the Lowitja Institute

Australia's National Institute for Aboriginal and Torres Strait Islander Health Research

30 May 2018

Professor Ian Anderson AO
Deputy Secretary
Indigenous Affairs Group
Department of the Prime Minister and Cabinet

Dear Professor Anderson

Submission on the future of Closing the Gap

The Lowitja Institute is pleased to provide the Council of Australian Governments (COAG) with this submission to inform the development of the *Closing the Gap* Refresh. As Australia's national institute for Aboriginal and Torres Strait Islander health research, we recognise the need for a refresh of the *Closing the Gap* agenda and welcome the opportunity to participate in the development of this refreshed agenda. This feedback stems from our research principles that state that we will act for the benefit of Aboriginal and Torres Strait Islander peoples, leadership by Aboriginal and Torres Strait Islander peoples and by engaging research end-users, developing the Aboriginal and Torres Strait Islander research workforce, and measuring impact.

Our feedback highlights areas for further development, challenges we see in implementing the refreshed *Closing the Gap* agenda as proposed, initiatives demanding greater leadership from COAG, and recommendations for moving forward. Each of these are outlined below.

The Lowitja Institute notes that the *Closing the Gap* Refresh is a COAG policy process. Our own research indicated that Australia's federal structure and Constitution mean that health services are governed by a bewildering array of laws and policies that differ across its States and Territories. In particular, apart from a few notable exceptions, these legislative arrangements do little to support the provision of appropriate health services to Aboriginal and Torres Strait Islander people. The paper*, Legally Invisible–How Australian Laws Impede Stewardship and Governance for Aboriginal and Torres Strait Islander Health*[1],[2], found that the lack of an Australian law or set of laws to create responsibility for stewardship and governance for policies and programs to benefit the health of Aboriginal and Torres Strait Islander people in fact has negative health consequences.

[1] Legally Invisible—How Australian Laws Impede Stewardship and Governance for Aboriginal and Torres Strait Islander Health, Genevieve House, The Lowitja Institute, https://www.lowitja.org.au/sites/default/files/docs/Legally_Invisible_report.pdf

[2] Policy brief – Building a Legal Framework for Aboriginal and Torres Strait Islander Health, March 2012, https://www.lowitja.org.au/sites/default/files/docs/Legal-Framework-Policy-Brief.pdf

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1. Areas for further development

Whilst the Lowitja Institute appreciates the *Closing the Gap* Refresh is in its early consultation stages, with the released document aimed at encouraging discussion and gaining feedback, we have identified the following two points requiring further development and articulation:

- **Language and narrative** – The language and narrative of the *Closing the Gap* Refresh is important, in that it reflects the broad range of sectors to which it speaks, in ways that are reflective of and familiar to Aboriginal and Torres Strait Islander peoples
- **Greater clarity around architecture** – The architecture of the refreshed strategy requires greater clarity around roles, responsibilities and accountabilities to support the accurate measurement of progress against targets.

These are discussed in greater detail below.

1.1 'Prosperity' should be replaced with a broader concept such as 'Thriving Families'

The concept of 'prosperity' is too narrow in addressing the aims of the Refresh, which go beyond economic development. The word has strong monetary connotations and does not adequately speak to the health and education sectors. The success of attaining the *Closing the Gap* targets will rely on the ownership by Aboriginal and Torres Strait Islander peoples, as well as across sectors, and as such, it is vital that the language of the Refresh is meaningful for all sectors and maintain a focus area on health and wellbeing.

Beyond appealing to all relevant sectors, the language of the Refresh needs to reflect the diversity of aspirations across Aboriginal and Torres Strait Islander communities, whilst also acknowledging the strengths inherent in our communities. To this end, we recommend that the word 'prosperity' be removed from the Refresh. The language of the Refresh needs to evoke the strengths upon which our communities will continue to build, not only materially, but also physically and spiritually. We need to equip, enable, and empower our communities, collectively and individually, to *thrive,* in every sense of the word.

1.2 More detail is needed on roles and responsibilities

The Refresh discussion paper states:

> *the aim is to provide useful data for communities and organisations to guide and track progress into the future… This process will also involve the development of action plans that clearly set out the actions governments will take to meet the targets or commitments.*

Further to this, the discussion paper calls for the need to work together to design and implement action plans, and to guide and track progress against the targets, whilst noting that COAG has committed to more accurately measure progress and increase accountability. All of the above is further reflected in the sixth implementation principle of 'clear roles, responsibilities and accountability'.

Noting the COAG failings over the first decade of the *Closing the Gap Strategy*, greater clarity is required around the 'architecture' of the *Strategy*, naming stakeholders and their roles, responsibilities and accountabilities. If the refreshed *Closing the Gap Strategy* is to be any more successful than its predecessor, it will require a re-established architecture, with a cohesive and consistent COAG commitment to its national approach and leadership, and outcome-oriented funding agreements, with built-in jurisdictional implementation plans to support effective accountability.

