design with Aboriginal and Torres Strait Islander communities; health targets on life expectancy and child mortality must be retained; and, the strategy must be adequately resourced and have buy in from states and territories with appropriate accountability mechanisms.
- ④ The Closing the Gap Refresh Discussion Paper reports that currently only one target (early childhood attendance) is on track to meet the target. More needs to be done. Increasing education, training and employment pathways for Aboriginal and Torres Strait Islander people to careers in nursing and midwifery will create better health, economic and social outcomes.
- ④ CATSINaM would argue that the averaging of national data is the wrong bench mark to compare Aboriginal & Torres Strait Islander data against i.e. we should be measured against the local government area with the best outcomes.
- ④ The presence of Aboriginal and Torres Strait Islander health professionals makes a positive difference to service access, experiences and outcomes for Aboriginal and Torres Strait Islander Australians. (AIHW: Aboriginal and Torres Strait Islander health organisations – Online Services Report key results 2015-2016) We need to include workforce in the CTG
- ④ Nurses and midwives are a vital part of the Australian health system and make up over half of the total health workforce. Yet in 2016 only 1.03%, or 3203, registered nurses and midwives identified as Aboriginal or Torres Strait Islander. If the proportion of Aboriginal and Torres Strait Islander nurses and midwives was to reach parity (2.8%) this would create nearly 6000 additional jobs for Aboriginal and Torres Strait Islander people.
- ④ The current approach to health workforce lacks vision, cohesion and accountability. More must be done to ensure a joined-up approach to increasing the Aboriginal and Torres Strait Islander health workforce across health systems (e.g. state, community and private) and government portfolios (e.g. health, education and employment).
- ④ There must be a national, funded strategy to increase the size of the Aboriginal and Torres Strait Islander nursing and midwifery workforce. The bare minimum is a population parity target – however the right target must be on a needs basis calculating burden of disease.

- ⑥ Health inequality trajectories start early – maternity services can play an important role in addressing health disadvantage. CATSINaM upholds the definition of Birthing on Country as: “A metaphor for the best start in life for Aboriginal and Torres Strait Islander babies and their families, an appropriate transition to motherhood and parenting for women, and an integrated, holistic and culturally appropriate model of care for all.” Work must be done on developing and resourcing a national approach to Birthing on Country that can be implemented appropriately at the local level. This will require legislative changes.
- ⑥ We need to address Racism within the health system with programs such as the lighthouse project and measure our progress through a race relation barometer for health.
- ⑥ Investment into Primary health care and expanding the reach of Aboriginal Community Controlled health services to close service gaps (which still need to be mapped) and to reduce preventable deaths and chronic diseases.
- ⑥ Ignoring the Uluru statement and a voice to parliament is exacerbating the lack of involvement of Aboriginal & Torres Strait Islander peoples in decision making and perpetuates institutional racism.
- ⑥ Data sovereignty principles be the basis for funding and population health planning to enable local decision making
- ⑥ Institute bilateral agreements, developed and agreed with Aboriginal and Torres Strait Island people for each jurisdiction, specifying the roles, responsibilities and funding for each Commonwealth, State and Territory Government Dept. Health
- ⑥ Address the Redfern Statement Issues - revive Pholeros concept for housing, fund justice reinvestment, reinvigorate education strategies
- ⑥ In addition, an Aboriginal health authority be established as recommended in the 2010 National Health Hospital Reform report.

The Authority will:

- Be a Statutory Authority of the Commonwealth, operated as a Government Business Division
- Be a Member of the Australian Health Ministers’ Advisory Council (AHMAC)
- Advocate policies and funding priorities to COAG and the Ministerial Council on Health to secure funding commitments from the Australian, State and Territory Governments for implementing these policies and achieving better health outcomes
- Set KPIs to inform service level agreements between the parties that have responsibility for delivering health services and/or undertaking health related activities.

The main function will be:

- Lead the implementation of the new CTG plan and the National Aboriginal & Torres Strait Islander plan
- Advocate these policies and funding priorities to the Federal and State Governments through COAG and the Health Ministerial Council.
- Monitor the delivery of services and outcomes for Aboriginal peoples and report on this annually to COAG

The long-term benefits are:

- It would be an authoritative centre of expertise to plan, oversee and advocate for Aboriginal health independent of changes in governments and health departments.
 - It would drive cooperation, accountability, transparency between all levels of government over the cycle of governments.
- ④ The Authority will give Aboriginal communities, government and the wider community the financial transparency in the expenditure of Aboriginal health dollars, and a gauge of their effectiveness across all sectors, that's needed as we work towards closing the gap in life expectancy.
 - ④ The AHA would be the appropriate body to work with all Federal, State & Territory governments and departments, the community-controlled sector and other stakeholders to develop the new Plan, set the KPIs, and measure performance & outcomes. This is about building on achievements and moving forward in a coordinated manner.