2. Challenges to prioritise

The Lowitja Institute is invested in the *Closing the Gap* Refresh effectively addressing the weakness of the past agenda which resulted in so few of the existing targets to be on track. Points we envision present a considerable challenge due to existing barriers, and therefore require prioritisation, are as follows:

- **Data collection and dissemination** – Existing protocols relating to the collection and dissemination serve as a barrier to clear regional analyses
- **De-centering Western systems and world views** – Genuinely honouring and celebrating Aboriginal and Torres Strait Islander cultures, communities, and values.

These challenges are explored further below.

2.1 Data for planning and measuring impact

One of the challenges in the original *Closing the Gap* agenda was the use of nation-wide targets, which, due to data-collection protocols were unmeasurable, and secondly, did not seem to consider the distinct challenges faced at both the state and local levels. Targets need to be specific, and for this, diversities of locales need to be accounted for. Thus, there needs to be increased Aboriginal and Torres Strait Islander leadership and engagement throughout the process, from the processes of choosing indicators, through to collecting and analysing data.

Australia has one of the better Aboriginal and Torres Strait Islander data collection systems worldwide, however much of this data is not accessible to local and regional agencies to support effective decision-making.[3] While there are valid concerns behind the existing barriers to effective data collection and dissemination and the data to support evidence-based decision making, these challenges still need to be addressed collaboratively on all levels, and across all sectors. Through effective data-collection methods at a local level, region-specific needs can be identified, for which specific targets can be formulated, supporting tailored culturally-responsive regional approaches being made measurable and accountable.

2.2 Meaningfully embedding culture

The Refresh discussion paper speaks of the need to honour and celebrate Aboriginal and Torres Strait Islander culture, when in fact we are referring to a diversity of peoples and cultures. It will be challenging to embed these many cultures into the refreshed agenda. The rewards however, will be even greater. This needs to be further addressed to tie this sentiment to the action required to bring the agenda back on track. An important starting point may be an acknowledgement of the fact that the health system is anchored in Western thinking and world views that overlook Aboriginal and Torres Strait Islander cultures and entrench inequality and injustice.

The notion of cultural determinants as a protective factor is relatively new to the public health discourse. Professor Ngiare Brown describes cultural determinants of health as follows:

> *Cultural determinants originate from and promote a strength-based perspective acknowledging that stronger connections to culture and country build stronger individual and collective identities,*

[3] Anderson, I. et. al. 2016. *Indigenous and tribal peoples' health (The Lancet–Lowitja Institute Global Collaboration): a population study*. The Lancet Vol. 388 (10040) [Online] https://doi.org/10.1016/S0140-6736(16)00345-7

a sense of self-esteem, resilience and improved outcomes across the other determinants of health including education economic stability and community safety.[4]

A greater acknowledgement and respect for Aboriginal and Torres Strait Islander understandings of health and wellbeing may be pursued through increased support and resources for Aboriginal Community Controlled Health Organisations. This can be delivered through regionally appropriate, culturally relevant services addressing the needs of the immediate community, further supporting the need for more regionally-based approaches. Further, there is a need for greater value placed on of the cultural principles embedded in Indigenous ways of doing things such as research, policy design, governance and implementation. When these processes privilege Aboriginal and Torres Strait Islander people and cultures, they have different and often more effective outcomes.

The *Closing the Gap* Refresh should also consider existing examples of policies and projects that have meaningfully engaged with Aboriginal and Torres Strait Islander cultures.

At the policy level this includes acknowledging the significance of culture. The National Aboriginal and Torres Strait Islander Health Plan 2013–2023, for example, states that a focus on the patient journey, which meets the clinical health care needs, as well as cultural and social needs of Aboriginal and Torres Strait Islander individuals and their families, will produce better health outcomes.

At the project level this can be achieved through culturally strengthening project outputs and engagement methods. For example, in the *Managing Two Worlds Together* project, funded by the Lowitja Institute CRC, the CRCATSIH, and the South Australian Department of Health, researchers at Flinders University produced a series of 14 reports and practical tools to highlight critical segments and gaps in care and outcomes for Aboriginal patients needing to travel to city hospitals from remote areas for specialist care. The findings of the project informed a Heart Foundation Focus Grant to map more detailed cardiac patient journeys across the NT, and work in South Australia and the NT by the Renal Focus Group on how best to support end-of-life journeys, particularly for those wishing to return to remote communities. This project successfully met clinical health care needs, genuinely engaging with Aboriginal and Torres Strait Islander cultural and social needs, through demonstrating respect and validation of individuals' deep connection to community and country.

[4] *Promoting a social and cultural determinants approach to Aboriginal and Torres Strait Islander Affairs,* Prof Ngiare Brown, Executive Manager Research, NACCHO [Online] http://www.checkup.org.au/icms_docs/183362_Prof_Ngiare_Brown.pdf

3. Initiatives that demand leadership from COAG

The Refresh website speaks of working together to improve program implementation guided by six implementation principles, one of which is *evidence-based* programs and policies. The Lowitja Institute has identified two areas crucial to the success of the refreshed Strategy. These areas demand attention, yet are unmentioned in the Refresh discussion paper. They are:

- **Naming and addressing racism** – Despite ample research highlighting racism as a major social determinant of Aboriginal and Torres Strat Islander people's health and wellbeing, its centrality, focus and importance is not sufficiently reflected as a barrier to be fully addressed
- **Support commensurate to need** – Evidence suggests government spending on Aboriginal and Torres Strait Islander health and wellbeing is currently incommensurate to need and misdirected.

These are discussed in detail below.

3.1 Racism needs to be acknowledged and addressed

There is no mention of racism in the Closing the Gap Refresh discussion paper, despite the vision for the Commonwealth Government's National Aboriginal and Torres Strait Islander Health Plan 2013-2023 specifically naming racism as a key social determinant of health. Further, the most recent Close the Gap Campaign's Priorities and Progress Report notes that racism is encoded in the policies and funding regimes, healthcare practices and prejudices that affect Aboriginal and Torres Strait Islander peoples' access to good care differentially. This cannot continue to be avoided and ignored, with institutional racism blocking access to adequate healthcare, employment, and education for Aboriginal and Torres Strait Islander peoples.

While it is important to speak of strengthening the economy to create more jobs, this will not result in all Australians gaining equal access to employment without addressing institutional racism. A failure to name racism within the refreshed *Closing the Gap* Refresh constructs Aboriginal and Torres Strait Islander people, communities and cultures as the problem needing to be addressed, without acknowledging the structural forces limiting our opportunities to thrive.

Given racism presents a major barrier to all the *Closing the Gap* targets, it is vital for institutional racism is acknowledged, named and confronted, through specific and measurable targets. As the Lowitja Institute has shown, there is a strong and clear link between racism and ill-health.[5] Explicitly addressing racism in the *Closing the Gap* Refresh is a foundational systematic approach to closing the gap on all fronts.

3.2 Services need more support and resources to meet the targets

Data comparing health outcomes achieved for Aboriginal and Torres Strait Islander people through mainstream services in comparison to Aboriginal Community Controlled Health Organisation (ACCHOs) shows superior performance by the latter.[6] This supports the case for increased support and resources for ACCHOs in the pursuit of improved health outcomes for Aboriginal and Torres Strait Islander people. This can be addressed through reduced reporting burden and increased funding. Actions under each of these areas are outlined in more detail below.

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[5] 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.

[6] Panaretto, K. S., Wenitong, M., Button, S. & Ring, I. T. 2014, 'Aboriginal community controlled health services: leading the way in primary care', *Medical Journal of Australia,* vol. 200, no. 11, pp. 649-652.

3.2.1 Reducing the reporting burden

There is a need to reduce the reporting burden on ACCHOs who are currently subject to reporting scrutiny beyond that of mainstream health services.[7] This is placing a strain on resources, does not serve to improve health outcomes, and indicates institutional racism whereby ACCHOs are treated differently from mainstream providers.

The reporting burden partly stems from the way funding is often directed to ACCHOs through short- to medium-term contracts, despite effectively being ongoing, which limits the scope for long-term planning, the ability to invest resources more efficiently and requires both funders and providers to waste resources dealing with shorter term funding applications. Moving to a long-term contracting model addresses these issues along with fostering stronger funder-provider relationships, increased accountability and the ability to operate more efficiently toward the sustainable delivery of improved health care services.

The Lowitja Institute notes that the Victorian Aboriginal Health, Wellebing and Safety Strategic Plan has outlined a policy aim for Aboriginal agency funding provided on a long-term (minimum of five years) basis as a matter of course.[8]

3.2.2 Increasing resources and support

There is a need for increased spending on Aboriginal and Torres Strait Islander health, where Aboriginal and Torres Strait Islander peoples experience two-to-three times the health needs of a non-Indigenous person, yet health expenditure per person is not in accordance with this need. In fact, the *Productivity Commission 2017 Indigenous Expenditure Report* found that direct expenditure has dropped from 22.5 per cent when the *Close the Gap Statement of Intent* was signed in 2008. The Report also noted that rather than proactively investing to reduce disadvantage, much expenditure is reactionary, directed toward the outcomes of disadvantage. For instance, in 2015-2016, Indigenous specific services (targeted expenditure assumed to relate exclusively to Aboriginal and Torres Strait Islander Australians) accounted for 18.0 per cent of direct expenditure on Aboriginal and Torres Strait Islander Australians, a decrease from 22.5 per cent in 2008-2009. Mainstream services (expenditure available to all Australians through services and programs — for example, school education) accounted for 82.0 per cent, an increase from 77.5 per cent in 2008-2009.

The announcement of federal cuts of $676 million to remote housing indicates a lack of foresight despite committing to holistic consideration of policies and programs. Resultant overcrowding has the potential to lead to increased rates of rheumatic fever in remote Aboriginal and Torres Strait Islander communities, a concern shared by state governments, the Close the Gap campaign, the Australian Healthcare and Hospitals Association and the National Congress of Australia's First Peoples[9].

While government spending has not been commensurate with Aboriginal and Torres Strait Islander health needs and complexities, much of this spending is misdirected, going toward tertiary rather than primary care, and mainstream services rather than ACCHOs, despite evidence supporting the primacy and effectiveness of Aboriginal community controlled primary health care providers. This misdirection of funds has the potential to result in unsupported service delivery or referral to mainstream health

[7] Dwyer, J., O'Donnell, K., Lavoie, J., Marlina, U. & Sullivan, P. 2009, *The Overburden Report: Contracting for Indigenous Health Services*, Cooperative Research Centre for Aboriginal Health, Darwin.
[8] Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017–2027, page 27 https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/korin-korin-balit-djak
[9] The Health Advocate, February 2018, Issue 46, Australian Healthcare and Hospitals Association, page10 ; https://ahha.asn.au/system/files/docs/publications/feb2018_tha_c2.pdf

providers despite these being shown as providing inadequate services and culturally-safe environments when compared with ACCHOs.

Finally, COAG also needs to do more to support an increase in the number of Aboriginal and Torres Strait Islander professionals in the health sector, ensure continued and increased support for ACCHOs and provide cultural safety training for all health care providers, particularly within mainstream services. It is also important to note that committing to growing the Aboriginal and Torres Strait Islander health workforce and health services will also provide for the empowerment outcomes that the Refresh is striving for.

4. Next steps and future engagement

Genuine partnership with Aboriginal and Torres Strait Islander people demands more than standard consultation. Partnership involves Aboriginal and Torres Strait Islander peoples identifying priorities and demonstrating leadership in addressing determinants as identified by Aboriginal and Torres Strait Islander peoples. It also requires adequate resourcing in support of Aboriginal and Torres Strait Islander-led initiatives addressing community-identified and prioritised needs.

The *Closing the Gap* Refresh discussion paper speaks extensively of, in the words of Prime Minister Malcolm Turnbull, the need to 'do things with Aboriginal and Torres Strait Islander people, rather than doing things to them'. Despite similar sentiments being expressed in the *Close the Gap Statement of Intent,* the NIRA and the *Closing the Gap Strategy* were agreed by COAG without significant Aboriginal and Torres Strait Islander engagement. The current Refresh process will also fail if effective partnerships and engagement, not consultation, with Aboriginal and Torres Strait Islander leaders and communities is not undertaken from the start to the end of the process. It is critical that the mistakes of the past decade are not repeated to ensure the successful implementation of action plans. This will involve the prioritisation of Aboriginal and Torres Strait Islander perspectives, solutions and adequate resourcing, as well as greater clarity on how COAG itself and its constituent members, share power and jointly build structures that enable instead of impede the ability to work together equally.

The Aboriginal and Torres Strait Islander Health Performance Framework Report highlights the need for comprehensive regional needs analyses in order to identify service gaps in primary health care services associated with social determinants, requiring a cohesive approach by COAG in cooperation with all stakeholders at a regional level.

A coordinated and collaborative approach driven by Aboriginal and Torres Strait Islander people to tailor culturally-responsive regional service delivery supports self-determination. The additional reporting requirements currently placed on ACCHOs need to be removed, particularly where they do not contribute to the delivery of improved health outcomes.

5. Summary of Recommendations

1. Replace ‘prosperity’ with a broader concept such as ‘thriving families’ which reflects an Aboriginal and Torres Strait Islander voice and diversity of aspirations;
2. Develop greater articulation of the Strategy architecture;
3. Address the existing barriers posed by current data collection and access protocols;
4. Meaningfully embed Aboriginal and Torres Strait Islander cultures through working with communities to ensure cultural and social needs are fully integrated into service delivery models;
5. Name and tackle racism – support scholarship on the topic so that we are better equipped to understand and address its processes within the Australian context;
6. Reduce the reporting burden on ACCHOs by supporting the move to a long-term contracting model;
7. Strengthen, maximise and utilise the Aboriginal and Torres Strait Islander health workforce; and
7. Increase support and resources to those service delivery models evidenced to be most appropriate and effective for Aboriginal and Torres Strait Islander people’s needs.

Yours sincerely,

Romlie Mokak
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